

RACGP Policy Position Statement

Stress and fatigue in General Practice

It is generally accepted that general practitioners and GPs-in-Training (GPiTs) will experience stress and fatigue throughout their careers and that this is likely to affect their ability to work and live. It also poses a risk to team care relations, patient safety and the community at large, because a GP who has hardly slept in days due to extended on-call hours is cognitively impaired, and may be less effective in engaging with their patients and team. Although stress and fatigue are interdependent, the primary focus here relates to fatigue management in the context of working conditions.

This policy position statement is developed from the discussion paper published by General Practice Registrars Australia (GPRA) on 'Fatigue Management in Vocational General Practice Training' (2012), in collaboration with the RACGP, Australian College of Rural and Remote Medicine (ACRRM), National General Practice Supervisors Association (NGPSA) (now General Practice Supervisors Australia (GPSA)), Rural Doctors Association of Australia (RDAA), Australian Medical Association (AMA), and Association of Chief Executives (ACE) (now Regional Training Organisations Network (RTON)).

Why are we revisiting this?

Although culture and practice have changed somewhat over the last decade the issues and guiding principles in the GPRA's 2012 discussion paper still stands. This has necessitated the entrenchment of key RACGP-held principles to aid practices and training organisations, and protect the health and wellbeing of our members. Although the RACGP does not engage in the employment arrangements between individual members and their practices or in the enforcement of 'safe working hours', it is hoped that the parties that have these responsibilities nonetheless keep the RACGP's position statement in mind. This is not a binding document, but rather, is intended to be a useful guide.

What does stress and fatigue mean in clinical general practice?

There are a multitude of ways in which a GP or GPiT will experience stress and fatigue, and everyone responds to stress and fatigue differently. Whilst some members may experience a singular cause of heightened stress over a short-term, others may experience compounded workplace and personal issues over a prolonged period of time. It is impossible to predict all of the causes of stress and fatigue in a general practice setting or all of their effects on the individual, but the workplace issues that most commonly contribute to stress and fatigue include:

- i. Work as a sole practitioner;
- ii. Prolonged consultation hours;
- iii. Prolonged on-call, emergency, or after-hours health care;
- iv. Long commute times between the primary residence and practice location;
- v. Working in unfamiliar or unsupported situations (particularly for GPiTs);

- vi. Frequent job or placement changes (particularly for GPiTs);
- vii. Additional duties as a supervisor, or administrative and other responsibilities on top of the rostered consultation hours;
- viii. Other work, training, and/or personal commitments on top of clinical practice, including exam preparation; and
- ix. Adverse environmental conditions, including workplace issues between staff.

Stress and fatigue seem to disproportionately affect those in rural and remote areas more than metropolitan-based GPs due to the increased likelihood of rural GPs being on-call after-hours, and involved in emergency work. Individual practitioners, particularly GPiTs, may feel pressure to remain on-call or continue to be involved in emergency work, despite heightened anxieties around this. Some may feel that there is 'no other option' or they 'can't say no'. If left unchecked, these practitioners may experience burnout, stress-related illnesses, and even cause direct harm to their patients and community.

What is our solution?

We do not believe that there is a one-size-fits-all solution to this complex, multi-faceted issue. Although most practitioners do not sleep well when on-call, everyone's limits will be different and each individual's response to extended working hours will vary. Similarly, anxiety about being on-call or about feeling unsupported or overwhelmed may cause significant stress and fatigue even if the workload is minimal. However, we believe that proper consideration of the following factors will better aid discussions between GPiTs and their supervisors, other practitioners at their practices, and this will in turn facilitate better working conditions and management of stress and fatigue:

- i. GP supervisors and/or practice managers should have a discussion about the practice's fatigue management policy with GPiTs prior to commencement of their training placement, with advice on how this will be appropriately managed in the GPiT's rostering;
- ii. Where GPiTs provide on-call and after hours services to local hospitals, particularly in rural and remote locations, both state/territory health organisations and practices should be aware of the impact of this arrangement on fatigue management. On-call shifts should be treated as rostered on-duty time, and these should each be followed by rostered time off;;
- iii. All practitioners (including casual staff members) should have regular, rostered "days off work";
- iv. Practices should actively encourage all staff members to take regular leave rather than accumulate it, and remind staff that leave is a valuable time to recuperate from stress and fatigue;
- v. Rostering should be consistent with the applicable industrial or enterprise agreement, if applicable. For example, if the state department of health enterprise agreement states that there must be eight consecutive hours off-duty between two periods of rostered duty. At the least, rostering should be consistent with best practice in 'safe working hours';

- vi. Practices should develop safe working conditions for all practitioners, which consider maximum rostered hours, overtime, on-call and appropriate remuneration;
- vii. Practices should be aware of when an employee is working two (or more) different jobs and ensure they are not rostering the employee in an unsafe way, in consideration of their total working hours and the off-duty interval between shifts;
- viii. GPiTs should not work more than their supervisors, and there should be equitable working arrangements (including after-hours and on-call work obligations) for all doctors within the practice;
- ix. Practices should implement staffing models that partner inexperienced or rotating staff with more experienced colleagues, and skill-match GPiTs with supervisors;
- x. Practitioners should have access to regular breaks during their on-duty shifts, and be provided with safe places to relax at work;
- xi. Practitioners should be appropriately remunerated for any additional working hours, consistent with relevant industrial and enterprise agreements if applicable; and
- xii. Practices should consider stress and fatigue management courses for supervisors and GPiTs at induction, and throughout their employment.

Above all else, practices, hospitals and training organisations should listen to their practitioners, and to create a safe space for them to raise their concerns about stress and fatigue. This is a requirement outlined in the National Terms and Conditions for the Employment of GP Registrars (NTCER) under clause 16.2 'Fatigue Management'.

These recommendations are influenced by the applicable regulatory framework and in particular, the NTCER. For example, clause 10.11 'On-Call' of the NTCER states the following:

The registrar may be rostered to be on-call. This is considered to be a normal part of general practice. These arrangements shall be no more onerous than those of other full-time doctors in the practice (pro rata for part-time registrars). If other doctors at the practice receive payment for being on-call, the registrar should also receive payment when they are rostered on-call.

The RACGP also recommends that all general practitioners and GPiTs use the AMA's [fatigue risk assessment tool](#), which provides an online assessment of the doctor's roster and their risks of fatigue. Whilst it is a generalised assessment of 'safe' and 'unsafe' working hours and a doctor's own self-assessment may be different, doctors who have been assessed by the AMA's fatigue risk assessment tool as being 'at risk' are nonetheless encouraged to self-reflect on their work situation and raise this with their employer as appropriate.

For recommendations of fatigue management courses or other resources, the RACGP recommends that the general practitioner or GPiT contact AMA, GPRA and/or their medical defence organisation.

Why can't we provide specific guidelines?

Stress and fatigue in the workplace is ultimately an occupational health and safety consideration that lies with individual employers. Whilst the RACGP cannot prescribe certain rules or guidelines with respect to 'safe working hours', it is expected that at the very least, practices comply with their legal requirements, enterprise bargaining agreements, and other specific guidelines that apply to them.

Developed by the RACGP working group:

Edward Vergara

Erica Clarke

Joanna Bruce

Julie-Anne Pho

Karin Jodlowski-Tan

Ken Wanguhu

in consultation with:

the RACGP Council of Censors and Principal Medical Education Advisor

Regional Training Organisations

Australian Medical Association

General Practice Registrars Australia

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