



Doctors' health

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Definition

Doctors' health is the understanding and practise of safe-health behaviours that are necessary to attain 'a state of complete ideal physical, mental, social wellbeing and not merely the absence of disease and infirmity.'¹ These behaviours include:

- self care
- safe, effective and appropriate utilisation of the health system
- involvement in appropriate personal health screening
- practice of appropriate health promoting behaviours.

Doctors' health also includes the provision of appropriate healthcare to other doctors and their family members.

Physician impairment is defined as any physical, mental or behavioural disorder that interferes with the ability to engage safely in professional activities.

Curriculum in practice

The following case illustrates how the doctors' health curriculum applies to general practice:

- Your practice partner has retired and so far you have been unable to recruit a replacement. Consequently, your usually busy week has become chaotic as you struggle to manage 12 hour days with hospital ward rounds and nursing home visits. You have started skipping meals and drinking too much coffee, which means that when you do reach home you are edgy and often enter into arguments with your family. You are worried your relationship with your partner is no longer stable. After dinner you have a glass of wine to unwind and fall asleep in the chair. Waking around midnight, you spend 2 hours on the internet answering emails before going to bed. At 6 am the telephone rings with a request for you to do a house call on the way to work. Your head pounds and you wonder what your blood pressure could be.

Rationale and general practice context

Doctors, historically, have been reported to have high rates of mental health problems, alcoholism and drug-use disorders.² This has often been reported in the context of disciplinary action taken against them.

Doctors should see themselves as people who practise medicine, ie. people first and foremost, with all the human needs and weaknesses that apply to the rest of the population.³⁻⁵

Doctors and their families are a disadvantaged group within society by virtue of their poorer access to a doctor of choice, including medical families.⁶ They may have poorer health outcomes as patients in the health system due to under- and over-treatment and a failure to utilise their own referral networks when in crisis.

However, in addition to maintaining health for personal wellbeing, doctors also have a professional obligation to maintain their own health in order to ensure they perform optimally when treating patients.

The medical profession needs to support doctors in maintaining their own health by recognising the benefits both the doctor and the wider community. Doctors have both a personal and professional responsibility to ensure they are accessing and optimising quality healthcare.

Doctors have difficulty accessing healthcare for many reasons. Education to ensure that doctors can effectively confront the barriers to effective health access is essential; these barriers may be personal or related to the culture of the medical profession. Minimising these barriers requires an understanding of what it is like to be a patient and what it is like to be involved in caring for a medical colleague.⁷

Recent literature has focused on mental health issues affecting doctors including stress, depression and job satisfaction. Doctors' health encompasses more than this, and includes their physical health and the social supports they establish during their lives, both with their peers and outside their medical circle. Doctors' health includes many diverse issues: illness, impairment, the impact of medicolegal issues and the personal safety of the doctor in their work environment.⁸

Special issues may confront some groups of GPs. For example, rural practitioners may be confronted with issues of reduced access to independent care and longer working hours. Similarly, medical students have unique pressures, as do new medical graduates.^{9,10}

As a profession, GPs have an obligation to all patients, including doctor-patients, to ensure they have access to appropriate care.

Boundary issues are a significant component of doctors' health, and understanding the boundaries within the doctor-patient relationship is one aspect of this issue. Decisions regarding self treatment and the need for independent healthcare is another. Medical families may also suffer problems with their access to healthcare, and it is important that doctors and their families are educated on how to recognise the boundary issues involved.

Doctors have a professional obligation¹¹ to ensure the welfare of impaired colleagues by providing appropriate support in their access of care, ensuring the community is protected from potential harm and assisting those returning to the workplace.

The doctor as a patient

Doctors need to confront issues relating to being a patient at some stage in their life, and to be aware that some doctors find this transition difficult.

Specific issues of confidentiality and participation in the process of shared decision making may need to be considered.

Doctors should be advised of the advantage in having an independent GP to assist with their healthcare and should actively seek to develop rapport with their own GP before they develop any significant health issues.

Doctors need to understand the distinction between being ill and being impaired, and to be prepared to voluntarily withdraw from work in the event of impairment and to notify those who can assist.

Doctors, like all patients, have the right to confidentiality and privacy, and should not have any of their details disclosed unless obliged ethically or legally to do so. Fear of lack of access to a confidential doctor is a fear disclosed by some doctors.^{2,8}

Doctors have special issues relating to their own health, and treatment should be sensitive to these needs. For example, some doctors may have difficulty accepting a diagnosis when they have spent a large amount of their professional life treating the same or similar conditions. Denial of illness and vulnerability may be an important issue, and doctors may also self-medicate, including adjusting dosages, without consulting their treating doctor.

Like all patients, doctors should take responsibility for their own health and be proactive about professional and occupational health needs, such as immunisation and complying with legislative health requirements in the case of illness or impairment, which threatens patient safety, as well as being proactive about their own health (eg. exercise and other health promotion activities).

Treating doctors – the doctor as a doctor’s doctor

All GPs are likely to treat a doctor as a patient during their career and will need to recognise there are some specific issues that may arise in such consultations.

Doctors treating medical practitioners need to ensure that the same due care is offered when caring for doctors as for other patients. General practitioners should follow their usual method of history taking, examination and investigation, as they would with any other patient without taking shortcuts or making assumptions.

Treating doctors should recognise that doctor-patients require the same explanations of investigations and management and be prepared to act as an advocate within the medical system as they would for all patients.

Doctor-patients often need to be reassured that they have made the right decision in seeking medical care, even if the problem appears to be a minor one. The barriers that many doctors experience when they access healthcare need to be recognised, and issues of confidentiality are especially important. Doctor-patients need to be encouraged to follow routine preventive health screening and healthy lifestyle practices, just as other patients are encouraged to do. They need to be included in the routine recall system for follow up and screening and encouraged to develop a continuing regular relationship with their practitioner.

Treating doctors should encourage doctor-patients to participate in a shared decision making process with the guidance normally offered to any patient. Doctor-patients should be allowed to be the patient and not be expected to make decisions without support. This therapeutic alliance should take into account the health literacy of the patient without making assumptions, but nevertheless acknowledging the doctor-patient’s special knowledge. During this process the treating doctor needs to be aware of the issues of transference within the relationship.^{3,7}

There is a need to actively negotiate the potential concerns of self-treatment. If the treating doctor feels that the doctor-patient should take time off for illness, then this will need to be discussed and the appropriate certificates offered.

When caring for an ill and potentially impaired doctor, treating doctors need to accept their professional and ethical responsibility to ensure that the doctor receives care and that the general community is protected.¹²

Related curriculum areas

Refer also to the curriculum statements:

- *Teaching, mentoring and leadership in general practice*
- *Quality and safety*
- *Practice management.*

Training outcomes of the five domains of general practice

1. Communication skills and the patient-doctor relationship

- DOCT1.1 Take on the role of patient when communicating with your own health provider.
- DOCT1.2 Seek medical assistance when required in appropriate environments.
- DOCT1.3 Have the necessary skills to communicate to the doctor-patient.
- DOCT1.4 Communicate to the doctor-patient that their concerns will be treated confidentially.
- DOCT1.5 Acknowledge the difficulties that doctors have when taking on the patient role.

2. Applied professional knowledge and skills

- DOCT2.1 Know the importance of a doctor maintaining their own physical and emotional wellbeing and how a doctor's health affects their provision of healthcare.
- DOCT2.2 Know the factors that influence doctors' health.
- DOCT2.3 Understand a doctor's personal occupational health and safety requirements (eg. vaccination requirements, managing needlestick injuries and complying with requirements if they have an infectious disease, including chronic blood borne viruses).
- DOCT2.4 Have the necessary skills to recognise and manage stress, both at the workplace and outside the workplace.
- DOCT2.5 Be aware of the impact of transference and counter transference within the therapeutic relationship when a doctor treats other doctors.

3. Population health and the context of general practice

- DOCT3.1 Understand that as well as doctor-specific conditions, doctors experience the same diseases as the general community and need to be provided the same screening and health promotional activities as the rest of the population.
- DOCT3.2 Be aware of doctor-specific conditions such as a higher risk of specific conditions including anxiety, relationship difficulties, depression, suicide and the use of psychoactive medication.
- DOCT3.3 Understand that an impaired doctor who continues to work presents a potentially serious health risk to the community.

4. Professional and ethical role

- DOCT4.1 Maintain health to ensure optimal performance in patient care and seek care and assessment in the event of illness.
- DOCT4.2 Comply with personal occupational health requirements, including vaccinations, as healthcare workers are at increased risk of acquiring specific diseases (eg. blood borne viruses).
- DOCT4.3 Develop and seek to use appropriate personal and professional networks to facilitate communication about stressful situations and ensure appropriate support.
- DOCT4.4 Limit work hours to a safe level.
- DOCT4.5 Develop a relationship with an independent GP that enables the maintenance of healthcare with appropriate confidentiality.
- DOCT4.6 Have a network of personal and professional support to assist resolution of a reaction to difficult personal situations.

- DOCT4.7 Ensure the maintenance of personal relationships outside the medical career.
- DOCT4.8 Practice healthy living, including healthy diet and exercise.
- DOCT4.9 Actively pursue leisure activities beyond medical practice to maintain a balanced life.
- DOCT4.10 Understand the implications of self management of illness, including self prescribing and the risks associated with this behaviour.
- DOCT4.11 Ensure that the doctor's family has access to independent healthcare.
- DOCT4.12 Understand how to deal with a colleague who is exhibiting inappropriate physical, psychological or emotional behaviour, including knowledge of the relevant medical board requirements in this situation.
- DOCT4.13 Demonstrate compassion toward doctor-colleagues and provide support through life crises.
- DOCT4.14 Be aware that the professional isolation and stigma that colleagues experience often contributes to health problems.
- DOCT4.15 Understand the need to have well defined personal and professional boundaries when dealing with a distressed colleague.
- DOCT4.16 Be aware that treating a sick doctor can be professionally challenging, which may affect the ability to care effectively for sick doctors.
- DOCT4.17 Ensure that the treating doctor maintains appropriate confidentiality.

5. Organisational and legal dimensions

- DOCT5.1 Understand the safe personal use of the medical/health system, including the safe use of medicines.
- DOCT5.2 Actively negotiate to work safe hours in a safe working environment.
- DOCT5.3 Know the relevant medical registration and medical indemnity requirements for your own medical care.
- DOCT5.4 Provide a safe environment for the doctor-patient to raise all relevant health concerns.
- DOCT5.5 Understand requirements for reporting to the relevant registration board and medical indemnity requirements regarding impaired colleagues.
- DOCT5.6 Be aware of backup resources for support of both the treating doctor and the doctor-patient.
- DOCT5.7 Approach the care of such doctors with the same high standards of care that is delivered to all patients.

Learning objectives across the GP professional life

Medical student

1. Communication skills and the patient-doctor relationship

DOCLM1.1 Describe the differences between communicating with doctor-patients and the communication skills required to treat patients.

2. Applied professional knowledge and skills

DOCLM2.1 Describe the risks of access to drugs in the workplace, self medication and the unique occupational health and safety issues faced by doctors with diagnostic knowledge and prescribing ability.

DOCLM2.2 Describe the aspects of the professional medical culture that may result in adverse health outcomes for doctors including invulnerability, adjusting to diagnosis of illness and seeking treatment and support from colleagues.

3. Population health and the context of general practice

DOCLM3.1 Describe contemporary patterns of illness in the medical profession, balancing an understanding of mental health problems and substance use disorders with an understanding of physical health and other health issues.

4. Professional and ethical role

DOCLM4.1 Describe the potential tension in the role of being a patient as well as a doctor.

DOCLM4.2 Describe the potential demands on medical students from their own families and social networks to offer assistance, including advocating for others, due to their medical knowledge.

DOCLM4.3 Describe the relationship between ill health and physician impairment in the areas of mental and physical health.

DOCLM4.4 Describe the hazards related to the knowledge of, and access to, drugs in the workplace.

DOCLM4.5 Reflect on own current level of health system usage and potential personal barriers to accessing healthcare.

DOCLM4.6 Describe the potential stigma experienced by doctors and students when attempting to access help, especially for addiction including fear of punitive measures.

DOCLM4.7 Describe the reasons why a doctor should have their own skilled, confidential GP.

DOCLM4.8 Describe when a doctor should seek healthcare.

DOCLM4.9 Demonstrate compliance with occupational vaccination requirements (eg. hepatitis B immunisation).

DOCLM4.10 Demonstrate that you have your own GP.

DOCLM4.11 Demonstrate personal health promotion, self care, life balance and spirituality issues.

DOCLM4.12 Describe the advantages of confidential personal supportive networks throughout the medical course and during a doctor's medical career.

DOCLM4.13 Describe the professional obligations in assisting colleagues to access support.

DOCLM4.14 Discuss the impact of early identification of self care problems (eg. as students); which may affect future career opportunities.

5. Organisational and legal dimensions

- DOCLM5.1 Describe the importance of disability insurance and medical defence insurance.
- DOCLM5.2 Describe the role of medical boards in doctors' health.
- DOCLM5.3 Discuss the ethical and legal importance of confidentiality when treating doctors.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

1. Communication skills and the patient-doctor relationship

DOCLP1.1 Describe how the culture of medicine affects a doctor's ability to communicate their own health needs to other doctors.

2. Applied professional knowledge and skills

DOCLP2.1 Describe how to recognise the signs of a colleague in difficulty.

DOCLP2.2 Demonstrate the ability to treat other doctors equitably and appropriately.

DOCLP2.3 Describe the potential pitfalls of self treatment.

DOCLP2.4 Discuss how to increase personal resilience by developing strategies for dealing with overwork, bullying and lack of control within the workplace.

3. Population health and the context of general practice

DOCLP3.1 Describe the personal health risks of medical practice and the role of maintaining a work-life balance.

DOCLP3.2 Describe the importance of, and strategies for, negotiating safe working hours.

DOCLP3.3 Discuss balance between working life and personal relationships.

4. Professional and ethical role

DOCLP4.1 Demonstrate an understanding of the association between maintaining good work performance, workplace satisfaction and reduction of stress.

DOCLP4.2 Describe the importance of having an independent GP for personal healthcare and how doctors can appropriately access healthcare.

DOCLP4.3 Describe barriers that may alter your personal access to healthcare, including moving to a new area or commencing a new job.

DOCLP4.4 Demonstrate that you are meeting your own personal and professional health needs.

DOCLP4.5 Describe the pitfalls of 'corridor consultations', including how to manage such situations.

DOCLP4.6 Discuss the role of personal and professional support networks.

5. Organisational and legal dimensions

DOCLP5.1 Describe professional and personal sources of support that exist outside your workplace.

DOCLP5.2 Describe workplace health and safety issues that need to be considered.

DOCLP5.3 Describe potential legal issues related to seeking your own healthcare and providing healthcare to doctors.

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

1. Communication skills and the patient-doctor relationship

DOCLV1.1 Demonstrate an understanding of the special issues around communicating with other doctors, both as a patient and as a treating doctor.

2. Applied professional knowledge and skills

DOCLV2.1 Describe the importance of negotiating basic expectations early in the consultation when treating a doctor-patient including costs, length of appointment, time of appointment and after hours care.

3. Population health and the context of general practice

DOCLV3.1 Describe the ethical responsibilities of interpersonal boundaries in medicine, including sexual boundaries, and describe how impairment with illnesses such as depression can confound these issues.

DOCLV3.2 Demonstrate how to identify the danger signs of physician impairment.

4. Professional and ethical role

DOCLV4.1 Summarise your own personal, professional crisis plan in the event of illness or other crises.

DOCLV4.2 Describe your ability to define achievements in your own life while balancing career, life and leisure goals.

5. Organisational and legal dimensions

DOCLV5.1 Describe sources of professional help available for the impaired physician and those who care for them.

DOCLV5.2 Understand the benefits of medicolegal cover, disability policies, assets protection, superannuation and financial advice.

DOCLV5.3 Describe time management priorities and strategies for ensuring a healthy lifestyle with a focus on personal preventive healthcare.

DOCLV5.4 Describe strategies for dealing with stresses related to dealing with bureaucracy, red tape and medicolegal cases.

DOCLV5.5 Identify the resources available for negotiating pay, working hours and staff relationships.

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

1. Communication skills and the patient-doctor relationship

DOCLC1.1 Regularly revise the special communication skills required for treating doctors.

2. Applied professional knowledge and skills

DOCLC2.1 In the context of taking a thorough history in the routine consultation, describe any doctors' behaviours that can potentially increase their health risks.

DOCLC2.2 Describe the pitfalls in the consultation with a doctor-patient.

DOCLC2.3 Describe appropriate management protocols for a doctor-patient that allow shared decision making while assisting the doctor on the path to better care.

3. Population health and the context of general practice

DOCLC3.1 Identify and act on the signs and symptoms of stress before burnout occurs.

DOCLC3.2 Demonstrate processes that ensure up-to-date knowledge of medical board directives on health issues.

4. Professional and ethical role

DOCLC4.1 Demonstrate meeting appropriate personal and professional health needs.

DOCLC4.2 Identify a GP who you would be able to seek healthcare from.

DOCLC4.3 Describe processes for mentoring and supporting other doctors and the benefits of role modelling how to access healthcare appropriately.

5. Organisational and legal dimensions

DOCLC5.1 Describe the process for regularly reviewing your own medicolegal cover and financial advice to ensure you have the best advice for you and your family.

DOCLC5.2 Describe and review safe practice work including leave; contingency plans for staff illness and after hours rosters, especially in rural and remote areas.

DOCLC5.3 List doctors' health support services.

DOCLC5.4 Describe the procedures necessary to ensure the workplace maximises your personal safety.

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