



ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

*'Caring for the Care-givers'*

## Physician Well-being Position Paper

Sep 2014

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## Executive Summary

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The practice of medicine is complex and challenging at the best of times and recent constraints within the Irish Health Service have added to this challenge, very often with negative impact on the well-being of those people tasked with delivering services. In order for doctors to provide the highest standards of patient care, their own physical and mental health must be maximised. Doctors are at risk of the same illnesses of their patients, but they also experience higher than average rates of burnout, depression, anxiety, substance abuse problems, dysfunctional relationships and physical hazards. For various reasons, they can also be reluctant to address health issues and to access help.

Trainee doctors experience high levels of stress, but for many, overwork and stress continues throughout their career. Difficulties balancing work and family life arise in particular for those with young children. Foreign trained doctors may face difficulties adapting to a new workplace and country and doctors in single-handed posts can experience a sense of isolation and lack of peer support. The absence of support is also a risk factor for doctors not on official training schemes. In recent months, the impact of reducing working hours for non-consultant hospital doctors (NCHDs), without addressing work volumes and additional staffing needs has begun to raise workload and stress among consultant doctors.

Internationally, medical colleges and professional bodies have started to put in place well-being programmes and supports for physicians at different career stages. More research on burnout is being conducted and practical and simple advice for managing stress has been made available. In Ireland, there are national legislation and policies on employee safety and stress, and the medical council provides some assistance to doctors through the Health Sub-Committee. A Practitioner Health Programme will also be launched in autumn 2014.

As a training and professional body, the Royal College of Physicians of Ireland (RCPI) has a responsibility towards its trainees, and its members and fellows to promote high standards of care, and to equip members with the skills and supports to provide this care. RCPI is also committed to patient safety. Well-being of the individual doctor, aside from being desirable in its own right is an essential part in maintaining high standards and safety in medicine.

In 2014 RCPI launched a Physician Well-Being programme. This programme includes research to understand and inform the issue, educational programmes, provision of

information on supports, and initiatives to strengthen relationships between RCPI and individual member and trainees. RCPI also has a role in advocating for meaningful change to improve physician well-being at all career stages, for the benefit of both doctors and patients.

## Introduction

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In recent years the issue of ill-health in Irish physicians, particularly mental ill-health has received long overdue attention. The tragic suicide of a young doctor in December 2012 sparked off a discussion on mental health within the medical profession, and led to a number of doctors speaking publicly on their own experiences of stress, depression and ill-health. These personal accounts told of long working hours in stressful environments, and a culture where admittance to being any less than invincible was unacceptable and damaging to one's future career. They also highlighted the need for a change in attitudes and practice to support and care for doctors, at all stages in their career.

The practice of medicine is complex and challenging, but also rewarding and immensely personally satisfying. In order for doctors to provide the best possible care to patients and to derive optimum levels of job satisfaction, the health of the individual doctor must be maximised, both in terms of physical and mental well-being.

The Irish Medical Council notes that most doctors are in good health, but emphasises that they are subject to the same illnesses as their patients:

“Doctors are not immune from an array of illnesses, for example, infectious disease, cardiovascular disease, neurological disease, mental illness, addictions such as alcohol and drug dependence, nor indeed ageing and cognitive decline”.<sup>1</sup>

While medical practitioners may, as a result of their advantaged socioeconomic status, be healthier than the average by many measures, a paper published in 2013 by the Royal Australasian College of Physicians highlights that doctors tend to experience higher than average problems in certain areas.<sup>2</sup> These areas include burnout, depression, anxiety, substance use problems, dysfunctional interpersonal relationships and physical hazards. A 2012 US study also found that burnout and dissatisfaction with work life balance was more likely in physicians compared to other groups of workers.<sup>3</sup>

The Medical Council cautions that the true prevalence of illness among Irish doctors is unknown, and points out that there are “many conditions which may affect the care of patients and which are not necessarily seen as problematic by doctors themselves”.<sup>4</sup> Mental illness and substance abuse problems are among the most common conditions that come before the health committee of the council. This

reflects international trends that point to a high rate of substance abuse and a suicide rate that is higher than the general population.<sup>5,6</sup>

Some of these health issues arise as a result of specificities of the profession itself; others are linked to the types of personalities attracted to the practice of medicine. People who enter the medical profession tend to be hard working, and usually set high standards for themselves and their work. While these qualities can be good for patient care, in the extreme they can become risk factors for stress and burnout.

Doctors have a responsibility to care for their own health and well-being but there can often be a reluctance to address health issues, especially in relation to stress and mental health. Research shows that doctors do not access the same supports or in the same way as non-medics in relation to mental and physical health care.

The reasons doctors can find it more difficult to access help can be practical (time, access, available confidential resources) or due to psychological issues (fear of consequences, shame) which in turn leads to availing of self-care and self medication routes. Doctors are more likely to talk to peers or family members about problems and not to seek the help of professionals. When they do seek professional help, then confidentiality is paramount.

## Who is at risk?

There are many reasons why one might expect that doctors in Ireland experience stress in their working lives. Medicine is a challenging and complex profession. In addition, the changing structures of the national health services, as well as new organisational structures (e.g. the directorate model) have had an impact on how people work. The financial and personnel constraints imposed by recession translate into greater work volume, tighter deadlines and dissatisfaction of service users.

The necessity for services providing for basic needs of doctors (and other health staff) in hospitals is frequently overlooked. Sleeping facilities are often substandard and not conducive to optimal rest. Canteen facilities may not be provided out of hours and showers are not always available or of an appropriate standard.

While it is wise to offer support to workers in general and doctors in particular when they get into difficulty, attention should also be paid to addressing external stressors that lead to physician distress. The following trends have evolved in recent years that contribute to this stress:

- Increased responsibility and accountability combined with reduced autonomy and authority
- Reduced administrative support and withdrawal of traditional secretarial staff from consultants.
- Proliferation of new management grades making excessive demands of consultants to provide data, fill forms, devise business cases etc.

All of the above can lead to stress for those working to provide care, but there are a number of specific subgroups who may be at higher risk of experiencing ill health or compromised well-being.

### Trainees and early career

Doctors who are trainees can find themselves under intense pressure with hospital workload, long working hours, the stresses associated with change of rotation, and the anxiety of exams. The trainee-consultant relationship can often prove to be a source of stress. In the worst case, this manifests as bullying, creating an extremely hostile work and training environment.

In recent years the issue of junior doctors and working hours has come to the fore. The strike action of Irish junior doctors in October 2013 was an expression of frustration at excessive working hours that had been building for many years.

Working lengthy shifts in busy hospitals, especially in the early career stages can take its toll on physical health, and home and work relationships. It can also set the pattern of overwork that continues throughout the doctor's career, with negative health impacts. Research published in 2013 by the Mayo Foundation for Medical Education and research showed that early career physicians had the lowest satisfaction with overall career choice while those in middle career (11-20 years) had the highest rates of emotional exhaustion and burnout.<sup>7</sup>

### **Isolated posts**

The issue of single handed posts and the associated risk of professional isolation have been raised in a Medical Workforce Planning report produced by RCPI in Feb 2014. Doctors working in single handed posts or more isolated practices may find themselves working even when unwell due to a lack of support cover. They may also have insufficient medical support of their own, and the absence of social interaction and peer support which would be customary in a larger practice or hospital, may impact negatively on the individual's ability to manage work-related stress.

### **Women Doctors**

While both male and female doctors who are also parents may have difficulty in maintaining work/life balance, cultural norms in Ireland mean that women very often retain primary responsibility for the household and caring for children. With an increasing proportion of women in the medical workforce, there are substantial numbers of female doctors for whom achieving work-life balance is extremely difficult.

### **Foreign trained doctors**

Ireland has one of the highest proportions of internationally trained doctors in the OECD countries. In 2012, approximately 35% of doctors on the medical council's register were graduates of a medical school abroad.<sup>8</sup> Foreign trained doctors moving to Ireland to work or train may face difficulties in adapting to a different language, healthcare system, and work culture. The process of local registration or accreditation can also be challenging. Making these adaptations in the absence of the familiar social and family support structures, can lead to substantial stress.

Furthermore, the individual may not yet be aware of how to access supports to address this stress.

### **Doctors engaged in legal proceedings**

Doctors involved in legal proceedings will usually be under extreme stress while the proceedings are ongoing, and will need additional support at this time and to facilitate a return to practice. Similarly, doctors returning to practice after an illness or absence may find the process challenging and adequate support at this stage can help to minimise any stress involved in the transition back into practice.

### **Other groups**

Aside from these categories above, other groups may also be at greater risk of compromised well-being. For example, doctors working in the stressful emergency departments of hospitals and other difficult rotations may experience high levels of stress. Doctors who are not on official approved training schemes often experience high levels of stress and anxiety, without any of the structure and support offered by a training scheme. Indeed any doctors without a designated mentor may find themselves uncertain as to where to go for support when in difficulty. Likewise doctors without their own GP risk delaying seeking health advice and treatment, thereby jeopardising their well-being.

In recent times, moves towards implementation of the European Working Directive have made some strides towards reducing the long working hours of Non Consultant Hospital Doctors (NCHDs), and this is a positive development. However, staffing levels have not increased as much as necessary, with the result that the workload of consultant staff has been steadily increasing, and along with that comes increased stress and threat to well-being for that group

## Personal Stories

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Physician well-being is a professional issue. It's a trainee issue and a patient safety issue. Perhaps most importantly, it's a very personal issue. It's about the happiness of the individual physician, and in some tragic cases it's a matter of life and death.

The death of Dr Jessica Murphy is one of the tragic cases. A 26 year old NCHD in neurology, she took her own life in December 2012. Her parents raised the issue of her excessive working hours at the inquest, believing that the situation contributed in no small part to her death.

Subsequent to this, a number of others in the medical profession have spoken publicly about their own experiences of mental health issues. Some of these personal experiences are described below. They illustrate the challenges faced by physicians across the profession, and emphasise the need for supports and removal of barriers to accessing care. Above all, the stories highlight the necessity, for all, including doctors themselves to acknowledge that they are human, vulnerable, and in need of care in the same way as the patients under their treatment.

**Dr Anthony O'Connor, in the Medical Independent wrote about long hours and depression in January 2013, after Jessica's Murphy's death.<sup>9</sup>**

*"Depression and suicide are a scourge of our times. I have long held the view that there is a silent epidemic of undiagnosed, untreated depression amongst our colleagues. This disadvantages patients in a very significant manner and is catastrophic for doctors and our families.*

*I knew I needed help a couple of years ago when, in spite of an overwhelming sense of sadness, I was incapable of feeling anything enough to cry while driving to work to go on-call, having been up writing a paper until 3am that morning. Luckily I never felt suicidal, but I remember that morning thinking it might be nice if I was involved in a medium-sized accident where I broke a leg or an arm to get me out of call for a few weeks. I texted my team to say I was ill and would be late and sat in the hospital car park for nearly an hour just feeling numb and unhealthy, listening to the bleep going off and ringing back from my mobile. With the help of an amazing woman, a good GP, a great counsellor (which I am extremely grateful to my employer for providing) and some medication, I slowly*

*got through it. I have no intention of ever going back there, although I know it could happen. I do everything I can to prevent it.*

*What cannot be avoided in evaluating depression in young doctors is the effect of long hours, burnout, the pressures of work, exams and research, public vilification, financial worries and dismal career prospects. Some of these are unsolvable, but we owe it to those who have died to create a set of working conditions that are more conducive to good mental health. Unfortunately, the prevailing wisdom is 'Well, it was worse in my day'."*

**Dr Ronan Kavanagh is a rheumatologist and has written about his own personal experience with depression in his blog.<sup>10</sup>**

*"I was a junior doctor when I experienced my first episode. The strange thing is, that despite my medical training (I may have bunked off a few of the relevant lectures in medical school), I didn't recognise the symptoms.*

*I had lost my appetite and had lost weight. I wasn't sleeping and was irritable, angry and tired most of the time. Most disturbing to me was a feeling (despite being surrounded by work colleagues and friends most of the time) was that I felt emotionally cut off and removed from people. I had also become cynical and decidedly detached from my work responsibilities and, truth be told, had lost all empathy with my patients. Not a good combination for someone working in healthcare.*

*It took a conversation over coffee with a good friend of mine who is a psychiatrist to make me realise that I was depressed.*

*Although of course it is obvious to me in retrospect, I had no idea I was depressed at the time. Like many people, I had no clear sense of my mood on a day to day basis. Like most other doctors I just kept on going.*

*For the last 20 years, I've been on the receiving end of medical care from GP's, psychiatrists and psychologists. I've learnt a lot about mental illness, its treatment and how to look after myself better.*

*I have also learned a lot about the stigma of mental illness in medicine and how to cope with it. Largely, it has to be said, by keeping quiet about it.*

*Mental illness is, for many affected doctors, a shameful secret. One that can affect how other doctors perceive your reliability as a clinician and also one which*

*could affect your career. To admit to not coping in medicine is to be weak, to somehow let your community down, and to go against the macho code of invincibility that we have imposed on ourselves."*

Dr Brid McGrath has written a number of articles on the negative experience of junior doctors in Irish hospitals, including the challenge of seeking help when ill.<sup>11</sup>

*"No-one wants to be the doctor that lets down the team. No-one wants to phone in sick, even when they are. Unfortunately though, like a pack of wild animals, there is also the fear that if you appear wounded or lame, you may be shunned for slowing down the others. Make no mistake, sometimes it feels like "being hunted" when you carry a bleep in a hospital. Adrenaline: I would love to know how much of it flows when the bleep goes.*

*Despite being in the business of "giving help", doctors have a strong impulse to hide their anguish and not seek help. This may come from the very correct expectation that their needs will fall on deaf ears, or on ears that may understand but who cannot effectively help. Instead, we are expected to become "hardened". If we become "hardened", is that really the best outcome?"*

Dr Liam Farrell, a General Practitioner in Crossmaglen, Armagh gave an interview to the Irish Medical Times in 2013 discussing his own recovery from drug addiction and attitudes in medicine to mental health problems.<sup>12</sup>

*"There should be more supports and secondly doctors should be made aware they are available, and thirdly, the macho attitude of doctors being like Nietzsche's Ubermensch, I think we have to lose that... We are frail, we are human – bad things can happen to us, just like anybody else. I think we have to be aware of our own mortality and our own frailty as well, and not be ashamed to look for help if we need it, and also to watch out for each other - not in a 'big brother' kind of way – but I think we have to look out for each other's health."*

## International Strategies

Internationally, the importance placed on physician well-being in recent years is evidenced in the number of initiatives in research, education and development of interventions to improve well-being and reduce stress for this group.

In the UK, the Department of Health produced a report in 2008, *Mental Health and Ill Health in Doctors*<sup>13</sup>. This report was published to respond to inadequacies in the handling of mental ill health in doctors, highlighted when a young Psychiatrist, suffering from bipolar disorder, killed herself and her baby in 2000. The report made recommendations on accessible and appropriate services and the promotion of health and well-being among doctors. Among these recommendations, Royal Colleges and Medical schools were advised to consider publicising information about sources of help on their websites and through other channels, in addition to taking a number of actions to reduce stigma.

Also in the UK, NHS Scotland's Education and training body has a well organised *doctor in difficulty* support structure with a national trainee performance advisory group overseeing the process. The programme provides support to doctors responsible for trainees to allow them to respond appropriately to a situation where a trainee's performance is of concern.<sup>14</sup>

Despite these efforts to draw attention to physician well-being, a report published in January 2014 from the Royal College of Physicians found that only 57% of NHS trusts had a mental well-being policy in place, and only 24% of trusts monitored well-being of staff.<sup>15</sup>

Further afield, the Royal Australasian College of Physicians published a position statement in 2013 with the stated aim of raising awareness among their members and other doctors for safeguarding their own health and well-being, and to generate enthusiasm to pursue innovative approaches to support doctors' health. This position statement describes how doctors' health can be maximised through health promotion and addressing wellness issues in the early stages of doctors' careers. It also discusses the importance of early identification of problems, access barriers and self treatment. It proposes additional training to enhance skills of doctors who treat other doctors, and emphasises the role of low threshold support services to allow doctors to access help before their problem escalates. The role of a regulatory framework to mitigate potential for damage where a doctor is impaired is also discussed and a vocational rehabilitation approach is advised to

support those returning to work after illness or injury. Tips and checklists for both doctors and trainees are also included in this comprehensive report (see below).

*Ten ways to be a healthier physician*<sup>2</sup>

1. Have your own general practitioner.
2. Avoid taking work home.
3. Establish a buffer-zone (time out) between work and home.
4. Take control of your work hours. The following are a few examples:
  - Schedule breaks
  - Take days off
  - Strike a balance between the hours of paid work and the demands of your job
  - Put holidays in your diary months ahead and tell your family.
5. Manage your time by making realistic schedules and not over-committing yourself (at work or at home).
6. Manage your work environment. This may take time, new skills and lobbying for better work conditions.
7. Use your colleagues for support and maintain and work on relationships with your partner and friends.
8. Take time out for your own needs through such activities as relaxation, enjoying personal interests or pursuits and maybe spending time alone.
9. Do not feel guilty or "less of a doctor" for demanding a life balance.
10. Humour is therapeutic: surround yourself with fun and humour daily.

The Mayo Clinic in the US established a physician well-being programme in 2007. Within this programme, a number of research studies have been conducted on physician burnout, some of which are referenced above. In addition, education and wellness programmes have been developed. The programme examines the relationship between physician distress and well-being and quality of care, and seeks to identify personal and organisational factors that relate to distress and well-being in practicing physicians. The programme also develops and tests personal and organisational interventions designed to promote physician well-being.<sup>16</sup> Also in the US, the American Medical Association has published a toolkit<sup>17</sup> for resilience, and hosts a bi-annual conference on physician health, in collaboration with the Canadian Medical Association and the British Medical Association. The report from the 2012 conference noted that there has been a shift in focus in physician health from seeking to help individual doctors with substance

abuse or other problems to the broader approach of helping maintain the health and well-being of the profession as a whole.<sup>18</sup> It was also noted that healthy physicians are more likely to encourage healthy lifestyles in their patients, and that stressed physicians are more likely to jeopardize patient safety.

The Canadian Medical Association published a mental health strategy for doctors in 2010 and has established the Canadian Physician Health Institute (CPHI), a national program promoting physician health and wellness.<sup>19</sup>

Despite this international focus on physician well-being, there is still much to be done to address the issue in Ireland, in the professional bodies, and in the HSE, and by individual hospitals and doctors themselves.

## Legislation and Responsibilities

The physical and mental well-being of doctors is of importance to the individual doctor, their family and friends and also for wider society. In addition to the impacts for the health and happiness of the individual doctors, there are safety implications for patients. A doctor who is unwell and continues to practice without appropriate support or treatment may pose a risk to patient safety. A 2010 US study showed that medical errors among surgeons were strongly related to burnout and quality of life.<sup>20</sup>

In addition to financial costs associated with compromised patient safety, an absence from work for an illness that could be avoided with early intervention represents a financial loss to the health system of what is a costly resource to train. Supporting physician well-being therefore also makes economic sense.

The health and welfare of employees in the workplace are also dealt with in various national policies and legislation.

### Legislation

National legislation and standards for safety, health and welfare at work from the Health and Safety Authority (HSA) apply to all workplaces.<sup>21</sup> The 2005 Safety, Health and Welfare at Work Act stipulates that employers have a duty of care towards their employees:

*“Every employer shall ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees.”*

*Under this act, the employee also has certain responsibilities.*

*“(The employee) must take reasonable care for his or her safety, health and welfare, and the safety, health and welfare of any other person who may be affected by the employee's acts or omissions at work.”*

In the case of doctors, this provision complements professional ethical standards which require doctors to always act in the best interests of patients, and to exercise self care as one of the Medical Council's eight domains of good professional practice.<sup>22,23</sup>

## HSE policy

In 2012, the HSE developed a policy for Prevention and Management of Stress in the workplace<sup>24</sup>. This policy gives guidance on prevention, identification and management of stress in the workplace, outlining strategies at various levels:

Level 1: Primary (promotion and prevention). This is aimed at the workforce in general to prevent or minimise stress. This includes the creation of a supportive environment and culture, where safety and welfare of staff is priority, implementing 'dignity at work'<sup>25</sup> policies, giving information to staff on supports available, and managers working with staff to identify and deal with potential stressors.

Level 2: Secondary (Management). This refers to implementing strategies to help employees manage or cope better with stress. Part of this is encouraging staff to look after their own health and well-being, providing stress management and well-being workshops to increase ability to cope. It also involves recognising stress at early stages and acting to prevent it from getting worse.

Level 3: Tertiary (Minimisation). This is about managing, treating or rehabilitation of existing stress-related problems in order to minimise harm. It may involve referring employees to support services (e.g. counselling) where a problem has been identified.

This policy is applicable to all HSE employees. As noted above, doctors frequently are slower or less likely to access health supports than other professions, and there is thus an argument for well-being programmes that specifically target doctors.

## Medical Council Responsibilities

The Medical Council has established a Health Sub-Committee (HSC), whose primary role is to monitor and support medical practitioners maintain their registration during illness and/or disability (defined as any physical or mental disability which may impair the doctor's ability to practice). A doctor may self-refer to the committee, or be referred by a third party or the Medical Council. A member of the HSC will meet with the doctor in confidence to discuss the health issues, therapeutic options and implications for practice. Arising from that meeting there may be a recommendation to the HSC for monitoring of the situation, or in circumstances where there are immediate safety concerns, a recommendation directly to the Medical Council that the medical practitioner is not fit to practice

medicine. The committee does not itself take responsibility for prescribing or managing treatment.

### **Practitioner Health Programme**

2014 will see the launch of the Practitioner Health Programme, a confidential and standalone service, distinct from the medical regulatory process, for any medical doctor or student with mental health, addiction or physical health concerns which may impact on the practitioner's performance is imminent. The programme would operate on a self-referral basis, and it is hoped that intervention as early as medical student level would promote early detection and nurture a career-long habit of looking after their own health. The programme, which replaces the Sick Doctor's Scheme is modelled on the UK's Practitioner Health Programme and endorsed by the Irish Medical Council.

### **RCPI Responsibility**

As a training body, and expressed in training agreements, RCPI has a responsibility to its trainees to ensure that their working environment is safe, conducive to learning, and supportive of positive patient outcomes. RCPI regularly carries out hospital inspections with these points in mind. Trainees in recent years have expressed dissatisfaction at excessive working hours in particular, but stress and risks to well-being may be linked to a variety of issues, and RCPI has a duty towards its trainees to support them in minimising these risks during their training.

RCPI also has a responsibility to its members and fellows, to promote high professional standards in the various medical specialities, to provide ongoing training and learning opportunities, and to facilitate professional and social interactions. RCPI also has a role in supporting advocacy activities of members and fellows and ensuring that concerns regarding the functioning of the health system are voiced at a college level.

RCPI too has an expressed commitment to patient safety. As such, actions in support of physician well-being that make the working environment safer are relevant for all members and fellows, and for the patients under their care.

## Vision for physician well-being

RCPI's commitment to developing professional standards for optimum patient care necessitates that doctors are fully equipped with the skills needed to care for their patients. These skills include the ability to care for one's own physical and mental health, to recognise stressors at an early stage, and to access appropriate supports.

Under RCPI's vision of physician well-being, a doctor would experience the following:

- a supportive workplace;
- a feeling of pride in the profession;
- feeling affirmed in daily work;
- a professional life that offers space to breathe, take stock and reflect;
- a sense of energy in their home life; and
- a good working relationship with and confidence in RCPI as the professional/training body.

### Our advice to doctors

We believe doctors have a responsibility to themselves, their families, their patients and the healthcare system to take care of their own health. We advise doctors to monitor their physical and emotional well-being, and to seek assistance early if they have any concerns or feel they are experiencing significant stress. It is important to adhere to the medical advice and management plans of the treating doctor.

Being a 'good patient' can be difficult for doctors. Likewise, caring for other doctors requires particular sensitivity and skill. Assumptions can be made about the doctor patient's knowledge and they can be left to organise and interpret their own investigations. We encourage doctors to provide support and assistance to colleagues in a confidential, sensitive and professional manner. This means reiterating the importance of the GP role, ensuring it is not by-passed and discouraging the casual or 'corridor consultation'.

## RCPI Physician Well-Being Programme

To progress the vision of physician well-being, RCPI launched a Physician Well-Being programme in 2014. Currently this programme has a number of components. Other initiatives and actions will be developed in the future, as wellbeing of physicians at all career stages will continue to be a priority.

### Research

Under this programme, RCPI will conduct research to understand and inform the issue. In 2014, a study has been launched to assess the well-being Irish hospital doctors with a view to informing future interventions for maintaining mental health and accessing preferred care. This study is a collaborative project governed by a multi-stakeholder steering group including representatives from the RCPI, RCSI, College of Anaesthetists, College of Psychiatry, Irish Association of Emergency Medicine and Dublin City University (DCU).

### Education

The programme also has an educational component, with a number of courses designed to help doctors manage stress and workplace challenges. This includes:

- a *safemed* workshop for looking after one's own well-being;
- a day-long course in building resilience to assist with understanding the psychophysiology of stress, stress and the workplace, coping with stress at the individual and organisational levels and supports available within the workplace;
- a course in health and meditation, delivered in modules over 9 months; and
- comprehensive website material on well-being including recommended resources.

The development of the following programmes is also underway:

- *managing the distressed trainee* course for trainers in collaboration with the College of Psychiatry;
- mentoring for trainees and members; and
- BST Induction day format changes to include self-minding and psychological preparedness for BST.

### **RCPI Identity and Relationship**

Initiatives within RCPI to strengthen the college identity also feed into the well-being programme; establishment of clubs and societies within the college for Trainees, Members and Fellows; a calendar of social activities and events, and photo id for trainees, members and fellows. All of these initiatives are associated with building a sense of physical belonging and connectedness between Trainees, Members and Fellows.

### **Accessing supports**

Under the programme, RCPI will also provide valuable information on tools, resources, and support structures for doctors who suffer emotional or physical ill health. Information is currently provided on RCPI's website on finding the right general practitioner, accessing occupational health services, free counselling services for doctors and self help groups. The website also lists factsheets, information leaflets, and well-being tools available online.

### **Altruistic Activities**

RCPI also supports its members and fellows to engage in altruistic activities, for example the EQUALS (Equipment and Quality Support through partnerships in healthcare initiative), which is an initiative for donating decommissioned equipment in Irish hospitals to hospitals in less developed countries and providing training to improve quality of services. Engagement in altruistic activity also has positive impacts on wellbeing.

### **Advocating for change**

RCPI also plays a role in advocating for necessary change in the delivery of healthcare, for the benefit of both doctors and patients. As part of its primary role, RCPI works towards improving the medical training experience, and ensuring that doctors are equipped with the necessary skills to deliver quality patient care. RCPI has also formulated position papers on key strategic and professional issues, such the implementation of the European Working Time Directive (EWTD), medical workforce planning, and continues to work with relevant stakeholders to make progress on these matters.

This paper too forms part of RCPI's work to draw attention to the issue of physician well-being, and to advocate for meaningful change.

## Conclusion

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Ill health in doctors has an impact on the individual doctors, their friends and family, and has potential implications for patient safety. Health issues, particularly mental health issues are often left unaddressed until a tragic event such as a suicide draws attention to the subject. This is despite evidence of higher suicide rates among doctors, and high rates of burnout and substance abuse.

Irish doctors are beginning to 'vote with their feet', and recent years have seen unprecedented numbers of talented young doctors leave the country to train and to practice medicine in more supportive working environments. They often work less hours and have better training opportunities. This situation too is reaching a crisis point.

RCPI has initiated a number of activities to understand the issue of physician well-being and to provide supports to doctors at various career stages to help them maximise their health. RCPI also continues to advocate for health system change to create a better working environment in which both doctors and patients can flourish.

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