

EVENT SUMMARY

**THE JMO
WELLBEING
& SUPPORT
FORUM**

6 JUNE 2017



Health

EVENT SUMMARY

The JMO Wellbeing and Support Forum was convened on the 6 June 2017 to consider options to further improve health and wellbeing support mechanisms for Junior Medical Officers (JMOs) in NSW.

This issue requires joint solutions to be developed by all stakeholders involved in training and supporting junior doctors.

The forum outputs, together with ongoing consultation activities, will inform the JMO Wellbeing and Support Plan, currently being developed by the Ministry of Health

FORUM OBJECTIVES INCLUDED:

- Updating all stakeholders on the evidence base and existing best practice in relation to JMO wellbeing and support. The particular risk factors for mental health and suicide within the medical profession and the role of mandatory reporting was also examined.
- Providing the opportunity for stakeholders to raise concerns/issues impacting on doctors' health and wellbeing in the current medical training environment.
- Identifying new or additional measures to support the junior medical workforce within NSW Health.

IDEAS FOR IMPLEMENTATION

A key agenda item was to look at how we can provide greater support to our medical workforce, with a focus on ideas that are practical to implement.

The following themes were raised by attendees.

QUESTION 1: WHAT COULD BE IMPROVED OR CHANGED IN THE WAY WE WORK?

Ideas (key themes)

EMPLOYER/ LOCAL HEALTH DISTRICT LED

- Improve rostering, including allowing leave/ADOs, having relievers for when staff on leave, having protected teaching/training time and having a way of knowing actual hours worked
- Increase total staff numbers – will help allow for 'flex' in the system
- Ensure the claiming of unrostered overtime (will also help with knowing actual service demand)
- Review the Medical Officer's Award/work conditions re: safe working practices, including potential limit of hours worked per fortnight, consecutive days worked in a row and on call hours
- Have less VMOs and more staff specialists
- Have more senior clinicians on the floor
- Improve maternity leave policies
- Allow more flexible working, such as being able to work part time or job share
- Fix relevant IT systems

COLLEGE LED

- Work with employers to extend training contracts so that JMOs don't have to reapply for their jobs every 1-2 years
- Use accreditation for ensuring appropriate wellbeing and support measures are in place
- Train supervisors, particularly in 'how to be a supervisor', including giving feedback and having difficult conversations
- Provide better mentoring schemes and have mentors who are separate to supervisors
- Have non clinical terms, such as teaching or research terms
- Articulate safe work hours
- Provide greater transparency around selection and assessment

INDIVIDUAL LED

- Claim overtime and encourage others to do so
- Be empowered to report on unsafe work hours and practices
- Ensure self-care outside of work e.g. sleep enough, balanced lifestyle

OTHER

- Develop a workforce initiative around safe working hours
- Promote better communications across hospitals of new and good ideas
- Provide better career planning and end of career planning, including alternatives to being in clinical practice

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QUESTION 2: WHAT COULD BE IMPROVED OR CHANGED IN THE MEDICAL CULTURE?

Ideas (key themes)

EMPLOYER/ LOCAL HEALTH DISTRICT LED

- Ensure no tolerance for bullying and harassment and greater sanctions where bullying occurs
- Conduct 360 degree feedback schemes for supervisors and trainees
- Encourage team building and provide working conditions that show staff are valued and respected e.g. through having a JMO common room and sleeping quarters
- Encourage a culture of claiming overtime, taking lunch breaks and ADOs, taking sick leave etc and ensuring staff available to cover when staff take these
- Better support and train supervisors to mentor, supervise and build teams
- Eliminate sexist and discriminating questions in pre-interviews
- Develop reporting system for poor behaviour e.g. Vanderbilt
- Provide workshops on wellbeing and protected teaching time e.g. Sydney BPT-OK scheme

COLLEGE LED

- Establish formal programs to promote culture and values and continue anti-bullying campaigns
- Work with employers to improve working conditions and hours
- Provide better training for supervisors/senior doctors so that they nurture, encourage and support JMOs
- Invest in mentoring programs
- Make college selection processing transparent
- Develop Trainee Charters/Codes of Conducts
- Conduct surveys of trainees to get feedback

INDIVIDUAL LED

- Role model appropriate behaviours – lead by example
- Call out inappropriate behaviours
- Provide peer support

OTHER

- Reward teaching as well as research in universities
- Provide university led teaching on safe hours, inappropriate behaviours, employer's responsibilities – set expectations early before students enter the medical workforce
- Support family friendly training
- Develop maternity leave policy to be same across all areas
- Increase involvement of patients/consumers – use of lived experience to help identify where gaps and strengths are

QUESTION 3: HOW CAN WE BETTER RESPOND TO AND ASSIST JUNIOR DOCTORS WHEN BURNOUT AND OTHER MENTAL HEALTH ISSUES ARISE?

Ideas (key themes)

EMPLOYER/ LOCAL HEALTH DISTRICT LED

- Increase use of confidential mental health therapies, including apps/online programs, available 24/7
- Provide clear information on what resources are available and how to access them – includes promotion of existing resources such as the EAP, JMO Hotline and Doctors Health Advisory Service
- Provide gatekeeper/supervisor training so can recognise mental health issues in others/can help
- Encourage mental health to be accepted as legitimate reason for leave and facilitate time off when required to access mental health resources and/or have an employment break
- Provide funding/resources for private treatment and publish list of GPs/other mental health specialists with interest in treating doctors' health
- Provide peer support schemes
- Promote burnout awareness and coping strategies
- Provide and support standardised return to work programs
- Provide increased education on mandatory reporting and the role of Impaired Registrants Program
- Encourage team building/support e.g. Friday night get togethers

COLLEGE LED

- Allow more flexibility in training requirements to allow time out and make it easier to work part time
- Hold exams more than once a year – the exam is a very high stress period for doctors
- Incorporate mental health and wellbeing initiatives into accreditation
- Provide access to confidential counselling support
- Put in place mechanisms to encourage and support struggling trainees, including training supervisors in what to look for e.g. trainee healthchecks

INDIVIDUAL LED

- Get a GP and access other mental health services when required
- Have a trusted mentor that can confide in and get support
- Provide peer support to others

OTHER

- Remove the mandatory notification requirement for treating practitioners in the mandatory reporting law
- Look at income protection insurance that covers mental health issues
- Draw on lessons learned and programs from other industries e.g. Mates in Construction
- Accept that medicine is hard and acknowledge mental health problems exist across society and are normal

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THANKS TO ALL WHO ATTENDED THE FORUM

The Hon. Brad Hazzard MP, Minister for Health and Minister for Medical Research	National Mental Health Commission	Royal Australasian College of Medical Administrators	St Vincent's Health Network Sydney LHD
The Hon. Tanya Davies MP, Minister for Mental Health, Minister for Women, Minister for Ageing	Health Care Complaints Commission	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Sydney Children's Hospitals Network
The Hon. Paul Green, MLC	Medical Council of NSW	Royal Australian and New Zealand College of Ophthalmologists	Western NSW LHD Western Sydney LHD
Jenny Brockie (facilitator)	Medical Board of Australia	Royal College of Pathologists of Australasia	beyondblue Lifeline
Australian Medical Association (AMA)	Medical Deans Australia & New Zealand	Australian College of Rural and Remote Medicine	Blackdog Institute SANE
Australian Salaried Medical Officers Federation (ASMOF)	Council of Presidents of Medical Colleges (CPMC)	Royal Australian and New Zealand College of Radiologists	Medical Benevolent Association of NSW
AMA/ASMOF Alliance NSW Doctors in Training Committee	Royal Australasian College of Surgeons (RACS)	Central Coast LHD	Doctors' Health Advisory Service
NSW Medical Students' Council	Royal Australasian College of Physicians (RACP)	Hunter New England LHD	Public Health Association Australia
Australian Medical Students' Association (AMSA)	Australasian College for Emergency Medicine (ACEM)	Illawarra Shoalhaven LHD	University of New South Wales
HETI JMO forum	Royal Australian & New Zealand College of Psychiatrists (RANZCP)	Justice & Forensic Mental Health Network	NSW Police
Ministry of Health	Australia & New Zealand College of Anaesthetists (ANZCA)	Mid North Coast LHD	MDA National Insurance
Commonwealth Department of Health	Australian Society of Anaesthetists	Murrumbidgee LHD	Avant Medical Group
Agency for Clinical Innovation (ACI)	Australasian College of Dermatologists	Nepean Blue Mountains LHD	MIGA Insurers
Health Education and Training Institute (HETI)	College of Intensive Care Medicine of Australia & New Zealand	Northern NSW LHD	Metropolitan Local Aboriginal Land Council
Health Professionals Councils Authority		Northern Sydney LHD	Ministerial Correspondents
NSW Mental Health Commission		South Eastern Sydney LHD	
		South Western Sydney LHD	
		Southern NSW LHD	

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