KEEPING THE DOCTOR ALIVE

Dr Danielle Clode BA(Hons) DPhil(Oxon) Research Associate
Dr Jennifer Boldero BSc PhD Associate Professor
Department of Psychology, University of Melbourne, Parkville VIC

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A Self-care Guidebook

for Medical Practitioners

Contents

Introduction

The purpose of this guidebook is to provide medical practitioners with information and resources on strategies for self-care as an essential element of their professional life. The guidebook has been developed by the Peer Support Program Committee of the Royal Australian College of General Practitioners (Victoria Faculty) as one method of promoting a culture of self-care among medical practitioners. A variety of other strategies, including development of a national professional peer support group program, are also being developed.

GUIDEBOOK AIMS

- **to encourage medical practitioners to recognise and discuss the challenges facing them.**

- **to promote self-care as an integral and accepted part of the professional life of medical practitioners.**

- **to assist medical practitioners to develop useful strategies for self-care.**

The guidebook is intended to facilitate discussion and exploration of the personal and professional issues facing medical practitioners. The information and exercises are best used as tools for peer support groups (or individuals) to stimulate debate and develop strategies for self-care which suit each individual. The suggestions are not intended to be prescriptive, but to provide examples adopted from research, training and peer support programs around the world which other medical practitioners have found useful.

The key recommendations of many of these programs can be summarised in the three key areas outlined below. Undertaking strategies to enhance self-care in these areas may assist you to protect yourself, your family and your patients from the demands and stresses of medical practice.

Maintain an effective support network

Professional support, whether clinical supervision of an individual or peer support within a group, is recognised in many specialties and many countries as being the single most important means by which medical practitioners can maintain balance and health in their lives. Personal support mechanisms such as family, staff and friends are also very important. There are a diversity of means by which to enhance your existing support structures (see pages 40-56).

Consult your own general practitioner

Find a general practitioner who is not a member of your family or practice to provide you with independent professional medical advice. Develop a relationship with your GP before you need them and learn how to be a patient as well as a doctor. Examine your own practices in relation to self-diagnosis and self-prescribing and develop boundaries which suit you and safeguard your health (see pages 44-51).

Strengthen management skills

Paperwork, bureaucracy and time pressures are significant stressors in many doctors' lives. While many administrative aspects of medical practice cannot be avoided at an individual level, investment in managerial and administrative skills may lessen some of the pressure from these activities (see pages 34-38).

ABOUT THE GUIDEBOOK

This guidebook is based on information derived from 'The Conspiracy of Silence: Emotional Health among Medical Practitioners', an extensive literature review of Australian and overseas research into the emotional and physical health of medical practitioners (Clode 2004). Similar handbooks developed and trialled overseas, particularly New Zealand and Ireland, have been used as a model for this guidebook.

The guidebook includes an introduction and definition of self-care—'What is self-care?' and explores three key areas of self-care—'Identification', 'Prevention' and 'Support'. These three sections are designed to provide information about the topic followed by a practical exercise associated with each topic. A list of resources is provided at the back.

HOW TO USE THE GUIDEBOOK

The guidebook is best suited to facilitate discussion within a peer support group or with other peers. It is designed to be used over the course of a year with the opportunity to revisit the exercises twelve months later if you wish. The guidebook may also be useful for individuals to work through by themselves, with their partners or families.

Everyone will have a different way of using this guidebook. Some may use it as a source of information to refer to, others as a workbook to complete. Feel free to use this book in a way that suits you best.

Some Colleges may provide points for Quality Assurance and Continuing Professional Development (QA&CPD) for completion of the exercises, particularly when completed within a peer support group. Contact your College for details.

HOW TO SET UP A PEER SUPPORT GROUP

Further information on peer support groups is provided on pages 52-56. You may wish to contact your College or local Division to see if they can assist with establishing a peer support group. Peer support groups are highly individual and variable—it may take some time to find one that suits you. The Professional Peer Support Program, run by a joint committee of Medical Colleges, is developing a national framework for peer support groups. Please contact the Professional Peer Support Co-ordinator based at the Royal Australian College of General Practitioners for details: 1800 331 626.

IS THIS MEANT FOR ME?

At some point in their lives many medical practitioners experience doubts about their career choice and their ability to deal with the stress it produces. It can be difficult to confront these emotions, even when they are causing illness and personal problems. Depression affects 1 in 5 Australians during their lifetime but it does not have to be a life-long affliction. Medical practice can exert unique pressures on doctors, just as it can on other health professionals, and sometimes doctors find it difficult to disclose their illnesses to their colleagues and to recognise illness in their colleagues.

This guidebook cannot cure serious depressive illness. If you rate highly on the following checklist, please seek professional help. This guidebook is intended to assist the majority of medical practitioners to enhance their quality of life and reduce the risk of serious illness.

Sharing your concerns with others can be an important step towards developing simple strategies to deal with excess stress. Working with friends and colleagues provides a rich source of ideas and support for improving the quality of both your work and your life. We hope this self-care guidebook provides both helpful information and some useful strategies for coping with the stresses of medical practice.

What is self-care?

The case for self-care

Medical practitioners might be expected to be among the healthiest people in our community and doctors certainly enjoy better than average physical health. However, many doctors suffer from emotional difficulties. This has a severe impact both on their own and their family's quality of life, and potentially on the quality of service they offer their patients. The need to better equip medical practitioners to deal with the emotional stresses of their work has long been recognised, but is often poorly addressed.

Medical practitioners commonly report high levels of stress and symptoms of burn-out. Emotional strain may manifest itself in family and marital difficulties, substance abuse, self-prescribing, psychiatric illness and even suicide. Research from many countries, and over many decades, has reported significantly higher levels of psychiatric disturbance, substance abuse and suicide among medical practitioners (and their families) than among the general population.

So what are the facts?

- *53% of Australian general practitioners have considered leaving general practice because of work stress (Schattner and Coman 1998)*
- *20% of Australian anaesthetists have high rates of emotional exhaustion (Kluger et al. 2003) and rates may be even higher in other specialities*
- *12.8% of Australian metropolitan GPs had severe psychiatric disturbance (General Health Questionnaire Scores of 8 or more), indicative of clinical depression, anxiety or other psychiatric conditions (Schattner and Coman 1998)*
- *Male medical practitioners may be twice as likely to suicide as other professional males in general, while some research suggests that female medical practitioners are four-six times more likely to suicide than other professional women (Balarajan 1989, Safinosky 1980, Pitts et al. 1979, Schlicht et al. 1990)*

The incidence of emotional health problems among medical practitioners reflect a number of stressors arising from a combination of forces, including the personalities of people who become medical practitioners, the nature of the training they undertake and the organisational stresses of medical practice. Not all of these can be changed, but by being aware of their influence, it may be possible to change the way these pressures affect us as individuals and as professionals.

Self-care activities, family and peer support cannot always address all the issues medical practitioners have to deal with. Details of professional assistance is provided on pages 59-62.

What does self-care involve?

Self-care is about making sure you look after yourself.

It is not about being your own doctor!

Self-care involves taking care, not just of our physical health, but also our mental, emotional and spiritual health. It includes eating, sleeping and living well. It means setting priorities and achievable goals. It involves enjoying work and leisure and having enough time for both. Self-care ensures our own and our families' needs are not being neglected. It means making sure we have professional and independent medical advice about our own physical and emotional health.

Self-care is what we advise our patients to do when they come to us worn-down and stressed-out about work and life. Sometimes we need to take our own advice.

THE SELF-CARE WHEEL

The self-care wheel is divided into three areas – Identification, Prevention and Support. Each spoke represents part of our understanding of self-care.

Identification examines the type of personality shared by many medical practitioners. It provides an opportunity for you to reflect on why you chose medicine as a career, to review what gives you job satisfaction and to examine what causes you stress. It gives you an opportunity to evaluate how effectively you are caring for yourself.

Prevention looks at how you cope with stress and examines the range of skills needed to help reduce stress in medical practice. It offers ideas on balancing priorities in your life. This section also addresses setting boundaries within and between professional and personal life. Finally it highlights the type of management skills that are useful for successful medical practice.

Support is an essential part of self-care for medical practitioners and is often the most neglected. This section looks at the importance of identifying and developing your personal, peer and medical support network before it is really needed.
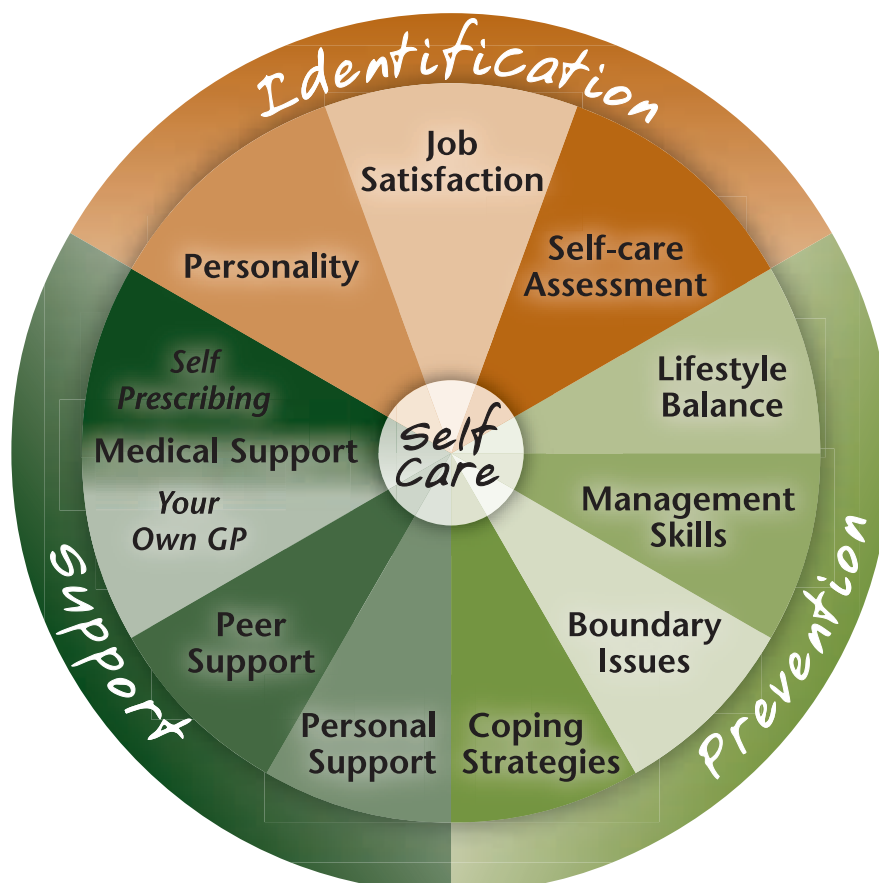
Identification

Personality

WHY DID YOU TAKE UP MEDICINE?

Choice of occupation may be influenced by underlying personality traits. Fire-fighters are unlikely to score highly on introversion scales while librarians probably don't rate highly on sensation-seeking measures.

People choosing medicine as a career may be influenced by an underlying desire or interest in helping others or an interest in science and the disease process. Family expectations may play a role in some peoples choice of medicine as a career. Some research has suggested that students who take up medicine may be motivated by desire for social approval and identity and as a reaction to problems in childhood or low self-esteem (e.g. Vaillant et al. 1972, McCranie 1988). High-entry requirements to medicine courses ensures that medical students are high-achieving, intelligent and often driven individuals capable of putting their own immediate needs to one side in pursuit of a longer term goal.

These personality traits often make for good doctors but may also contribute to a doctor's vulnerability to emotional ill-health. Empathy, for example, is a very desirable trait in a medical practitioner but is sometimes associated with vulnerability to depression. Firth (1987) found that "those who had more depression as students and house officers, tended often to become more empathetic, self-critical and more internal in their attributions than their peers—all desirable attributes for a healthy doctor."

HOW DO YOU COPE WITH STRESS?

Personality may also affect how we cope with stress. Some people cope, and even thrive, under stressful situations, while others burn out? People who cope well with stress seem to have four common characteristics:

Optimism and realistic expectations of self, others and the world
- *seeing bad things as temporary and able to look for the light at the end of the tunnel*
- *realising that failing at a task is not the same as being a total failure.*

Internal locus of control
- *enabling them to take control of their own actions, rather than considering themselves to be controlled by external forces*
- *being able to take credit when it is due but accepting that when things go wrong it isn't always their own fault.*

Strong social relationships with friends, family, work colleagues etc.
- *enabling them to discuss problems when they get stressful*
- *providing access to positive emotion-focussed coping strategies*
- *ability to balance work with relaxation, pleasant activities and leisure pursuits.*

Time management skills
- *providing an ordered way of life*
- *facilitating problem-focussed coping strategies.*

Knowing your personality type may help you to identify your strengths and vulnerabilities, and understand how you cope with stress.

The Myers-Briggs Type Indicator, based on a Jungian conceptual framework, is a popular but well-documented framework for understanding the similarities and differences between us. More information is available at http://www.myersbriggs.org/. Understanding the Myers-Briggs Type Indicator may help you to understand personality differences in other people and to cope constructively with those differences.

Another useful personality construct is Rotter's 'locus of control'. Locus of control refers to the extent to which individuals believe that they can control events that affect them (Rotter 1966).

People with a low score on this scale have an internal locus of control and believe that events result primarily from their own behaviour and actions. Individuals with an internal locus of control often play a very active role within their community.

A high score indicates an external locus of control where others, fate or chance primarily determine events. Individuals with an external locus of control may be more empathic to other individuals and a recent study of cancer specialists found that those with an external locus of control had better patient communication skills than their colleagues with an internal locus of control (Libert et al. 2003).

There is some evidence that a strong sense of internal control is linked with better psychological health and, in some studies, better physical health outcomes. However an unrealistically strong sense of personal control over events that are actually beyond our ability to control may result in poorer health outcomes (e.g. Rodin 1986, Seeman and Lewis 1995). For example, medical practitioners have a high level of responsibility (or sense of control), but may also need to limit their tendency to take responsibility for everything.

EXERCISE 1: **Personality**

Date: ___/ ___/ ___

TOPIC   Locus of control (Rotter 1966)

PLAN   To understand my personality type in terms of locus of control and how it affects my ability to deal with stress.

To use this information to lessen my stress.

DATA   From each pair of statements, choose the one which is closest to your own beliefs.

1 a. Children get into trouble because their parents punish them too much.	b. The trouble with most children nowadays is that their parents are too easy with them.
2 a. Many of the unhappy things in people's lives are partly due to bad luck.	b. People's misfortunes result from the mistakes they make.
3 a. One of the major reasons why we have wars is because people don't take enough interest in politics.	b. There will always be wars, no matter how hard people try to prevent them.
4 a. In the long run people get the respect they deserve in this world.	b. Unfortunately, an individual's worth often passes unrecognised no matter how hard he tries.
5 a. The idea that teachers are unfair to students is nonsense.	b. Most students don't realise the extent to which their grades are influenced by accidental happenings.
6. a. Without the right breaks one cannot be an effective leader.	b. Capable people who fail to become leaders have not taken advantage of their opportunities.
7. a. No matter how hard you try some people just don't like you.	b. People who can't get others to like them don't understand how to get along with others.
8 a. Heredity plays the major role in determining one's personality.	b. It is one's experiences in life which determine what they're like.
9 a. I have often found that what is going to happen will happen.	b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
10 a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.	b. Many times exam questions tend to be so unrelated to course work that studying in really useless.
11 a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.	b. Getting a good job depends mainly on being in the right place at the right time.
12 a. The average citizen can have an influence in government decisions.	b. This world is run by the few people in power, and there is not much the little guy can do about it.
13 a. When I make plans, I am almost certain that I can make them work.	b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
14 a. There are certain people who are just no good.	b. There is some good in everybody.
15 a. In my case getting what I want has little or nothing to do with luck.	b. Many times we might just as well decide what to do by flipping a coin.
16 a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.	b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.
17 a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.	b. By taking an active part in political and social affairs the people can control world events.
18 a. Most people don't realise the extent to which their lives are controlled by accidental happenings.	b. There really is no such thing as "luck."
19 a. One should always be willing to admit mistakes.	b. It is usually best to cover up one's mistakes.
20 a. It is hard to know whether or not a person really likes you.	b. How many friends you have depends upon how nice a person you are.
21 a. In the long run the bad things that happen to us are balanced by the good ones.	b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

22 a.	With enough effort we can wipe out political corruption.	b.	It is difficult for people to have much control over the things politicians do in office.
23 a.	Sometimes I can't understand how teachers arrive at the grades they give.	b.	There is a direct connection between how hard I study and the grades I get.
24 a.	A good leader expects people to decide for themselves what they should do.	b.	A good leader makes it clear to everybody what their jobs are.
25 a.	Many times I feel that I have little influence over the things that happen to me.	b.	It is impossible for me to believe that chance or luck plays an important role in my life.
26 a.	People are lonely because they don't try to be friendly.	b.	There's not much use in trying too hard to please people, if they like you, they like you.
27 a.	There is too much emphasis on athletics in high school.	b.	Team sports are an excellent way to build character.
28 a.	What happens to me is my own doing.	b.	Sometimes I feel that I don't have enough control over the direction my life is taking.
29 a.	Most of the time I can't understand why politicians behave the way they do.	b.	In the long run the people are responsible for bad government on a national as well as on a local level.

CHECK   Score one point for each of the following (not all questions are scored):

2 a	5 b	9 a	12 b	16 a	20 a	23 a	28 b
3 b	6 a	10 b	13 b	17 a	21 a	25 a	29 a
4 b	7 a	11 b	15 b	18 a	22 b	26 b	

Out of a possible total of 23, a low score indicates an internal locus of control with a strong sense that you can change and influence the things that happen around you. This can be a source of stress if there are things in your life that you can't control (like serious illness or government paperwork). A high score indicates an external locus of control where others, fate or chance primarily determine events. Sometimes this can lead to an unwillingness to confront difficulties in our lives or to a sense that we cannot change things.

ACT   How might an internal locus of control affect your responses to stressful situations?

How might an external locus of control affect your responses to stressful situations?

Are there ways you could moderate your responses to situations to reduce stress?

MONITOR Review this activity in twelve months time.   Date: ____/ ____/ ____

Would you still answer all the questions the same way?

How well have your strategies worked for reducing stress levels?

Job satisfaction

Many medical practitioners find their work a source of great satisfaction. General practitioners, for example, often report that they enjoy the freedom, responsibility and variety general practice offers. A recent study of Australian anaesthetists found that they obtained high levels of 'intrinsic' job satisfaction from using their technical skills to a high standard of practice (Kluger et al. 2003). The close relationships doctors develop with their patients and families can provide numerous opportunities for social reinforcement of performance and personal satisfaction in assisting people through difficult times.

Job satisfaction?
- *Doing a good job*
- *Financial rewards*
- *Patient satisfaction*
- *Relationships with patients and their families*
- *Performing well*

(RNZCGP 2002)

An Italian study among dermatologists recently confirmed the importance of job satisfaction in significantly reducing the risk of burnout (Renzi et al. 2005). The dermatologists in this study identified a number of ways their job satisfaction could be improved:

Ways of improving job satisfaction
- *More shared decision-making*
- *More positive feedback*
- *Better planning of activities and working hours,*
- *Taking personal and family needs into account*
- *More recognition of extra efforts*

(Renzi et al. 2005)

SOURCES OF DISSATISFACTION

All medical practitioners face pressure to meet patient expectations and ever increasing concern over potential litigation. Schattner and Coman (1998) revealed that time pressure to see patients was the most frequently cited stressor for general practitioners, while threat of litigation was rated as the most severe stressor. Many of the pressures facing doctors, particularly those associated with direct patient care are shared with other health professionals.

Top ten sources of stress for general practitioners

Most frequent stressors

1. Time pressure to see patients
2. Paperwork
3. Phone interruptions during consultations
4. Too much work to do in a limited time
5. Intrusion of work on family life
6. Patients who are difficult to manage
7. Home visits (in hours)
8. Earning enough money
9. Intrusion of work on social life
10. Unrealistic community expectations

Most severe stressors

1. Threat of litigation
2. Too much work to do in a limited time
3. Earning enough money
4. Patients who are difficult to manage
5. Paperwork
6. Intrusion of work on family life
7. The cost of practice overheads
8. Time pressure to see patients
9. Unrealistic community expectations
10. Negative media comments

(Schattner and Coman 1998)

Administrative pressure

Doctors frequently report difficulties caused by workload, time pressures, paperwork, practice management, after-hours work and bureaucratic changes. Problems with financial management and adequate levels of remuneration may also contribute to occupational stress. Such stressors are likely to vary depending upon the area of medical specialisation and type of practice. For example, administrative stressors may be lower for part-time practitioners operating as part of a large practice or clinic compared to rural solo practitioners. Occupational stresses relating to medical practice may also be greater for practitioners with few professional colleagues for liaison, referral and locum services.

Emotional pressure

Health professionals face significant emotional pressures within their work. Doctors may face difficult consultations involving death and dying, complex psycho-social issues and emergencies. Many practitioners, particularly those involved in psychiatry, treating drug abuse and general practice may face risks of violence and concerns for personal safety.

Litigation

The threat of litigation affects an increasing number of professions and has particular significance for medical professionals. Litigation risk has been blamed for poor uptake of obstetrics and a projected shortage of obstetricians in the future (MacLennan and Spencer 2002).

Although being sued, appearing at a Coroner's Inquest or a Medical Board are relatively rare events, doctors undergoing such legal proceedings can suffer severe emotional stress, even if the litigation is abandoned or no adverse findings are made. Litigation sometimes precipitates major career changes (like quitting clinical practice) or treatment for anxiety or depression, while for many others the joy of clinical practice is replaced by a defensiveness towards patients.

Emotional responses to medico-legal events like these are quite normal and it is valuable to seek assistance to deal with these situations. Medical Defence Agencies can often offer personal support programme including self-help (or information on what to expect), peer support (from a mentor) and/or professional support (independent, confidential professional advice and counselling with a psychologist or psychiatrist).

Many medical practitioners find it difficult to enjoy their work because of the stresses involved. If you feel like this, you're not the only one! If you find this is an ongoing sensation it may be worth discussing your concerns (see resources on pages 59-62).

EXERCISE 2: **Job satisfaction**

Date: ___/ ___/ ___

TOPIC   Job satisfaction (adapted from an exercise developed by Martin London)

PLAN   To evaluate and improve my level of job satisfaction.

DATA   Discuss the following issues in your peer support group or with colleagues.

What was your motivation for going into medicine? Has practising medicine satisfied these motivations? What keeps you in medical practice? Write a personal list of the positive aspects of medical practice you enjoy and some of the aspects you find most challenging. Pair the positives and corresponding negatives in the boxes below and indicate on the line between each where your feelings are at the moment?

Positive   *Negative*

| *e.g. good variety of practice, deal with a wide range of health issues* | *e.g. difficult to keep up to date with knowledge in range of areas needed in my practice* |

CHECK   What are the areas where your current level of job satisfaction are relatively high?

_____

_____

What areas need improving?

_____

_____

Overall, how satisfied are you with your job?

_____

ACT   Brainstorm ways of tipping the balance to the positive side.
Can you convert any of the negatives into positives?

_____

_____

_____

_____

_____

Think about which areas of your job are important to you. You may want to particularly focus on these areas.

_____

_____

_____

How can you overcome any barriers in important areas so that you can improve your level of job satisfaction?

_____

_____

_____

MONITOR   Review this exercise in twelve months   Date: ____/ ____/ ____
Re-examine where you lie on the continuum between the positive and negative aspects of your work.
Has there been an improvement in job satisfaction?

_____

How successful were your strategies?

_____

What areas do you still need to work on to facilitate improvement in this area?

_____

_____

_____

_____

EXERCISE 2: JOB SATISFACTION

Self-care

Doctors spend their working lives looking after other people but they sometimes find it hard to put themselves and their families ahead of their work commitments. Although encouraging their patients to live healthy, stress-free lives, medical practitioners can be just as fallible as their patients when it comes to looking after themselves.

Physical Health

A number of Australian studies have found that general practitioners, just like the rest of the population, don't exercise as often as they should (McCall et al. 1999, Nyman 1991). However medical practitioners (and general practitioners in particular) do have considerably lower levels of obesity (Nyman 1991) and much lower rates of smoking and alcohol use than the general population (Pullen et al. 1993, Nyman 1991).

Independent Fitness Advice

Go to your local gym or health club and treat yourself to a health and fitness assessment. Health and fitness can be difficult to fit into a busy schedule so a structured activity combined with an objective assessment and evaluation may help maintain fitness for work and life.

Emotional well-being

Work is a significant source of stress for many doctors resulting in psychological distress and even clinical depression, anxiety or other conditions (Pullen et al. 1993, Nyman 1991, Schattner and Coman 1998). Work-related stress can have a detrimental effect on personal lives. Pullen et al. (1993) reported that up to 19% of NSW GPs were currently experiencing marital stress because of their work.

Stress Inducing Myths

Need for approval	Want approval but can cope without it
Demand for self-perfection	Want to do well but can accept and learn from mistakes
Demand for perfection in others	Respect the decisions of others in relation to their own lives

Overwork

Medical practitioners are not only prone to over-work, they work while ill and deny or minimise the symptoms and consequences of any illness. For example, Chambers and Belcher (1993) found that 75% of UK general practitioners took no sick leave compared with 41% of secondary school teachers. McKevitt et al. (1997) compared rates of sick leave and working while ill among general practitioners, hospital doctors and company "fee-earners" in the UK. Despite similar health levels between the three groups, doctors, (particularly general practitioners) took the least sick leave.

There are many practical and psychological reasons why doctors deny or ignore their own illness. Self-employment, lack of sickness insurance, absence of locums and/or unwillingness to increase partners' workloads all lead doctors to work through illness (Thompson et al. 2001). Many doctors report pressure to appear healthy for their patients, a strong sense of duty to their patients, difficulty in acknowledging illness and embarrassment at seeking independent medical advice (McKevitt et al. 1997, Rogers 1998).

Serious illness can be a great fear in anyone's life, but when doctors fall ill they must face these fears with the full range of worst case scenarios stretched before them. Doctors regularly deal with the ravages of illness and diseases ending in prolonged suffering and or death. It can be a challenge to accept one's own vulnerability given this heightened awareness of the consequences. Denial of vulnerability or illness can easily become an entrenched and pervasive state of defensive functioning. But by striving to be an effective invulnerable doctor we may fail to accept or disclose an illness because of the feelings of guilt, shame and stigma aroused as these defensive states are shaken.

As individuals expected to "fix" medical problems, doctors may have a strong sense of personal failure to deal with when they are unable to fix their own problems. Disclosing illness, to themselves, their colleagues or their families may require the doctor to overcome a whole range of fears and barriers that don't face other people. Colleagues may inadvertently compound these barriers through their own discomfort with illness in a colleague, particularly mental illness.

Thompson et al. (2001) summarised the consequences of these factors into hypothetical "shadow contract" by which many medical practitioners feel unconsciously bound.

The shadow contract

I undertake to protect my partners from the consequences of my being ill. These include having to cover for me and paying locums. I will protect my partners by working through any illness up to the point where I am unable to walk. If I have to take time off, I will return at the earliest possible opportunity. I expect my partners to do the same and reserve the right to make them feel uncomfortable if they violate this contract.

In order to keep to the contract I will act on the assumption that all my partners are healthy enough to work at all times. This may mean that from time to time it is appropriate to ignore evidence of their physical and mental distress and to disregard threats to their wellbeing. I will also expect my partners not to remind me of my own distress when I am working while sick.

(Thompson et al. 2001)

STRATEGIES FOR IMPROVING SELF-CARE

Improvements in self-care can range from major changes to the way you run your practice to small daily strategies. Sometimes these decisions can require a lot of planning, such as making the "big" decision to book your leave and organise the locum. In Otago, New Zealand the local general practitioners planned their annual leave back-to-back over a 6 month period so that they could arrange for the locum to come and work in the area for 6 months to cover all their annual leave.

Some suggestions from other doctors include:

- Plan in good time where you are going to take holidays, and on returning, book your next holiday within a week. This means you always have something to look forward to,
- Always take a lunch break, no matter how busy you are,
- Take a few minutes to clean up your desk at the end of each day, so that in the morning you'll feel much better organised,
- Set a timer each day for 15 minutes to put your feet up and relax, or take a walk, or ring a friend, or family member,
- Take a walk at lunch time,
- Have a mini-meditation between patients,
- Add a 'lighter' component to the consultation,
- Schedule some catch up time during the day,
- Make your own list of strategies!

12 steps to build resilience and wellbeing

- *Nourish your body, mind, heart and soul each day*
- *Celebrate your strengths and believe in yourself*
- *Maintain clear boundaries*
- *Speak kindly to yourself*
- *See yourself as a strategist and set goals*
- *Take baby steps in the direction of your dreams*
- *Focus your energy on the here and now*
- *Be assertive: honour and express your feelings*
- *Give to others what you seek for yourself*
- *Take time out to just 'be'*
- *Be playful and have fun*

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Sometimes you may feel unable to get out of an unhappy situation you find yourself in and feel you have nowhere to turn for help. Help is available – don't hesitate to seek it out when in need.

EXERCISE 3: **Quality of life assessment**

Date: ___/ ___/ ___

TOPIC	Quality of life assessment
PLAN	To identify my expectations and achieve my self-care needs.
DATA	Complete the following quality of life matrix. Tick one box on each line (adapted from Cummins 1997).

	Could not be more important	Very important	Important	Somewhat important	Slightly important	Un-important	Not important at all
How important to you are the things you own?							
How important to you is your health?							
How important to you is what you achieve in life?							
How important to you are close relationships with your family or friends?							
How important to you is how safe you feel?							
How important to you is doing things with people outside your home?							
How important to you is your own happiness?							

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
How satisfied are you with the things you own?							
How satisfied are you with your health?							
How satisfied are you with what you achieve in life?							
How satisfied are you with your close relationships with family or friends?							
How satisfied are you with how safe you feel?							
How satisfied are you with doing things with people outside your home?							
How satisfied are you with your own happiness?							

CHECK

Compare your responses to how important things are to you and how satisfied you are with these things.

Are there important areas in your life with which you are dissatisfied?

Think about what might be causing this. Are these things that you can change?

Choose one or two areas where you would like to improve. Decide how you could change this. For example, if 'health' rated high on importance, but low on satisfaction, your action plan could be to identify the source of your dissatisfaction and make changes, such as increasing exercise, eating more healthily etc.

MONITOR Review this activity in twelve months.   Date: ____/ ____/ ____

Did you achieve your goals for improvement?

Has your quality of life improved?

What do you still need to work on to achieve improvement in this area?

Prevention

Coping strategies

HOW MUCH STRESS ARE YOU COMFORTABLE WITH?

Stress, anxiety, stimulation, excitement, anticipation, motivation—these are all sensations that belong to the same family. Some people seem to thrive on stress and need last minute deadlines, late nights and lots of anxiety to get them going. Other people can't stand any stress and like to be prepared and organised well beforehand. We all have our own "stress comfort zone" where we experience sufficient stress or stimulation to make us energetic, alert, self confident, enthusiastic and able to carry out tasks effectively.

But when we get over-stimulated we start to feel anxious and out of control. Our ability to concentrate and think effectively becomes impaired. We may start to feel some of the physical symptoms of stress such as churning in the stomach, palpitations and tension in the shoulders. For short periods, such over-stimulation can usually be handled, but long-term, these feelings can be damaging and distressing.

Consider where your personal stress comfort zone is at the moment. Are you in the optimal stimulation zone or in the "burnout" or "rustout" zones? What would happen if you added or subtracted a responsibility?

Learn to recognise when you are reaching the edge of your stress comfort zone and develop strategies to deal with over- or under-stimulation—either by changing the situation or changing how you react to it. These are valuable coping strategies.
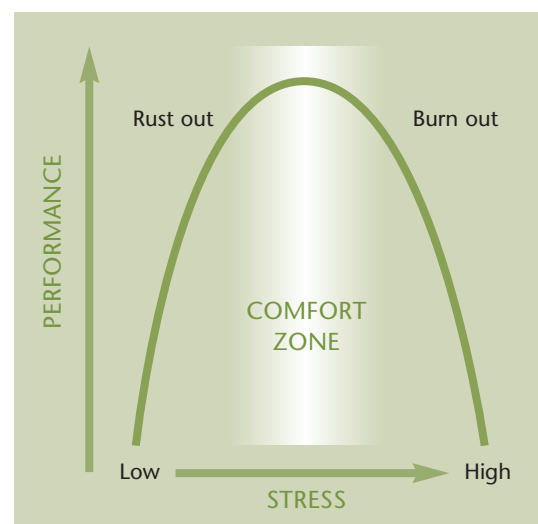
HOW DO YOU REACT TO STRESS?

Understanding how we deal with traumatic or stressful situations may assist us to acknowledge how we arrived in a particular place in our lives and perhaps to help us arrive at a more desirable destination in the future.

> *"People are disturbed not by things but rather by the views which they take of them."*
>
> *Epictetus c. 100AD*

Defence mechanisms

Psychoanalytic approaches to coping provide a framework for understanding the unconscious ways in which we deal with anxiety. These defense mechanisms vary from severe forms involving projection, denial, and delusion to more adaptive defense mechanisms such as altruism, humour, and sublimation (Aldwin and Yancura 2004).

Coping styles

Personality approaches focus on how people process information and their different coping styles. Repressors, who use a repression-avoidant-blunting style of coping, tend to avoid or suppress information. At the other end of the spectrum, sensitizers with an approach-monitoring-vigilant coping style, seek or augment information. Research has suggested that in highly stressful situations, people tend to alternate between approaching and avoiding the problem (e.g. Folkman and Lazarus 1980).

Coping processes

Coping process approaches use a cognitive behaviour model to examine how individuals cope with a particular stressor, emphasising environmental demands and influences. Coping processes are divided into two types: problem-focused and emotion-focused coping. Most people use both strategies to deal with stress.

Problem-focused coping	*Emotion-focused coping*
Breaking a problem into smaller pieces *Seeking information* *Considering alternatives* *Direct action*	*Positive reappraisal (silver linings)* *Selective attention or diversion* *Religious or spiritual coping* *Social support* *Avoidance and withdrawal* *Substance use*
Associated with more positive health outcomes for problems that are within our ability to control.	*Tends to be most helpful with uncontrollable stressors.*

We can't always change or prevent stressful events, but we might be able to change how we react to them. Cognitive Behaviour Therapy (CBT) has been successfully used to treat anxiety and depression. CBT attempts to change the way we feel about a situation by changing how we think about it and recognising when we are thinking irrationally or rationally.

ACTION (or event)	*A patient complains about treatment.*
BELIEF (or thoughts)	*What an ungrateful and horrible patient.*
CONSEQUENCE	*I feel angry and aggressive.*
DISPUTING	*Is this logical? Does this help?*
EMPOWERMENT	*No, they probably aren't always horrible and even if they are, it doesn't help me deal with them. I find this patient difficult. Perhaps I could discuss the situation with my partner to find a better way of addressing their needs. (from Stebbins 2001)*

Irrational beliefs include:

- exaggerating how bad things are (when they are really not that bad),

- getting easily frustrated or annoyed (when you know you can and will have to deal with them),

- demanding that people should or must behave a certain way (when you can't control how others behave),

- feeling victimised or hard done by (when you can't control the outside world).

> *The prayer of serenity*
>
> *Grant me the courage to change the things I can; the peace to accept the things I can't change; and the wisdom to know the difference.*

Emotion-focussed coping can't be done in isolation. Make sure you have a strong support network and if need be, make use of professional and volunteer support networks, including help lines and counselling. No person is an island!

EXERCISE 4: **Coping**

Date: ___/ ___/ ___

TOPIC	Coping strategies (developed from Stebbins 2001)
PLAN	To identify the ways we respond to stressful situations and develop ways to improve our ability to cope with stress.
DATA	Practice identifying and disputing irrational beliefs. Describe a recent stressful situation and write down how you responded to it and what beliefs led you to respond that way.

A ACTION

Stressful situation

B BELIEF

e.g. I'm no good/He was very angry

C CONSEQUENCES

How did you feel?

CHECK   Were your beliefs rational or irrational? Did they help you resolve the problem?
Was there a more constructive way of responding to the situation.

D DISPUTE

Was this feeling logical? Did it help?

E EMPOWERMENT

How do you feel about the situation now?

ACT   Is this situation your problem and can you fix it?

If no, what emotion-focussed techniques can you use to deal with this situation?

1. *positive reappraisal – identify any good things in the process*
2. *selective attention – divert your attention to issues which you can control, either to unrelated activities or to problem-solving issues surrounding the main (unresolvable) problem*
3. *seek social support – who can you talk to about this problem?*

If yes, go through the six problem-solving steps to deal with the situation.

1. *Define the problem*
2. *Brainstorm for solutions*
3. *Assess each solution*
4. *Select the best solution*
5. *Plan how to implement the solution*
6. *Implement the plan and review progress.*

MONITOR   Review this activity in twelve months time.   Date: ____/ ____/ ____

Do you still respond to situations in the same way?

Describe where you have used emotion-focussed or problem-focussed techniques to help you deal with a stressful situation. How did they work?

Lifestyle balance

Medical practice frequently interferes with family and leisure time (Puddester 2004). Highly paid occupations, such as upper management, typically require longer hours, fewer holidays and less sick leave than lower paid positions paid by the hour. Such work requirements may be 'expected' rather than 'contractual'. Similarly people who are self-employed or in fee-for-service occupations tend to take fewer holidays and less sick leave. In this sense, some of the unhealthy work practices associated with medical practice may be linked to more general social or personal expectations of highly paid and self-employed work. In other words, doctors tend to be people who 'drive' themselves or feel 'driven' by others' expectations.

DIRECT PATIENT CARE

Direct patient care exerts a particular strain on the clinical professions. Working with other people who are likely to be feeling anxious and vulnerable requires special talent and understanding. Learning to balance empathy with detachment can be extremely challenging.

Teach us to care and not to care.   *T S Eliot*

HIGH RISK GROUPS

Not all doctors are equally exposed to these risks – medical researchers, for example, may have less exposure to the stresses involved in direct patient care, self-employment or fee-for-service arrangements. Some specialities, like psychiatry and oncology, may be particularly vulnerable to the strains of direct patient care.

The challenges facing female doctors seeking to balance family and professional commitments may be particularly intense. It may be for this reason that female doctors tend to be more often found in lower paid, part-time, salaried positions. High-achieving female doctors are less likely to be married or have children than their male counterparts (Lorber and Ecker 1983, Durham 1998).

Similarly, medical practitioners in remote and isolated communities may face additional stresses not facing their urban colleagues, including heightened community expectations, inability to take time off and lack of peer support.

THE DANGER ZONE

Doctors as a profession, and some specialities and practices in particular, lie at the intersection of two high pressure occupational spectra which, if combined with a vulnerability to emotional distress, compounds the risks facing doctors.

THE ZONE OF CONTENTMENT?

Medical practice also has the potential for diversity and flexibility. With relatively high remuneration opportunities, a greater range of options is available to enable medical practitioners to adopt a lifestyle that suits their personal needs. Many medical practitioners are increasingly finding more flexible work arrangements which suit their desired life-style, for example extended annual holidays or ongoing part-time work.

ACHIEVING BALANCE

As anyone who has ever ridden a bike will know, balance is an ongoing process. Once you have things in balance, you have to keep them there. But, like riding a bike, practice makes perfect until the process of balancing work and pleasure becomes easier and almost automatic.

> *"The first step to self-care is redesigning the vision of our responsibilities as general practitioners. Acknowledging the importance of outside activities to our health and to our career longevity creates the opportunity to regain control in our lives. A process of examining our feelings, goals and priorities must be completed before outside activities will be viewed as anything other than obligations and burdens. Participating and enjoying activities such as exercise, reading novels, or going to a ball game is not achievable until we have restructured our lives. Thus, the first step in taking control is not buying season tickets, but personal exploration."*
>
> *Wellness for Emergency Physicians*

Barriers to balance

Common themes emerge when medical practitioners discuss what stops them from achieving balance in their lives:

• Not enough time and energy

• Not enough time with partner and self

• Too much worry

• Too much paper work and administration

Some strategies for balance

Self Awareness	*Keep a personal journal.* *Practice some form of spirituality.* *Continue education outside medicine.* *Obtain personal psychological therapy.*
Relationships and Leisure	*Develop a support network (e.g. friends, family, peers).* *Make time for partner.* *Do the lifestyle balance audit with partner/spouse.* *Increase time for friends and music.* *Participate in activities outside work.*
Promote Self-Care	*Pay regular attention to your self-care inventory.* *(e.g. regular holidays, time out for family and interests outside medicine).* *Take a whole day off instead of two half days.* *Take a week off every three months.* *Engage in regular leisure activities or hobbies.*
Time Management	*Control or throw away the TV.* *Delegate more of the paper work to practice staff.* *Schedule time for reading and paper work in the middle of the day in order to get away earlier.* *Do CME during the daytime.* *Prioritise learning needs and limit evenings out.*
Personal Philosophy	*Allocate time to clarify issues.* *Prioritise goals for both professional and personal values.* *Develop a time management system.*

EXERCISE 5: Lifestyle audit

Date: ____/ ____/ ____

TOPIC Lifestyle audit

PLAN To have a balanced lifestyle and enjoy life, family and work. This exercise looks at the balance in your life, and gives you a chance to take positive steps to meet your goals.

DATA In each oval indicate an area of your life where you spend time. Draw more ovals if you need them. (For example; with partner, with children, with friends, working/commuting, managing staff, relaxing, holidaying, playing sport/exercising, creating, maintaining, cleaning, gardening, reading, learning/studying, volunteering, contemplating/meditating or similar.)

e.g. housework

e.g. paperwork

Get 20 jellybeans/paperclips, and allocate a portion of these to each oval to represent how much of your time/energy is spent in each area. (You may also like to include ovals to represent areas of your life in which you wish to spend time, but currently don't). Record the number of jellybeans in each oval, then put the jellybeans to one side. Using the same jellybeans and the same piece of paper, allocate a portion of jellybeans to each oval representing the amount of time/energy you would ideally like to spend in each oval. Record these numbers in a different coloured pen.

CHECK   What is the gap between the actual and the ideal?

What areas of your life are you doing well in (which ovals have the smallest difference between actual and ideal)?

ACT   Are your expectations realistic?

Is it possible that what you think you want or should achieve is not possible? Which are the areas you want to change the most (which ovals have the biggest difference between actual and ideal)? Pick one you would like to work with.

Area for change.

List three barriers that prevent you from spending more time in that area?

1.

2.

3.

Now list three positive steps you can take to reduce these barriers and lessen the gap between how you currently are and what you ideally want to do or should do:
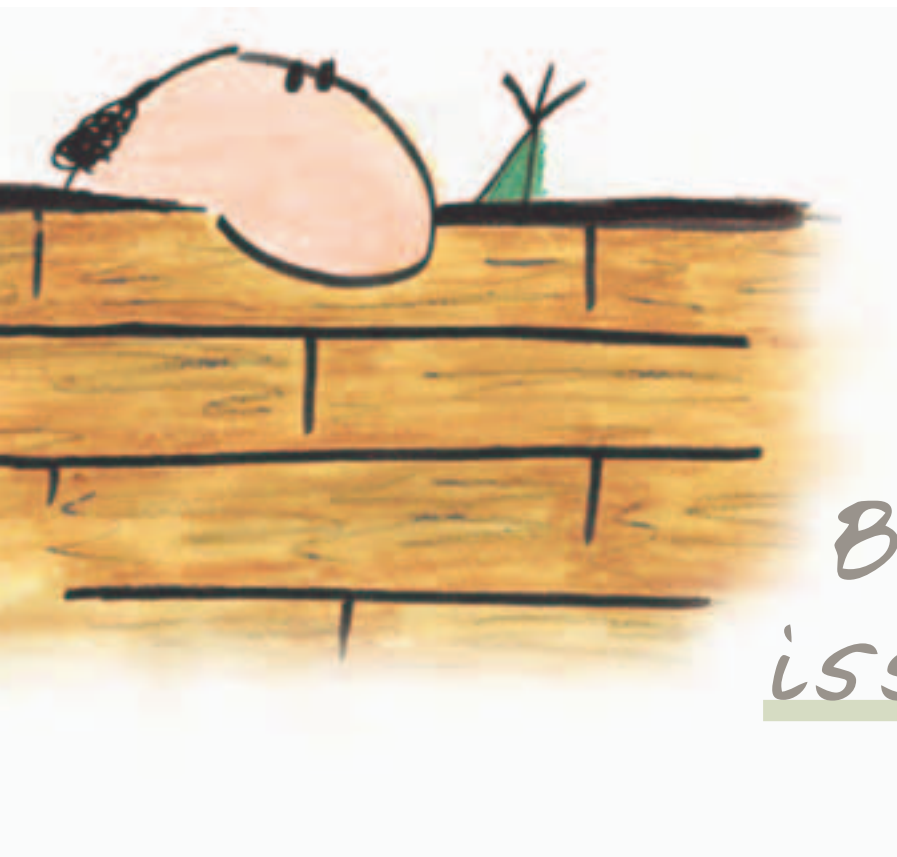
1.

2.

3.

MONITOR   Repeat this activity in twelve months.   Date: ____/ ____/ ____

Compared with how you were twelve months ago, did you achieve your improvement goals?

What other things can you do to further to achieve greater balance in your life style?

Boundary issues

Doctors frequently report difficulties dealing with role conflict and establishing clear personal and professional boundaries. Doctors complain that they are too often seen as people who "are" doctors rather than people who "do" doctoring. This may be a function both of the social expectations placed upon doctors as community figures as well as the expectations doctors have of themselves. Such pressures may be even greater on rural practitioners than urban doctors and also for doctors in smaller ethnic communities.

While most of us are clear about sexual boundary issues, learning to define personal boundaries can be a life long exercise.

• When do we put down the role of "doctor" and pick up the role of "parent" or "friend" etc.?

• Are we different in these various roles? Does being a doctor spill over into the rest of our lives, making it difficult to switch off from the stressors involved in the profession?

• How do we stop the role of doctor encroaching on the other roles?

These are questions we all have to answer for ourselves.

When the boundaries become blurred between the different roles we have in our lives, all the roles suffer and there is a risk of damage to personal relationships. Doctors may enter into inappropriate relationships with their patients, with inevitable consequences.

The same confusion can arise in less central relationships. Do you employ a patient to paint the roof? Do you send your children to school where most of their classmates and their parents are patients of your practice? When you need medical care do you go to a general practitioner you can trust to be objective and professional or do you go to a partner in your practice or a friend? This level of boundary interaction is a day-to-day occurrence for many medical practitioners, particularly in rural areas, and they usually come to handle these relationships with skill and sensitivity.

More challenging is the problem of drawing boundaries within the patient consultation. What level of emotional involvement is appropriate? Doctors have a strong vested interest in the medical care of their patients which does not always coincide with the opinions of the patient, their family or friends.

Good medicine or therapy occurs when both parties work close to the line but not over it – where the medical practitioner can identify the patient's emotional state, but not take responsibility for fixing it. A doctor who is too far back from the 'boundary' may be seen as remote, overly clinical and unable to empathise. Patients may complain that the doctor doesn't listen or care. At the other extreme, a doctor who over-identifies with a patient risks compassion fatigue and burnout from taking on the patient's fear, distress or pain.

SETTING CLEAR BOUNDARIES

Many medical practitioners have found that setting a few simple boundaries has been helpful in their personal and professional life.

Say no
- *to feeling overly responsible for patients*
- *to unreasonable demands on you*
- *to extra stressors*
- *to commitments that threaten your relationships or personal maintenance time.*

Supervision and facilitated group work such as the support groups developed by Michael Balint provide ideal forums for exploration of this complex level of boundary negotiation (see pages 52-56). This can be a fascinating learning process, which helps doctors to work consciously, clearly and effectively with their patients. Setting clear limits can be a powerful and liberating experience.

One method for leaving work behind

After a particularly stressful event, move on quickly by writing some brief notes about the event on a scrap of paper. Make it very short, but include a sentence about what happened, what you think caused it to happen, what you felt about it, and what the other person/people felt about it (as far as you can tell). Identify the main feelings you have about it, write them down, then screw up the paper and throw it away.

Mrs Smith – didn't complete antibiotics – again – infection flared up - got cross and blamed me – I got defensive – was left feeling frustrated and angry (me) – walked out in a huff (her) – now feeling guilty, disappointed – could I have handled it better? – will do better next time. Feelings to throw away – guilt, anger, frustration, disappointment.

If time is limited, just write down the main feelings, and then throw them away. Or make a list of stressful events as they happen through the day. Review them at the end of the day and then discard.

EXERCISE 6: **Boundary Issues**

Date: ____/ ____/ ____

TOPIC   Boundary Issues

PLAN   To develop an awareness of boundary issues and to set boundaries.

Boundary issues are often only considered in relation to the sexual boundaries between doctors and their patients. For our purposes, there are also a variety of other boundary issues fundamental to working in medical practice.

DATA   These exercises are designed to facilitate peer review groups or individuals to explore and set positive strategies for setting boundaries. Consider the following scenarios and evaluate how you respond to the boundary issues in each one.

CHECK

Scenario One

Something bad happens at work. You find yourself feeling frustrated and angry.
- *How do you stop yourself from taking it home?*
- *What practical steps do you take to leave work issues behind when you go home?*
- *How do you set helpful boundaries?*

What strategies do I know and/or use to make sure my various roles in life differ from one another?

How could I improve in this area?

What barriers do I need to overcome and how can these improvements be implemented?

Scenario Two

The partner of a close friend asks you to take her on as a patient.
- *Discuss what the potential boundary issues are.*
- *How would you set the boundaries?*
- *What boundaries would you set?*

What strategies do I have and/or use to protect the boundaries in the situation?

How could I improve in this area?

What barriers do I need to overcome and how can these improvements be implemented?

Scenario Three

You have just spent 15 minutes with a very depressed patient.
- *How do you feel? Flat? Frustrated? Powerless?*
- *How do you remind yourself that the patient is the one with the problem?*
- *How do you protect yourself from taking on a depressed person's mood?*

What strategies do you know and/or use to defend yourself from taking on the patient's emotional state.

How could I improve in this area?

What barriers do I need to overcome and how can these improvements be implemented?

Review your responses to these three scenarios. How good are you at setting boundaries?
Are there specific areas that you need to improve in this area?

_____

MONITOR Review this activity in twelve months.   Date: ____/ ____/ ____

Were your goals for improvement achieved?

Are you better at setting boundaries now than you were twelve months ago? Have all your goals for improvement been achieved? If not, what do you need to do continue working at achieving these goals?

Management skills

Effective management skills enable us to use our own time efficiently and to utilise the skills of others to support us. Both work and personal life benefit from an ability to plan, delegate and organise. Medical practice, like most small businesses, increasingly involves a substantial administrative burden. Developing a practice system which enables you to streamline administration and manage staff you is essential for reducing unnecessary work.

SETTING GOALS AND OBJECTIVES

The single greatest barrier to effective personal time management is a lack of clear objectives and priorities. Without clear goals we spend too much time on minor things or in "crisis management" mode and not enough time on the important things. Whilst long term goals and objectives are important, small daily goals probably contribute more to our quality of life and sense of achievement than anything else.

Some strategies to help set goals and objectives.

- *Try writing out your short and long term goals.*
- *Write a daily "to do" list and prioritise it. Is it achievable in a day? Be realistic.*
- *Don't try to do too much. Uncompleted tasks only lead to a sense of failure.*
- *Allow enough time to do the tasks required – set specific times for jobs like sorting the mail, paperwork, or talking to staff.*
- *Try tackling difficult or unpleasant jobs first when you are most motivated, leaving minor tasks until later.*
- *Finish each task before moving on to the next one if you can. This avoids wasting time remembering where you were up to with a task.*
- *If a task is ongoing, allocate a certain amount of time only, then move on.*
- *Cross off tasks as you complete them.*
- *Reprioritise when you need to – to-do lists are a work in progress, not cast in concrete.*
- *Clear your desk each night and plan for the next day.*
- *Prepare the next day's to-do list last thing before you leave work so you don't have to think about it until the next morning.*

A small, but regular amount of time devoted to planning and prioritising can noticeably reduce stress and fatigue suffered at work – often the worst source of stress is not the things you are doing, but worrying about the things you haven't done! But when all else fails, just take a break and have a rest. You'll work much more effectively when you return than you would have by soldiering on.

Simple steps to saying no successfully
- *One of the greatest sources of excessive work is the inability to say "no".*
- *Are you really the only person who can do a task?*
- *Be clear about your own needs and limitations and let others know how you feel.*
- *You can say no without feeling guilty.*
- *Keep eye contact, say no firmly and keep your explanation short and clear.*
- *Do not begin a refusal with an apology.*
- *If you want time to think about a request, say so.*   *(RNZCGP 2002)*

DELEGATION

Delegation is an important skill for controlling your own workload and maintaining the morale of the people around you. Sometimes taking responsibility for everything implies a lack of confidence in your staff or colleagues to complete the job. If someone else can do the task 80% as well as you can, then delegate it with clear instructions and expectations about what you want done.

Not all practice management tasks will suit your individual skill set. Consider outsourcing those tasks you dislike or are not good at. Financial co-ordination and the use of a financial planner for financial management, for example, can reduce workload. An effective practice manager can be an essential investment and worth paying a bit extra for.

There may also be medical skills that don't suit your particular background or training. Recognise when it is appropriate to refer patients on to someone who can help. Under the Better Outcomes in Mental Health Initiative, patients can be referred and treated by a psychologist for up to 12 sessions under the MBS. This initiative also offers 24 hour psychiatry support services for all general practitioners with patients with urgent mental health problems (free call 1800 200 588).

COMMUNICATION

Unclear communication can be a major barrier to effective organisation. It can make people wary of new ideas and unwilling to seek changes to solve problems. Many people see obstacles before benefits. Listen to their concerns and encourage honest clear communication and discussion of ideas.

The message is given its meaning by the receiver.   *From John Grinder, Neuro-linguistic Programming*

Good communication skills enable us to negotiate conflict more successfully, and reduce the inevitable stresses associated with miscommunication. Make sure you are skilled at listening, asking questions and delivering information.

Meetings

Set regular meeting times for people who need to see you frequently – staff, practice colleagues etc. But make sure that meetings don't spiral out of control. Any meeting should have a clear agenda and all discussions should be focussed on developing clear solutions to the issues raised. The outcomes of the meeting should be clearly delegated to particular individuals.

Active listening

Active listening is a vital skill in your role both as a physician and a manager. Learn reflective listening techniques to make sure you have heard both the content and the feeling behind the content. Learn questioning techniques to elicit both facts and feelings. When giving information to others, make sure the message has got across as you intended it. While the words may have been heard, the meaning may not.

Suggestions for conflict resolution
Encourage parties to:
- *listen, try to see the issues from the other points of view*
- *focus on common interests rather than differences*
- *focus on the problem not the people.*

If the problem is becoming disruptive and can't be resolved, organise a meeting and a mediator to:
- *determine what the real issues are rather than the perceptions (seek facts)*
- *list key issues on a flow chart and prioritise*
- *ask each person to take responsibility for working towards a solution.*

PRACTICE MANAGEMENT

Successful medical practice is nearly always achieved through collaborative team work between practitioners and practice staff. Choosing your team can be a very important step in making your workplace profitable, both financially and personally. Additional and experienced staff may be worth the added financial investment.

> *Medical practitioners who deliver high quality care and maintain good health very consciously wield their practice systems to enhance patient outcomes and protect their health. They do this by overtly managing appointment length and scheduling of care, by deliberately shaping the flow of their week (e.g. when they do procedural work or nursing home visits), by having procedures about interruptions (e.g. telephone calls), by having making realistic arrangements for patient care outside their normal opening hours, etc.*
>
> *Comments from Standards for General Practice consultations*

Using staff efficiently and supportively can also streamline work practices.

• employ a part-time assistant to help with photocopying and filing

• upgrade your computer system if there are constant glitches for staff to fix

• invest in staff training.

Experienced staff are a valuable asset. Their skills should be acknowledged, appreciated and developed.

Opportunities for staff to share skills and knowledge with new employees can be an excellent way to both acknowledge the contribution your senior staff make to your practice as well as training new staff.

• Provide time for staff to discuss their work over a lunch

• Arrange for staff from neighbouring practices to meet and discuss effective work practices

• Provide a thorough induction process for new staff

• Reward your strongest team members – don't just load them up with extra work because they can do it. Lifestyle incentives (flexibility, rostered days off, work from home etc) may be just as enticing as financial ones.

Poor staff performance can be very more difficult to deal with. Like most difficult tasks, it should be dealt with straight away and not avoided or allowed to escalate. Failure to provide prompt adequate feedback is a key cause of misunderstandings and poor performance among staff. Aim to establish a system of short feedback loops. Don't wait until a problem occurs, give brief feedback on a regular basis to all staff.

> *Suggestions*
> • *Give feedback as soon as possible after the problem occurs, and give it in private.*
> • *Tell the employee exactly what you have observed (with examples) without generalising.*
> • *Ensure the employee knows the goals and standards.*
> • *Focus on the problem not the person.*
> • *Deal with issues your employee can control.*
> • *Commend, Recommend, Commend (C.R.C.).*   *(RNZCGP 2002)*

Investing in management training for yourself and your staff can be very worthwhile and save you unnecessary work and effort in your practice. Local training centres, colleges and universities may run appropriate courses (see also page 62).

EXERCISE 7: **Management skills**

Date: ___/ ___/ ___

TOPIC	Management skills	
PLAN	To evaluate and improve management skills.	
DATA	Levering (1988) identified a number of workplace features characteristic of highly successful organisations. These characteristics, he argues, also make them great places to work. Consider how well your practice rates, both for yourself, and for staff (photocopy this first page):	

Does my practice provide:	*For me*	*For others*
Fair pay and benefits (compared with similar employers)?	Yes/No	Yes/No
Job security?	Yes/No	Yes/No
A safe and attractive working environment?	Yes/No	Yes/No

Do staff at my practice enjoy:		
Individual responsibility?	Yes/No	Yes/No
Flexibility of work hours?	Yes/No	Yes/No
Opportunities for growth (such as promotion, training, time to learn etc.)?	Yes/No	Yes/No
Minimal social and economic distinctions between managers and other employees?	Yes/No	Yes/No

Does my practice recognise staff rights to:		
Due process?	Yes/No	Yes/No
Information?	Yes/No	Yes/No
Free speech?	Yes/No	Yes/No
Confront those in authority?	Yes/No	Yes/No
A family-friendly workplace?	Yes/No	Yes/No
An environment free from discrimination?	Yes/No	Yes/No

Do staff at my practice share:		
Rewards from productivity?	Yes/No	Yes/No
Profits?	Yes/No	Yes/No
Ownership?	Yes/No	Yes/No
Recognition?	Yes/No	Yes/No

CHECK	Ask your practice staff and colleagues to complete the questionnaire too. Where do you and your staff diverge in your expectations and experiences of your workplace?

ACT   What actions can you take to improve your management skills and the address any differences in perceptions of features of your workplace that were identified by this exercise?

What barriers need to be overcome?

How can these improvements be implemented?

What management skills courses are available that would assist you or your staff?

MONITOR Review this activity in twelve months.   Date: ____/ ____/ ____

Were your goals for improvement achieved?

What do you need to do to keep on improving the workplace for you, your colleagues, and your practice staff?

support

Personal support

The demands of medical practice are many, and their impact on medical practitioners and their families needs to be acknowledged.

A support network provides a forum for sharing feelings, queries and ideas. Developing a support network reduces isolation and helps us deal with the problems of stress. Often, our most essential support system is our immediate family and yet we seldom recognise this. They are usually the ones who first notice when our lives become unbalanced and who gently encourage us towards the self-care direction when we are too busy to do so. Extended family, friends, colleagues and co-workers can also be important members of support teams.

Comments from rural practitioners

"Your support system can be enhanced by adding people to share or complete tasks that you cannot do, or choose not to do. For example, someone to clean the house, work on the section, or provide child care, thus freeing up time for you to spend with your partner alone or with the family."

"The practicalities of developing a support network for new rural general practitioners are immense, especially if they are immigrants. In a rural community it takes in excess of one year to make friends and know they won't abuse your friendship i.e. talk shop or call you at home instead of the duty doctor. The first year is when the most support is needed."

"Working part time in a busy rural practice and looking after pre-school children is both rewarding and time consuming. It can exclude self-care activities such as exercise or reading novels. I shall put my children in day care more often and make more time for myself!"

(RNZCGP 2001)

The reportedly high level of psychiatric problems among the spouses and children of doctors (Martin 1981, Stein and Leventhal 1984, Sakinofsky 1980, Walton 1989, Myers 2004) is an under-researched area and requires critical examination. Specific support mechanisms for doctors' spouses have been developed overseas, for example the New Zealand Rural GP Network and the related Spouse and Nurse Networks (London 1998). It seems likely that improved self-care strategies for medical practitioners—such as lifestyle balance and better boundaries—could only improve outcomes for physician's families.

The National Rural Workforce Association is a support agency for rural doctors and their families in Australia (contact the Department of Health and Ageing for more information).

HOW TO IMPROVE SOCIAL SUPPORT?

It is important to develop a support network before we need it. If you ask yourself this question "If I had a major complaint tomorrow, would my support system be adequate?" would your answer satisfy you? If not, start now to set up the support structure you need.

Suggestions for maximising opportunities for social contact

- Share your interests through a regular sporting activity or hobby

- Contact old or neglected friends

- Catch up on a regular basis such as birthdays, summer holidays or other special events.

Often the people you work with are your strongest source of support. Your daily contact with colleagues and support staff means that they are an important source of social support, whether you realise it or not. What's more, you play a role in their social support. The relationship is reciprocal. Even if you have a strong support network it may be worth considering how strong your colleagues' support networks are, particularly if they are isolated from their families or communities. You may be their major support.

Consider developing some strategies for promoting social cohesion and improving communication in your workplace. You might be surprised at what a difference it can make!

Strategies for communication

- become an active listener

- paraphrase what the other person is saying so that you are really listening and understanding what they are trying to communicate

- encourage others to talk openly about their feelings and provide a forum for them to do so

- encourage regular small social events at the workplace – birthday morning teas or special lunches

- be honest about how you feel and allow work colleagues to get to know you

- evaluate how much support you provide to your colleagues

- debrief with colleagues

- participate in a Balint or peer support group

- use humour and social events to boost practice staff morale and job satisfaction.

Be aware of the risks medical practice poses to you and your family. A strong social support network can be one of the best defences against difficulties, but if you have any serious concerns about your own or your partner's health, contact Lifeline on 13 11 14.

EXERCISE 8: **Support networks**

Date: ____/ ____/ ____

TOPIC   Personal support network

PLAN   To look at the strengths and vulnerabilities of personal support networks.

To use this information to maintain effective personal support networks.

DATA   Complete the following questionnaire.

How much support do I have?

If I have a problem at work, is there someone who will listen?	Yes/No
Do I have at least one person at work I can trust?	Yes/No
Do I have at least one professional colleague who I know really cares about me?	Yes/No
Do I have at least one professional colleague who would provide time for me?	Yes/No
If I was really in need could I rely on someone to stand in for me at work?	Yes/No
Is there someone I can go to for advice in my work?	Yes/No
Is there someone at work who I know will provide me with all the information I need?	Yes/No
Do I have a professional colleague on whom I can rely to give me honest feedback about myself?	Yes/No
Do I have a professional colleague with whom I can relax?	Yes/No
Do I feel esteemed and respected by the people with whom I work?	Yes/No

How much support do I provide?

If someone at work has a problem, do I listen to him/her?	Yes/No
Am I trusted by at least one work colleague to keep confidences?	Yes/No
Do I care about at least one professional colleague?	Yes/No
Do I provide time to help other work colleagues?	Yes/No
If someone were really in need would I be prepared to stand in for them at work?	Yes/No
Am I prepared to give advice for others at work?	Yes/No
Am I prepared/able to provide information to facilitate others at work?	Yes/No
Am I prepared/able to give others (when requested) honest feedback about their work performance?	Yes/No
Am I friendly and able to relax with my colleagues?	Yes/No
Do I respect those with whom I work?	Yes/No

Draw a diagram with you in the centre, surrounded by the names of the people closest to you – family, colleagues, friends, neighbours, members of associations and clubs etc. Draw them close to you if you feel close to them, and more distantly if your relationship is less warm.

How many people are in your support network?

Who would you talk to about the following issues?

Your work: *Finance:*

Personal relationships: *Sex:*

Illness: *Fears:*

Do you actually talk to them about these things?

Is there something you'd like to talk about but you can't?

Do you need to expand your network, or cultivate closer relationship with the network you have?

CHECK Identify the strengths and weaknesses of your support systems.

Think about what you might do to develop and enhance you personal support system,
e.g. which colleague is likely to provide you with the support you need?

What skills do you need to improve to be an effective source of social support for your colleagues?

MONITOR Review this activity after twelve months.   Date: ____/ ____/ ____

Have you improved your social support network?

What do you need to do in the future to further strengthen your own social support skills and your
personal support system?

Medical support

Your own general practitioner

General practitioners are notorious for looking after everyone but themselves.
"Your own general practitioner sounds good in theory, but in reality who really needs it?"

It seems obvious that the proverb "Physician, heal thyself" shouldn't be taken seriously (even Jesus drew the line here) but in the day-to-day realities of medical practice it can be very hard, if not impossible, to avoid self-diagnosis and self-treatment. After all, everyone diagnoses and treats their own ailments to a certain extent, but doctors can do so with a broader knowledge base and with potential access to prescription-only drugs.

Knowing where to draw the line between appropriate self-diagnosis and treatment which may place a medical practitioner's own health (or the health of their family) at risk can be difficult. Having your own general practitioner—someone whose opinion you trust and respect—and using their services on a regular basis, may be the best way of ensuring that you have access to an objective independent assessment of your own state of health.

Not everyone wants to have a general practitioner. Around 20% of the population never see a doctor over the course of a year—some people never do. Between 50-75% of doctors don't have their own GP, and few consult their GP on a regular basis (O'Hagan 1998, Richards 1999, McCall et al. 1999, Nyman 1991, Pullen 1993, Davidson and Schattner 2003). Anecdotal evidence suggests that many of the GPs doctors do see are family friends, spouses or practice colleagues.

A newly arrived receptionist at a psychiatric practice needed to see a GP so she looked up the psychiatrist's family doctor. The psychiatrist was horrified when he found out. His GP was an elderly friend—fine for his own family but he would never recommend him for anyone else!

RISKS

The use of practice colleagues for medical services may result in reduced recognition of illness. McKevitt et al. (1997) reported two cases in the UK where informal consultations resulted in a doctor's illness being neither diagnosed nor correctly treated.

In an extreme case with near disastrous results, Miller (1997) cites a case of a surgeon attempting to self-perform a haemorrhoidectomy. Most self-treatment has less dramatic consequences, but nonetheless may present serious health risks to medical practitioners. Pullen (1993) reported that nearly one-quarter of NSW GPs surveyed would not seek independent treatment for alcohol, drug abuse or excessive tiredness. Nearly half (45%) would not seek outside help for insomnia or sexual difficulty.

Many medical practitioners also treat members of their own family which may present further risks, particularly in relation to mental health issues.

The Doctor's Health Advisory Service in NZ receives about 50-70 referrals per year mostly at a late stage (O'Hagan 1998). Similarly the Victorian Doctors Health Program has provided 220 services for doctors over the three years it has been operating (Warhaft 2004). The tendency to seek help late is one of the key problems underlying doctor health.

BENEFITS

There are wonderful advantages in ensuring good documentation of the preventive health measures undertaken and chronological documentation of other illnesses for the future. There are some advantages if the family attends the same GP, as for all families, though this is not always possible.

> *We all need a good doctor whom we trust, respect and like, who will listen to us but is not too close to us and not in awe of us, and will make his or her own independent judgements. When we find such a friend, we are in good hands.*
>
> *Andrew Herxheimer (2004) Clinical Pharmacologist*

BARRIERS

Doctors report feeling inhibited about consulting a general practitioner about their medical problems (Pullen 1993). This may be particularly true of general practitioners, who may face greater barriers to consulting a fellow GP than specialists do (Davidson and Schattner 2003). One study found that general practitioners are far more likely to consult a specialist than another general practitioner, however, this may not be the best place to seek primary care advice.

Many people are reluctant to admit to illnesses, particularly when they fear the illness might be serious or carry a social stigma, such as mental illness. This reluctance may be exacerbated in a medical practitioner who, upon diagnosis, is exposed to the full gamut of potential worst case scenarios. Avoiding diagnosis may be a significant defence mechanism.

> *Nowhere does the dichotomy between doctor and patient express itself with a more powerful sense of irony than in the mind of that most singular of individuals: the medico. For it is only within the person of the medical practitioner that doctor and patient meet head-on — buck naked and unadorned — with not so much as a privacy screen, a desk, a computer, a stethoscope or even a gusset behind which either can hide.*
>
> *This doctor can hide no secrets. No matter how dire or how remote the possibility, no diagnosis is withheld from the patient, no potential side effect hidden, no sequelae suppressed. The burden of fear and concern is not lifted by the professional hand but, rather, transmitted by it. Unexpurgated.*
>
> *(Elisha 2004)*

In addition, the professional pride of a medical practitioner may be based upon their ability to successfully diagnose and treat illness. Asking for a colleague's help to carry out this basic task may be difficult and sometimes might carry a sense of embarrassment, shame, guilt or even failure. The inherent difficulty of asking someone to do your own job for you may be the reason why more specialists than general practitioners report that it is easy to find their own general practitioner (Davidson and Schattner 2003). In the same study, general practitioners were more likely to be embarrassed to attend another doctor and more reluctant to consult for a psychiatric problem than specialists were.

Many medical practitioners are prone to psychological problems and need to feel comfortable discussing such issues. Doctors may be reluctant to seek independent advice for the very condition from which they are most at risk.

> ### Barriers preventing doctors seeking medical advice from other doctors
> - *reluctance to trouble other doctors*
> - *feelings of professional inadequacy*
> - *concerns that doctors make poor patients*
> - *concerns that doctors are poorly treated as patients*
> - *covert pressure from colleagues to return to work early*
> - *lack of guidance on appropriate levels of sick leave.*
>
> *(Nyman 1991, McKevitt et al. 1997)*

FINDING A GENERAL PRACTITIONERS

Choosing the right general practitioner requires careful thought. To develop a good relationship with a general practitioner, it is worth seeing them at least twice a year, and this does not include "corridor consultations".

Ensuring doctors see their own general practitioner is very difficult, even when they agree it is important in theory. Even more difficult is recognising the need for doctors to see GPs about emotional health issues, despite the fact that this seems to be an area of particular vulnerability.

> *Comments from a United Kingdom survey of medical practitioners' relationships with their general practitioners*
>
> *"I cannot talk to my doctor about stress, probably because I feel embarrassed as it is supposed to be part of the job."*
>
> *"I am very aware of time wasting. One should be able to solve most of one's problems but I feel isolated at times."*
>
> *"I have been able to discuss personal problems and illnesses easily and adequately with my helpful general practitioner."*

To summarise this section, doctors often experience worse medical care than ordinary patients. This is because doctors present for help either too late or too early, and their illness experience is contaminated to some degree by their medical knowledge. The doctor who is asked to treat a colleague who is unwell must negotiate the difficult boundary issues between too much collegiality and not enough objectivity. This may be a recipe for poor medical care. Be aware of these barriers in getting and keeping good care for yourself and your family.

> *Your own general practitioner should:*
> - *be a non-judgmental general practitioner you trust*
> - *be able to manage your acute illnesses*
> - *write your prescriptions*
> - *help manage long term illness*
> - *manage personal health care screening.*

> *Your own general practitioner should not:*
> - *be your partner in life*
> - *nor your partner in practice (although not always practical in rural settings).*   *(RNZCGP 2002)*

> *If you only do one self-care activity, getting your own general practitioner should be the first priority. Your college or local division of general practitioners might be able to advise you on doctors willing to provide medical support to other medical practitioners.*

EXERCISE 9: Your own GP

Date: ____/ ____/ ____

TOPIC	Professional medical support (your own GP)

PLAN To be supported by a general practitioner with whom I feel comfortable discussing all aspects of my health, including my mental health. This exercise will help medical practitioners understand what they want from a general practitioner, and identify whether their general practitioner is meeting these needs.

DATA Complete the following questionnaire.

When did you last see another doctor?

Do you have your own general practitioner?	Yes/No
Are they your partner in life or partner in practice?	Yes/No
Are they non judgmental?	Yes/No
Do you see your doctor formally?	Yes/No
Have you established a satisfactory system of payment for medical services?	Yes/No

How frequently do you consult your doctor?

Do you have regular checkups?	Yes/No
Does your general practitioner manage your acute illnesses?	Yes/No
Does your general practitioner help manage long term illness?	Yes/No

Have you ever discussed any of the following matters with your GP:

• your blood pressure	Yes/No
• your smoking habit	Yes/No
• your drinking habits	Yes/No
• stress and your lifestyle	Yes/No
• weight and diet?	Yes/No

Have you ever discussed the following indicators of stress with your GP:

• excessive tiredness	Yes/No
• insomnia	Yes/No
• depression?	Yes/No
Have you felt unable to discuss a problem because of your profession?	Yes/No
Do you prescribe medication for yourself?	Yes/No
Does your family have their own general practitioner?	Yes/No
Do you treat your family?	Yes/No

CHECK Discuss your responses within your peer support group, partner or colleagues.

- What kind of general practitioner are you comfortable with?
  What issues would you be comfortable, or uncomfortable, discussing with them?

- What are the advantages and disadvantages of having a general practitioner who is also your partner in life? Or your partner in your practice?

- How do you feel about a general practitioner knowing your occupation?
  Would you prefer to be anonymous?

- Discuss the different arrangements general practitioners have of paying their general practitioner. Which is appropriate?

- If you treat your family, what are the advantages and disadvantages?
  What are the boundaries for treating your family?

ACT   What areas of my relationship with my general practitioner need to be improved?

What can I do to improve the relationship with my general practitioner?

What are the barriers to overcome and how will I achieve this?

How can these improvements be implemented?

MONITOR   Review this activity in six months.   Date: ____/ ____/ ____

Were my goals for improvement achieved?

What further things do I need to do to improve the quality of my personal medical care?

Avoiding self-prescribing

An obvious consequence of doctors not having, or not using, their own general practitioner, is the tendency to self-medicate. Again, this is something everyone does with over-the-counter treatments, however medical practitioners are also able to obtain prescription-only drugs including narcotics and other drugs with the potential to cause addiction. Deciding what is an acceptable level of self-prescription and self-medication elicits strong and divided reactions. Having a clear understanding of the potential risks may help you to decide where your personal boundaries are.

A very large proportion of medications taken by medical practitioners are self-prescribed (Chambers and Belcher 1993, Richards 1999). While this is generally for low risk medications like antibiotics, anti-inflammatories and contraceptives, Chambers and Belcher (1993) also found that 92% of hypnotics and 54% of anti-depressants were self-prescribed. Self-prescribing of hypnotics, anti-depressants, and opiate painkillers only occurs in a small proportion of medical practitioners (3-6%, McCall et al. 1999) although up to 30% of general practitioners surveyed had self-prescribed sleeping tablets. Of these, only a few individuals self-prescribed on a regular basis.

The risk of addiction developing through self-prescription may be small, but the consequences can be devastating. Whilst addictive illnesses may be no more prevalent in doctors than among other sectors of the community, when they do occur, they tend to arise from prescription drug use rather than recreational or experimental use.

> ## Comments on self-prescribing
>
> *"Drug addiction can start from simple things like not getting enough sleep, or trying to work with an injury."*
>
> *"Most of the data on negative problems with self-prescribing comes from doctors who are unwell already."*
>
> *"There is no level of safe self-prescribing."*
>
> *"The step from self-prescribing a one off S8 to addiction is small."*
>
> *"Self-prescribing is definitely NOT a drug-addiction warning sign."*
>
> *"I am a pretty busy general practitioner aged 35, life gets a bit hectic at times and I admit I am under quite a lot of stress   at work. About twelve months ago I started getting neck pain and a few headaches, perhaps my neck was out but I didn't have time to get anything done about it. I had some diazepam in my bag, which seemed to do the trick. I slept better and I am sure I am a little easier to live with. So I guess I take four or five a week but it's chicken feed isn't it? I know I can stop at any time it's just that we are shifting house at the moment and things are just a bit chaotic…"*

Self-prescribing is an issue that elicits a diversity of views from different practitioners. Discuss the risks and benefits surrounding self-prescription with your peer support group or colleagues. It may be helpful to write a personal contract defining your boundaries of self-prescribing.

It is illegal to self-prescribe Schedule 8 narcotics in Victoria, Northern Territory and Tasmania. There are also restrictions on Schedule 4 drugs and self-administration in some states as well as advisory warnings on the risks of prescribing Schedule 8 drugs to family members.

Self-prescribing may be associated with addiction. If you are concerned about your current medication use, consult your general practitioner or call DirectLine for drug and alcohol information and referral on 1800 888 236.

EXERCISE 10: **Self-prescribing**

Date: ____/ ____/ ____

TOPIC   Self-prescribing

PLAN   This exercise provides an opportunity to examine self-prescribing habits, discuss the boundaries and write a personal contract.

DATA   In what situations do you feel comfortable self-prescribing?

Which medications do you feel comfortable self-prescribing?

Why do you self-medicate?

What are your boundaries of self-prescribing?

Do you prescribe for your family members?

What are the advantages and disadvantages of prescribing for family members?

Which self-prescribing patterns would you prefer to change?

ACT   Develop a personal contract about the boundaries of your self-prescribing habits, having discussed this with colleagues.

> ### Example 1
> *Only my general practitioner will prescribe medications for me.*
> *I will have annual check-ups whether I think I need them or not.*
> *I will allow my general practitioner to manage my acute and long-term illnesses.*
> *I will not prescribe any medications for my family members.*

> ### Example 2
> *My general practitioner will not be my partner in life or in the practice (if the latter is unavoidable we have discussed the boundary issues).*
> *We will arrange a fee-service relationship and appointments will be held in their rooms.*
> *I will visit my general practitioner on a regular basis i.e. six monthly.*
> *I feel comfortable discussing and being treated by my general practitioner on the following aspects of my health:*
>
> - *preventative health*
> - *chronic conditions*
> - *short term illnesses*
> - *stress and mental health issues.*
>
> *Only my general practitioner will prescribe any medications I need. My family members will have their own general practitioner. Only my family's general practitioner will prescribe any medications or treatment they need.*

CHECK   What can I do to improve my self-prescribing patterns?

What barriers need to be overcome and how will I achieve this?

How can these improvements be implemented?

MONITOR   Review your self-prescribing habits after twelve months.   Date: ____/ ____/ ____

Were your goals for improvement achieved?

What further things do you need to do to improve your patterns of self-prescription?

Peer support

Peer support, or support by professional colleagues, takes a wide range of forms and can be adapted to suit the individual needs of different people and practices. Some specialties, such as psychiatry and general practice, place special emphasis on formal peer support processes and many medical practitioners may already use such professional services. Many doctors utilise practice-level support systems through their Colleges, Divisions or local health authorities.

It may be worth reviewing your current peer support systems to ensure they meet your needs.

TYPES OF PEER SUPPORT

Structured peer support can take a variety of forms, including formal supervision and mentoring (as used in psychiatry), Balint groups, quality circles, peer support or review groups. Which system you adopt will depend upon what is available in your area and what suits you as an individual.

Supervision	*Conducted by a senior member of the doctor's specialty, a specially trained colleague, or a trained counsellor or psychotherapist to address specific work-related concerns.*
Mentors	*A regular, confidential, professional-to-professional relationship that provides education and personal or professional support.*
Balint groups	*Groups led by a trained facilitator focussing on the management of difficult patients.*
Quality circles	*Groups led by colleagues trained as moderators or facilitators, focussing on improving quality of care, rather than education or self-awareness per se.*
Peer review groups	*Peer review through small local groups that meet regularly to discuss doctor-patient communication, practice management issues and medical performance.*
Peer Support Groups	*A model proposed for development in Australia enabling national support for small groups (including CME points) and training for group facilitators.*

WHAT DOES PEER SUPPORT DO?

John Laurer's definition of supervision as "some protected space, time and peer support for non-judgemental reflection on specific clinical cases" (Laurer 2002) could be generalised to most forms of peer support although the extent to which they focus on clinical cases or extend to broader issues will depend on the model of support adopted.

Peer support can help to:

- deal with issues that interfere with one's personal and professional life
- identify stress-reducing ways of practising
- develop and build a custom of self caring
- help medical practitioners learn more about the emotional issues that influence patient care.

The philosophy behind Balint groups emphasises the importance of recognising the often unconscious emotions that influence the way both patients and doctors behave. Sometimes it is hard enough to understand our own behaviour, let alone anyone else's. Talking and thinking about the consultations which make us feel uncomfortable can only help to cultivate our awareness of emotions and help us to provide the level of understanding that patients often need.

DOES IT WORK?

Quality circles are widely used in Germany, Poland and Ireland. There are around 2500 quality circles in Germany for a variety of medical specialities. In Ireland, up to 60% of general practitioners belong to small Continuing Medical Education groups with a total of 120 groups across the country (Beyer et al. 2003).

Peer review groups run in the Netherlands were found to be very effective in improving practices and optimising patient care and were also positively evaluated by participants. It is estimated that between 60-80% of GPs in the Netherlands participate in some kind of peer review process and a similar program was established in Denmark in 1995 (Beyer et al. 2003).

Peer support experiences

"Over the past 11 years, the group has met every two weeks, apart from holidays… We have shared professional success and failure, professional error, professional misjudgement and many problem patients. During each crisis we have all had support from within the group...The success of the group has been largely due to real commitment, regular meetings and the constant nature of the members. For me the friendship, support and understanding has been immeasurable."

"Work seems less stressful, I have an interpersonal model which seems to pre-empt those difficult situations, and I have a structure in place for my own professional development, overall a definite improvement on five years ago!"

"As a solo rural practitioner and a long term member of a Balint group for 17 years, the knowledge gained from the group has been invaluable in decreasing stress within the consulting room. When a colleague presents with a pressing problem, either work-related or personal, the group has deviated totally from its agenda to accommodate the needs of the doctor. The strong emotional support with the group and sense of trust allows issues to be aired that would be difficult to discuss in any other situation."

(RNZCGP 2002)

Peer review groups have also been established in New Zealand where up to 470 operate around the country. The success and function of these groups varies considerably, with their approach and outcomes largely determined by their participants. While the New Zealand College of General Practice advises all GPs to join a peer review group, they also stress the importance of choosing a group which suits the needs of each individual (RNZCGP 2002).

Most medical practitioners register their time with a mentor/supervisor as professional development training, and have gained benefits under the Continuing Medical Education point system and through tax deductibility.

Messages from the Balint philosophy

- *What we do is often worthwhile—especially when we thought we were doing nothing. Even when we think we are doing nothing, we are actually listening to our patients and staying with them.*
- *Staying with uncertainty (rather than reaching for the prescription pad or ordering a test) can lead to a better understanding of what the patient really needs. "DON'T JUST DO SOMETHING. SIT THERE". (Michael Balint)*
- *Doctors are tremendously important to our patients: even when they are giving us a hard time.*
- *Patients are human beings like ourselves.*
- *Patients have powerful emotions and so do we.*
- *Doctors are figures of overwhelming importance in patient's lives. This is called transference—be aware of it.*
- *Patients affect and disturb doctor's feelings. This is counter-transference—neglect this at your peril.*   *(Salinsky 2001)*

WHICH OPTIONS SUIT YOU?

Peer support systems are one of the most effective vehicles for Continuing Medical Education, professional support and development. By nature, peer support systems depend upon the nature of the participants undertaking them and so "success" depends upon your own needs and perceptions. Evaluate how closely the different models suit your needs. Although there are logistical problems for those in isolated rural practice, some peer groups in New Zealand are now meeting by teleconference.

HOW TO SET UP A PEER SUPPORT GROUP

The Professional Peer Support Group Committee has been established to implement a peer support group program for all medical practitioners across Australia in collaboration with the various Colleges. Part of this program will include selection of supervisors and training for group leaders and provision of information on establishing peer support groups.

If you are interested in joining a peer support group or being involved in facilitating a peer support group (whatever your field of specialty), please contact the Peer Support Program Co-ordinator at the Royal Australian College of General Practice.

Peer Support Program Co-ordinator: 1800 331 626

EXERCISE 11: Peer support

Date: ___/ ___/ ____

TOPIC

Peer support

Some system of professional support is strongly recommended by medical associations around the world to maintain a healthy equilibrium in doctors' lives.

PLAN

To identify the type of professional support that best meets my needs.

To establish a professional support network which provides ongoing support.

To learn positive coping strategies for dealing with the effects of working in general practice.

DATA

Describe my ideal professional support

What form of professional support do I currently have?

Is my professional support:

regular?	Yes/No
supportive?	Yes/No
safe (run by an experienced facilitator or counsellor with whom I feel comfortable)?	Yes/No
confidential?	Yes/No
a supportive environment for me to discuss patients or situations I find difficult?	Yes/No
an environment where I can share my conflicts, failures and fears?	Yes/No
able to help me develop strategies for dealing with situations I find difficult?	Yes/No
helping me to identify stress reducing ways of practising?	Yes/No
developing and building a custom of self caring?	Yes/No

CHECK

Does my professional support meet my needs?

What are the strengths of my professional support?

What areas of my professional support network need to be improved?

What can I do to improve my professional support network?

What barriers are there to overcome and how will I achieve this?

How can these improvements be implemented?

MONITOR Review this exercise after twelve months.   Date: ____/ ____/ ____

Were my goals for improvement achieved?

What further things do I need to do to improve my professional support network?

In brief

This self-care guidebook has attempted to provide some positive strategies for coping with medical practice. At the beginning of the book, we presented three recommendations for enhancing the self-care of medical practitioners.

1. Maintain an effective support network

2. Consult your own general practitioner

3. Strengthen management skills

Those of you who have worked through the guidebook will have noticed that it contains a variety of strategies for successful adoption of these guidelines as well as information and ideas relating to coping with the demands placed on physicians.

Adopting just these three simple measures can improve your self-care and help protect you and your family from the stresses inherent in medical practice.

When self-care is not enough

Are you experiencing these feelings more often than usual?

- Anxious or worried
- Tense or restless
- Irritable or quick to become aggressive
- Depressed or unhappy
- Unsafe or threatened
- Persecuted (feeling that everyone is against you)

Are you aware of changes to your thinking patterns?

- Difficulty concentrating or remembering things
- Difficulty making decisions
- Thoughts racing, slowing down or jumbled/confused
- Thinking very negative, pessimistic thoughts
- Hearing voices not coming from other people
- Thinking about harming yourself
- Dwelling on past events

Have you noticed any changes in your behaviour lately?

- Isolating from others
- Persistent overwork or absence from work
- Loss of reliability and punctuality
- Increased or decreased appetite or sleep
- Increased alcohol or drug use or using them to relieve uncomfortable feelings
- Increase in emotional outbursts such as crying or laughing
- Using more drugs than you used to for the same effect
- Not wanting others to know about your drug use
- Promising that you can or will stop using drugs.
- Reduced energy and motivation for activities and interests
- Difficulty looking after personal appearance and home
- Not doing things you said you would

Have your friends, partners or family expressed concern about your well-being or behaviour lately?

If you are experiencing a number of these changes, please discuss your concerns with a trusted family member, friend or your general practitioner. You may wish to seek assistance from a psychologist, psychiatrist or doctors helpline (see next page).

In an emergency

Lifeline	13 11 14	DirectLine (drug and alcohol)	1800 888 236
Care Ring	13 61 69	SANE Mental Illness Helpline	1800 688 382

Resources

Doctor's Health Advisory Services

The Doctors' Health Advisory Services provide independent and confidential medical help to doctors, dentists, veterinary surgeons and students. The services aim to provide confidential support, information and appropriate advice for distressed medical practitioners.

Australian Capital Territory

Colleague of First Contact (24 hr)
PO Box 560, Curtin ACT 2605
Further Information: 02 6270 5410
Helpline: 0407 265 414

New South Wales

Doctors' Health Advisory Service (24 hr)
PO Box 422 Street, St Leonards NSW 2065
http://www.doctorshealth.org.au/
Further Information: 02 9902 8135
Helpline: 02 9437 6552

Northern Territory

Doctors' Health Advisory Service
PO Box 41046, Casuarina NT 0811
Further Information: 08 8927 7004

Queensland

Doctors' Health Advisory Service (24 hr)
PO Box 123, Red Hill QLD 4059
Further Information: 07 3872 2222
Helpline: 07 3833 4352

South Australia

Doctors' Health Advisory Service (24 hr)
Parkland Medical Plaza,
University of Adelaide, SA 5006
Further Information: 08 8222 5501
Helpline: 08 8273 4111

Tasmania

AMA Doctors Help Line
Helpline: 03 6223 2047 (business hours)
03 6235 4165 (after hours)

Victoria

Victorian Doctors Health Program (24 hr)
8/27 Victoria Parade, Fitzroy VIC 3065
Email: vdhp@vdhp.org.au
Further Information: 03 9495 6011

Western Australia

Colleague of First Contact (24 hr)
14 Stirling Highway, Nedlands WA 6009
Further Information: 08 9273 3033
Helpline: 08 9321 3098

Rural Doctor Services

National

The Bush Crisis Line & Support Services
Council of Remote Area Nurses of Australia
http://www.bushcrisisline.org.au
24hr Bush Crisis Line: 1800 805 391

Queensland

Health Workforce Queensland
Floor 1/410 Queen Street, Brisbane QLD 4001
Email: admin@healthworkforce.com.au
Further Information: 07 3105 7800

South Australia

Dr DOC Project
57 Greenhill Road, Wayville SA 5034
http://www.sarrmsa.com.au/drdoc.htm
Email: kpulford@ruraldoc.com.au
Contact: 08 8357 7444

Victoria

Rural Welfare Agency (RWAV)
458 Swanston Street, Carlton VIC 3053
http://www.rwav.com.au
Email: rwav@rwav.com.au
Contact: 03 9349 7800 (Melbourne)
         03 5831 5784 (Shepparton)
         03 5175 0372 (Traralgon)
         03 5593 3313 (Camperdown)

Western Australia

Western Australian Centre for Remote
and Rural Medicine (WACCRM)
10 Stirling Highway, Nedlands WA 6009
http://www.wacrrm.uwa.edu.au/
Email: wacrrm@cyllene.uwa.edu.au
Contact: 08 6488 8700

Other useful contacts

Royal Australian College of General Practitioners

Contact the college to find out about peer groups, faculties, CME and other services.
The College can also provide information on other sources of assistance.

RACGP College House
1 Palmerston Crescent, South Melbourne VIC 3205
http://www.racgp.org.au   Email: racgp@racgp.org.au   Further Information: 1800 331 626

Australian Medical Association

AMA maintains a Doctor's Health Database of various initiatives
addressing the issue of doctors' health within Australia.

42 Macquarie Street, Barton ACT 2600
http://www.ama.com.au/web.nsf/tag/doctors-health-database

Royal Australian and New Zealand College of Ophthalmologists

Contact the College to find out about peer groups, faculties, CME and other services.
The College can also provide information on other sources of assistance according to need.
The College also has a benevolent fund for ophthalmologists.

94-98 Chalmers Street, Surry Hills NSW 2010
http://www.ranzco.edu   Email : ranzco@ranzco.edu   Further Information: 02 9690 1001

Australian Psychoanalytical Society

The Australian Psychoanalytical Society can provide information on
psychoanalysis, training and assist you to contact a registered psychoanalyst.

PO Box 753, Hawthorn East VIC 3122
                                 Email: king@hyp.com.au   Further Information: 03 9882 8628

Australian Association of Group Psychotherapists

The Australian Association of Group Psychotherapists Inc. (AAGP Inc.) was founded to promote the development, training in, and practice of psychoanalytic group psychotherapy in Australia.

http://www.groupanalysis.net.au
Email: christine.hill@med.monash.edu.au

Further Information: 0411 556 205
(Christine Hill)

Better Outcomes in Mental Health Care Initiative

Provides education and training for GPs to familiarise and build their mental health assessment and treatment skills and effective management of mental health problems.

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mentalhealth-boimhc-index.htm

Department of Health and Ageing
GPO Box 9848, Canberra ACT 2601

Further Information: 1800 020 103

RACGP Mental Health Standards Collaboration Secretariat information line: 03 8699 0408

Australian Divisions of General Practice

Contact the ADGP for details of your local division of general practice. Divisions of general practice can often offer a range of formal and informal support services such as health weekend programs for doctors and partners, peer support programs, educational services and physical and emotional health initiatives and may also be able to assist with finding a GPs for doctors.

Minter Ellison Building
25 National Circuit, Forrest ACT 2603   http://www.adgp.com.au

Further Information: 02 6228 0800

MEDICAL BENEVOLENT SOCIETIES

New South Wales and ACT

Medical Benevolent Society of NSW
33-35 Atchison Street, St Leonards NSW 2065
Further Information: 02 9419 7062
http://www.mbansw.org.au/

NSW Doctors' Mental Health Implementation
Committee Website Resource
http://www.dmh.org.au

South Australia

Medical Benevolent Association of South Australia
PO Box 134, North Adelaide SA 5006
Further Information: 08 8267 4355

Victoria

Medical Benevolent Society
PO Box 1043G, Greythorn VIC 3104
Further Information: 03 9857 5482

HELPLINES

Al-Anon
(for support for relatives and friends of alcoholics)
Helpline: 02 9264 9255

Alcoholics Anonymous - AA
127 Edwin Nth Street, Croydon VIC 3136
www.alcoholicsanonymous.org.au
Helplines: 02 9799 1199
                    02 9488 9820

Alcohol and Drug Information Service
24 hour advice
Helplines: 02 9361 2111
                    02 9819 0488
                    1800 422 599

Drugs and Alcohol
24 hour Telephone Counselling and Referral
Helpline: 1800 136385

Nar-Anon
(for support for relatives and friends of narcotics drug users)
Helpline: 02 9418 8728

Narcotics Anonymous
www.naoz.org.au

Helplines:	Canberra	02 6288 0835
	Sydney	02 9519 6200
	Byron Bay	02 6680 7280
	Nth Coast	02 6651 3646
	Central Coast	02 4325 0524
	Hunter	02 4969 6767
	Sth Coast	02 4272 2398

USEFUL SOURCES OF ADDITIONAL INFORMATION

beyondblue: the national depression initiative   www.beyondblue.org.au

Druginfo alcohol and drug website   www.druginfo.com.au

Bluepages, Centre for Mental Health Research
and Australian National University   www.bluepages.anu.edu.au

Clinical research unit for anxiety and depression   www.crufad.unsw.edu.au

Depression out of the shadows: a guide to understanding depression and its treatment
(available from The Australian Women's Weekly and *beyondblue*)

Mental Illness Manual for General Practitioners, Dr John Davies

De-stressing doctors: A self-management guide, Valerie Sutherland and Cary L Cooper

Management Courses

Practice management training may be offered by a range of colleges and local divisions of general practice or local branches of the AMA. Please contact your local organisation for details.

The Australian Institute of Management is one organisation offering a variety of programs across Australia. Contact your local state division or their national office for further details.

94-98 Chalmers Street, Surry Hills NSW 2010
http://www.ranzco.edu   Email : ranzco@ranzco.edu   Further Information: 02 9690 1001

AIM National Office
181 Fitzroy Street, St Kilda VIC 3182
www.aim.com.au   Email: enquiry@aim.com.au   Further Information: 13 16 48
                                                                                          03 9534 8181

If you would like to amend or add your organisation's details in this resource list, please contact the Peer Support Program Co-ordinator at the Royal Australian College of General Practice on 1800 331 626.

References

Balarajan R (1989) Inequalities in health within the health sector, *British Medical Journal*, 299, 822-5

Beyer MF, Gerlach M, et al. (2003) The development of quality circles/peer review groups as a method of quality improvement in Europe: Results of a survey in 26 European countries, *Family Practice,* 20, 443-51

Chambers R, Belcher J (1993) Comparison of the health and lifestyle of general practitioners and teachers, *British Journal of General Practice*, 43, 378-82

Clode D (2004) *The Conspiracy of Silence: Emotional health among medical practitioners*, Royal Australian College of General Practitioners, South Melbourne

Cummins RA (1997) *Comprehensive Quality Of Life Scale– Adult Fifth Edition (ComQol-A5) Manual*, School of Psychology, Deakin University, Melbourne

Davidson SK, Schattner PL (2003) Doctors' health-seeking behaviour: a questionnaire survey, *Medical Journal of Australia*, 179, 302-5

Durham G (1998) The Woman Doctor, In OH John and J Richards (eds) *In sickness and in health: A handbook for medical practitioners, other health professionals, their partners and families*, Wellington, Doctors' Health Advisory Service 146-57

Elisha R (2004) The thin line, *Medical Journal of Australia*, 181, 354-5

Firth J (1986) Levels and sources of stress in medical students, *British Medical Journal,* 292, 1177-80

Folkman S, Lazarus RS (1980) An analysis of coping in a middle-aged community sample, *Journal of Health and Social Behavior*, 21, 219-39

Herxheimer H (2004) From the land of the sick, *Medical Journal of Australia*, 181, 355

Kluger MT, Townsend K, Laidlaw T, (2003) Job satisfaction, stress and burnout in Australian specialist anaesthetists, *Anaesthesia*, 58, 339-345

Launer J (2002) *Narrative-based Primary Care - A Practical Guide,* Radcliffe Medical Press: Oxford

Levering R (1988) *A Great Place to Work*, Random House: London

Libert Y, Janne P, et al. (2003) Impact of medical specialists; locus of control on communication skills in oncological interviews, *British Journal of Cancer*, 88, 502-9

London M (1998) *Health for rural practitioners and their families. In sickness and in health: A handbook for medical practitioners, other health professionals, their partners and families.* J. O'Hagan and J. Richards. Wellington, Doctor's Health Advisory Service. Supplement: 1-25

Lorber JA, Ecker M (1983) Career development of female and male physicians, *Journal of Medical Education*, 58, 447-56

MacLennan AH, Spencer MK (2002) Projections of Australian obstetricians ceasing practice and the reasons, *Medical Journal of Australia*, 176, 425-8

Martin MJ (1981) Psychiatric-Problems Of Physicians And Their Families, *Mayo Clinic Proceedings*, 56, 35-44

McCall L, Maher T, et al. (1999) Preventative health behaviour among general practitioners in Victoria, *Australian Family Physician*, 28, 854-7

McCranie E, Brandsma J (1988) Personality antecedents of burnout among middle-aged physicians, *Journal of Behavioural Medicine*, 14, 30-6

McKevitt C, Morgan M, et al. (1997) Sickness absences and 'working through' illness: a comparison of two professional groups, *Journal of Public Health Medicine,* 19, 175-7

Miller EC (1997) Problems in identification and treatment of emotional disorders in physicians, *Jacksonville Medicine*, October

Myers MF (2004) Medical marriages and other intimate relationships, *Medical Journal of Australia*, 181, 392-3

Nyman K (1991) The health of general practitioners: a pilot survey, *Australian Family Physician*, 20, 637-45

O'Hagan J (1998) Doctors and their health, in J O'Hagan and J Richards (eds) *In sickness and in health: A handbook for medical practitioners, other health professionals, their partners and their families*, Wellington, Doctor's Health Advisory Service, 1-9

Pitts FN, Schulter AB, et al. (1979) Suicide among US women physicians, 1967-1972, *American Journal of Psychiatry*, 136, 694-6

Puddester DG (2004) Canada responds: an explosion in doctors' health awareness, promotion and intervention, *Medical Journal of Australia,* 181, 386-7

Pullen D (1993) Medical Care of Doctors, *Medical Journal of Australia*, 162, 481-4

Renzi C, Tabolli S, et al. (2005) Burnout and job satisfaction comparing healthcare staff of a dermatological hospital and a general hospital, *Journal of the European Academy of Dermatology and Venereology*, 19, 153-7

Richards JG (1999) The health and health practices of doctors and their families, *New Zealand Medical Journal,* 112, 96-9

RNZCGP (2002) *Self-Care for General Practitioners,* (2nd Edition) Royal New Zealand College of General Practitioners

Rodin J (1986) Aging and health: effects of the sense of control, *Science*, 233, 1271-6

Rogers T (1998) Barriers to the doctor as patient role, *Australian Family Physician*, 27, 1009-13

Rotter JB (1966) Generalized expectancies for internal versus external control of reinforcement, *Journal of Educational Research*, 74, 185-90

Salinsky J (2001) *Balint Groups and psychoanalysis: what have the Romans done for us?* 2001 Michael Balint Memorial Lecture

Sakinofsky I (1980) Suicide in doctors and wives of doctors, *Canadian Family Physician*, 26, 837-44

Schattner PL, Coman GJ (1998) The stress of metropolitan general practice, *Medical Journal of Australia*, 169, 133-7

Schlicht SM, Gordon IR, et al. (1990) Suicide and related deaths in Victorian doctors, *Medical Journal of Australia*, 153, 518-21

Seeman M, Lewis S (1995) Powerlessness, health and mortality: a longitudinal study of older men and mature women, *Social Science and Medicine*, 41, 517-25

Stebbins P (2001) *You can cope: coping with stressful life situations and overcoming depression, anxiety and stress*, LifeBooks, Brisbane

Stein BA, Leventhal SE (1984) Psychopathology in Adolescent Children of Physicians, *Canadian Medical Association Journal*, 130, 599

Thompson WT, Cupples ME et al. (2001) Challenge of culture, conscience, and contract to general practitioners' care of their own health: qualitative study, *British Medical Journal*, 323, 728-31

Vaillant GE, Corbin-Sobowalf N (1972) Some psychologic vulnerabilities of physicians, *New England Journal of Medicine*, 287, 372-5

Walton J (1989) Illness in doctors and their families, *Health and Hygiene,* 10, 51-62

Warhaft N (2004) The Victorian Doctors Health Program: the first 3 years, *Medical Journal of Australia,* 181, 376-9

Contributors

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Dr Kim Webber	*beyondblue: the national depression initiative*
Ms Emma Saleeba	*beyondblue: the national depression initiative*
Ms Penny Johnston	Medical Defence Association National Insurance Pty Ltd
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Dr Tamsin Waterhouse	Royal College of Pathologists of Australasia
Prof Richard Henry	Faculty of Medicine, University of New South Wales
Prof Justin Beilby	Department of General Practice, University of Adelaide,
Prof Mark Nelson	Discipline of General Practice, University of Tasmania
Prof Allan Carmichael	Faculty of Health Science, University of Tasmania
Assoc/Prof Neil Spike	Faculty of Medicine, Nursing and Health Sciences, Monash University
Prof Ed Byrne	Faculty of Medicine, Nursing and Health Sciences, Monash University
Dean Prof Richard Hays	School of Medicine, James Cook University
Dr Kate Walker	Department of General Practice, University of Melbourne
Assoc/Prof Moira Sims	Centre for Postgraduate Medicine, Edith Cowan University
Dr Eric Khong	Centre for Postgraduate Medicine Edith Cowan University
Dr Sandra Davidson	Department of General Practice, Monash University
Dr John North	Royal Australian College of General Practitioners Board
Dr Eric Tay	Royal Australian College of General Practitioners Board
Dr Heather McGarry	Royal Australian College of General Practitioners Board
Dr Robert Grenfell	Royal Australian College of General Practitioners Board General Practice Divisions Board Member
Dr Nick Demediuk	Royal Australian College of General Practitioners Board
Dr Mark Overton	Royal Australian College of General Practitioners Board
Mr Ian Watts	Royal Australian College of General Practitioners