NSW HEALTH

JMO WELLBEING & SUPPORT PLAN

NOVEMBER 2017

NSW GOVERNMENT

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CONTENTS

MINISTERS' MESSAGE

Together we welcome this Junior Medical Officer (JMO) Wellbeing and Support Plan.

We were very saddened to hear earlier this year of a number of doctors in training in NSW who had taken their own lives. We immediately tasked the Ministry of Health to investigate the health and wellbeing of junior doctors and to develop a plan to improve their wellbeing and the support that we provide for them.

It was essential in the development of this plan that we listened directly to the voices of our junior doctors. We convened a JMO Forum in June this year so that we could hear from JMOs themselves. The Australian Medical Association (AMA), the Australian Salaried Medical Officers Federation (ASMOF), specialty medical colleges, medical student associations and medical school deans, local health districts, mental health support organisations and academic experts were also invited to provide their advice and experience. The feedback of all attendees, along with a review of the evidence and expert advice, has formed the basis of this plan.

One of the biggest issues raised by junior doctors was the hours they are working and the fatigue they are experiencing. We therefore commit, as part of this plan, to the introduction of a new safe working hours directive. JMOs should not be rostered for shift periods that are unreasonable, and rosters must be arranged so there is an appropriate break. There is more work to do on determining what are reasonable shifts in particular specialities/hospitals/regions. This will begin from the 2018 clinical year to allow time for Health Agencies to amend rostering practices. We are encouraged by the commitment shown by professional bodies such as the AMA, ASMOF and the Alliance NSW Doctors in Training Committee to making this happen.

It is clear there is no single factor that will address the complex and intertwining issues that affect the wellbeing of our JMOs, and indeed, our whole medical workforce. What is needed is a multi-pronged approach, with initiatives that are evidence based, and that address the most serious issues as quickly as possible. We believe this plan goes a long way to fulfilling these requirements.

However, the NSW Government alone cannot make all the necessary changes. Action is also needed from other organisations that influence the wellbeing of our JMOs. In particular, we would encourage the medical colleges, universities and other organisations involved in training our doctors to join with us in examining their programs and practices, to identify where action can be taken. Our senior doctors will also continue to have a vital role to play in providing appropriate support to the junior medical workforce.

We would like to thank everyone who contributed to this plan. We will continuously monitor its implementation to ensure that what we are doing is making a real difference to the lives of our junior medical workforce. The plan will also evolve as we gain new evidence about what works, and develop initiatives to fill any gaps.

Brad Hazzard MP
Minister for Health
Minister for Medical Research

Tanya Davies MP
Minister for Mental Health
Minister for Women
Minister for Ageing

MESSAGE FROM THE SECRETARY

I am pleased to present this plan on junior medical officer (JMO) wellbeing and support.

NSW Health employs around 8000 full time equivalent junior doctors who provide direct clinical care to our patients, under the supervision of senior doctors, in public hospital and health facilities within NSW. The majority of junior doctors are simultaneously engaged in postgraduate medical training and working in positions that meet the requirements for specialty training.

It is essential our JMOs are well supported in their role. There are multiple factors that affect the wellbeing of JMOs, including the demands of their work, the requirements of their training programs and the prevailing culture in medicine.

The measures in this plan are designed to address the major concerns that have been raised by our JMOs. In particular, this plan addresses: safe working hours and fatigue; enabling JMOs to seek help and treatment when needed; providing information about where to seek help; improving the culture in medicine; improving job security; and enhancing transparency in recruitment and employment. These initiatives build on current programs designed to improve the culture in medicine, eliminate bullying, harassment and discrimination, and provide support to JMOs in difficulty.

Implementing this plan will require a change in the way we work and an acceptance that the way we have done things in the past is not necessarily the best way ahead. The initiatives in the plan relate to matters that NSW Health can influence and control, but a commitment is needed from all other stakeholders to collective leadership in this space, rather than it being the sole responsibility of any one organisation or individual.

Evidence is strong employees who are treated with empathy and compassion treat their patients with empathy and compassion too. Whilst this plan specifically focuses on JMOs, we are interested in the health of our whole medical workforce, and indeed, all of our staff. Lessons learnt from the plan will therefore be shared and used to inform other health and wellbeing initiatives across our entire health workforce.

Elizabeth Koff
Secretary, NSW Health

1. EXECUTIVE SUMMARY

Through the Junior Medical Officer (JMO) Wellbeing and Support Plan we aim to improve the ways we work to better support the health and wellbeing of our junior medical workforce and provide greater assistance to our junior doctors when burnout and other mental health issues do arise.

This plan is based on the academic literature and advice from a number of experts in the field, including specialists in suicide prevention, mental health and medical training and education. Most importantly it is based on feedback from JMO's themselves. Much of this feedback was gained at a half day forum that brought together over 150 stakeholders, including a large number of junior doctors, to discuss the issues that are affecting junior doctors' health and wellbeing and potential solutions.

The plan builds on the *NSW Health Respectful Culture in Medicine* initiative, under which several programs and services have been established to support trainee doctors, as well as a variety of other existing services.

The plan is focused on 10 practical initiatives that can be implemented over the next 12-18 months. The Ministry will also continue to liaise with other bodies involved in JMO health and wellbeing to meet the objectives of this plan, including medical colleges, universities and health advisory services. The plan will contribute towards continued efforts to improve the medical culture over the longer term.

The outcomes we hope to achieve by delivering this plan are:

- **Patients and Carers -** Enhanced patient safety and improved patient and carer experience
- **Junior Doctors -** Reduced fatigue, improved health and wellbeing, reduced stigma to seeking help, reduced rates of stress / psychological distress / burnout / depression / other mental health issues, increased job satisfaction
- **Managers and Executive -** Improved supervisory relationships, improved staff/ team satisfaction and morale
- **Health Agencies -** Improved staff/team satisfaction and morale, reduced absence and staff turnover, reduced bullying and harassment complaints
- **Health System -** Improved medical culture, increased organisational productivity and efficiency

The lessons learnt will be used to inform future approaches to developing appropriate wellbeing and support measures for other health professional groups.

PRIORITY INITIATIVES FOR THE NEXT 12-18 MONTHS

1. Mandatory reporting changes

Action amendments to the mandatory reporting legislation to exempt treating practitioners from the mandatory reporting notification requirements in cases of impairment. Mandatory reporting is currently seen as a barrier to staff seeking treatment when they are experiencing mental health issues as they are concerned that the treating practitioner will report them to the NSW Medical Council under the mandatory reporting legislation, and the subsequent impact this may have on their career prospects.
Lead: Ministry of Health

2. Rostering review and safe hours policies and practices

Conduct a review of JMO rostering practices to identify unsafe working hours and develop new evidence based safe working hour policies and practices. An investigation into unclaimed unpaid hours will also be undertaken to determine the full hours staff are actually working.

As hours worked leading to fatigue has been highlighted as one of the biggest issues affecting doctors' wellbeing, two new safe working hours standards will be implemented from the start of the 2018 Clinical Year:

- **Maximum rostered hours:** Employees must not be rostered for shift periods totalling more than 14 consecutive hours (inclusive of meal breaks and handover).
- **Break after rostered shift periods:** Rosters must be arranged so that there is a break after rostered shift periods of at least 10 hours.

Additional safe working hours policies and practices will be introduced once the rostering review is complete. The Ministry will work with Health Agencies and Medical Colleges on the changes to work practices, rosters, training expectations and staff resourcing that will be required to support the implementation of these new policies.

The implementation of the new rostering system, HealthRoster, will further support the introduction of these and enable ongoing monitoring.
Lead: Ministry of Health

3. NSW Health JMO 'Your Training and Wellbeing Matters' Survey

Implement an annual NSW Health Junior Medical Officer (JMO) Training Survey to give all junior doctors the opportunity to provide confidential feedback on their workplace and training strengths, concerns and challenges. The objectives of the survey are to gain feedback on:

- The quality of supervision, education and training provided to JMOs
- JMO welfare and wellbeing
- The impact of initiatives implemented to improve JMO wellbeing
- Career intentions

The survey will provide greater data to help inform future policy improvement and inform collaboration between all stakeholders involved in medical education and training.

An assessment will be made to see if the National Training Survey (NTS) of Doctors in Training, due to be developed by the Medical Board of Australia (MBA) over the next two years, can provide NSW Health with the level of information required in the future.
Lead: Ministry of Health

4. JMO Recruitment Governance Unit

Establish a new JMO Recruitment Governance Unit within the Ministry of Health. This will assist Health Agencies with the JMO annual recruitment campaign, as well as work to improve other recruitment practices such as those described in Initiatives 5-7 below. The Unit is being established as a result of the JMO Recruitment Strategy review, which highlighted the unique characteristics of the annual bulk recruitment campaign including high volumes of positions and applicants, tight timeframes and multiple internal and external stakeholders.
Lead: Ministry of Health

5. Recruitment and interview processes

Develop strategies to ensure that recruitment is carried out in a fair and transparent manner and that discriminatory questions and practices are eradicated from JMO recruitment processes.
Lead: Ministry of Health and Medical Colleges

6. Expansion of length of training contracts

Pursue length of training contracts for as many training programs as possible. This would provide one employment contract for the entire length of a training program, rather than JMOs having to reapply for a position every year. The Ministry of Health supports length of training contracts for all specialty training programs.
Lead: Ministry of Health, Medical Colleges and Health Agencies

7. Parental leave policies

Develop specific policies regarding the treatment of maternity and paternity leave to help reduce discrimination in training programs, address factors making it difficult to take maternity leave such as short term contracts, ensure equity in approach around paternity leave and provide supportive return to work practices.
Lead: Ministry of Health

8. Blackdog Institute partnership

Partner with the Blackdog Institute to pilot prevention, intervention and postvention initiatives in NSW Health among the medical workforce, including potential development of a smartphone app to support JMO mental health and wellbeing. The app will be further scoped in conjunction with JMOs, and will look to provide a number of integrated services such as links to established services, mental health education and screening, training in stress reduction and suicide prevention training. Pilot programs will be evaluated for roll out more widely throughout NSW Health in the longer term.
Lead: Ministry of Health, selected Health Agency pilot sites

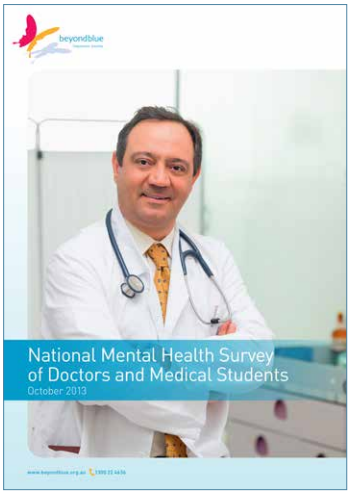
9. Development of local support programs

Work with HETI and Health Agencies to develop mentoring and peer support schemes and training modules in areas such as giving constructive feedback, being an effective supervisor, conducting debriefing sessions and managing personal wellbeing. A number of existing programs will also be reviewed to determine their application in a variety of settings.
Lead: Ministry of Health, HETI and Health Agencies

10. Communications and education campaign

Conduct a communications and education campaign to increase the awareness and utilisation of existing support services and programs. Current evidence indicates that junior doctors are not aware of the range of programs available to assist them, such as the Doctors Health Advisory Service, the JMO Support Line, the Medical Benevolent Association of NSW and Employee Assistance Programs.
Lead: Ministry of Health and Health Agencies

2. INTRODUCTION

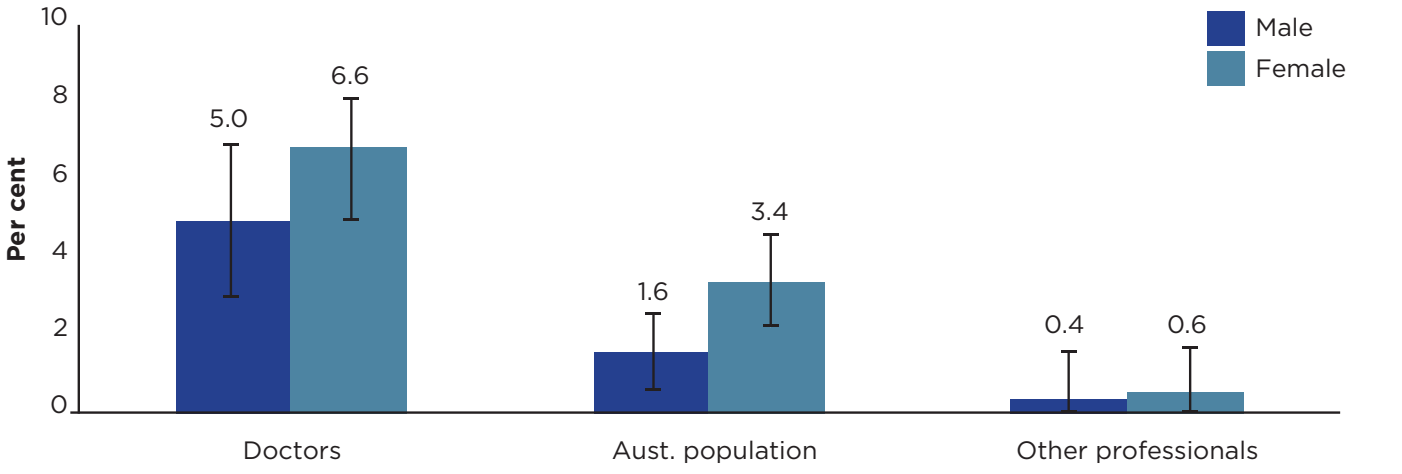


The issue of doctors' mental health has been an ongoing concern within the medical profession and community. In 2013, a national survey of Australian medical students and doctors was conducted by beyondblue and its key partners in order to get Australian specific data on the mental health of medical students and doctors. The key finding, that doctors reported substantially higher rates of psychological distress and attempted suicide compared to both the Australian population and other Australian professionals, resulted in the health and wellbeing of doctors being an increasing area of focus for employers and the medical colleges.

The impacts are felt not just by doctors themselves, but others, with studies linking burnout to an increase in unprofessional behaviour, lower patient satisfaction and increases in major medical errors. There is also a cost to the health care system, with untreated mental health conditions often leading to absenteeism and reduced productivity.

Whilst a number of new support mechanisms have been implemented over the last few years to assist the medical workforce, calls for wide-scale system and cultural change were amplified after a number of junior doctors took their own lives in NSW. This push for change has occurred not only at the State level but across Australia. This includes a recent Commonwealth $1 million commitment to specifically support mental health and reduce suicide in the health workforce. This is happening as discussion around mental health is moving into the mainstream for all areas of society.

Levels of very high psychological distress by gender in doctors, the Australian population and other Australian professionals aged 30 years and below. (Source: beyondblue National Mental Health Survey of Doctors and Medical Students, 2013)



In recognition of this and in order to provide the opportunity for junior doctors to raise their concerns on the issues they felt were impacting their health and wellbeing in the medical training environment, NSW Health organised the *JMO Wellbeing and Support Forum*.

The forum was held on 6 June 2017 with over 150 attendees, including a large number of junior and senior doctors as well as the Minister for Health and the Minister for Mental Health and representatives from the health professional associations (AMA and ASMOF), specialty medical colleges, medical student associations and medical school deans, the Medical Benevolent Association of NSW, local health districts, major support organisations such as the Doctors Health Advisory Service, Lifeline and beyondblue, academic experts and the NSW Ministry of Health.

Key issues raised at the forum included:

- High levels of fatigue resulting from long working hours
- A culture of not claiming unrostered overtime, which also means the actual service demand is unknown
- A lack of cover for when staff are on leave – resulting in staff not wanting to take sick leave, annual leave etc as they are concerned about the workload on their colleagues
- Being away from support networks for long periods of time, such as when doctors are on rural rotations
- Supervisors not being appropriately trained in how to spot mental health issues in their staff or what to do if they do identify an issue
- A lack of mentoring and peer support schemes
- Bullying and harassment by senior staff
- The removal of JMO common rooms, sleeping quarters etc, leading to staff feeling like they are not valued or respected as well as safety implications after working a long shift
- A lack of understanding by staff as to the level of impairment required in order to be reported under the mandatory reporting treating practitioner provisions
- The likely detrimental career impact upon doctors if they do seek help for mental health issues, and a fear of being seen as weak and not able to cope.

Based on the feedback, forum attendees worked together to identify new or additional measures that could be put in place to support the junior medical workforce within NSW Health. This information (report available at www.health.nsw.gov.au/workforce/culture), along with the outputs of the literature review and other consultation activities, has been used to develop the initiatives contained within the JMO Wellbeing and Support Plan.

The objectives of the JMO Wellbeing and Support Plan are to:

1. Improve the ways we work to better support the health and wellbeing of our junior medical workforce.
2. Provide greater assistance to our junior doctors when burnout and other mental health issues do arise.

The plan is focused on practical prevention, intervention and "postvention" initiatives that can be implemented over the next 12-18 months. It outlines a number of priority projects for implementation, as well as ongoing work to further improve the support mechanisms that are available. The plan will contribute towards continued efforts to improve the medical culture over the longer term.

PREVENTION

Prevention activities maintain the health and wellbeing of individuals.

INTERVENTION

Intervention activities support those who are experiencing mental health issues.

POSTVENTION

Postvention activities support those who have experienced a severe crisis event (such as a suicide attempt) and those who have been affected by such an event.

Note: Refer to Glossary for further information on these definitions.

The initiatives in the plan are primarily aimed at the junior medical workforce. However, it is recognised that change cannot be achieved without improvements to the overall culture in medicine, which extends to the way we train our medical workforce. Whilst the health and wellbeing of senior doctors and other health professionals is out of scope of this plan, the findings and lessons learnt will be used to inform future approaches to developing appropriate wellbeing and support measures for these groups.

3. SUMMARY OF THE EVIDENCE

A literature review into the risk factors for poor wellbeing, mental health issues and suicide amongst the junior medical workforce, including prevalence rates, was conducted to inform this plan. A number of potential solutions were also identified as part of the research, including prevention, intervention and postvention initiatives. The results are provided in Appendix A.

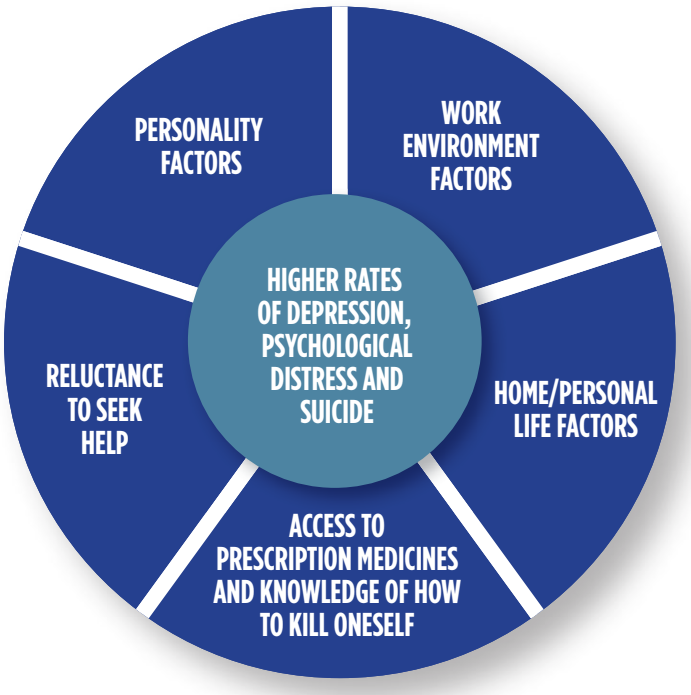
Key findings were that there are a number of causal factors that can lead to higher rates of depression, alcohol and substance abuse. These include: a stressful and demanding work environment with long working hours; exposure to trauma; estrangement from support networks; personality factors such as a high level of perfectionism; and a reluctance to seek help due to the strong social stigma attached to mental health issues in the medical profession.

Doctors are also prone to the same risk factors in their home/personal life as others that may impact on their health and wellbeing, including relationship breakdown, abuse, grief and financial/legal problems. These may be amplified by the demands of being a doctor, such as working long hours.

Studies found the prevalence of depression or depressive symptoms amongst resident physicians to be around 30% (versus the general population rate of 7-8%), and that 85% of doctors reported experiencing mental health issues at some point in their career. Whilst medical students do not appear to start medical school with higher rates of depression than the general population or other undergraduate students, their depression scores rise over time. This continues into the workforce, with an increase in depression symptoms of about 15% within one year of starting residency.

Doctors also have access to prescription medicines and knowledge of how to kill oneself. This results in far higher suicide completion rates than the general population, with self-poisoning using drugs being the most common method.

This multitude of risk factors appears to have resulted in high suicide rates within the medical profession, with male physicians having rates that are 1 to 1.5 times higher than the general population and female physicians 2 to 4 times higher. Approximately 2% of doctors reported that they had attempted suicide, whilst around 10% reported having thoughts of suicide in the previous 12 months.



4. EXISTING INITIATIVES AND SERVICES

In order to provide support to the medical workforce, a number of services are available. These are described in more detail below.

4.1 STATEWIDE

In 2016, NSW Health, in partnership with key medical stakeholder organisations, launched the *Respectful Culture in Medicine* initiative. This provided a number of programs and services to support trainee doctors, including:

- The *Statement of Agreed Principles on a Respectful Culture in Medicine*, which sets out the commitment to achieving a respectful culture in medicine and is endorsed by NSW Health, relevant employee organisations, the specialty medical colleges and others
- Directors of prevocational and clinical training to support junior doctors throughout their medical training
- The confidential JMO support line, developed for JMOs who feel they are being subjected to unacceptable behaviour in the workplace. JMOs who call the support line are connected to a specially trained senior medical practitioner who can provide them with confidential advice and support, and also refer them to a "Performing Under Pressure" training course
- The policy on *Prevention and Management of Unacceptable Workplace Behaviours in NSW Health – JMO Module*. The policy deals with the prevention, reporting and management of unacceptable behaviours in the junior medical workforce. It includes a requirement for every local health district and specialty network to have a dedicated officer to deal with complaints from JMOs regarding bullying and harassment.

Work will continue on the roll out of these initiatives to help reduce the incidence of bullying and harassment in the NSW Health medical workforce.

STATEMENT OF AGREED PRINCIPLES
ON A RESPECTFUL CULTURE IN MEDICINE

OUR ORGANISATIONS:

A. Are committed to creating a respectful culture in the practice of medicine, fostering a profession that reflects the diversity of our community, and promoting a culturally safe workplace for Indigenous Australians;

B. Agree that places of work, training and education are places where all participants should be treated with dignity and respect, and be free from unacceptable behaviour, including bullying, discrimination, harassment and racism;

C. Recognise that past practices and behaviours have not always met the high standards required to provide a safe, inclusive and respectful environment; and

D. Recognise that each party has a different, but valuable role to play in achieving this goal, as employer, educator, trainer, professional association or member organisation.

OUR ORGANISATIONS AGREE TO:

1. Take active steps to build and promote respect, equity, diversity, fairness and cultural safety within our organisation and in our dealings with students, trainees, supervisors, practitioners, employees, contractors, members and each other.
2. Implement policies that promote diversity and respectful behaviours and clearly describe what is unacceptable and unlawful behaviour.
3. Provide support, education and training to students, trainees, supervisors, practitioners, employees, contractors and members to prevent and eliminate unacceptable behaviours.
4. Ensure complaints about unacceptable or unlawful behaviour or other breaches of policy are dealt with quickly, fairly and transparently. Protect complainants from unwarranted retaliation or victimisation, and ensure that prompt and appropriate action, including sanctions, is taken where breaches are proven.
5. Actively cooperate on policies and initiatives designed to promote diversity and respectful behaviour and discourage unacceptable behaviour.
6. Ensure our leaders model appropriate behaviour and actively promote a respectful culture.
7. Demonstrate transparency and accountability in the organisation's progress towards a respectful culture by means such as feedback, reporting, research, publications and surveys.
8. Review the outcomes of policies, actions and other initiatives at regular intervals in order to assess and improve their effectiveness.

ENDORSED BY:

4.2 HEALTH AGENCIES

Every health agency offers a free telephone counselling service via their Employee Assistance Program (EAP). Local health districts and networks also provide a variety of programs to their junior medical staff. Examples include: providing mentoring peer support networks; establishing JMO Committees for JMOs to raise any issues requiring support; offering wellness activities such as yoga, relaxation and mindfulness workshops; dedicated exam preparation sessions and workshops; use of the Vanderbilt system to encourage anonymous reporting and peer management of unacceptable behaviour; and a dedicated 'RUOK' day.

4.3 MEDICAL COLLEGES

Support varies by College. Examples include:

- Various guides, resources, podcasts and videos on managing stress and anxiety
- Online courses (with the ability to claim CPD points) in areas such as mindfulness and stress reduction
- Campaigns to encourage trainees and physicians to establish and maintain regular contact with a general practitioner
- The Royal Australasian College of Physicians (RACP) Support Program - a professional and confidential counselling service, available to all RACP Fellows and trainees, 24 hours, seven days per week. The program provides members with access to confidential counselling, coaching and support for workplace and personal issues.
- The Royal Australian College of Surgeons (RACS) Action Plan to address discrimination, bullying and sexual harassment in the practice of surgery. The Action Plan will bring significant but necessary changes to the culture of the health workplace and surgical training and focuses on cultural change and leadership, surgical education and complaints management.
- The Royal Australian College of General Practitioners (RACGP) Self-Care Guidebook for Medical Practitioners - provides information and resources on strategies for self-care as an essential element of professional life.
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP) use of debriefing sessions after emotionally draining experiences.

A number of Colleges have also begun providing length of training contracts, which provides greater job security for JMOs and helps ease their stress.

4.4 UNIVERSITIES

Support varies by university but examples include having access to a Faculty of Medicine Student Wellbeing Advisor and providing education sessions on self-care and burnout as part of a medicine degree.

4.5 OTHER ORGANISATIONS AND CHARITIES

Support is available through:

- The Doctors Health Advisory Service – a confidential 24 hour referral and advice and support service for medical practitioners experiencing problems with their health
- The Medical Benevolent Association of NSW - an independent, charitable organisation that provides counselling and financial assistance during crises, illness, impairment and grief, to support medical practitioners in NSW and ACT, their families and others
- Other mental health charity organisations including beyondblue, Lifeline and the Blackdog Institute. Resources include telephone support lines, self-assessment tools and access to mental health information.

In addition, the *#CrazySocks4Docs* day, a social media campaign, runs on 1st of June each year. On this day, doctors and other health professionals are encouraged to wear silly or odd socks to help start a conversation and raise awareness of physical and mental health issues among health professionals.

4.6 THE HEALTH PROGRAM

The Impaired Registrants Program (referred to as the Health Program) was established under the law to enable the Medical Council of NSW to deal with impaired doctors and medical students in a constructive and non-disciplinary manner. The Council aims to ensure practitioners are fit to practice, and the Health Program is designed to protect the public while maintaining impaired doctors in practice when it is safe to do so.

The Program is notification based, and manages registrants (doctors and medical students) experiencing psychiatric illness, problems with the abuse of alcohol or the self-administration of addictive drugs, and occasionally, physical illness. It should be noted illness does not necessarily equate to impairment.

The Health Program is independent of the impaired practitioner's or student's health care team. The Program involves regular review by independent Council-appointed practitioners and ongoing review and monitoring by the Council. Since 1992, more than 350 impaired practitioners have participated in the Program and approximately 220 practitioners have exited, having consolidated their recovery and fulfilled the Council's monitoring requirements.

5. INITIATIVES

5.1 OVERVIEW

Achieving change requires joint solutions to be developed by all stakeholders involved in training and supporting junior doctors, including NSW Health as the employer of junior doctors, medical colleges running specialty training programs, as well as organisations funded to support doctors and junior doctors themselves.

Whilst 10 initiatives have been identified for immediate action based on the consultation that has occurred to date, a number of other initiatives will be pursued subject to further investigation by the lead agency. The emphasis is on implementing initiatives that are evidence based.

Changing culture is a slow process which takes several years. The JMO Wellbeing and Support Plan is therefore not the end of the journey, but rather part of an ongoing effort to improve the medical culture over the longer term.

5.2 PRIORITY INITIATIVES FOR THE NEXT 12-18 MONTHS

NO	INITIATIVE	DESCRIPTION	AIM	LEAD ORGANISATION
1.	**Mandatory reporting changes**	Action amendments to the mandatory reporting legislation to exempt treating practitioners from the mandatory reporting notification requirements in cases of impairment. Mandatory reporting is currently seen as a barrier to staff seeking treatment when they are experiencing mental health issues as they are concerned that the treating practitioner will report them to the NSW Medical Council under the mandatory reporting legislation, and the subsequent impact this may have on their career prospects.	To remove a barrier to seeking help.	Ministry of Health
2.	**Rostering review and safe hours policies and practices**	Conduct a review of JMO rostering practices to identify unsafe working hours and develop new evidence based safe working hour policies and practices. An investigation into unclaimed unpaid hours will also be undertaken to determine the full hours staff are actually working. As hours worked leading to fatigue has been highlighted as one of the biggest issues affecting doctors' wellbeing, two new safe working hours standards will be implemented from the start of the 2018 Clinical Year: • **Maximum rostered hours:** Employees must not be rostered for shift periods totalling more than 14 consecutive hours (inclusive of meal breaks and handover). • **Break after rostered shift periods:** Rosters must be arranged so that there is a break after rostered shift periods of at least 10 hours. Additional safe working hours policies and practices will be introduced once the rostering review is complete. The Ministry will work with Health Agencies and Medical Colleges on the changes to work practices, rosters, training expectations and staff resourcing that will be required to support the implementation of these new policies. The implementation of the new rostering system, HealthRoster, will further support the introduction of these and enable ongoing monitoring.	To reduce fatigue. Initial safe working hours standards to be introduced from the 2018 clinical year	Ministry of Health

NO	INITIATIVE	DESCRIPTION	AIM	LEAD ORGANISATION
3.	**NSW Health JMO 'Your Training and Wellbeing Matters' Survey**	Implement an annual NSW Health Junior Medical Officer (JMO) Training Survey to give all junior doctors the opportunity to provide confidential feedback on their workplace and training strengths, concerns and challenges. The objectives of the survey are to gain feedback on: • The quality of supervision, education and training provided to JMOs • JMO welfare and wellbeing • The impact of initiatives implemented to improve JMO wellbeing • Career intentions The survey will provide greater data to help inform future policy improvement and inform collaboration between all stakeholders involved in medical education and training. An assessment will be made to see if the National Training Survey (NTS) of Doctors in Training, due to be developed by the Medical Board of Australia (MBA) over the next two years, can provide NSW Health with the level of information required in the future.	To monitor the quality of supervision and medical training, and JMO welfare. Survey to be launched in November 2017	Ministry of Health
4.	**JMO Recruitment Governance Unit**	Establish a new JMO Recruitment Governance Unit within the Ministry of Health. This will assist Health Agencies with the JMO annual recruitment campaign, as well as work to improve other recruitment practices such as those described in Initiatives 5-7 below. The Unit is being established as a result of the JMO Recruitment Strategy review, which highlighted the unique characteristics of the annual bulk recruitment campaign including high volumes of positions and applicants, tight timeframes and multiple internal and external stakeholders.	To improve JMO recruitment processes and practices. Unit to be established by October 2017	Ministry of Health
5.	**Recruitment and interview processes**	Develop strategies to ensure that recruitment is carried out in a fair and transparent manner and that discriminatory questions and practices are eradicated from JMO recruitment processes.	To improve transparency, reduce stress and reduce discrimination among JMOs during recruitment.	Ministry of Health and Medical Colleges
6.	**Expansion of length of training contracts**	Pursue length of training contracts for as many training programs as possible. This would provide one employment contract for the entire length of a training program, rather than JMOs having to reapply for a position every year. The Ministry of Health supports length of training contracts for all specialty training programs.	To improve job security and reduce stress among JMOs, as well as reduce workload for the employer and the doctor.	Ministry of Health, Medical Colleges and Health Agencies

NO	INITIATIVE	DESCRIPTION	AIM	LEAD ORGANISATION
7.	**Parental leave policies**	Develop specific policies regarding the treatment of maternity and paternity leave to help reduce discrimination in training programs, address factors making it difficult to take maternity leave such as short term contracts, ensure equity in approach around paternity leave and provide supportive return to work practices.	To improve job security, reduce stress and reduce discrimination among JMOs. Policies to be developed by November 2018	Ministry of Health
8.	**Blackdog Institute partnership**	Partner with the Blackdog Institute to pilot prevention, intervention and postvention initiatives in NSW Health among the medical workforce, including potential development of a smartphone app to support JMO mental health and wellbeing. The app will be further scoped in conjunction with JMOs, and will look to provide a number of integrated services such as links to established services, mental health education and screening, training in stress reduction and suicide prevention training. Pilot programs will be evaluated for roll out more widely throughout NSW Health in the longer term.	To help prevent the onset and severity of anxiety, depression and suicidal behaviour among the medical workforce. Pilot to occur in early 2019	Ministry of Health, selected Health Agency pilot sites
9.	**Development of local support programs**	Work with HETI and Health Agencies to develop mentoring and peer support schemes and training modules in areas such as giving constructive feedback, being an effective supervisor, conducting debriefing sessions and managing personal wellbeing. A number of existing programs will also be reviewed to determine their application in a variety of settings.	To provide junior doctors with the information and skills they need to support their own health and wellbeing and that of their colleagues, and to enable effective supervisory relationships.	Ministry of Health, HETI and Health Agencies
10.	**Communications and education campaign**	Conduct a communications and education campaign to increase the awareness and utilisation of existing support services and programs. Current evidence indicates that junior doctors are not aware of the range of programs available to assist them, such as the Doctors Health Advisory Service, the JMO Support Line, the Medical Benevolent Association of NSW and Employee Assistance Programs.	To increase awareness and take up of existing support programs.	Ministry of Health and Health Agencies

5.3 INITIATIVES REQUIRING FURTHER INVESTIGATION AND/OR ACTION BY OTHER BODIES

Building on the feedback provided at the JMO Wellbeing and Support Forum and subject to consultation and agreement with other agencies, a number of additional initiatives will be investigated for implementation. This includes working with the profession to investigate further reducing the maximum rostered shift period to a target of 12 hours in the next three years. The Ministry of Health will continue to liaise with all of the organisations involved in improving the health and wellbeing of the junior medical workforce, including medical colleges, universities and health advisory services, to achieve the objectives of this plan.

6. OUTCOMES

Whilst each initiative outlined in Section 5 has its own aim and addresses a different part of the cycle of prevention, intervention and postvention, collectively the initiatives will assist in delivering the ultimate objectives of the JMO Wellbeing and Support Plan, which are to:

1. Improve the ways we work to better support the health and wellbeing of our junior medical workforce

2. Provide greater assistance to our junior doctors when burnout and other mental health issues do arise.

The outcomes we hope to achieve by delivering this plan are:

PATIENTS AND CARERS

Enhanced patient safety and improved patient and carer experience

JUNIOR DOCTORS

Reduced fatigue, improved health and wellbeing, reduced stigma to seeking help, reduced rates of stress / psychological distress / burnout / depression / other mental health issues, increased job satisfaction

MANAGERS AND EXECUTIVE

Improved supervisory relationships, improved staff/team satisfaction and morale

HEALTH AGENCIES

Improved staff/team satisfaction and morale, reduced absence and staff turnover, reduced bullying and harassment complaints

HEALTH SYSTEM

Improved medical culture, increased organisational productivity and efficiency

Questions will be designed within the NSW Health JMO Training Survey to assess how NSW Health is tracking against these outcomes.

An 18 month review of the plan will be conducted by the Ministry of Health to:

- Review progress made
- Determine if the objectives and outcomes are being met
- Make recommendations for any new initiatives that should be implemented at a statewide level based on the evidence collected to date.

APPENDIX A: LITERATURE REVIEW SUMMARY

RISK FACTORS

THESE CAUSAL FACTORS...

Work environment/experience

- stressful and demanding (1, 4, 16, 23, 33)
- long working hours, sleep deprivation (1, 4, 33)
- working in under-resourced teams and/or high staff turnover (21)
- competing work and personal demands (1, 4, 33)
- estrangement from support networks (1)
- fear of making mistakes (1, 33)
- exposure to trauma/death (1, 33)
- delayed gratification (31)
- harassment and bullying by peers (1, 16)
- constant relocation (1)
- burnout (4, 17, 39)
- litigation related stress (1)
- high stakes examinations and competitive nature of workplace

Personality factors

- personality factors associated with clinical predictors of doctor suicide and burnout include: self-destructive tendency, depression, guilty self concept, perfectionism, low self esteem, feelings of inadequacy, excessive worry, social anxiety and withdrawal from others (31)
- May have excessive self-reliance, high expectations of self, non-disclosure of personal distress (44)

Home/Personal Life

- Similar to general population, suicide rates have been found to be higher among physicians who are divorced, widowed, or never married (31)
- issues with the 'medical marriage' and other relationship problems e.g. working long hours, being on call (1, 14, 20, 31)
- may be experiencing financial difficulties (14)
- female professionals may still feel pressure to undertake child care and household roles, leading to considerable gender role stress (31, 33)
- difficult to socialise/make meaningful relationships due to time spent at work/ studying during training (31)
- other standard risk factors as per general population e.g. relationship break-ups; family problems; sexual, physical or emotional abuse; major loss and grief such as a death of a friend/ family member; unemployment; feeling like they don't belong anywhere; financial or legal problems; any problem that they can't see a solution for (28)

Noting that health professionals are healthier and live longer than the general population and so poor health is not a likely causal factor. (33)

COMBINED WITH...

Reluctance to seek help

- strong social stigma attached to seeking help/ mental health issues which seems to be magnified within medical profession (1, 14, 16, 17, 49)
- concerned about impact on medical license and follow up consequences e.g. licensure restrictions (1, 9, 15)
- may face future discrimination in getting income protection insurance, which affects ability to undertake private practice when a SMO (1)
- as doctors, don't want to appear weak/ unhealthy (1, 31)
- most physicians self-treat (1, 4)
- if do seek help are often subjected to the 'VIP effect' and receive inadequate treatment (1, 9, 31)

MAY LEAD TO...

Depression, alcohol and substance abuse

- most common psychiatric diagnoses among physicians who die by suicide are affective disorders (e.g. depression and bipolar disease), alcoholism and substance abuse (1, 16, 20, 31, 41)
- depression is at least as common in the medical profession as in the general population, and even more common in medical students and residents (1, 31)
- doctors found to be at increased risk of burnout resulting in increased rates of physical illness, depression and substance abuse (17, 41)
- yet doctors less likely to have anti-depressants in system when died and less likely to have been admitted to hospital or seen GP prior to death (9, 16, 20)

Noting not all doctors who take their own lives have a mental health issue

AND ASSISTED BY...

Access to prescription medicines and knowledge of how to kill oneself

- doctors have greater knowledge of and better access to lethal means, resulting in far higher suicide completion rate than general population (1, 14, 34)
- self poisoning with drugs most common method used by doctors who died by suicide (16, 19, 23)
- self poisoning with drugs more common in doctors than in general population (19, 23, 33)

RATES

HAS RESULTED IN:

- Higher doctor suicide rates than the general population (1, 4, 12, 18, 33, 46)
- 1 to 1.5 times higher for male physicians
- 2 to 4 times higher for female physicians

Thoughts of suicide are significantly higher in doctors compared to the general population and other professionals (24.8% vs. 13.3% vs 12.8%). (4)

Approximately 2% of doctors reported that they had attempted suicide. (4)

The mean age for suicide amongst Australian medical practitioners is 44.7 years. Women tend to suicide at a younger age than men.(33)

Suicide is the leading cause of death for young people (3).Suicide was found in one study to be the leading cause of death for young doctors.(31)

The level of very high psychological distress was significantly greater in doctors in comparison to the general population and other professionals (3.4% vs. 2.6% vs. 0.7%). In particular, the levels of very high psychological distress in doctors aged 30 years and below is significantly higher than individuals aged 30 years and under in the Australian population and other professionals (5.9% vs. 2.5% vs. 0.5%). Female doctors also reported higher rates of psychological distress than males. (4)

Prevalence of depression or depressive symptoms among resident physicians is 28.8% (29) and 27.2% among medical students (40)

85% of doctors reported experiencing mental health issues at some point in their career. Respondents cited heavy workload (75%) and long working hours (70%) as the main drivers behind mental health issues they had experienced. (32)

Students' rates of depression when they enter medical school are similar to those of the general population, but students' depression scores rise over time. (7). Another study found an increase of about 15% in symptoms within a year of the start of residency. (38)

Noting that suicide rates are going up nationally, and that JMOs at age when most likely to be first diagnosed with a mental disorder (Lifeline advice).

STRATEGIES SUPPORTED BY THE LITERATURE

WHAT CAN BE DONE?

PREVENTION

Address work environment stressors

- reduce excessive work hours (4)
- increase available resources (4)
- look at other rostering initiatives, including better demand management as part of budget/FTE forecasting
- roll out anti-bullying/harassment cultural initiatives
- peer mentoring and feedback schemes (10, 42, 43)
- look to see what extra support can be provided at key transition/high stress points (4)

Address training environment stressors

- review structure of training for medical students and JMOs
- provide career advice for those who don't want to become JMOs upon completion of medical degree

Provide wellbeing/self care/early treatment support programs

- promote the importance of wellbeing and self-awareness (4, 25, 39, 47) e.g. mindfulness, relaxation techniques (see Sydney LHD BPT-OK scheme)
- provide resilience training (4, 39)
- encourage healthy lifestyles e.g. eating well, exercising, getting enough sleep (31)
- roll out education campaigns that discuss depression, alcohol and drug abuse, relationship management, burnout and suicide, with aim to prevent stigmatisation and encourage help seeking (1, 4, 12, 14, 24, 31, 36)
- provide anonymous, confidential mental health screening tools using online software (36)
- provide contact details of support organisations/ helplines ands other mental health resources (36)

Provide targeted support to high risk groups

- for younger doctors, women and indigenous doctors e.g. specific mental health services, strengthened mentorship schemes, training to maintain mental wellbeing and stress management (4)

Restrict self-prescribing practices (12)

Promote doctors getting their own GP (48) /list of 'JMO' friendly GPs

Review Income Protection Insurance models

INTERVENTION

Provide access to mental health resources

- provide easy access confidential counselling services and standard mental health support e.g. CBT (12, 36, 37)
- peer support program (35)
- potentially using physicians with lived experience of mental health conditions (26, 37, 45)
- psychologist or similar to respond to individuals with assessment findings where their screening questionnaire meant they fit the profile of having mental health issues/high suicide risk (36)
- provide online website with access to variety of mental health resources, including list of selected faculty members and other therapists who can provide confidential medical advice (36)
- use of Physician Health Programs similar to US model which includes 30-90 day treatment programs which if met do not get reported to Licensing Board - but ensuring appropriate standards and avenues in place for appealing decisions (6, 7, 8, 27)
- use of the NSW Medical Council Health Program to support impaired individuals' recovery and return to work (30)

Train staff in what signs to look for

- teach medical students and practising doctors (in particular supervisors) how to recognise the signs of suicide risk in self and others and how to sensitively approach a struggling colleague (12, 14)

Make staff aware of their rights

- promote and implement effective clinical and professional practices for assessing and treating medical students, residents and practicing doctors identified as being at risk for suicidal behaviours (12)
- ensure doctors are aware of their rights, privileges and obligations regarding disclosure of a psychiatric diagnosis and treatment (14)

Reduce access to prescription medicines

- reduce access to lethal means of suicide (prescription medicines) amongst those with identified suicide risk (12)

POSTVENTION

Provide support to impacted parties

- provide care and support to families, colleagues and patients affected by doctor suicide deaths (12)

Provide support to those with severe illness/attempted suicide

- provide follow up support (those who previously attempted suicide are then at highest risk of dying by suicide in the future)
- develop return to work plans (where feasible/ desired) tailored to the individual and their particular circumstances with structured, phased re-entry (22, 48)

Review mandatory reporting requirements

- provide greater clarity around what an 'impairment' is (27)
- review legislation around treating doctor exemption from mandatory obligation to report notifiable conduct (Western Australia model) (2, 15)

'Systems' approach to suicide prevention

- integrated, multifaceted and multilevel systems approach, using individual to population-level evidence based strategies, to improve coordination and integration of existing services (5, 13, 37).

Improved data and information

- Medical Training Survey to monitor and improve education and training (11)
- commitment to evaluation of services (5, 37)

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APPENDIX B: CONSULTATION FOR THE JMO WELLBEING AND SUPPORT PLAN

The Ministry of Health has undertaken a variety of consultation activities to inform the development of the plan. The contributions of several individuals who have corresponded and met with the Minister and the Ministry are noted, as are the following organisations which contributed, either through specific input or at the JMO Forum on 6 June 2017.

Agency for Clinical Innovation (ACI)

AMA/ASMOF Alliance NSW Doctors in Training Committee

Australasian College for Emergency Medicine (ACEM)

Australasian College of Dermatologists

Australia & New Zealand College of Anaesthetists (ANZCA)

Australian College of Rural and Remote Medicine

Australian Medical Association (AMA)

Australian Medical Students' Association (AMSA)

Australian Salaried Medical Officers Federation (ASMOF)

Australian Society of Anaesthetists

Avant Medical Group

beyondblue

Blackdog Institute/Centre of Research Excellence in Suicide Prevention

Clinical Excellence Commission (CEC)

College of Intensive Care Medicine of Australia & New Zealand

Commonwealth Department of Health

Council of Presidents of Medical Colleges (CPMC)

Doctors' Health Advisory Service

Health Care Complaints Commission

Health Education and Training Institute (HETI)

Health Professionals Councils Authority

HETI JMO forum

Lifeline

MDA National Insurance

Medical Benevolent Association of NSW

Medical Board of Australia

Medical Council of NSW

Medical Deans Australia & New Zealand

MIGA Insurers

National Mental Health Commission

NSW Local Health Districts and specialty networks

NSW Medical Students' Council

NSW Mental Health Commission

NSW Police

Public Health Association Australia

Royal Australasian College of General Practitioners (RACGP)

Royal Australasian College of Medical Administrators

Royal Australasian College of Physicians (RACP)

Royal Australasian College of Surgeons (RACS)

Royal Australian & New Zealand College of Psychiatrists (RANZCP)

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian and New Zealand College of Ophthalmologists

Royal Australian and New Zealand College of Radiologists

Royal College of Pathologists of Australasia

SANE

University of New South Wales

APPENDIX C: RESOURCES

Helplines

- JMO Support Line –
  1300 JMO 321 or 1300 566 321
- Doctors Health Advisory Service
  (NSW and ACT) – 02 9437 6552
- Employee Assistance Program – refer to relevant LHD intranet site for details
- College Helplines –
  refer to relevant medical college website

National 24/7 Crisis Services

- Lifeline 13 11 14
- Suicide Call Back Service 1300 659 467
- beyondblue 1300 22 4636

Support

- beyondblue support service phone
  1300 22 4636 or email or chat online at
  www.beyondblue.org.au
- Lifeline www.lifeline.org.au/Get-Help/
- Suicide Call Back Service
  www.suicidecallbackservice.org.au
- SANE Australia Helpline 1800 18 SANE (7263)
  www.sane.org
- Aboriginal and Torres Strait Islander peoples - Social and Emotional Wellbeing and Mental Health Services
  www.sewbmh.org.au
- Culturally and linguistically diverse background - Mental Health in Multicultural Australia
  www.mhima.org.au
- LGBTI, other sexuality, sex and gender diverse people - MindOUT!
  www.lgbthealth.org.au/mindout

Websites

- Doctors Health Advisory Service
  www.dhas.org.au
- JMO Health – are you ok?
  www.jmohealth.org.au
- Medical Benevolent Association of NSW
  www.mbansw.org.au
- Beyond Blue Doctors Mental Health Program
  www.beyondblue.org.au/about-us/about-our-work/workplace-mental-health/about-the-doctors-mental-health-program
- Map my Health Career (NSW Health)
  www.mapmycareer.health.nsw.gov.au
- AMA Doctors Health and Wellbeing
  www.ama.com.au/resources/doctors-health

GLOSSARY

AMA	Australian Medical Association
ASMOF	Australian Salaried Medical Officers Federation
BPT	Basic Physician Trainee
COAG	Council of Australian Governments
CPD	Continuing professional development
DHAS	Doctors' Health Advisory Service
DiT	Doctors in Training
EAP	Employee Assistance Program
HETI	Health Education and Training Institute
JMO	Junior Medical Officer. In the context of this Plan, a JMO include Interns, Residents (PGY1, 2), Registrars, Senior Registrars and Career Medical Officers (CMOs)
LHD	Local Health District
RACGP	Royal Australasian College of General Practitioners
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCP	Royal Australian & New Zealand College of Psychiatrists

The following definitions were based on information provided by leading mental health and suicide prevention support organisations:

Prevention	Prevention activities maintain the health and wellbeing of individuals.
Intervention	Intervention activities support those who are experiencing mental health issues.
Postvention	Postvention activities support those who have experienced a severe crisis event (such as a suicide attempt) and those who have been affected by such an event.

SHPN (WPD) 170471