Moving out of the Blue... towards answers

Dr Ros Forward
DiT Representative
Doctors' Health Advisory Service WA

The primary focus of the 2017 Welfare Symposium 'Moving out of the Blue: Solutions in Doctors' Welfare' was to find practical pathways to improve doctors' health and wellbeing.

Organised by the AMA (WA) DiT Welfare Subcommittee and the Doctors' Health Advisory Service (DHAS) WA, the event saw more than 120 attendees from all levels of the health system come together to discuss issues such as culture, rostering, part-time work, flexible hours and mentorship/supervision.

The results collated from interaction on the night indicate that change is needed in the overall culture of the medical profession as well as within our hospital systems.

Some of the **TOP PRIORITY AREAS** as ranked by attendees were:

- Increased adherence to the industrial agreement relating to rosters and leave with a focus on improved accuracy of rostered hours and remuneration for actual hours worked.
- Establishment of formal avenues of communication and consultation with clinicians to direct workplace change.
- Increased opportunities for flexible and part-time positions.
- Formalisation of hospital procedures and protocols for identification, management and follow-up of at-risk doctors.
- Establishing peer group debriefing, support groups and hospital DiT welfare representatives.

Panellists: PMCWA Chair Professor Richard Tarala, AMA (WA) DiT Committee Co-Chair Dr Rebecca Wood, beyondblue Health Care Setting Project Manager Safia Roscoe, Junior Doctor's Wellbeing Officer Richard Read and DHAS Medical Director Dr David Oldham. Ms Roscoe discussed the beyondblue document, *Developing a mental health and wellbeing strategy: A how-to guide for health services*, as a potential solution or tool to improving wellbeing.

Overall the symposium was successful in identifying areas where change could be made to improve the health and welfare of DiTs. Whilst there is no simple solution, we are moving in the right direction. As doctors, we need to work together with hospital executive/administration to realise common goals and improve communication.

Let's talk about...

Some of the discussion points at the Welfare Symposium included:

"Excellence in healthcare cannot be achieved at the cost of employee health."

Doctors at all levels need to accept their individual limitations and vulnerability to stress. Additional stressors include training pressures, administrative burdens and loss of collegiality.

"We need to accept the fact that we are not machines, we break down. We need to accept that it's okay to not be okay. It's okay to be vulnerable."

Dispelling the resilience myth is crucial. Doctors today are just as resilient as their predecessors but now stand up for their industrial rights.

"We have to work together ... this isn't administration's fault ... it's not the doctors' fault ... how do we alter the culture in our organisation to genuinely fix the problem?"

The consensus at the symposium was that clearer avenues of communication were needed between junior doctors and executive/administration to focus on achieving common goals, including excellence in patient care. The role of an informed and remunerated welfare officer was raised as another potential solution.

"Lack of recognition ... unrostered overtime, not getting leave are really part of the mental issues

Continued on page 12

Continued from page 10

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... as soon as those things are sorted, all the other things disappear".

"If you don't get your roster, you can't plan the rest of your life ... and then you haven't got a life."

There was a clear call for honest and open rostering, in order to show respect towards doctors and their time. Several solutions to the 'supposed half day' were explored including nine-day fortnights (combining half days), registrar and consultant support for taking half days, use of part-time staff to provide coverage and adequate staffing in order to break the burnout cycle.

"Tailored rostering to accommodate the DiT in the workplace would be ideal."

Despite unanimity on the need for part-time and flexible work hours, it was evident that no single model would meet the needs of all hospitals or doctors.

Creative use of part-time work, including covering half days/rostered days off and absences, could increase practical uptake at hospitals. It was agreed that other professions and industries successfully incorporate part-time work and that we could look to them for solutions. Yet roles must be worked out on an individual-to-hospital level.

"How much better is your day when your consultant knows your name, knows who you are and what you do every day to care for their patients."

Junior doctors at the symposium identified the support of immediate senior staff as the single biggest predictor of workplace satisfaction whereas senior clinicians called for more training in supervision and HR management.

Supervision, mentoring and pastoral care were identified as being distinct to one another, with a need to keep these separate. ■

Doctors' Health Advisory Service WA 24-hour phone service: (08) 9321 3098