short report

Keeping our GPs healthy

An overview of current Australian initiatives to address GP wellbeing

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Wellbeing is the presence of physical, mental, spiritual and social health. There are clear, well researched links between wellbeing and the ability to cope with stress and adverse life events. Numerous studies have identified factors that adversely encroach upon general practitioners' wellbeing.[1-7] These include system related factors (eg. workload and time pressures, interruptions to family life and financial concerns), and profession related factors (eg. intrinsic challenges of care delivery, unrealistic patient expectations, reduced autonomy and fear of litigation). Increasing attention has been directed at activities aiming to optimise GPs' health and wellbeing, yet limited evidence exists regarding their impact.[8]

This paper reports on initiatives identified as targeting GP wellbeing during nation-wide consultations conducted on behalf of the (then) Commonwealth Department of Health and Aged Care (DHAC) in 2001. We surveyed key national, state/territory and regional organisations about their GP wellbeing programs. Ninety-five interviews were then conducted to elicit details of contemporary initiatives, including their evaluation strategies.

GP wellbeing programs

Three categories of initiative were defined:

Personal

These programs ranged from preventive to rehabilitative, namely:

- personal development (eg. stress management, relaxation training)
- GP education
- mentoring schemes, and
- doctors' health/counselling programs (eg. Doctors Health Advisory Services, Medical Benevolence Associations, the Bush Crisis Line, and 'Dr Doc' in South Australia).

Some educational activities focused specifically upon wellbeing. Others indirectly supported wellbeing via promoting clinical competencies. Programs were typically ad hoc and not evaluated. One exception was 'You and Your Practice', a systematic program available nation-wide. A Queensland intervention using this program, plus self help information, has reported significantly decreased scores among participants on the General Health Questionnaire (GHQ).[9] Regionally, Adelaide Metropolitan Divisions of General Practice Personal Stress Management and Performance Enhancement for GPs program (a cognitive behavioural therapy based course) has also had positive outcomes with regard to GHQ scores, mental health and morale.[10]

Professional

Career development was both formal (eg. RACGP Training Program) and informal (eg. opportunities via divisions for role diversification). Policy development was disseminated by media promotion. Services for specific GP groups were limited to registrars and rural GPs, (eg. the Rural Medical Family Network). Only limited policy development was identified. The NSW Health Doctors Mental Health initiative, which is yet to be fully implemented, has produced a series of guidance resources.[11]

Organisational

Examples of workforce support include the 'Rural Retention Program'; of financial support, 'Practice Incentives Program'; and of practice systems development, 'GP Business Advantage'.™

Where to from here?

The cultural ambivalence of GPs toward personal health support programs should be actively addressed. General practitioners tendency to self treat; their reticence to seek help; and a lack of trust in fellow physicians, appears to have hindered 'doctors for doctors' programs. Similarly, the competitive nature of general practice has hampered the implementation of schemes to reduce workload, such as after hours programs. Unless GPs are willing to consider relevant initiatives, even valid programs will have limited success. Endorsement of explicit undergraduate and postgraduate medical curriculum content will assist cultural change. Successful strategies to increase GPs' awareness and acceptance (such as practice support[12]) and to link GPs (South Australia's Dr Doc initiative) require promulgation.

Only registrars and rural doctors appeared to be receiving targeted services. Others' needs were being assessed (eg. the RACGP's 'Women in General Practice' Taskforce;[13] National Female Rural GP project;[14] and Locum Relief Review Group). This should enable program development and tailoring to address the needs of all sectors of the general practice workforce.

Increased awareness of the importance of GP wellbeing is also required at an organisational level. Consistent with the tenets of occupational health theory, several programs focused on organisational change rather than individual change.[8] A host of programs, largely funded by DHAC, encourage GP wellbeing via structural support for GP service delivery. While several regularly scheduled, coordinated programs promoting GP self care, professional and business development exist, the overall reach of these initiatives is limited and unsystematic. Until GP wellbeing is comprehensively viewed as having implications for workforce planning and doctor/patient health, strategies will have limited impact.

Overall, programs tended not to be evaluated. It is imperative that all future initiatives are rigorously evaluated, to assess their actual impact upon GP wellbeing.

Acknowledgments

The authors wish to acknowledge the support of the GP Branch, Department of Health and Aged Care in funding the project. We are grateful for the feedback received from the members of the project's Reference and Advisory Groups. We would like to thank all those who provided information during the interview process. We are grateful to Dr B Hartwig who assisted with the consultation process. We also acknowledge the support of Professor D Young and A/Professor P Schattner, who contributed to the production of the overall report to the Department of Health and Aged Care.

Implications of this study for GPs

- A range of programs operate across Australia to address GP health and wellbeing along the continuum from illness prevention through to rehabilitation.
- Most programs are inclusive. However, the needs of specific GP subgroups require further exploration to assist tailoring of existing and future programs.
- Current and future initiatives require robust evaluation to determine their impact upon GP wellbeing.
- For program viability, a greater awareness of the importance of self care is needed among GPs.

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