

2018

THE STAYING WELL OUTBACK PROGRAM

**Submission to WQPHN on behalf of the
Queensland Doctors' Health Programme**

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Acknowledgements

The Staying Well Outback Program (SWOP) was commissioned by the Western Queensland Primary Health Network (WQPHN) as a *proactive, preventative program* designed as a first step towards supporting the health and wellbeing of remote and rural doctors in the Western Queensland region.

SWOP was conceptualised in consultation with the WQPHN and designed by the Queensland Doctors' Health Program (QDHP) - the education and support service arm of the Doctors' Health Advisory Service (Qld) (DHASQ).

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List of acronyms

AMA	Australian Medical Association
DHASQ	Doctors' Health Advisory Service (Qld)
GP	General Practitioner
HHS	Hospital and Health Service
QDHP	Queensland Doctors' Health Programme
RMO	Resident Medical Officer
SWOP	Staying Well Outback Program
UQ	The University of Queensland
WQPHN	Western Queensland Primary Health Network

EXECUTIVE SUMMARY

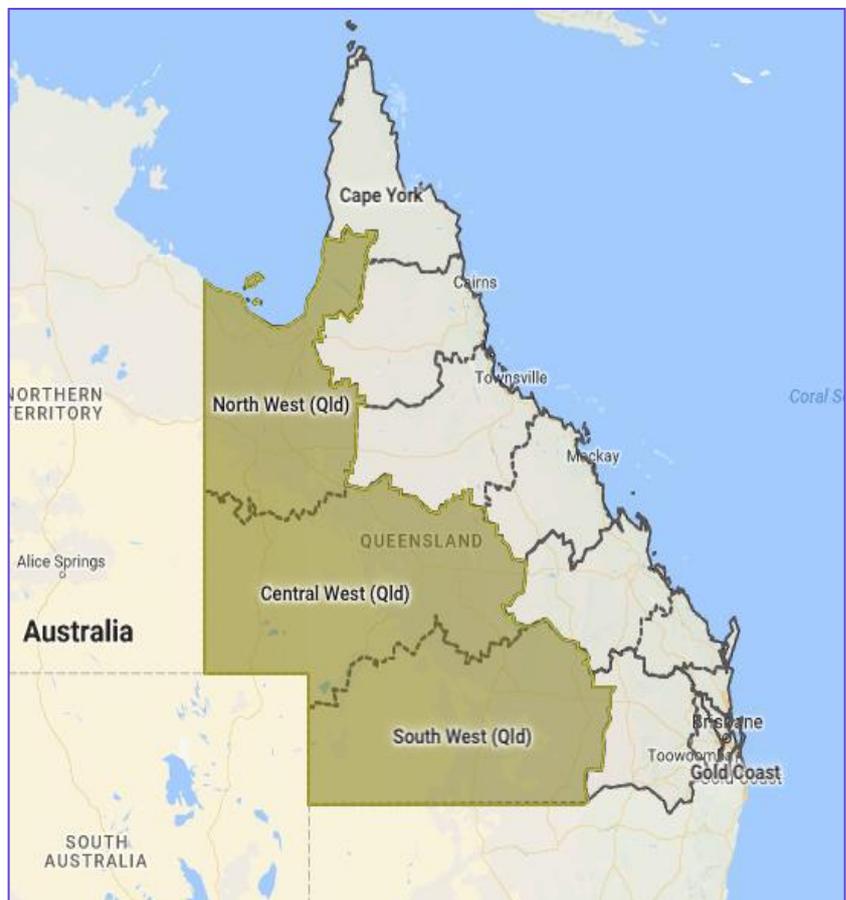
The purpose

The Staying Well Outback Program (SWOP) is a proactive, preventative program designed as a first step towards supporting the health of remote and rural doctors in the Western Queensland Primary Health Network (WQPHN). SWOP aims to understand the issues that impact upon the health and wellbeing of doctors working in the region by conducting independent wellbeing checks. By doing so, it is intended to open a dialogue around doctors' health with the intention that the check itself will intervene before impairments arise and the doctor is unable to maintain their own emotional or physical health.

The region

The WQPHN covers a large geographic area, comprised of three Hospital and Health Services (HHSs) - North West, Central West, and South West. According to the 2017 WQPHN Needs Assessment, as of 2014 there were approximately 89 registered General Practitioners (GPs) in the region:

- ❖ North West- 39 GPs
- ❖ Central West- 15 GPs
- ❖ South West- 35 GPs



The medical workforce is spread out across the Western Queensland region, with a mix of junior and senior doctors working across HHS run practices, private practices, and Royal Flying Doctor Service (RFDA) bases. In the smaller towns, there are many nurse-led clinics with visiting doctors and a few clinics with sole GPs. Understanding the issues of doctors' health that are unique to the social determinants of location and type of employment is paramount to ensuring that support is tailored to individual needs.

How does it work? The process.

SWOP provided all doctors in the WQPHN with the opportunity to receive *an independent wellbeing check*, via teleconference or videoconference, with a clinician experienced in doctors' health. Each wellbeing check was expected to last for approximately one hour. The focus of the check was not on therapy but on providing doctors an opportunity to discuss:

- ❖ Health seeking behaviours
- ❖ Issues that impact upon health and wellbeing
- ❖ Proposed strategies to improve doctors' health
- ❖ Recommendations to the WQPHN, and
- ❖ Experience with the wellbeing check.

Benefits

- ❖ Helps individuals to identify strategies to maintain health and wellbeing
- ❖ Opportunity to reflect on the challenging aspects of their work/lifestyle, with an emphasis on health and wellbeing
- ❖ Opportunity to provide recommendations to the WQPHN on what supports they think will assist them to maintain their wellbeing

The WQPHN Primary Healthcare Coordination team began promoting the Program in early December 2017 across their networks, including sending out emails to doctors and distributing hard copies of flyers to practices. The promotion of the Program continued until February 2018 with several reminders about the Program during this time.

The findings

Key findings from the wellbeing checks include:

- ❖ The wellbeing checks were well received by all doctors
- ❖ Workload, burnout, and bullying were mentioned as issues affecting health and wellbeing
- ❖ Lack of privacy and access to an independent GP were raised as health access barriers, and
- ❖ Online peer groups were seen as positive way to maintain one's health when working in remote locations.

Despite the wellbeing checks being well received by doctors the uptake of the service was less than expected. Being responsive to this lower than anticipated uptake of the Program, we reached out to 10 key stakeholders across the WQPHN and doctors' health networks to understand whether doctors were hearing about the program and if so, why they were not engaging. What became clear through these discussions is that most doctors were probably aware of the wellbeing checks, yet for various reasons chose not to receive one. The most common reasons for not receiving a wellbeing check related to concerns around confidentiality, issues of time, and stigma.

In the face of mounting evidence that the rural **medical workforce is at-risk of high levels of burnout and work-related distress**, more needs to be done to understand how to support remote and rural doctors to maintain their health and wellbeing before impairments arise. As illustrated through SWOP, concerns around confidentiality, issues of time, and professional cultural barriers can limit the uptake of support programs and interventions. Finding ways to navigate around these barriers is critical in helping organisations to maximise engagement and support the medical workforce more effectively.

1. INTRODUCTION

Preamble

This report provides an overview of the Staying Well Outback Program (SWOP) which ran from December 2017 to February 2018. The Program was developed in consultation with the Western Queensland Primary Health Network (WQPHN) in response to the call for greater support to their medical workforce.

The WQPHN covers a large, predominantly rural and remote, geographic area with approximately 89 registered General Practitioners (GPs) in the region as of 2014 [1]. Conservative estimates would suggest that there are now upwards of 100-150 GPs working in the region. As at 30 November 2016, almost *50% of the practitioners in the WQPHN were in very remote locations* [2].

All doctors working in the region were invited to receive an independent wellbeing check. The check was designed to be proactive in helping doctors to identify:

- ❖ The issues that impact upon their health and wellbeing
- ❖ Effective strategies to maintain their health, and
- ❖ Resources and support services that are available to them.

By doing so, it aimed to open a dialogue around doctors' health with the intention that the check itself would intervene before a crisis escalates and the doctor is unable to maintain their own emotional or physical health.

This report presents a brief summary of the relevant literature related to doctors' health and wellbeing. The report then describes the aims, methods and findings of SWOP. A critical reflection of the Program, informed by feedback from key stakeholders across the WQPHN and doctors' health networks, is also presented. The report concludes with a brief discussion of the key issues raised in the report for further consideration by those within the organisation.

Due to the small sample of doctors who received a wellbeing check, this report does not attempt to provide a generalisable analysis and explanation of the issues impacting doctors

across the WQPHN. It does, however, discuss the importance of understanding the potential barriers that may prevent doctors from accessing support services like SWOP. It is intended that such information will inform future interventions that aim to support the medical workforce.

Background

Doctors' health and wellbeing

In October 2013, beyondblue released results from the National Mental Health Survey of Doctors and Medical Students in Australia. This landmark report highlighted several concerning issues associated with the mental health of Australian doctors. In this study, doctors reported substantially higher rates of psychological distress and attempted suicide compared to the Australian general population. Notably, 10.4% reported suicidal thoughts in the previous 12 months [3].

The link between work-life balance and the sustainability of the health workforce has also been cited in the literature [4, 5] with occupational stress significantly impacting upon workforce participation by doctors [6]. In the beyondblue report, over one third of doctors reported burnout, that is, emotional exhaustion and cynicism [3].

Rural and remote doctors' health and wellbeing

The occupational challenges impacting workforce sustainability have also been highlighted specifically with Australian rural and remote doctors. Concerns that doctors in remote and rural areas work long hours, are frequently on-call at night and on weekends, and may find it very difficult to get support in terms of locum relief have been frequently described and reported in the literature [7-9]. The minimum data set summary for Queensland reported that *remote and very remote practitioners work up to seven hours more per week than inner and outer regional practitioners* [2].

In May 2017, the Australian Medical Association (AMA) reported findings from their second Resident Hospital Health Check Survey. The survey included the responses of Resident Medical Officers (RMOs) at the Mount Isa Hospital- the base for the largest number of medical practitioners in Western Queensland[1]. It documented that 80% of respondents

from Mount Isa felt that their safety has been compromised at work, with the second highest percentage reported in the Gold Coast HHS at only 40%. Furthermore, 50% of WQPHN practitioners reported experiencing and witnessing bullying, discrimination or harassment, and 75% felt that reporting these would have a negative impact on their career [10].

A study by Gardiner et al. (2005) found that rural general practitioners (GPs) in South Australia who were considering leaving rural practice reported higher levels of work-related distress, lower quality of work life and fewer colleagues with whom to discuss professional issues [9]. A follow-up study found that targeted rural doctor workforce support programs, consisting of social and psychological support, influence rural GP's intentions to leave rural practice [11]. Clearly the health and wellbeing of needs of doctors working in rural and remote practice are not being met. Yet, maintaining doctors' health and psychological wellbeing is very important to ensure the retention of doctors, particularly in rural practice.

Existing support programs and services for doctors

The concerns raised in the literature have primed the medical profession to focus on addressing these issues[12, 13]. While there has been an increase in the literature on the effectiveness of programs to support doctors' health, the evaluations have focused on programs targeting stress management, enhancing resilience and teaching mindfulness to reduce burnout [14-16]. These programs however intervene to 'fix' an issue. There has been little research however evaluating preventative initiatives that attempt to improve the health of doctors before impairment and disability, such as burnout, arise.

Some of the preventative initiatives across Australia include: The Doctors' Health Advisory Service (Qld), The BPT-OK (basic physician training) program across the Sydney Local Health District[17], A Complete Check-up through the doctorportal[18], Are you OK? self-assessment tool in collaboration with the Doctors' Health Advisory Service (NSW)[19], and the Healthy Doctors' Dinner Seminars through the Country South Australia PHN [20]. These services focus on opening a dialogue around doctors' health and empowering doctors to maintain their own health. Many of these services are anonymous and confidential phone support, targeted towards doctors who are not impaired but may seek information about how they can look after their own health.

Similar to the programs listed above, SWOP will help doctors to identify strategies and services to maintain their health and wellbeing. However the Program is unique in that it also asks doctors to comment on whether or not the check itself is helpful. This novel contribution to the field by reporting how doctors perceive a wellbeing program will enable *more informed responsiveness from health organisations as they seek to support the medical workforce*.

By supporting the health and wellbeing of doctors in the WQPHN region, there are benefits to both the doctors, the health team and health system in which the doctors' work and for the patients receiving care [7, 9, 21]. Maintaining the health of doctors enhances workforce sustainability which is important for the region [9].

2. STAYING WELL OUTBACK PROGRAM

Team

- ❖ Dr Margaret Kay- Medical Director, QDHP
- ❖ Dr Jo Durham- Evaluation Specialist, UQ
- ❖ Sweatha Iyengar- Project Officer, QDHP

Objectives

SWOP is designed to be a *proactive, preventative program* in supporting the health of remote and rural doctors in the WQPHN. It is designed to intervene before the doctor is unable to cope in the workplace or experiencing impairment and disability as a result of work-related distress. The focus of the wellbeing check is not on therapy but on providing an opportunity to discuss one's health and wellbeing in a safe and confidential setting. It is intended to be preventative in that it:

- ❖ Helps doctors to identify the issues that impact upon their health and wellbeing
- ❖ Increases awareness of the strategies to maintain one's health and the resources and support services that are available to do this, and
- ❖ Informs the development of health services and supports for doctors in the WQPHN.

By doing so, it aims to open a dialogue around doctors' health with the intention that the check itself will intervene before a crisis escalates and the doctor is unable to maintain their own emotional or physical health.

The Program was designed as a necessary first step to inform a more comprehensive response by the WQPHN to support the health and wellbeing of remote and rural doctors in the region. The intention is that the Program will begin an open and continuing dialogue to promote the health and wellbeing of the medical workforce in Western Queensland. It is hoped that the consolidated feedback about the Program from both doctors and key stakeholders will enable a more informed response from the WQPHN as they seek to continue to support doctors in the region.

3. THE PROCESS

SWOP was conceptualised in consultation with the WQPHN and designed by the Queensland Doctors' Health Program (QDHP) - the education and support service arm of the Doctors' Health Advisory Service (Qld) (DHASQ).

Given the sensitivity of the issues being explored, site approval and ethical clearance was organised by the Program team. This process ensured that the delivery of wellbeing checks was robust and that appropriate steps would be taken in the management of respondent confidentiality. Steps were taken to ensure that this process would not delay or impact the delivery of the wellbeing checks.

Ethics approval was granted in January 2018: 2017002015. (Ethics approval)

Site approval was provided in November 2017. (Site approval)

The wellbeing check

One-hour session

QDHP provided access to an experienced clinician in doctors' health, who conducted the wellbeing check with the doctor. The wellbeing checks were conducted via videoconference or teleconference using GoToMeeting- a secure and confidential online platform. Each

wellbeing check lasted for approximately one hour and the doctor was only required to commit to one session.

The questions

The design of the wellbeing check was underpinned by a strong evidence base, recognising the need for a holistic approach to health and wellbeing. The questions asked in the wellbeing check were adapted from the Metro South My Health: A Doctors' Wellbeing Survey [5]. The wellbeing check guide includes 15 demographic questions and 5 questions considering the three issues of health including mental health, physical health, and health access, as inter-related aspects of doctors' health and wellbeing. These 5 questions focus on understanding how working in the region impacts upon their health and wellbeing, the strategies they use to support their health and wellbeing, how the WQPHN can support them to maintain their health and wellbeing, and how useful they found the wellbeing check (Wellbeing Check guide for doctors).

The *questions included in the wellbeing check were a guide only*, with flexibility for the clinicians to jump between questions depending on the flow of the conversation. The focus was to ensure that doctors' were given the opportunity to share their concerns about the issues impacting upon their health and wellbeing, and for the clinician to assist the doctor in identifying effective strategies to maintain their health.

Promoting SWOP

All medical professionals registered to practice medicine in Australia and working within the WQPHN were invited to receive a wellbeing check. This included both junior and senior doctors and doctors with various roles of employment (e.g. locums). The WQPHN Primary Health Care Coordinators distributed hard copies of flyers about SWOP (Information leaflet for doctors) to practices, including practice managers who were able to pass on the information to doctors in the practice, directly to doctors at the practices, via email lists of doctors working in the region, and at monthly doctors' education meetings.

Most doctors received information about the Program directly via email, although it was recognised that a number of medical professionals do not regularly access their email

accounts. Therefore, the Coordinators continued to distribute hard copies of the flyers to Practices at least once a month between December 2017 and February 2018, with follow-up emails also sent three to four weeks apart.

The Program was also advertised via social media platforms and newsletters, including Twitter and the WQPHN monthly newsletter.

Opportunity for extra support

If a doctor required additional support after the wellbeing check was completed, then confidential support from QDHP was offered and the doctor was also referred to telephone support services including Lifeline, Beyondblue, and OPTUM.

More information about the establishment and delivery of SWOP is available on request.

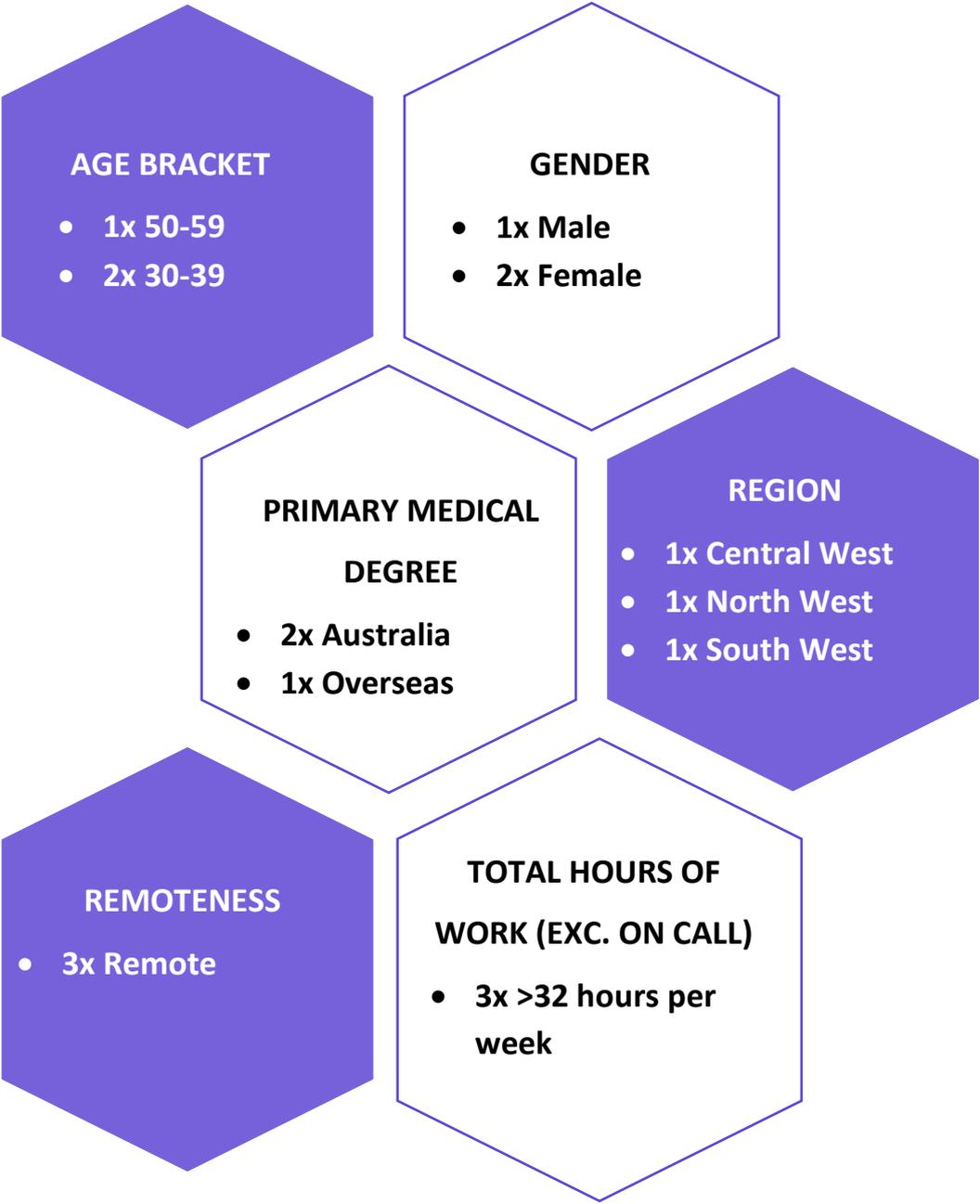
4. THE FINDINGS

A number of people expressed their interest in the Program at doctors' education meetings during which Dr Margaret Kay, Dr David Rimmer and Dr Sarah Handley actively promoted SWOP. However, only four doctors directly expressed an interest in the Program by contacting the Project Officer and to date, only three doctors have received a wellbeing check. It should be noted however, that the Program ran over the Christmas holiday period during which there was a high turnover of staff and many doctors were returning home to major cities.

Due to the small sample of doctors who received a wellbeing check, this report does not attempt to provide a generalisable analysis and explanation of the findings. However, being responsive to this lower than anticipated uptake of the Program, we proactively reached out to 10 key stakeholders across the WQPHN and doctors' health networks to gather feedback about why doctors may not be engaging. This feedback has informed our critical reflection of the Program which is included in the discussion section of the report. The following section provides a brief summary of the key findings from the three wellbeing checks. The data provided has been disaggregated to ensure the anonymity of the information presented.

Demographics

Gender, age, education, location and hours of work



Health rating and GP

PERSONAL HEALTH RATING

- **2 x very good**
- **1x excellent**

PERSONAL GP

- **2x Yes**
- **1x No**

GP TYPE

- **1x Close friend**
- **1x Independent GP**

LAST GP VISIT

- **1x Last 6 months**
- **2x 12-24 months ago**

Barriers to maintaining health and wellbeing

Workload and distribution

The most commonly raised responses to maintaining one's health and wellbeing included issues of workload, long working hours, and the expectation to always be available and do extra work. This was heightened by understaffing and not being able to take leave. As a flow on effect, doctors felt guilty from having to say no to additional work.

"I feel overwhelmed by all the different places asking me to do work for them."

"There's not really that many people, so you kind of have to do it, but then you realise after a while that people just ask you because there's nobody else."

Health & Wellbeing

Most notably burnout from increased workload and long work shifts was reported to impact significantly on respondents' health. It was reported that some workplaces did not have a fatigue policy. Low job satisfaction was also raised. Feelings of resent from having to work in a remote location, due to restrictive choice, was discussed as being one reason for why it was hard to do 'self-care'.

"It's really hard, even if you do self-care, to not go down when you resent being somewhere."

"I've got to the point now where I feel like I need to say no to people because I'm probably quite burnt out."

Lack of privacy

Specific comments were made about issues of privacy from working in small towns. Respondents felt that there was a lack of privacy in terms of seeing a local GP and this resulted in doctors neglecting their health and wellbeing.

"It's a small place. All of my results go through to a holding file which my boss can easily see."

"It's a small town, people gossip like crazy. So you just are wary of not doing anything that would make them gossip."

Remoteness and availability of services

In terms of barriers to seeing a GP, the most commonly reported issues were access to a GP and time to see a GP. Specific concerns were raised around limited practices and not wanting to see a GP from one's own practice, especially when that GP was also a supervisor.

"Accessing your own GP can be a bit of an issue."

"I personally would not want to see a GP in my own practice...but then there's only limited practices."

Work systems and practices

Organisational issues included bullying and harassment from colleagues, favouritism, and unfair rosters. Of particular concern is that there was a fear of speaking out against the boss. It was also reported that in the smaller town practices, there is lack of administrative support and support from nurses.

Personal strategies for maintaining health and wellbeing

Exercise

Exercise was the most common reported strategy used to maintain one's health and wellbeing. This varied from cycling, to sit ups whilst watching television, to walking and running.

"I do my sit ups and sit on the rowing machine."

"I try to prioritise sort of the day to day things like exercise and diet."

Time out

One respondent reported the importance of having time away from work, especially to debrief with friends and colleagues.

"Just like mental health-wise, I try to make space for myself and have the kind of space to be able to discuss things with people."

Relationships

The importance of spending time with family and friends and protecting family time was raised by all respondents. Having close relationships to vent frustrations and generally disengage from work was noted as important.

“Forming friendships and just debriefing. A lot of us, every lunch time, would generally go [somewhere] and whinge.”

“I’ve got quite a few friends and things which I spend more time with.”

“I do dedicate time to ringing my [spouse] and talking to my kids, several times a week, so everyday I’m talking to someone.”

Professional help

Being part of an online peer group or balint group to discuss work-related issues or patient cases was also raised by respondents as a strategy. Support from colleagues in the region was highlighted.

“I still belong to my peer group in [other location].”

“If I need to debrief urgently, I’ll just pick up the phone and talk to one of the [location name withheld] doctors.”

Recommendations on how WQPHN can support doctors

Professional support

Respondents raised the importance of having access to a network of practitioners to discuss work-related issues. It was suggested that the WQPHN could fund an online doctors’ support network for doctors working across the region. One respondent also suggested facilitating face-to-face meet-ups between locums and doctors working in sole practices to meet with those working across other clinics, practices and hospitals.

“Facilitate opportunities for solitaires just to get face to face contact in some way”

Teleconference support

Ensuring the ongoing availability of on-call services, like SWOP, for doctors was mentioned. It was acknowledged that access to a local, independent GP was challenging and that the

preferred method would be to have doctors based in larger cities on-call and available for teleconference sessions. One suggestion was for the WQPHN to provide funding for teleconferences with independent GPs.

“It’s logistically hard to do face to face things”

“The only thing that might be useful once the Medicare is set up is sort of general practice kind of teleconference stuff”

“It would probably be someone, ideally, set up in a Brisbane clinic”

Feedback about the wellbeing check

Overall, the wellbeing checks were well received by those who participated. Notably, respondents felt that it was important to provide the wellbeing check as an ongoing service in light of recent media reports around doctors’ health. Some useful suggestions were also provided, including having the same clinician deliver the wellbeing check to the same individual, promoting the Program yearly, and targeting junior doctors who are more likely to experience stress in the workplace.

“I mean ideally it would be the same person”

“It would be better if it was the same person ‘cause they might notice week to week that the person, that the colleague, was getting a little more worked up.”

“I think the junior years of medicine are well recognised to be incredibly stressful.”

One respondent suggested that the following question be included in the wellbeing check:

“How far are you from that time that you loved medicine the most?”

5. DISCUSSION

The implementation of SWOP across Western Queensland has been successful in opening the dialogue around doctors’ health and in promoting positive help-seeking behaviours. The QDHP team appreciated the commendable efforts of the WQPHN Coordination team in implementing and promoting SWOP. The Program has been actively promoted at doctors’ education meetings, via emails, and in person to doctors and practice managers across the region. This process in itself has raised awareness about: (1) the importance of doctors’ health

to the region, (2) the WQPHN's commitment to supporting the medical workforce, and (3) the availability of a wellbeing service for doctors.

What we found

Due to the small sample of doctors who received a wellbeing check, the findings are not generalisable to the Western Queensland region. Despite this limitation, important findings have emerged relating to: the issues faced by doctors in the region, the strategies used to maintain health, how the WQPHN can continue to support doctors, and how well the wellbeing checks were received.

The findings echo the concerns raised in the literature around the issues that impact upon doctors' health and wellbeing. These include increased workload, long work hours, burnout, and workplace bullying. Of particular concern are the issues of understaffing, difficulty to take leave, access to an independent GP and lack of privacy which are heightened due to the remoteness of the region and the isolation of some doctors working in small towns.

Encouragingly, all respondents were actively looking after their health and wellbeing and all reported having good health, although it is possible that their positive health status contributed to their willingness to receive a wellbeing check in the first instance. The most common strategies that were mentioned include exercise, spending time with family and friends, and taking time to debrief with colleagues either face-to-face or through online peer groups.

The wellbeing checks were well received by respondents with some suggestions to promote the Program annually, target junior doctors who may experience more stress, and have the same clinician deliver the wellbeing check to the same person. Apart from the wellbeing checks, respondents suggested that the WQPHN could facilitate networking amongst doctors in the region and provide funding for teleconference appointments with independent GPs.

Following up with stakeholders

Being responsive to the limited uptake of the wellbeing checks, we proactively reached out to 10 key stakeholders across the WQPHN and doctors' health networks to gather feedback about:

- ❖ Why doctors may not be engaging with the wellbeing checks, and
- ❖ What else can be done to support doctors in maintaining their health and wellbeing?

The stakeholders included individuals across the WQPHN who could provide a contextual understanding of the barriers that may have prevented doctors from engaging with the Program. Discussions were also had with key stakeholders across doctors' health networks, including rural networks, who are active in promoting and researching doctors' health. These discussions have informed our critical reflection of the Program.

A critical reflection of the Program

A clear message from stakeholders was that most doctors were probably aware of the wellbeing checks, yet for various reasons chose not to receive one. While failure to access health care has been discussed in the literature, failure to engage with preventative support services is equally a barrier to maintaining one's health and wellbeing and has not yet been explored. Multiple reasons for the less than anticipated uptake have been considered, including: a culture of stoicism, issues of confidentiality, accessing other support services, not seen as a priority, and transient doctors.

- ❖ There is a legacy professional *culture of stoicism* that still views any engagement with mental health support as a weakness or incompetence. This may have prevented doctors from engaging with the wellbeing check in the first instance. In the smaller regions of Western Queensland, doctors often work alone and are used to responsibility and managing issues without any support. As a result, they may feel like they do not need a wellbeing check. The provision of education in understanding doctors' health issues could change doctors' attitudes about the purpose of the wellbeing check. A social marketing campaign could be developed to highlight the high prevalence of mental and physical health issues among the medical profession and the importance of maintaining one's health and wellbeing to improve health access and address health issues in a timely fashion.
- ❖ The existence of *mandatory reporting* in Queensland is a significant barrier to doctors engaging with services in which they need to share personal information. Although SWOP is a completely confidential service, there is the possibility that concerns about mandatory reporting acted as a barrier for some. Doctors may have been concerned

that negative feedback would not be confidential given the isolated nature of remote work. In future, engaging senior practitioners to advocate that junior doctors participate in the Program may encourage trainees and junior doctors to sign up for a wellbeing check. It is important that the confidentiality of the wellbeing checks are clearly advertised- including that they are conducted by independent clinicians who are experienced in dealing with doctors as patients.

- ❖ A large percentage of doctors in Western Queensland are employed by Queensland Health and may already be tapping into *local peer and online support groups*. There is also the possibility that the HHSs already have mentorship programs as well as senior doctors who provide support to junior doctors. It would be worthwhile to reach out to the HHSs to identify existing preventative, support services and collaborate with them to ensure that these services are available to all doctors working in the WQPHN, including locums.
- ❖ It's no secret that doctors face long work hours in a pressured work environment. It is concerning that doctors *generally tend not to spend time caring for themselves*. Unless doctors feel an urgent need to seek support, it is unlikely that they will dedicate their limited spare time to having a wellbeing check. Education in understanding the need for doctors' to maintain their health and wellbeing could change doctors' attitudes towards the wellbeing check, normalising the process and encouraging them to consider dedicating that one hour of their time to the process.
- ❖ The WQPHN has a large number of *transient doctors* due to high turnover of staff. This was magnified because of the time of year during which the Program was delivered. It is possible that doctors who were not making a long-term employment commitment may have felt that they could avoid the issues that could potentially impact upon their health and wellbeing if they had stayed in the region (e.g. bullying, isolation, workload, etc.). These doctors may not feel they needed to avail themselves of the wellbeing check. However, it is also likely that these doctors may not have had time to develop a robust and trusted local support network, so they may have been at higher risk of concern than they recognised. In the future, the Program could be better advertised on social media platforms to ensure more doctors were aware of the Program, rather than relying as heavily on engagement with practices and practice managers. Again,

educating doctors about the need to maintain health before impairments arise may encourage transient doctors to receive a wellbeing check.

What else can we do?

There are a number of areas for potential intervention with the aims of creating an ongoing dialogue around doctors' health and assisting doctors to maintain their health and wellbeing. The main suggestions include educational sessions, distributing and sharing resources, continuing to provide videoconferencing, and funding online support groups.

- ❖ *Education* as part of the preventative method to increasing awareness about doctors' health issues and where to find supports and services, is an effective approach. This could either be delivered face-to face at morning education meetings within practices or it could be a pre-recorded lectures (webinars) which is available to doctors to listen to in their own time. Currently, QDHP is developing its educational resources which will enhance access for rural and remote doctors. These will include videoconferencing, webinars and online modules that include education about being a doctors' doctor and other doctors' health issues. As these become available, QDHP will ensure that they are available for doctors in WQPHN.
- ❖ The availability of useful *resources and links* about doctors' health and where to access support would raise awareness of doctors' health issues, and provide doctors with the opportunity to digest the information in their own time. The QDHP website - <http://dhasq.org.au> - currently provides these resources. The WQPHN could send out monthly emails with a link of the QDHP website to doctors across the WQPHN with a short blurb attached to the email about the importance of doctors maintaining their health and wellbeing. In the future, QDHP will be improving its list of independent GPs available to see other doctors.
- ❖ The opportunity to keep *videoconferencing services*, like SWOP, as an ongoing service would be worthwhile for regions such as WQPHN. Such services are likely to be more useful to doctors once they have had more time to consider the information about doctors' health issues through education sessions or via online resources. They would be able to take their time to decide when they might wish to use the service. This suggestion was supported by the doctors who received a wellbeing check. Many

doctors in the WQPHN are familiar with videoconferencing tools and are likely to feel comfortable using this medium to engage with a clinician for a wellbeing check.

Similar services are currently being funded by other rural PHNs.

- ❖ Similar to the suggestions raised by doctors in the wellbeing checks, setting up an *online peer group or supervision network* may help doctors to maintain their health and wellbeing. This is likely that peer support sessions would provide an opportunity to informally debrief when discussing emotionally charged or complex cases. This approach is likely to be seen as a normative part of medical practice and less likely to be seen as a show of 'weakness' through seeking support. This may overcome the culture of stoicism.

6. CONCLUSION

As a result of SWOP, greater awareness exists around the importance of doctors' health in the Western Queensland region. Doctors face a unique set of challenges due to their geographical remoteness. These can have a significant impact on their mental and physical health. Because of this, there is a need for ongoing support for the health and wellbeing of doctors in this region. SWOP has provided QDHP with a deeper understanding of these issues and this will help inform the development of future resources to help address these. Future interventions, including programs like SWOP, will have a positive impact on the rural and remote medical workforce into the future.

SWOP is the first Program to evaluate how a wellbeing check would be received by rural and remote doctors. Although engagement was low, the opportunity to have a wellbeing check was valued by those who did receive the service. Failure to engage with any preventative support services is a barrier in itself for doctors seeking to maintain their health and wellbeing. Discussions with stakeholders helped to clarify the barriers preventing doctors from engaging with SWOP. These included issues of confidentiality, time, and culture. This feedback has enabled a series of suggestions designed to address these barriers to avoid similar issues arising with future interventions designed to enhance doctors' health and wellbeing, specifically when considering rural and remote locations. Understanding how to

navigate these barriers can help organisations to maximise engagement and support the medical workforce more effectively.

Perhaps most importantly, the introduction of SWOP has enabled a dynamic change in the conversation about doctors' health in WQPHN. Reinforcing safe boundaries, and encouraging those within the medical profession to look after themselves is the first step in enabling the wellbeing of the WQPHN health workforce, which will have benefits for the community it serves.

References

1. WQPHN, *Technical Paper: 2016 Health Needs Assessment* 2016.
2. Queensland, H.W., *Minimum Data Set Summary Report 2016*. 2016, Health Workforce Queensland
3. beyondblue, *National Mental Health Survey of Doctors and Medical Students* Oct 2013: Melbourne, Victoria
4. Shrestha, D. and C.M. Joyce, *Aspects of Work- life Balance of Australian General Practitioners: Determinants and Possible Consequences*. Australian Journal of Primary Health, 2011. **17**(1): p. 40-47.
5. Kay, M., et al., *A Doctors' Wellbeing Survey 2016*. 2016: Brisbane: Medical Employment and Workforce Planning Unit, Metro South Hospital and Health Service
6. Schattner, P. and G. Coman, *The stress of metropolitan general practice* Med J Aust 1998. **169**: p. 133-7.
7. Sexton, R., *Maintaining the wellbeing of rural GPs*. BMJ (Clinical research ed.), 2003. **326**(7391): p. S101.
8. Kay, M., et al., *Doctors as patients: a systematic review of doctors health access and the barriers they experience*. The British journal of general practice : the journal of the Royal College of General Practitioners, 2008. **58**(552): p. 501.
9. Gardiner, M., et al., *The role of psychological well-being in retaining rural general practitioners*. Australian Journal of Rural Health, 2005. **13**(3): p. 149-155.
10. AMA, *AMA Queensland's Resident Hospital Health Check 2017*. 2017.
11. Gardiner, M., et al., *Impact of support initiatives on retaining rural general practitioners*. Australian Journal of Rural Health, 2006. **14**(5): p. 196-201.
12. Flannery, J. and M. Hawthorne, *Doctors call for action to prevent suicide in the medical profession*, A.M. Association, Editor. 2017.
13. Waterford, K., *AMA welcomes coalition's initiatives to support rural health* A.M. Association, Editor. 2016.
14. Panagioti, M., et al., *Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis*. JAMA Internal Medicine, 2017. **177**(2): p. 195-205.
15. Shiralkar, M.T., et al., *A Systematic Review of Stress- Management Programs for Medical Students*. Academic Psychiatry, 2013. **37**(3): p. 158-164.
16. Regehr, C., et al., *Interventions to reduce the consequences of stress in physicians: A review and meta-analysis*. Journal of Nervous and Mental Disease, 2014. **202**(5).
17. District, S.L.H., *BPT OK*. 2017.
18. doctorportal. *A complete check-up: Doctors' mental health and wellbeing*. 2017; Available from: <https://www.doctorportal.com.au/doctorshealth/resources/a-complete-check-up-doctors-mental-health-and-wellbeing/>.
19. Health, J.M.O. *A website to promote the Health and Wellbeing of Junior Doctors* 2009; Available from: <http://www.jmohealth.org.au/>.
20. PHN, C.S., *Annual Report 2016-17*. 2017, Country SA PHN.
21. Kay, M., et al., *Developing a framework for understanding doctors health access: a qualitative study of Australian GPs*. Australian Journal of Primary Health, 2011. **18**(2): p. 158-165.

Appendices

1. Ethics approval



THE UNIVERSITY OF QUEENSLAND
Sub-Committee Human Research Ethics Approval

Project Title:	An Evaluation of the Staying Well Outback Program
Chief Investigator:	Dr Margaret Kay
Supervisor:	None
Co-Investigator(s):	Dr Jo Durham, Miss Sweatha Iyengar
School(s):	Faculty of Medicine, UQ
Approval Number:	2017002015
Granting Agency/Degree:	Western Queensland Public Health Network (WQPHN)
Duration:	1st May 2018

Comments/Conditions:

- HREA Form, 4/12/2017
- Gatekeeper approval, 16/11/2017
- Flyer, 4/12/2017
- Participant Information Sheet, 15/01/2018
- Participant consent form, 4/12/2017
- Interview guide, 4/12/2017
- Additional feedback, 4/12/2017
- Confidentiality Form for Clinician-Interviewers, 4/12/2017
- NHMRC Project Description v1, 21/11/2017

Note: if this approval is for amendments to an already approved protocol for which a UQ Clinical Trials Protection/Insurance Form was originally submitted, then the researchers must directly notify the UQ Insurance Office of any changes to that Form and Participant Information Sheets & Consent Forms as a result of the amendments, before action.

Name of responsible Sub-Committee:
University of Queensland Medicine, Low & Negligible Risk Ethics
Sub-Committee
This project complies with the provisions contained in the *National Statement on Ethical Conduct in Human Research* and complies with the regulations governing experimentation on humans.

Name of Ethics Sub-Committee representative:
Associate Professor Diann Eley
Chairperson
University of Queensland Medicine, Low & Negligible Risk Ethics
Sub-Committee

Signature Diann Eley Date 16/01/2018

2. Site approval



16 November 2017

Western Queensland Primary Health Network

Subject: Gatekeeper approval

To Whom It May Concern,

I write this letter to advise that the Western Queensland PHN has decided to work with the Doctors' Health Advisory Service Qld (and its service arm Queensland Doctors' Health Programme (QDHP)) to provide 'Independent Wellbeing Checks' for the doctors in our region.

These 'Independent Wellbeing Checks' are designed to acknowledge the importance of doctors maintaining their health and the WQPHN are pleased to support the health workforce in this manner. Doctors are being offered the opportunity to have a one hour one-on-one teleconference or videoconference with a clinician with experience in doctors' health.

WQPHN are keen to evaluate this program which we have called the Staying Well Outback Program (SWOP). To ensure our doctors are aware of the program, the Primary Health Care Coordinators employed by the WQPHN are distributing information about the 'Independent Wellbeing Checks' to the doctors.

To enable a formal research evaluation of this program, WQPHN are happy to provide information about the formal evaluation and therefore assist in the recruitment for this evaluation by providing Participant Information Leaflets to the doctors across the region. This information will be provided to practices, including to practice managers, who can provide the information to the doctors in the practice and directly to doctors at the practices and at education meetings. The WQPHN will also be advertising SWOP through social media platforms and newsletters.

The WQPHN understands that the 'Independent Wellbeing Checks' are strictly confidential. All doctors who wish to have the 'Independent Wellbeing Checks' will have access to this, whether or not they wish to participate in the research evaluation component. Doctors who wish to have an 'Independent Wellbeing Check' will personally

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Mount Isa Qld 4825



contact the project officer with QDHP and WQPHN will not know who has participated in this Check, and specifically will not know who has participated in the research project designed to evaluate this program.

WQPHN will be provided with a formal de-identified report of the findings by the research team to assist the PHN to better support doctors in the region into the future. Because the program is to be formally evaluated as a research project, it is hoped that the findings can be published to help fill the current gap in the international literature around the delivery of doctors' health programs in rural and regional areas.

Yours sincerely

Stuart Gordon



CEO

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3. Wellbeing Check guide for doctors

Guide for wellbeing checks

1. What is your age bracket?
2. What is your gender?
3. What is your residency status?
4. Where did you gain your primary medical degree
5. What year did you graduate with your medical degree?
6. What is the region of your predominant work place?
7. Which best describes your dominant practice location?
8. What is your role of employment?
9. Type of General Practice?
10. What are your total hours of work per week?
11. What are your total hours of work on call per week?
12. How would you rate your health?
13. Do you have a GP for yourself?
14. Is your GP independent?
15. When was your last visit to your GP?
16. How do you think working here in Western Queensland impacts upon the health and wellbeing of doctors generally?
17. For you personally, do you have any issues relating to health and wellbeing?
18. What strategies do you currently use to maintain your health?
19. What recommendations would you make to the WQPHN to assist you in maintaining your health and wellbeing?
20. What do you think about this wellbeing check?

4. Information leaflet for doctors



Offices: Mater Health Services, Raymond Terrace,
South Brisbane, Qld 4101
Administrative Enquiries: (07) 3010 5729
E-mail: admin@qdhp.org.au
Help Line: (07) 3833 4352 (24 hours)

STAYING WELL OUTBACK PROGRAM



Independent Wellbeing Checks with the Staying Well Outback Program

The Staying Well Outback Program (SWOP) is an innovative program designed to support the health and wellbeing of remote and rural doctors in the Western Queensland Primary Health Network (WQPHN). Doctors who are currently working in this region are being invited to take part in an independent wellbeing check.

Purpose?

This confidential wellbeing check aims to support doctors in maintaining their wellbeing, enabling better access to care and increasing knowledge of the supports available. It also provides doctors with the opportunity to tell us what they think will help to maintain their wellbeing in the future. Gathering this information will help the WQPHN be responsive in designing a comprehensive approach to support WQPHN doctors in their work.

The wellbeing checks are completely confidential.

They will be arranged as an individual session with an experienced clinician, via teleconference (using the go-to-meeting platform) or over the phone. The wellbeing checks are expected to last for about 1 hour. These wellbeing checks are being provided through the Qld Doctors' Health Programme.

Because this is the first time these independent wellbeing checks have been offered, it is important that we evaluate these sessions. For this reason, we will also ask the doctors if they are happy to participate in this evaluation. Participating in this evaluation is **voluntary**. Doctors who don't wish to participate in the evaluation can still receive the independent wellbeing check.



Risks?

It is possible that these discussions could make you more aware of a health issue that you need to address. While this could initially worry you, identification of a health issue is the first step to finding a solution. **You can ask to stop the wellbeing check at any time if you wish.**

QDHP can provide confidential support if you require this. If you find that you are experiencing any significant distress related to this, then you can contact:

- Lifeline, Phone: 13 11 14 for immediate support
- Beyondblue, Phone: 1300 22 4636
- Queensland Doctors' Health Programme - (07) 3833 4352 or www.qdhp.org.au

Interested?

Register your interest by contacting our Project Officer, Sweatha Iyengar:

sweatha.iyengar@uqconnect.edu.au
or
+61 406 068 366

QDHP is committed to supporting doctors and medical students in Queensland to achieve optimal health and wellbeing throughout their career.



Ph: 07 3833 4352

A free, independent, confidential, colleague-to-colleague advisory service for doctors and medical students.

www.qdhp.org.au



Help is only a call away

The QDHP is an independent service supported through funding from the Medical Board of Australia.