RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Doctor's health

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The Royal Australian College of General Practitioners Ltd

100 Wellington Parade

East Melbourne, Victoria 3002

Tel 03 8699 0414

Fax 03 8699 0400

www.racgp.org.au

ABN 34 000 223 807

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Doctor's health

Context

GPs who are physically and mentally well are better positioned to practise with empathy, communicate effectively, and positively role model health behaviours, contributing to safer practice and higher quality patient care.[1–3]

Systems have a role to play. It is recognised that environments that value, develop, and support doctors are conducive to good patient care, and that is it important to address structural and environmental risk factors. A primary prevention approach is to improve training and work environments, reducing risk for both clinicians and patients.[4]

In general, doctors enjoy better than average physical health because of socioeconomic advantage and high health literacy. Specific issues relating to their work include exposure to communicable diseases, chronic disease, effects of a sedentary lifestyle, and wellbeing and psychological issues (which include an increased prevalence of anxiety, misuse of prescription drugs, and suicide compared to the general population).[3,5,6] Psychological distress is particularly prevalent in Australian doctors under 30, Aboriginal and Torres Strait Islander students and doctors, female doctors, and those working in rural and remote areas.[3,5,6]

Although still at high levels, burnout is slowly decreasing, with 69% of GPs experiencing burnout in 2024, compared with 73% in 2022.[2] Work stresses reported by Australian doctors include balancing work and personal life, workload, long work hours, levels of responsibility and fear of mistakes, vicarious trauma, and compassion fatigue. Aboriginal and Torres Strait Islander doctors and overseas trained doctors reported more stresses related to racism and bullying at work.[6–8] In a 2025 Medical Training Survey, 18% of all doctors in training reported that they had experienced and / or witnessed bullying within the preceding 12 months.[9]

Barriers to help-seeking persist.[10] These include boundary issues such as collegiate, employer–employee, or personal relationships with a treating doctor, difficulty in role definition within the consultation, time pressures, access to doctors and services (particularly in rural areas), confidentiality, embarrassment, and stigmatising attitudes regarding mental health conditions.[5–10] Changes to the legislation regarding mandatory reporting of doctors came into effect in 2020, altering the threshold for mandatory reporting by a treating practitioner. This has alleviated potential concerns that seeking mental health treatment may impact on registration and right to practice.[11]

GPs demonstrate professional leadership by prioritising their own wellbeing and engaging in proactive self-care, and by upholding high standards of care when treating medical colleagues through appropriate, documented, and respectful clinical processes.[9]

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Learning outcomes

The GP is able to:

- provide sensitive, person-centred health care to doctor-patients, with awareness of potential barriers to care and the specific psychological issues of burnout, psychological distress, workplace bullying, depression, anxiety, substance abuse, and suicidality
- develop an ongoing learning plan that incorporates assessment of burnout symptoms and reflects on physical and emotional wellbeing
- implement strategies for self-care into ongoing personal and professional development goals
- engage in peer support networks and other strategies to mitigate professional isolation and risk of burnout
- implement sensitive, person-centred, trauma-informed, ethical strategies to assist colleagues in difficulty
- understand mandatory reporting requirements of impaired colleagues and appropriately interpret the thresholds as they relate to treating doctors
- develop strategies to mitigate the impact of barriers to good healthcare for doctors.

Key areas of learning

Provide sensitive, person-centred health care to doctor-patients, with an awareness of the specific psychological issues they face, and potential barriers to care

Use appropriate communication strategies and structure consultations to provide supportive and sensitive consultations with doctor-patients

Through history, examination, and observation, identify common psychological issues doctors experience, including:

- stress
- burnout
- anxiety
- substance abuse
- depression
- suicidality
- bullying
- interpersonal relationship difficulties

Approach boundary issues supportively and sensitively in consultations with other doctors

Institute an effective recall and reminder system for doctor-patients for relevant routine health checks and screening tests, follow up of results, immunisations and preventive healthcare.

Develop and implement strategies for self-care into ongoing personal and professional development goals

Understand the importance of self-reflection and reflective practice

Develop a self-care plan that includes:

- an ongoing relationship with a GP for preventive healthcare and episodic care
- exploring personal values
- sustainable self-care strategies to maintain physical, mental, and social wellbeing
- identifying early warning signs of burnout or emotional distress in self
- avoiding corridor and informal consultation with peers
- a plan to access urgent support if ever required
- maintaining interests and activities outside of work life
- identifying and engaging in peer support and other strategies to mitigate against professional isolation.

Implement sensitive, person-centred, ethical, and trauma-informed strategies to assist colleagues in difficulty

- Recognise behaviours that may suggest a colleague is in difficulty
- Support colleagues in difficulty, including those who have had complaints made against them
- Recognise the unique challenges that impact specific cohorts and promote culturally safe, inclusive, and equitable access to care

Understand mandatory reporting requirements of impaired colleagues

- Understand legal responsibilities in reporting doctors to AHPRA

- Appropriately interpret the thresholds for reporting as they apply to treating doctors

Develop strategies to mitigate the impact of barriers to good healthcare for doctors

- Understand the barriers that doctors may face in accessing healthcare
- Identify what professional and personal support resources are available for doctors

Describe the workplace and systemic factors that impact on wellbeing and underpin burnout, such as unsafe medical cultures, excessive workload, health system pressures, racism, and bullying

Understand the potential for bullying within the medical culture and propose strategies to ensure practice colleagues, junior staff, nursing staff, and administrative colleagues feel safe in their working environment

Opportunities for learning

Words of wisdom

- Find yourself a GP, ideally in a different practice to your own, who you feel comfortable talking to about work and personal stresses, and attend regularly for preventive health. If you work in an isolated area, you may at times need to seek acute care locally, however, try to find a GP away from your town or practice for ongoing care and preventive health, using a combination of face-to-face care and telehealth. If you have difficulty finding a GP, contact the Doctors' Health Line (1800 006 888) for assistance.

- Remember you are a person first and doctor second. It is important to attend to all aspects of your life, including family, friends, and non-medical interests. Find small ways to refresh and recharge every day. Ensure there are planned gaps between appointment bookings and 'on the day' appointments to cater for the inevitable acute presentations. And, always have your next holiday planned.

- When seeing a doctor-patient, the principle remains the same: practise good medicine. Offer the careful listening, thorough assessment, and clear explanations you would give any patient – without assumptions or shortcuts. If needed, advocate for them within the system, including around return to work considerations, and remember that reassurance in seeking care is often just as important as the treatment itself.

- Having ongoing case discussions with a mentor, peer, or small group is an important part of lifelong learning. When doing this, consider both the medical and emotional issues at play in difficult consultations. Managing the emotions in the room (both the doctor and patient) contributes significantly to the doctor workload. Reflecting on and building skills and strategies to manage this work is an important part of case discussions with a mentor, peer, Balint group, or other critical reflective practice group.

- Engage with peers or a mentor to support your wellbeing and safety. It is often helpful to find a support group relevant to your needs, such as one that suits your career stage, or involves peers facing similar challenges or seeing the same patient. It is likely that your support needs will change throughout your working life, and you may have several different peer supporters and mentors over time.

Learning strategies

On your own

Access The Essential Network from the Black Dog Institute website and undertake the self-guided mental health checkup.

- How are you going? What areas of your life need attention and how could you address these?
- Are you up to date with your health screening?
- Is there any healthy lifestyle advice that you would give to patients that you should or have implemented for yourself?

Complete a module on doctors' health on the DRS4DRS website.

- Do you have any doctor-patients that you currently see? If so, are there any changes that you will make to your consultations after completing the module? What strategies from the module can you use to improve your care of doctor-patients in the future?
- How do the recommendations in the module compare with your own experience as a patient?

Join a peer support or discussion group; for example the GPiT faculty, the GPRA Facebook group, the RACGP New Fellows Facebook group, or the Indigenous General Practice Training Network (IGPTN) and find five topics raised in the discussion that you relate to.

- Why do you think these issues are relevant to you? What could you do in your own life and work to manage these issues in a healthy way?

With a supervisor

Ask your supervisor how they manage workplace and personal stresses and keep mentally and physical well.

- In what way does the appointment system in your practice affect GP wellbeing? How could it be changed to improve things? Are there any other things in the practice that promote (or hinder) wellbeing;
  for example, shared lunchtimes, approach to sick leave, approach to critical incidents, staff meetings, or social interactions?
- What motivates your supervisor and keeps them in their job? How does this compare with what drives and motivates you?

Discuss any experiences your supervisor has had in treating other doctors, include what they *see as the barriers and difficulties and how have they overcome them.* Consider the case consultation example of Gordi described below. Role-play it with your supervisor to practise how you would handle this situation. Then role-play a consultation between Gordi and his GP.

- What were some of the strategies that your supervisor used?
- How did they manage the consultation?
- What could you learn from this to apply to your own practice?

Discuss any experiences your supervisor has had with colleagues who are impaired or in difficulty.

- How did your supervisor address them?
- What are the criteria for mandatory reporting to Ahpra?

In a small group

Read the journal articles listed in the learning resources section, and as a group discuss concerns, boundary issues, or barriers you have experienced – either as a patient or as a GP for another doctor.

- What are the barriers to effective communication with a patient who is a doctor? What are the differences when you are the patient, or when your patient is another GP or specialist?
- How would you feel if your treating doctor or doctor-patient was more, or less, experienced than you?

Discuss any issues that have come up for you as a doctor when family, friends, or colleagues ask for informal healthcare.

- How have you handled this?
- What is best practice in this situation?
- How do you address health issues in your own children, if you have any?
- How might these issues be influenced if you work in an area with limited access to healthcare, for example a rural or remote location?

Join a Balint group, critical reflective practice group, or case discussion group to discuss consultations or professional situations which you have found difficult or stressful. Alternatively, discuss professional issues at a practice meeting; such as managing angry patients, bullying and harassment issues, and creating a safe and healthy workplace.

- What strategies have your peers used to manage these stresses?
- What practice systems, and professional and personal strategies could you put in place to reduce these difficulties?
- How can the wellbeing of all staff be enhanced at your workplace?

With a friend or family member

Discuss the potential ethical and professional issues that can arise in treating family members or friends informally.

- Is there a problem with writing an occasional script?
- What are your boundaries?
- What are your friends' and family members' expectations of you? Do they expect you to provide medical advice, write an occasional repeat script for them, etc? How would this be influenced if you were working in an area with limited access to medical care or there are long wait times for an appointment?

Discuss with family and friends the level to which each of you would be comfortable treating your own children.

- *Are there any potential issues with treating 'minor' health complaints in your own children?*
- *Compare your thoughts and discussions with the advice given in the AMA Code of Ethics around treating yourself, friends or family.*

Case example

Your colleague, Gordi, 32, is studying for his upcoming FRACGP written exams in two weeks. He approaches you in the tearoom and asks you for a script for some temazepam because he is not sleeping and wants to be fresh to study.

In a case-based discussion, questions relating to each role could be:

Communicator

- What would be the differences and / or similarities in your approach if Gordi identified as Aboriginal or Torres Strait Islander?

- What would be the differences and / or similarities in your approach if Gordi was an international medical graduate or from a culturally and linguistically diverse (CALD) background?
- If you advised Gordi to see his own GP but were unsure that he would, how would you follow up with him?

Clinician

- How would you approach this situation if you were Gordi's GP, rather than a colleague?
- What sources of information, other than Gordi himself, could be useful to help you assess your colleague's wellbeing and safety? (What sources of information would you access for any other patient making this request?)
- What screening tools could you use to assess if Gordi has symptoms of anxiety, depression, stress, or difficulties relating to alcohol or substance abuse?
- How would you assess if Gordi was experiencing workplace bullying or intimate partner violence?
- What are the possible health problems that may be behind Gordi's request?
- Would you prescribe this medication for your colleague? If so, why? If not, why not?
- If you were Gordi's GP, how would you approach the situation if you were uncertain if there was an underlying mental health issue or if he presented with non-specific symptoms, such as fatigue?
- What are the warning signs that a doctor's health is deteriorating, and that they may suffer burnout and / or develop mental illness?
- How would you determine if the doctor-patient was suicidal, and how would you manage this if they were resistant to your management plan?
- What potential issues could affect your confidence in performing office procedures such as excisions and venesections on colleagues?
- How would you approach intimate procedures such as cervical screening or rectal examination for a colleague? How would this be different in a rural or remote area where access to other healthcare providers is limited?

Health advocate and leader

- What supports and services could you recommend to Gordi?
- How would you support Gordi if he didn't have easily accessible supports in the rural town in which he works?
- What different or additional supports could you suggest if Gordi identifies as Aboriginal or Torres Strait Islander?
- What different or additional supports could you suggest if Gordi was an international medical graduate or from a CALD background?

Professional

- How would you approach this situation?
- What are the potential issues in providing 'corridor consultations' and prescriptions for friends and colleagues?
- Would your approach to Gordi change if you were his supervisor? Or if he were your supervisor?
- How would your approach be affected if there had been staff or patient complaints about Gordi, or if you also noted signs he may be under the influence of drugs or alcohol (eg smelling alcohol on his breath)?
- What are the criteria for mandatory reporting of a doctor to Ahpra?

Scientist, educator and researcher

- What guidelines or resources could you use to assist you in your management of a patient like Gordi?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise

RCA – Random case analysis

MSF – Multi source feedback

CBD – Case-based discussion

AKT – Applied knowledge test

KFP – Key feature problem

CCE – Clinical competency exam