Strategy for Doctors' Health and Wellbeing

2018 - 2021

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Acknowledgement Intellectual Property

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GLOSSARY OF TERMS

Accountability: Staff have a defined responsibility within an organisation and are accountable for that role. Accountability describes the mechanism by which progress and success is recognised, remedial action is initiated or whereby sanctions (warnings, suspension, deregistration, etc) are imposed.

Assessed need: The systematic identification of the needs of a worker, group, or population to determine the appropriate level of care or services required.

Authority: An attribute associated with your role and linked to the responsibilities you were given. Authority is the power given to you to carry out your responsibilities.

Benchmarking: A system whereby health care assessment undertakes to measure its performance against "best practice".

Capacity planning: The process of determining capacity needed by an organisation to meet changing demands for its' product /service.

Confidentiality: The right of individuals to keep information about themselves from being disclosed.

Culture: The shared attitudes, beliefs and values that define a worker or groups of and shape and influence perceptions and behaviours.

Demand: The expectation of consumers, clients, community for a particular commodity, service or other item.

Dignity: The right to be treated with respect, courtesy and consideration.

Efficient: The use of resources to achieve best results with minimal waste.

Employment: A relationship between two parties, usually based on a contract where work is paid for and where one party is the employer and the other is the worker.

Healthy: The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Needs Assessment: A needs assessment is part of planning processes, often used for improvement in individuals, education/training, organizations, or communities

Self-reporting: A method of gathering data about people by asking them questions about a sample of their behaviour.

Policy: A written operational statement of intent which helps occupational health service providers make appropriate decisions and take actions, consistent with the aims of the occupational health service and in the best interest of the worker.

Wellbeing: A bio-psychosocial aspect of health and happiness and relates to our physical, social and mental state. In plain terms, wellbeing can be described as judging life positively and feeling good

MESSAGE FROM **THE DIRECTOR-GENERAL**

The health and wellbeing of doctors working in the Irish public health service is key to supporting the quality and safety of patient care. The healthcare system's greatest asset is the people who deliver it. Without those people – doctors, nurses, paramedics, porters, administrative staff, managers, assistants, therapists and many others – there would be no health service.

Health services must focus on improving the health and wellbeing of its staff, and this strategy is timely and important. The strategy presents standards for medical interns, NCHDs, consultants, senior doctors and retiring doctors. The implementation of this strategy is important in enabling our medical workforce to optimise their work contributions. Evidence shows that happy, well-motivated staff deliver better care and patients have better outcomes.

The delivery of the Strategy for Doctors' Health and Wellbeing 2018-2021 will include all parts of the health service and our partners. It will be the responsibility of each doctor and medical student to be aware of the importance of self-care and early access.

I want to acknowledge Dr. Lynda Sisson, Clinical Lead for Workplace Health and Wellbeing, the Project Chair Mr. Steve Pitman and all project members.

I look forward to achieving an environment that supports our medical students and doctors in looking after their own health and wellbeing, and work-life balance which is critical to the quality of service they provide.

Tony O 'Brien
Director General of the Health Services

MESSAGE FROM
HR NATIONAL DIRECTOR

The Strategy for Doctors Health and Wellbeing 2018 - 2021 is a significant offering to the system as we continue in our collective efforts to implement our People Strategy Leaders in People Services. Our vision is to put people at the heart of everything we do and this Strategy has been developed to address the many issues arising in relation to health and wellbeing of doctors and to ensure we have a clear evidenced based approach to supporting doctors health and wellbeing.

Research highlights that organisations need to focus on the 70:20:10 ratios - focus 70% on people, 20% on processes and 10% on systems. People are the central resource in the health and social care system. They shape the vision, they deliver change and we know that staff who are valued, supported and treated well improve patient care and overall performance. It is intended that by implementing this strategy we will improve performance and help to optimise our Medical workforce. In partnership with you, your representative organisations, professional bodies, Trade Unions and academic partners, I believe we can improve the overall working lives of doctors throughout the system. The key to successful implementation of the Strategy is creating commitment through engagement and involvement. As a health service organisation we have a responsibility to put the health and wellness of our staff at the heart of what we do and strive to do our best every day in meeting the needs of the public.

As a HR Service, we have a responsibility to support, develop and care for our staff so that we can take pride in what we deliver, innovate for our future and adapt to new challenges. We are fully committed to developing an inclusive culture that respects diversity and where service users, communities and all staff are valued as we work to build a better health service.

I would like to thank the team in Workplace Health and Wellbeing for advancing this initiative and it gives me great pleasure to endorse the Strategy for Doctors' Health and Wellbeing 2018-2021.

Rosarii Mannion
National Director of Human Resources, Health Services Executive

FOREWORD

I am delighted to endorse the Doctors' Health and Wellbeing Strategy 2018-2021. This is one of the most important pieces of work to come from the Workplace Health and Wellbeing Unit to date and is the first of a comprehensive programme to set standards in health and wellbeing for all our workers in the Irish healthcare sector . I am privileged to have worked with many of my professional colleagues and with representatives from all our critical stakeholders. Like all groups, this work went through a number of challenging stages- forming and reforming in a genuine effort to strategically manage the well-documented challenges for our doctors.

We have adapted a set of recommended standards that will support and maintain the health and wellbeing of doctors in their various workplaces and throughout their working lives. Previously, strategies and proposals have simply been doctor- oriented; requiring doctors to follow recommendations and cope more effectively with a stressful job and to develop resilience in the face of significant work challenges. These standards focus on the workplace and the relevant stakeholders at each stage of a medical career, clearly outlining the roles and the responsibilities at both an individual and organisational level, and including access to tools and resources to achieve this throughout their working lives.

Our group were clear that these standards should apply from the first day in medical school and specifically address the unique challenges of every stage of a doctor's working life up to and including retirement. We have also endeavoured to address our responsibilities to our international medical graduates, to colleagues who are unwell, to those with family commitments, and to our fellow practitioners who are coming to the end of their professional careers.

The Workplace Health and Wellbeing Unit has the full support of National Human Resources, HSE, and the Office of the Director General in launching these standards, and we acknowledge all of our stakeholders for their significant contribution to this work.

Dr. Lynda Sisson
National Clinical Lead
Workplace Health and Wellbeing

EXECUTIVE SUMMARY

The primary purpose of *The Strategy for Doctors' Health and Wellbeing 2018-2021* is to provide standards to safeguard and improve the health and wellbeing of doctors. The intended audience includes doctors and medical students, employers, medical schools, and training colleges, as well as government and key decision makers.

The Strategy for Doctors' Health and Wellbeing 2018 -2021 is aligned to the Australian Medical Association (AMA) 2011 approach which emphasised the importance of focussing on the promotion of the health and wellbeing of doctors and medical students during their training and professional careers. The AMA states "To deliver high-quality health care to their patients and the community, and to experience medicine as a rewarding and satisfying career, doctors need to be well." (http//.ama.doctors'healthcom.au)

Research demonstrates that doctors with healthy personal lifestyle habits are more likely to impart healthy behaviours to their patients (Lobelo et al. 2009).

The health of a doctor affects themselves, their families, the work that they undertake and the patients they serve. The need for members of the medical profession to maintain their health and wellbeing is vital, but is often overlooked in the desire to provide better care for patients.

The inclusion of 'wellbeing' to this strategy emphasises the importance of health and contentment, and supports the World Health Organisation definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity." (World Health Organisation, Constitution, 1948)

This strategy was developed by an inter-professional project steering group and a comprehensive consultation process was undertaken to ensure communication and engagement.

The standards generated were based on National Institute for Clinical Excellence guidelines published as *Healthy workplaces: improving employee mental and physical health and wellbeing Quality standard*, nice.org.uk/guidance/qs147. © NICE

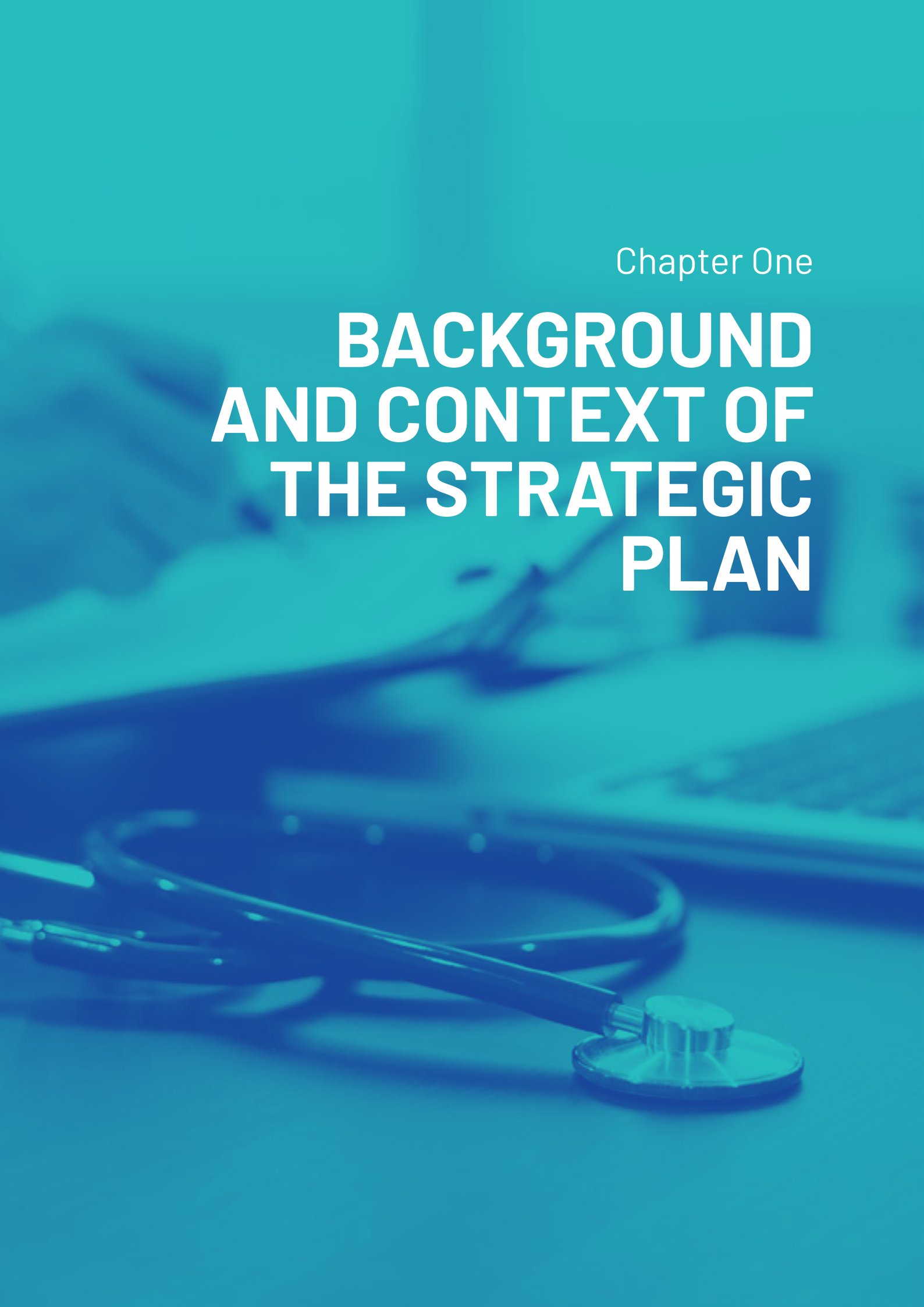
The standards are specific to four grades of doctors:

- Medical Students
- Non Consultant Hospital Doctors
- Consultants/Senior Medical Personnel
- General Practitioners

Supplemental considerations are outlined for those in the above categories who may also be international graduates, retiring doctors, doctors not in training and/or locum doctors and also include considerations to enhance family friendly workplaces.

The criteria for all parties involved are clearly set out, and include the individual doctor/ and medical student, employers, medical schools and training colleges, as well as government bodies and key decision makers.

Finally, a comprehensive list of current supports and resources are included in Chapter 3.



Chapter One

BACKGROUND AND CONTEXT OF THE STRATEGIC PLAN

1.1 INTRODUCTION

The **Health Services People Strategy 2015-2018, Leaders in People Services,** (www.hse.ie) is focused on providing a cohesive framework to lead, manage and develop the contribution of all staff in an environment that is conducive to learning and wellbeing. The priority of the People Strategy is to invest in people and teams.

The People Strategy identifies the following people management priorities that have been targeted for action, recognising the need for leadership and support at all levels to implement improvements:

- Leadership and Culture
- Staff Engagement
- Learning and Development
- Workforce Planning
- Evidence and Knowledge
- Performance
- Partnering

The People Strategy is delivering on the **5 Goals of the Corporate Plan** 2015-2017

- Goal 1: Promote Health and Wellbeing as part of everything we do so that people will be healthier.
- Goal 2: Provide fair, equitable and timely access to quality, safe health services that people need.
- Goal 3: Foster a culture that is honest, compassionate, transparent and accountable.
- Goal 4: Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.
- Goal 5: Manage resources in a way that delivers the best health outcomes, improves people's experience of using the service and demonstrates value for money.

Consultation for the next stage of the People Strategy is underway. The focus is on what has been done well, reviewing what the evidence is telling us and planning the future to engage with purpose.

The core organisational values of **Care, Compassion, Trust and Learning** are embedded into everything that is done so that vision becomes a reality.

The improvement of the working environment for doctors and the enhancement of support services is a priority of the HSE HR Workplace Health and Wellbeing Unit.

Key partners for the Unit include the following HSE divisions as well as a number of external stakeholders that are referred to elsewhere in the document:

1. The **Clinical Strategy Programmes Division** (CSPD) and its three interrelated components. The **National Clinical Programmes, Integrated Care Programmes**, and the **Office of The Nursing and Midwifery Services Director**. The main goal of CSPD is to improve and standardise patient care across all healthcare settings, bringing disciplines together and enabling them to share innovative, evidence-based solutions in the interest of providing improved patient-centered care.

2. The **Quality Improvement Division**, established in 2015, to support the development of a culture that ensures improvement of quality of care is at the heart of all health services. The division works in partnership with patients, families and employees to innovate and improve the quality and safety of our care.

3. The **Programme for Health Service Improvement Action Plan** outlines a programmatic approach on how to build a better Health Service with definitive outcomes. These improvements are being managed and delivered across the reform portfolio by creating an empowered and accountable delivery system designing models of care which are patient-centered, evidence-based and clinically-led across the whole service.

4. The **HSE Values in Action** project, set up in 2016, is focused on delivering better experiences to those who use health services and creating a better workplace for employees. In January 2018 a Values in Action Group specifically for doctors was initiated.

5. The **Leadership Academy** was established in the HSE in 2017. By developing leadership skills in the health service, the aim of the Academy is to drive a service that puts patients, service users, carers and communities at the heart of everything. A safe, high quality service provided by engaged staff and compassionate leaders will lead that change. Doctors are part of these developments and learning opportunities, and will support leaders across the whole health service to be the very best they can be.

The importance of teams in health and social care has been emphasised in numerous reports and policy documents. The best outcomes for patients are present when there is evidence of doctors, nurses, allied health professionals, and support staff working, learning, and auditing together to enhance engagement and innovation. Maintaining the health and wellbeing of doctors and the extended interdisciplinary team is essential for a healthy workplace environment.

It was in this context that significant concerns were raised about the health of doctors in Ireland. Studies have revealed links between clinician burnout and increased rates of medical errors, malpractice suits and healthcare associated infections (Dzau & Kirch, 2018).

In addition, the recruitment and retention of doctors is a key human resource priority (Department of Health, 2014), and doctors were citing ill health and a reason to leave.

It was clear that a key priority was to address the challenges faced by the medical profession which led to so many doctors experiencing distress and exhibiting manifestations of stress. Doctors were saying that they were stressed, burnt out, and leaving the system as a result. It was clear that an intervention to manage this situation was required.

Our mission in developing this strategy is to address the challenges faced by the medical profession which lead to so many doctors experiencing distress and exhibiting manifestations of stress. The vision for doctors' health and wellbeing in Ireland is to enhance a healthcare environment that promotes the physical and emotional wellbeing of doctors and cares for doctors in need.

In this context, strategy refers to a substantial working plan devised to affect the medium and long-term future. Strategic planning is the systematic and organised process to progress an organisation from its current situation to the desired future (Perero & Peiro, 2012). Two significant factors are highlighted in strategic planning: firstly, it is an organisational approach as opposed to an individual one, and secondly, a transformational purpose exists. This means that the current characteristics are defined, and a roadmap for transition to the desired future is presented.

The Strategy for Doctors' Health and Wellbeing 2018-2021 mission statement is: "To ensure that doctors in Ireland can continue to be physically and emotionally well throughout their working life."

Our hope is that current doctors, along with the next generation of medical students, will be healthy and equipped to deal with demanding working conditions and the inevitable challenges that they will face.

These standards are the first of a series of national standards for all healthcare workers that will address the unique challenges of managing health and wellbeing for those who care for our sickest and most vulnerable in society.

The establishment of the **National Doctors Training and Planning** unit following the *Strategic Review of Medical Training and Career Progression (MacCraith report)* provides strategic and operational expertise to drive necessary changes. An implementation group has been established under National Director of the NDTP and will meet in Q3 2018. A work-plan is in place that will be supported by the **Health Service Change Framework 2018.**

Peoples' Needs Defining Change - Health Services Change Guide (2018) outlines the overarching **Change Framework** that connects and enables a whole system approach to delivering change across the system. It positions an informed understanding of **people and culture** as the core platform for delivering sustainable change, and complements all of the other service, quality, culture and leadership programmes that are

currently making progress towards the delivery of safer, better healthcare and staff and public value. It provides an opportunity to align existing initiatives to benefit from the collective energy created through an integrated approach. The Change Framework is based on 'peoples' needs defining change' and prioritises investment in people and teams - it provides the roadmap that can assist the implementation process for the *Strategy for Doctors' Health & Wellbeing*, recognising the role of doctors working in multi-disciplinary teams and taking up collective leadership roles throughout the system.

Bringing about cultural change and supporting people and teams to deliver safer, better healthcare and build a better health service requires a blend of approaches working together - taking a strategic approach to prioritising staff health and wellbeing is a core element of this approach. The *Health Services Change Guide (2018)* is an evidence-based resource that can be applied at all levels and provides practical assistance through the use of guidance, templates and resources that can be adapted and applied to a local context. It also signposts people to helpful assistance in the system. The Change Framework is available at www.hse.ie and the **Change Hub** (www.hseland.ie).

1.2 TERMS OF REFERENCE

Terms of Reference for the Project Group responsible for the development of the *Strategy for Doctors' Health and Wellbeing 2018-2021*, Workplace Health and Wellbeing Unit (WHWU), HSE HR.

Purpose

The purpose of the Project Group is to recommend the *Strategy for Doctors' Health and Wellbeing 2018-2021* for the Irish public health service.

Role and Function

The Project Group is requested to conduct the work in the context of the HSE HR People Strategy. (HSE 2015)

Reporting Arrangements

The Clinical Lead Dr. Lynda Sisson will report to Ms. Rosarii Mannion on a bi-monthly basis.

Specific project objectives:

- To utilise the HSE HR People Strategy as a framework to support the project from Q1.2017 to Q4. 2017.
- To review current standards and evidence-based practice on strategies regarding doctors' health internationally and nationally by Q4 2017.
- To develop a strategy for doctors' health and wellbeing by Q.4.2017
- To develop a plan to support the implementation of the *Strategy for Doctor's Health and Wellbeing 2018-2021* by Q4.2017.

1.3 PROJECT GOVERNANCE

Dr. Lynda Sisson is a member of the HSE Leadership Team, reporting to Ms. Rosarii Mannion. As Clinical Lead in the Workplace Health and Wellbeing Unit, Dr. Sisson has responsibility for the following areas of practice:

- Comprehensive and streamlined supports for employees in the Irish public health service
- Occupational Health Services
- Providing a safe environment for all staff to work in
- Standardisation of counselling services and approaches for staff needing support, including resilience programmes and Critical Incident Stress Management Programmes
- Promoting positive health and wellbeing for all staff

Chair of Project Team: Mr. Steve Pitman, Lecturer and Programme Director, Institute of Leadership, RCSI.

1.4 MEMBERSHIP OF THE PROJECT TEAM

Name		Representation
Pitman	Steve	Project Chair
Sisson	Dr. Lynda	Clinical Lead Workplace Health and Wellbeing Unit, HSE
Carolan	Sibéal	Workplace Health and Wellbeing Unit, HSE
Bambrick	Dr. Padraig	Beaumont Hospital
Boland	Margaret	Connolly Hospital, Blanchardstown
Byrne	Dr. Dara	NUI Galway/West Northwest Intern Network
Canning	Dr. Eileen	Occupational Health Physician HSE North West
Comyn	Dr. Sinead	Intern
Conradi	Dr. Nicholas	Graduate Entry Medical Student – University of Limerick
Crowley	Fionnuala	Student representative, Irish Medical Organisation.
Delargy	Dr. Íde	Clinical Director Practitioner Health Matters Programme
Diskin	Dr. Catherine	National Doctor Training and Planning, HSE
Doyle	Dr. Rita	Irish Medical Council
Duffy	Donal	Irish Hospital Consultant Association.
Flannery	Dr. William	Irish College of Psychiatrists
Hanlon	Dr. David	Health Service Executive
Hayes	Dr. Blánaid	Royal College of Physicians, Ireland
Hendrick	Dr. Louise	National Doctors Training and Planning, HSE
Kelly	Siobhan	Irish College of Ophthalmologists.
Levy	Dr.Hadas	Royal College of Physicians of Ireland.
Lynch	Fiona	Mercy Hospital, Cork.
McDarby	Dr. Geraldine	Public Health, Galway.
McGowan	Yvonne	National Doctors Training and Planning, HSE
Moloney	Dr. Noreen	Lead NCHD for Mental Health in the Mid-West
O'Hare	Simon	National Doctors Training & Planning, HSE
O'Neill	Biddy	Department of Health
O'Rourke	Dr. Margaret	School of Medicine, University College Cork
O'Shea	Dr. Brendan	Irish College of General Practitioners
Owens	Anthony	Irish Medical Organisation
Prihodova	Dr. Lucia	Royal College of Physicians of Ireland
Rafter	Dr. Natasha	Royal College of Surgeons in Ireland
Rochfort	Dr. Andrée	Irish College of General Practitioners
Rutledge	Dr. Rob	Medical Student Representative Trinity College Dublin
Stokes	Dr. Emma	School of Physiotherapy, University of Dublin, Trinity College, Dublin.
Thakore	Dr. Hemal	Occupational Health Physician
O'Dwyer	Dr. Marliza	NCHD Intern Representative
Abrahamson	Emily	Administrative Support
Hughes	Louise	Administrative Support
Sisson	Dr Elaine	Independent Editorial Review

Stakeholder Consultation

Consultation and stakeholder engagement was a key part of this project. Multiple stakeholders were invited over a two month period to provide feedback on the documentation.

The following criteria were used: application, relevance implementation, professionalism,robustness and individual professional judgement. This exercise generated significant data and highlighted the multiple stakeholders involved in the subject area, including professional bodies, third level colleges, acute care settings, primary care settings, healthcare organisations, regulators, patient groups, partnerships, public sector organisations, independent sector, third sector agencies and representative bodies.

Changes were made to the document based on the feedback received. In line with continuous quality improvement methodologies, stakeholder engagement and consultation will continue as part of the implementation plan.

Chapter Two

THE HEALTH AND WELLBEING OF DOCTORS

2.1 INTERNATIONAL EXPERIENCE

Wellbeing may be described as a bio-psychosocial aspect of health and happiness and relates to our physical, social and mental state. Multiple definitions of wellbeing are available, although there are minimum factors that comprise wellbeing, including the presence of positive emotions and positive mood and, additionally, the absence of negative emotions. In plain terms, wellbeing can be described as judging life positively and feeling good (Deiner et al. 1997, Veenhoven 2008).

The Centers for Disease Control and Prevention (CDC 2014) presented evidence on the public health perspective of physical wellbeing (i.e. feeling very healthy and full of energy) and its impact on overall wellbeing. Researchers from various disciplines have investigated different forms of wellbeing that include the following terms:

- Physical wellbeing
- Economic wellbeing
- Social wellbeing
- Development and activity
- Emotional wellbeing
- Psychological wellbeing
- Life satisfaction
- Domain-specific satisfaction
- Engaging activities and work

According to the CDC, wellbeing is defined as "a positive outcome that is meaningful for people and many sectors of society because it tells us that people perceive that their lives are going well". (www.cdc.com)

Seligman(2011) has described evidence-based psychological wellbeing as consisting of five elements which he calls PERMA: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment.

According to the RCPI, "Wellbeing is enhanced by conditions that include financial and personal security, meaningful and rewarding work, supportive personal relationships, strong and inclusive communities, good health, a healthy and attractive environment (to live and work in) and values of democracy and social justice". (www.rcpi.ie/physician-wellbeing)

A number of key elements are fundamental to wellbeing, and these include decent living conditions and employment. There is a role for public policy divisions to have a monitoring function in regard to these conditions. Several performance indicators that measure living conditions fail to quantify what people think and feel about their lives. These include the quality of their relationships, feelings of positivity, resilience, maximising individual potential, or their overall satisfaction with life, i.e. their "well-being" (Deiner & Seligman 2009, Deiner 2014).

The *Strategy for Doctors' Health and Wellbeing 2018 -2021* is aligned to the Australian Medical Association 2011 approach; which emphasises the importance of focussing on the promotion of the health and wellbeing of doctors and medical students during their training and professional careers.

Research demonstrates that doctors with healthy personal lifestyle habits are more likely to impart healthy behaviours to their patients (Lobelo et al. 2009). The health of a doctor affects themselves, their families, the work that they undertake and the patients they serve. The need for members of the medical profession to maintain their health and wellbeing is vital but often overlooked in the desire to provide better care for patients.

Costa (2003) referred to various aspects of the working environment, including shift work and the impact on doctors' health. Shiftwork is a necessary part of working in healthcare, but there are a number of actions employers can take to alleviate some of the negative health consequences of shift work. Simple measures such as fast forward rotation shifts and provision of rest areas can significantly improve the shift work experience (Hobson 2004).

The inclusion of 'wellbeing' in this strategy emphasises the importance of health and contentment, and supports the World Health Organisation's definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity." (World Health Organisation, Constitution, 1948). In summary, wellbeing includes overall judgments of life contentment and feelings of unhappiness to joy.

2.2 THE IRISH EXPERIENCE

To help inform and understand the key drivers influencing Irish doctors' health and wellbeing, in both the internal health context and broader external environment, a number of strategic tools were used. These included a SWOT analysis, PESTLE analysis and broad scanning of information.

A Strengths, Weaknesses, Opportunities and Threats (SWOT) exercise was performed as part of the strategic approach to support this project. The purpose of this exercise was to ascertain internal and external factors influencing the development of a strategy.

A PESTLE analysis (Political, Economical, Social, Technological, Legal and Environmental) demonstrated the challenges of increasing demands on healthcare delivery. Due to advances in the understanding of the causes of diseases, and sequential improvements in diagnostic techniques and treatments, people are living longer. Internationally there is a shortage of doctors and clinicians. The PESTLE analysis demonstrated the multiple changing factors involved in doctors' health and wellbeing.

It was important to note demographical data because Ireland has experienced sustained increases in population over the recent decades, and the demand for health and social care services is increasing. According to the Central Statistics Office, the number of people in the 60+ age group is growing rapidly. Furthermore, the 85+ age group is expected to double between 2006 and 2026 (CSO 2016).

2.2.1 Health Service Executive

The Medical Education and Training Unit (MET) was set up in 2007 in response to the role of the HSE outlined in the Health Act 2004. In 2014 the Strategic Review of Medical Training and Career Structure (MacCraith Report) recommended three key targets:

1. The improvement of graduate retention in the public health system;
2. Planning for future service needs;
3. Realising maximum benefit from investment in medical education and training.

The National Doctors' Training Planning (NDTP) was subsequently set up in September 2014 and incorporates MET, Consultant Appointments and Medical Workforce Planning.

Current data collected for Non-Consultant Hospital Doctors (NCHDs) includes, but is not limited to: employment location, grade, start and end date in post, medical discipline, specialty, sub-specialty, special-interest, training body, start and end dates on training programmes, predicted Basic Specialist training (BST) and Certification of Satisfactory Completion of Specialist Training (CSCST) dates, % Whole Time Equivalent(WTE), occupancy type, registration type, gender status, date of birth, predicted date of retirement, reasons for leaving, contract hours, working hours and the title of the post.

The importance of quantifying the working environment and physical safety aspects of the trainee experience is key to supporting a systematic approach to managing the working environment.

The implementation of the *Strategic Review of Medical Training and Career Progression (MacCraith report)* is subject to regular review. The most recent review from December 2017 (Sixth progress report) clearly states that while some of the the recommendations of the report have been implemented a significant number have not. The summary feedback includes reference to: no implementation of the mentoring

programme, no improvement in stressful working environments and ongoing bullying of NCHDs by peers and staff/supervisors.

The lack of progress in this and other areas suggest that the change of culture necessary to provide a more supportive working environment for junior docotrs is a slow process and that the implementation of necessary improvements is challenging.

2.2.2 The Irish Medical Council

The role of the Irish Medical Council (IMC) is to regulate Medical Doctors in the Republic of Ireland. The IMC's purpose is to protect the public by promoting, and better ensuring, high standards of professional conduct, professional education, training and competence among doctors. (www.imc.ie)

The IMC defined their strategy in relation to the health and wellbeing of doctors as follows: " The Council's duty is to support doctors whose ability to practise may be impaired is an important one, and the Council's focus is on doctors' health and preventative measures to support doctors." (www.imc.ie)

The IMC is responsible for setting and monitoring standards for medical education and training throughout the professional life of a doctor: undergraduate medical education, intern and postgraduate training and lifelong learning.

From a workforce planning perspective in terms of establishment figures, there are over 18,000 doctors registered to practice medicine with the Medical Council in Ireland, and approximately 3,000 of these are interns or specialist trainees. A number of training pathways exist for doctors, including intern training, basic specialist training and higher specialist training.

Figure 1 Guide to Professional Conduct and Ethics for Registered Medical Practitioners

The importance of self-care is promoted by the Irish Medical Council which includes it in its Guide to Professional Conduct and Ethics for Registered Medical Practitioners (8th Edition 2016):

Health and well-being of doctors

You have an ethical responsibility to look after your own health and well-being. You should not treat or prescribe for yourself. You should have your own GP, who is not a member of your family, and you should be vaccinated against common communicable diseases.

If you have an illness which could be a risk to patients or which could seriously impair your judgment, you must consult an appropriately-qualified professional and follow their advice. This professional will have a dual role: to help and counsel you and to make sure you do not pose a risk to patients and others. If such a risk exists, you must inform the Medical Council as soon as possible.

www.imc.ie Guide To Professional Conduct . page 58.

Your Training Counts, an annual national trainee experience survey was designed and delivered by the Irish Medical Council. This survey aims to support the continuous improvement of the quality of postgraduate medical training in Ireland: workplace-based training for doctors in various clinical sites including hospitals, mental health services and GP practices. Specifically, the objectives of Your Training Counts are:

1. To monitor trainee views of the clinical learning environment in Ireland;
2. To monitor trainee views of other aspects of postgraduate medical education and training such as preparedness for transitions, retention and career plans, health and wellbeing, and trainee perceptions of safety at clinical sites;
3. To inform the role of the Medical Council in safeguarding the quality of medical education and training by identifying opportunities for strengthening standards and guidance, and focussing on quality assessments;
4. To inform dialogue and collaboration between all individuals and bodies involved in medical education and training in Ireland so as to continually improve the experience and outcomes of trainees in Ireland.

Trainee views on inductions and orientation, preparedness for transitions, bullying and undermining behaviours, trainee safety, and quality of patient care in the clinical environment was elicited using questions from the General Medical Council's National Training Survey and questions developed by the UK Medical Careers Research Group. Trainees provided accounts of their experience of training at a specific clinical site over the 12 months before the survey, many of which highlighted levels of distress in trainees.

More information on Your Training Counts, including details on methods and the main findings, is available at http://bit.ly/YourTrainingCounts

2.2.3 Post Graduate Training Bodies (PGTB)/Academic Institutions

For some time the PGTB have recognised that trainees in difficulty need extra supports and many organisations have developed programmes that include mentoring, leadership training and resilience training.

One of the larger PGTB, The Royal College of Physicians, states "wellbeing requires that basic needs are met, that we have a sense of purpose and that we feel able to achieve important goals, to participate in society and to live the life we value and have reason to value. It is concerned with good physical, mental and behavioural health" (www.rcpi.ie).

A national study was undertaken in 2014 to assess the wellbeing of doctors across Ireland (Hayes et al, 2014). This study was a collaborative project involving representatives from RCPI, RCSI, College of Anaesthetists, College of Psychiatry, Irish Association of Emergency Medicine and Dublin City University. Data was collected on doctors' lifestyle choices, interpersonal relationships, and rates of mental health problems, anxiety and substance misuse. This report is available at http//www.rcpi.ie and highlights the measure of the levels of distress and dissatisfaction in both trainees and consultants with the working environment.

In July 2017, the Royal College of Surgeons in Ireland launched a publication titled PROGRESS; (Promoting Gender Equality in Surgery) which was quantitative in methodology and presented a detailed literature review and a survey of surgical trainees. A number of recommendations were made including the following:

1. Publish an annual report measuring progress on initiatives that promote gender diversity in surgery
2. Inform and encourage female and male students considering a career in surgery
3. Build a culture that supports female surgical trainees
4. Consider the needs of trainees who are parents
5. Support and enable a diverse profession

PROGRESS articulated potential solutions for the recruitment and retention of female surgeons, including addressing working conditions for surgeons during pregnancy, and the need to provide supports for women returning to work after periods of leave. In addition, it noted that womens' access to high-quality surgical fellowship training could be improved.

Brugha et al (2015) in a study titled Ireland: *A Destination and Source Country For Health Professional Migration* reviewed data from statutory bodies and professional councils; this was a continuation to previous experience and research led by the Royal College of Surgeons in Ireland (RCSI).The health workforce in Ireland is heavily dependent on migrant health professionals. Evidence sourced from the Organisation for Economic Co-operation and Development show that 36.1% of Ireland's doctors in 2014 were trained abroad. The Irish Medical Council confirms the significant reliance (34.3%) on international medical graduates. Historically Ireland's health professionals migrate to developed countries for multiple reasons.

With reference to the triangulated data, migrant doctors working in Ireland are a highly mobile group, many of whom are considering migrating onwards. Thus, disproportionate dependence on them is, and will continue to be, an area for operational, strategic workforce planning and wellbeing.

Quantitative data showed in a survey that 240 out of 345 (70%) non-European Union doctor respondents reported that they intended to leave; 161 (47%) to migrate onwards; and 79 (23%) to return home. Factors signficantly influencing intentions to leave Ireland were lack of career advancement and contractual arrangements, but they also faced challenges with citizenship and overall, expressed frustration with their experiences in Ireland.

The design of a new Irish national employment record, which will provide every doctor with a unique identifier has the potential to provide accurate data for collating physicians' mobility in the future (Brugha et al, 2015).

The culture of working in the Irish health service has also been studied. A recent publication from the RCSI (Crowe and Clarke 2017) explores the relationship between power and emotion and questioned how effective relations between senior and junior doctors are patterned on the hierarchial structure of medicine. Through a number of qualitative structured interviews, this study showed that respect for hierarchy, anger, fear, intimidation and delusion were key themes in relations between junior and senior doctors in the health system.

The recent issuing of guidelines from PGTBs on supporting traineees in difficulty and supporting trainees in a return to work after an absence, both highlight the need for specific supports in this area, but also the need for standardised guidance for practice. All of these factors have resulted in a need to prioritise the health and wellbeing of doctors at not just an individual level but at an organisational and cultutal level.

2.3 MEASUREMENT OF WELLBEING

2.3.1 International Experience

Wellbeing is a complex word and is generally measured by self-reporting. The use of self-reported measures is notably different from using objective measures (e.g., household income, unemployment figures, and crime statistics) often used to assess wellbeing. There are several wellbeing instruments in use internationally that measure wellbeing in various ways. These instruments may incorporate measurements based on individual experiences or population outcomes and can reflect quality of life measures or others, such as return on investment of wellbeing interventions

Some studies recommend the use of single factors (e.g. global life satisfaction) to measure well-being.

Multiple methodologies are available to measure different aspects of wellbeing, including peer reports, observational methods and biometrics. Psychometrically-based measures are also used to measure wellbeing and tend to provide a comprehensive view of physical, mental and social wellbeing.

The Centre for Disease Control and Prevention (CDC) has several projects in place relating to wellbeing. Specifically, the Health-Related Quality of Life Programme measures how wellbeing can be combined with health promotion and measured in public health surveillance projects. CDC also led the advancement of overall goals related to the quality of life and wellbeing for the Healthy People 2020 Initiative.

In 2013 the OECD published guidelines on the collection, analysis and publishing of subjective wellbeing data. The guidelines outline the importance of robust methodologies for the measurement of subjective wellbeing. This includes addressing the relationship between the intended policy or research use of the data, and identifying appropriate measurement objectives (http//www.oecd.com). One of the key priorities in measuring subjective wellbeing is to provide data that can be used for international comparability.

Table 1. Types of data to be collected for subjective wellbeing measurement

Age	Expenditure and consumption
Sex or gender	Deprivation
Marital status	Housing quality
Family type	Quality of life
Children	Employment status
Household size	Health Status
Geographic information	Work/life balance
Migration status/country of birth/year of arrival	Education and skills
Ethnic identification	Social connections
Language	Civil engagement and governance
Urbanisation	Environmental quality
Psychological wellbeing	Personal security
Income	

Working Environments and Wellbeing

Dame Carol Black's report on working environments, Working for a healthier tomorrow: work and health in Britain, identified challenges and set recommendations for the reform of health and wellbeing at work (Black 2008) . This report emphasises the importance of prevention, observing that a paradigm shift is needed to progress from agendas focused on health and safety towards health and wellbeing.

National Institute for Health and Care Excellence

For healthcare settings, the most relevant current standard to promote wellbeing is the the National Institute for Health and Care Excellence (NICE) publication: *Healthy workplaces: improving employee mental and physical health and wellbeing quality standard.* nice.org.uk/guidance/qs147. © NICE. The Workplace Health and Wellbeing Unit obtained a licence from NICE to adapt the content for use in the Irish healthcare setting.

The NICE Standards define four quality statements that can be applied to a workplace:

Quality Statement 1: Making health and wellbeing an organisational priority

Quality Statement 2: The role of line managers

Quality Statement 3: Identifying and managing stress

Quality Statement 4: Employee involvement in decision making

2.3.2 Wellbeing in Ireland

Healthy Ireland
Healthy Ireland: A Framework for improved health and wellbeing 2013 – 2025 (DOH 2013) presented a government framework for action to improve the health and wellbeing of people living in Ireland. It has been developed in response to rising levels of chronic illness, lifestyle trends that threaten health, and persistent health inequalities.

Healthy Ireland identifies a wide framework of actions to be delivered using a cross-government approach with the involvement of local communities and society. The Framework references the World Health Organisation, specifically the Ottawa Charter for Health, as "an essential resource for everyday life, a public good, and an asset for health and human development." (WHO, 1986).

> **Vision**
> A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility
>
> www.doh.healthyireland.ie

Sláintecare Report
Sláintecare (Houses of the Oireachtas 2017) is a ten-year plan for the healthcare in Ireland. The principles of engagement, integration and an enabling environment are core principles of the plan. The objectives are to maintain health and wellbeing and build a better health service. This involves re-orientating the model of care towards primary and community care where the majority of people's health needs can be met locally.

2.3.3 Integrated Workforce Planning In the Health Sector

Global workforce demand for doctors and other health care workers will increase in the coming decades due to population and economic growth. In this context, the WHO has predicted a global deficit of 18 million skilled health workers by 2030 (WHO, 2016), while the European Commission has estimated a potential shortfall of around 1 million health workers by 2020 (European Commission, 2012).

Workforce Planning is a key element of the HSE People Strategy 2015-2018 . As a desired outcome, Priority 4 states that "an integrated mutlidisciplinary Workforce Planning Framework based on best practice to add value and retain talent and deliver organisational goals "(will be in place) .The Strategy highlights a number of workforce planning approaches all involving the following key factors for developing a successful process:

- The main stakeholders are committed to and involved in the planning process with clear lines of responsibility and accountability being defined.
- The design of a structured information base on current staffing, and relevant activity for departments.
- The development of an overview analysis to identify need for and scope for change.
- The development of an agreed workforce plan, which will include a cycle of review and update.

HSE HR also has the reponsibility to implement the the NDTP's Medical Workforce Planning : A Stepwise Approach. This will be used to predict medical workforce requirements over a 10 year period. Currently the NDTP is developing medical workforce speciality reviews specific to each area of medicine in Ireland. (www.hse.ie)

The National Strategic Framework for Health and Social Care Workforce Planning was launched in 2017, following development by a cross-sectoral Steering Group led by the Department of Health.The Framework will support the recruitment and retention of workers across the health and social care system in order to meet planned, and projected, needs (www.doh.ie).

Chapter Three

EXISTING SUPPORTS AND RESOURCES FOR HEALTHCARE STAFF

3.1 SUPPORTS

In recognition of the fact that supports for healthcare staff are essential, the Workplace Health and Wellbeing Unit (WHWU) was set up in 2016 in the Human Resource division.
The responsibilities o f theWHWU are :

1. To streamline and standardise supports for staff nationally
2. To actively promote health and wellbeing in the workplace
3. To provide services to prevent staff becoming ill or injured at work
4. To maximise access to timely rehabilitation services

This is being achieved by the integration of several work areas:

1. Occupational Health Service
2. Employee Assistance Programmes
3. Health and Safety
4. Rehabilitation
5. Work Positive and Critical Incident Stress Management
6. Organisational Health
7. Staff Health Promotion and Improvement

3.2 SUPPORTS

Physical health	Link	Details
Cycle to Work Scheme	www.smartetravelworkplaces.ie	Advice on purchasing bikes tax free scheme
Sli na Sláinte	www.hospitalwalks.com	Walking at work
Irish Heart Foundation	www.irishheart.ie	Advice on lifestyles
Fatigue Management	www.queensland.com www.enhancingresponsibility.com	Risk assessment framework to support management of fatigue - an emerging theme in health and wellbeing agenda
Smoking Cessation	National Smokers Quit-line 1 850 201 203	Quitting tips
Physical Activity	www.getirelandactive.ie www.parkrun.ie	Getting active Local runs /walks
Screening Services	www.breastcheck.ie www.cervicalcheck.ie www.bowelscreen.ie www.diabeticretinascreen.ie	Free screening services

Mental health Supports	Link	Details
Counselling Services	www.hse .ie	Counselling services
Assist Me	www.hse.ie Quality Improvement Division	Supporting doctors following an adverse event
Schwartz Rounds	www.hse.ie	Promoting open and honest dialogue for doctors and their colleagues

Values in Action	www.hse.ie	Delivering better experiences to those who use HSE services, and creating better workplaces for doctors.
Resilience Training	www.HSELand	Resilience Training
Work PositiveCI	Workplace Health and Wellbeing Unit	Risk assessment and management
Critical Incident Stress Debriefing	Workplace Health and Wellbeing Unit. EAP Service	Critical Incident management
Pieta House	www.pietahouse.org	Supports for people who have suicidal ideation or self harm intention

Organisational Supports	**Link**	**Details**
Workplace Health and Wellbeing Unit	Hrwellbeing@hse.ie Contact us to find your local Occupational Health Department 01 662 6966	Occupational Health Services
		Counselling services
		Critical Incident Support
	Health and Safety Helpdesk	Rehabilitaion
	1850 420 420	Staff health and safety
	HR Helpdesk 1850 444 925	Other HR advice and supports
Coaching/Mentoring		Coaching and mentoring

HR Policies	**Helpdesk 1 850 444 925**	
Dignity at Work	https://www.hse.ie/eng/staff/Resources/hrppg/Dignity_at_Work_Policy.html	Civility and respect in the workplace
Rehabilitation back to work	http://www.hse.ie/eng/staff/Resources/hrppg/Rehabilitation_Policy.pdf	For staff injured at work
Stress Management Policy	http://www.hse.ie/eng/staff/Resources/hrppg/Policy_for_Preventing_Managing_Stress_in_the_Workplace_.pdf	Risk assessment
Terms and Conditions of Employment and Employee Handbook	http://www.hse.ie/eng/staff/Resources/Terms_Conditions_of_Employment/	Specific details about terms and conditions
Addiction	Drug and Alcohol Helpline 1 800459459 helpline@hse.ie	Supports to overcome and manage addiction
Practitioner Health	confidential@practitionerhealth.ie www.practitionerhealth.ie	Bespoke supports for doctors,dentists and pharmacists with serious mental health and addictions
Health in Practice Programme	www.icgp.ie	Health and wellbeing programme for GPs

Chapter Four

HOW TO USE THE RECOMMENDED STANDARDS

The standards are based on the National Institute for Health and Care Excellence - healthy workplaces: improving employee mental and physical health and wellbeing quality standard.

Previous, strategies and proposals have been doctor-oriented; requiring doctors to follow recommendations on how to cope more effectively with a stressful job and develop resilience in the face of significant work demands. However, the standards presented in this chapter provide a comprehensive approach to health and wellbeing from both an individual and organisational perspective. These standards include our reponsibilties to international medical graduates, those who are not on training programmes, fellow doctors at risk, and colleagues coming to the end of their careers.

Specifically, this document aims to:

- Introduce the core concepts of standards for doctors' wellbeing at every career stage
- Provide a systematic approach for measuring wellbeing standards and to inform current and future planning on both the demands and capacities of given roles
- Underpin a planning framework on the provision of a healthy working environment for doctors
- Structure a sustainable, improvement change process for all stakeholders

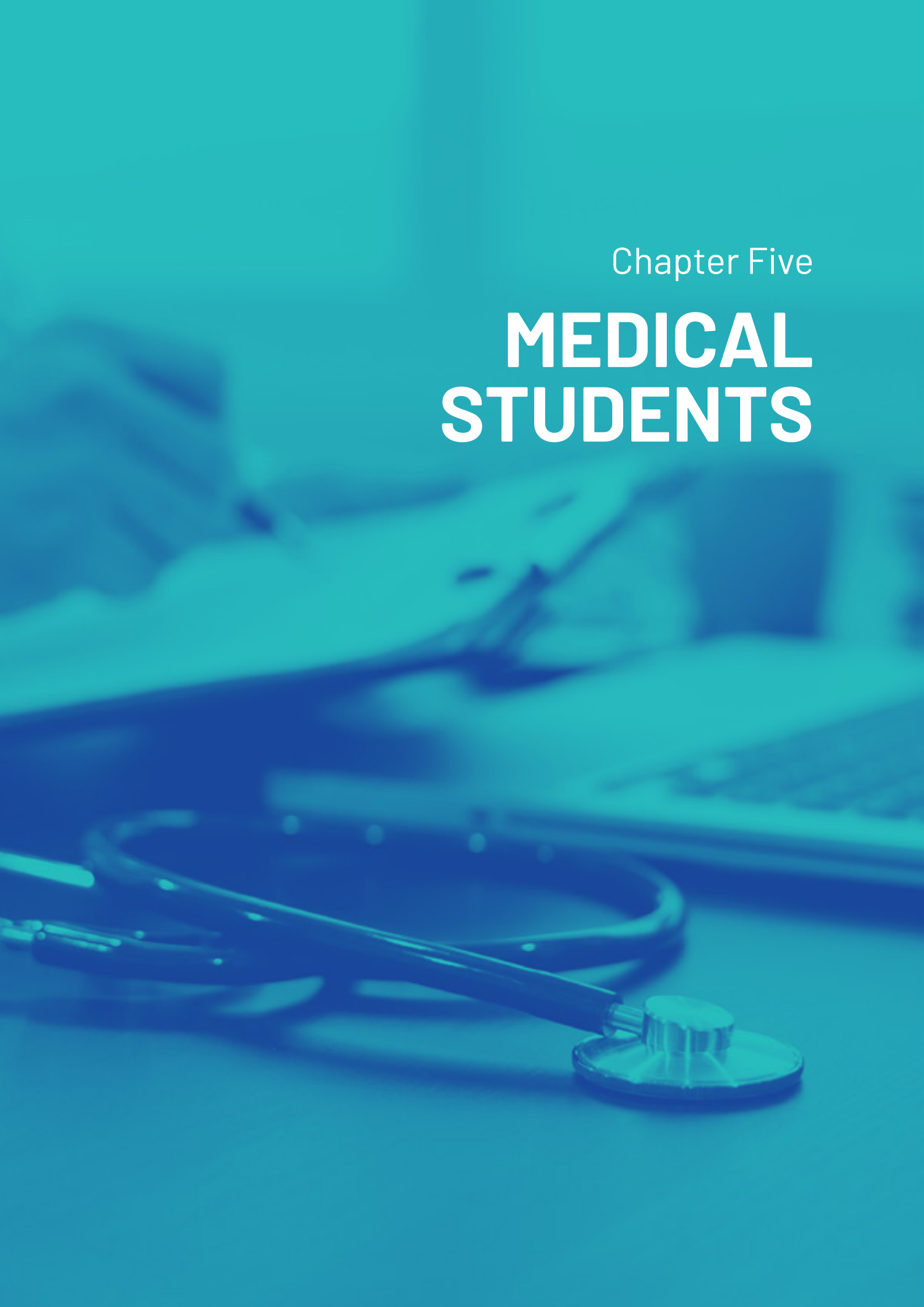
Action for the individual doctor :

- Identify your career point
- Assess yourself against the standard
- Identify your individual needs
- Identify and access resources and supports as necessary

Action For Organisations

- Identify the career points for doctors
- Assess the organisation against the standard
- Highlight existing resources and supports within your organisation and the wider community
- Conduct a gap analysis for your organisation
- Implement an improvement plan

These standards also focus on the roles and responsibilities of all our stakeholders, including employers, training bodies and policymakers. They apply from the first day of medical school and address the unique challenges of every stage of a doctor's working life, up to and including retirement.



Chapter Five

MEDICAL STUDENTS

RECOMMENDED STANDARDS	ESSENTIAL ELEMENTS	MEASURES OF SUCCESS
STANDARD 1 Medical students train in third level institutions with medical school staff responsible for student and staff wellbeing who make it a core organisational priority.	Supportive environment Health and wellbeing are part of the institutional strategy	When starting as a medical student, after your induction you know who has the responsibility for medical students' health and wellbeing in your establishment. You feel supported by the system, which will actively promote health and wellbeing. You have access to a student health service and a counselling service.
STANDARD 2 Medical students are managed by medical school staff who support their health and wellbeing.	Demand and capacity	Workplace planning addresses issues such as staffing levels and demand. When demand exceeds capacity at a preclinical or clinical stage, there is a plan in place to manage this.
STANDARD 3 Medical students are managed by medical school staff who are trained to recognise and provide support to them when they are experiencing difficulties.	Recognising Difficulties Access to support	If you experience difficulties, your senior staff is in a position to recognise and support you at that time and refer to you to any supports you need. Medical school staff are actively engaged in ongoing health and wellbeing initiatives. The working environment is civil and respectful, and medical school staff are engaged in decision-making around health and wellbeing as appropriate.
STANDARD 4 Medical students have the opportunity to contribute to decision-making through medical student engagement forums.	Feedback mechanism	Medical students provide feedback on through student engagement forums.

MEDICAL STUDENTS : RECOMMENDED STANDARD 1

Medical Students train in third level institutions with a named senior manager (e.g., medical school staff member) who is responsible for medical students and medical student staff's health and wellbeing and who makes it a core organisational priority.

1.1 Recommendations for medical students:

1.1.1 Recognise that you have a personal responsibility for self-care and managing your own health and wellbeing;
1.1.2 Have a named GP who can easily be contacted in case of need ;
1.1.3 Recognise that maintaining a healthy lifestyle is an essential part of your professional training;
1.1.4 Become familiar with the health and wellbeing resources in the medical school;
1.1.5 Prepare for transitions, examinations, assessments and other critical training Points;
1.1.6 Become familiar with, and know where to access support services;
1.1.7 Be aware of the organisation's responsibility to accommodate you should you have any disability, medical or psychiatric condition that may impact on your capacity to work .

1.2 Recommendations for medical schools:

1.2.1 Identify a named senior manager responsible for making medical student health and wellbeing a core organisational priority;
1.2.2 Ensure that theory and practices of prevention of psychological distress and ill-health, and promotion of wellbeing forms part of the curricula;
1.2.3 Develop a strategic and operational workforce plan including plans to measure demand, capacity, capabilities and standards ;
1.2.4 Determine that health and wellbeing related data (for example, student surveys, uptake of services, engagement surveys, attrition rates, critical events and progression rates) is monitored, anonymised and analysed to inform future policy;
1.2.5 Identify key transition points in the students' experience and demonstrate that medical school staff are equipped to manage these transition points effectively;
1.2.6 Ensure that medical students have timely access to accredited services that support their health and wellbeing;
1.2.7 Provide supports for diverse medical student groups such as age, gender, race, colour, nationality, ethnicity, sexual orientation, disability, civil status, family status, religious belief and membership of the Traveller community.

1.3 Recommendations for the Irish Medical Council:

1.3.1 Ensure that health and wellbeing quality standards are included in the accreditation of medical schools.

1.4 Recommendation for policymakers

1.4.1 Evidence arrangements to incorporate health and wellbeing in all relevant policies and communications.

MEDICAL STUDENTS: RECOMMENDED STANDARD 2

Medical students are managed by medical school staff who support their health and wellbeing

2.1 Recommendations for medical students:

2.1.1. Attend any necessary programmes, including induction and orientation *
2.1.2. Read the student handbook and know where to access appropriate supports
2.1.3. Become familiar with medical school health and wellbeing personnel as appropriate

2.2 Recommendations for medical schools:

2.2.1 Ensure that medical students are managed by medical school staff who are competent in health and wellbeing practice and are actively supporting students in need;
2.2.2 Demonstrate that supporting medical students' health and wellbeing is included in all programme documents outlining the skills and knowledge that medical school staff need, e.g. World Federation of Medical Education;
2.2.3. Demonstrate that supporting medical students' health and wellbeing is a core component of the medical school curriculum and student handbook;
2.2.4 Provide orientation and induction programmes to all medical students.

2.3 Recommendation for Irish Medical Council:

2.3.1 Ensure that health and wellbeing training of medical school staff is included in the accreditation process

2.4 Recommendation for policymakers:

2.4.1 Ensure that standards for training in health and wellbeing are included in policies

**Medical students should have orientation at the beginning of their pre-clinical years and again at the commencement of their clinical years. The content of this induction should replicate that of the intern induction programme.*

MEDICAL STUDENTS: RECOMMENDED STANDARD 3

Medical Students are managed by medical school staff who are trained to recognise and provide support to them when they are experiencing difficulties

3.1 Recommendations for medical students:

3.1.1 Recognise your responsibility to practise self-care and be self-aware of your individual stressors;
3.1.2. Become aware of your personal capacity to meet the demands of the programme;
3.1.3 Identify the signs and symptoms of increasing stress and recognise the importance of accessing supports promptly, e.g. counselling;
3.1.4 Know what supports, including GP services, are available to you and how to access them;
3.1.5 Provide and promote a supportive environment for colleagues who are experiencing difficulties,

3.2 Recommendations for medical schools:

3.2.1 Demonstrate that medical students are managed by medical school staff trained to recognise and support them when they are experiencing stress;
3.2.2 Provide any medical students, who are at risk, with timely access to appropriate services;
3.2.3 Ensure that anonymised trends in medical student health, including uptake of services, are monitored and reported at appropriate academic meetings and programme board meetings
3.3.4 Establish a culture of support and reasonable adjustments for those who are experiencing difficulties
3.3.5 Provide supports in place for medical students on the grounds of diversity.

3.3 Recommendation for the Irish Medical Council:

3.1.3 Ensure that anonymised trends in medical student health, including uptake of services, are monitored and reported as part of the accreditation process

3.4 Recommendation for policymakers:

3.4.1 Ensure that anonymised trends in medical student health, including uptake of services, are standardised and benchmarked at national and international level.

MEDICAL STUDENTS: RECOMMENDED STANDARD 4

Medical Students have the opportunity to contribute to decision making through medical student engagement forums

4.1 Recommendation for medical students:

4.1.1 Become aware of and participate in medical student engagement forums, either directly or through a representative.

4.2 Recommendation for medical schools:

4.2.1 Arrange for medical student engagement forums that enable students to contribute to decision making.

4.2.2. Evaluate and review medical student engagement forums at appropriate academic meetings and programme board meetings

4.2.3. Ensure there is evidence of diversity and inclusion in medical student engagement forums

4.3 Recommendation for the Irish Medical Council:

4.3.1 Evaluate and review medical student engagement forums at appropriate academic meetings and programme board meetings as part of an accreditation process

4.4 Recommendation for policymakers:

4.4.1 Standardise and benchmark outcomes of medical student engagement forums at national and international level.

Chapter Six

NON-CONSULTANT HOSPITAL DOCTORS

RECOMMENDED STANDARDS	ESSENTIAL ELEMENTS	MEASURES OF SUCCESS
STANDARD 1 Each NCHD has a named individual who is responsible for NCHDs' health and wellbeing and makes it a core training priority	Health and wellbeing are a part of NCHD experience	After your induction as an NCHD you know who has the responsibility for NCHDs' health and wellbeing in your practice You feel supported by the system, which actively promotes health and wellbeing. You have access to an Occupational Health Service and a counselling service.
STANDARD 2 NCHDs are trained by Consultants/Senior Doctors who support their health and wellbeing	Evidence of a programme in health and wellbeing of Trainees	There are measures in place to address organisational culture, leadership and involvement of Consultant/Senior Doctors in the decision-making process. Workplace planning addresses issues such as staffing levels, and demand. When demand exceeds capacity to deliver services, there is a plan in place to manage that accordingly.
STANDARD 3 NCHDs are trained by Consultants/Senior Doctors who recognise and support them when they are experiencing difficulties	Access to support Mentoring	If you experience difficulties, your Consultant/Senior Doctor is in a position to recognise ,to support and to mentor you at that time and refer to you to any supports you need. NCHDs are actively engaged in ongoing health and wellbeing initiatives. The working environment is civil and respectful, and NCHDs /Consultants/Senior Doctors are engaged in decision making around health and wellbeing as appropriate.
STANDARD 4 NCHDs have the opportunity to contribute to decision making through engagement forums	Feedback mechanism Engagement forums	As an NCHD , you are encouraged to get involved with improving your experience by feeding back through NCHD engagement forums.

NCHDS: RECOMMENDED STANDARD 1

NCHDs have a named individual who is responsible for NCHDs health and wellbeing and makes it a core training priority

1.1 Recommendations for NCHDs:

1.1.1 Recognise that you have a personal responsibility for self-care and managing your health and wellbeing while in employment
1.1.2 Prepare for transitions, examinations, continuous professional development, assessments, interviews and other critical training points
1.1.3 Have a named GP who can easily be contacted in case of need
1.1.4. Recognise that maintaining a healthy lifestyle is an essential part of your wellbeing
1.1.5 Become familiar with the health and wellbeing resources in the work setting
1.1.6 Become familiar with and know where to access support services in a timely fashion
1.1.7 Be aware of the organisation's responsibility to accommodate you should you have any disability, medical or psychiatric condition impacting on your capacity to work

1.2 Recommendations for employers:

1.2.1 Appoint a Consultant responsible for making NCHDs health and wellbeing a core organisational priority;
1.2.3 Demonstrate there are prevention of psychological distress and ill-health and promotion of wellbeing in place;.
1.2.4. Develop a a strategic and operational workforce plan which includes necessary resources and implementation;
1.2.5. Ensure that health and wellbeing related data is monitored and analysed and used to inform policy;
1.2.6. Ensure that NCHDs have timely access to accredited services* that support their health and wellbeing;
1.2.7 Provide supports for diverse groups such as age, gender, race, colour, nationality, ethnicity, sexual orientation, disability, civil status, family status, religious belief or membership of the Traveller community

1.3 Recommendations for Training Bodies (where relevant):

**see supplemental considerations*

1.3.1 Demonstrate that the health and wellbeing of NCHDs' health and wellbeing is a core organisational priority.
1.3.2 Include the theory and practices of prevention of psychological distress and ill-health, and promotion of wellbeing as part of your curricula
1.3.1 Ensure that following a period of leave, there is facilitation for NCHDs to re-enter training programmes;
1.3.2 Demonstrate there are mechanisms for the prevention of psychological distress and ill-health and promotion of wellbeing in place
1.3.3. Develop a strategic plan for NCHDs' placements which incorporates NCHDs' Health and Wellbeing
1.3.4. Ensure that health and wellbeing related data is monitored and analysed
1.3.5. Ensure that accredited health and wellbeing services supporting NCHDs are signposted and accessible.
1.3.6 Identify transition points in the NCHDs' experience and demonstrate your training body is equipped to manage those effectively
1.3.7 Include the importance of NCHDs' health and wellbeing in the relevant programme documents outlining the skills and knowledge they need
1.3.8 Incorporate NCHDs' health and wellbeing as a core component of the training curriculum and trainee handbook

1.3.9 Provide orientation and induction programmes to all NCHDs
1.3.10 Ensure there is a policy for Grievance and Disciplinary processes
1.3.11 Provide supports for diverse Post Graduate trainee groups such as age, gender, race, colour, nationality, ethnicity, sexual orientation, disability, civil status, family status, religious belief or membership of the Traveller community

1.4 Recommendation for the Irish Medical Council:

1.4.1 Include health and wellbeing quality standards in the accreditation and evaluation of training
1.4.2 Acknowledge the effect on health and wellbeing that Medical Council proceeds may have on individual doctors

1.5 Recommendation for policymakers:`

1.5.1 Incorporate health and wellbeing in all relevant policies, communications, resources, and funding models.

** Service providers are responsible for their own accreditation*

NCHDS: RECOMMENDED STANDARD 2

NCHDs are trained by Consultant/Senior Doctors who support their health and wellbeing

2.1 Recommendations for NCHDs:

2.1.1 Attend any necessary programmes including induction and orientation and other mandatory or supplemental training
2.1.2 Read the NCHD handbook and know where to access appropriate supports
2.1.3 Become familiar with the workplace and training body's health and wellbeing personnel as appropriate

2.2 Recommendations for employers:

2.2.1 Establish that Consultants who manage NCHDs are trained in health and wellbeing and are actively supporting NCHDs in need
2.2.2 Demonstrate that there are clear line management reporting structures in place for NCHDs
2.2.3 Provide orientation and induction programmes for all NCHDs and put arrangements in place to facilitate their attendance.
2.2.4 Ensure that, as line managers, consultants are responsible for ensuring that workload demand is monitored within the guidelines of the with capacity, skills and standards eg European Working Time Directive. Where demand exceeds capacity to deliver services, have an operational and strategic workforce plan in place to address the situation.

2.3 Recommendations for Training Bodies (where relevant):
**see supplemental considerations:*

2.3.1 Co-ordinate effort between NCHDs at the training site and the staff of the training body to address any health and wellbeing issues
2.3.2 Develop supports and training for trainers and educators

2.4 Recommendation for the Irish Medical Council:

2.4.1 Include the health and wellbeing of NCHDs in all training programme accreditation and evaluations.

2.5 Recommendation for policymakers:

2.5.1 Incorporate health and wellbeing in all relevant policies, communications, resources, and funding models.

NCHDS: RECOMMENDED STANDARD 3

NCHDs are trained by Consultant/Senior Doctors who recognise and support them when they are experiencing difficulties

3.1 Recommendations for NCHDs:

3.1.1 Recognise your responsibility to practise self-care and be self-aware of your individual stressors

3.1.2 Become aware of your personal capacity to meet the demands of your current position and/or training programme

Inform yourself on the principles of stress management risk assessment (Demands, Control, Supports, Organisational Change, Role, and Responsibilities), and request a Workplace Stress Risk Assessment with the person to whom you report to. This document is available on www.hse.ie

3.1.3 Identify the signs and symptoms of increasing stress and burnout and recognise the importance of accessing supports promptly

3.1.4 Know what supports, including GP services, are available to you and how to access them in a timely way

3.1.5 Provide and promote a supportive environment for colleagues who are experiencing difficulties

3.2 Recommendations for employers:

3.2.1 Ensure that NCHDs are managed by Consultants who are trained to recognise and support them when they are experiencing difficulties.

3.2.2 Include the importance of NCHDs health and wellbeing in all relevant organisational documents.

3.3.3 Provide NCHDs who are experiencing difficulties with timely access to appropriate services

3.2.4 Demonstrate that anonymised trends in NCHDs' health, including uptake of services, are monitored and reported at appropriate organisational meetings and are addressed at hospital and hospital groups level (i.e., Clinical Director/Line Managers)

3.2.5 Provide a culture of support and reasonable accommodation available for those who are experiencing difficulties

3.2.6 Provide supports for NCHDs with diverse needs

3.3 Recommendations for Training Bodies (where relevant):*see supplemental considerations

3.3.1 Ensure that NCHDs are trained by trainers who can recognise and support them when they are experiencing difficulties.

3.3.2 Facilitate communication between trainers and the postgraduate training body regarding concerns about health and wellbeing of NCHDs

3.3.3 Provide NCHDs who are at risk with timely access to appropriate services

3.3.4 Develop a culture of support and reasonable accommodation for those who are experiencing difficulties

3.3.5 Provide supports for diverse NCHDs groups

3.4 Recommendations for the Irish Medical Council:

3.4.1 Include line manager training in health and wellbeing in the accreditation process and ensure that NCHDs in difficulty are dealt with in a fair and transparent way

3.4.2 Records of referral to the Health Committee or other relevant sub-committees are analysed and addressed annually

3.5 Recommendations for policymakers:

3.5.1 Incorporate health and wellbeing in all relevant policies, communications, resources, and funding.

3.5.2 Involve training bodies and NCHDs in consultations requests/ processes)

NCHDS: RECOMMENDED STANDARD 4

NCHDs have the opportunity to contribute to decision making and feedback through engagement forums

4.1 Recommendation for NCHDs:

4.1.1 Become aware of and participate in appropriate forums either directly or indirectly by an NCHD representative, e.g. Lead NCHD.

4.2 Recommendation for training bodies(when relevant):*see supplemental considerations

4.2.1 Provide engagement forums that enable NCHDs to contribute to decision making.
4.2.3 Evaluate and review NCHDs' engagement forums at appropriate meetings
4.2.3 Include issues of diversity and inclusion in NCHDs engagement forums

4.3 Recommendation for the Irish Medical Council:

4.3.1 Deal with NCHDs in difficulty in a fair and transparent way
4.3.2 Include NCHDs engagement in training programme accreditation

4.4 Recommendation for policymakers:

4.4.1 Involve training bodies and NCHDs in consultation processes

Chapter Seven

CONSULTANT/ SENIOR DOCTOR MEDICAL PERSONNEL

RECOMMENDED STANDARDS	ESSENTIAL ELEMENTS	MEASURES OF SUCCESS
STANDARD 1 Consultant/Senior Doctors working in healthcare environments have a named Clinical Director/Line Manager who makes their health and wellbeing a core priority	Health and wellbeing are part of the organisational strategy Induction and orientation are in place	When starting as a Consultant/Senior Doctor after your induction you will know who has the responsibility for consultants' health and wellbeing in your organisation/practice You will feel supported by the system, which will actively promote health and wellbeing. You will have access to an Occupational Health Service and a counselling service. Measures are in place to address organisational culture, leadership and involvement of Consultant/Senior Doctors in the decision-making process. Workplace planning addresses issues such as staffing levels, and demand. When demand exceeds capacity to deliver services, there is a plan in place to manage that accordingly.
STANDARD 2 Consultant/Senior Doctors are managed by Clinical Directors/ Line Managers who support their health and wellbeing	There is a clear Line of responsibility Management training is in place	When you start work, you will know to whom you report. Your Clinical Directors are trained in stress prevention skills and health and wellbeing promotion. Clinical Directors/Line Managers are actively engaged in ongoing health and wellbeing initiatives. The working environment is civil and respectful, and Consultant/Senior Doctors are engaged in decision making around health and wellbeing as appropriate.
STANDARD 3 Consultant/Senior Doctors are managed by Clinical Directors/ Line Managers who are trained to recognise and support them when they are experiencing difficulties	Access to support Mentoring	Clinical Directors /Line Managers recognise and support you at that time and refer to you to any supports you need. If you experience difficulties, your Consultant/Senior Doctor is in a position to recognise ,to support and to mentor you at that time and refer to you to any supports you need. Consultant and Senior Doctors are actively engaged in ongoing health and wellbeing initiatives. The working environment is civil and respectful, and Consultants/Senior Doctors are engaged in decision making around health and wellbeing as appropriate
STANDARD 4 Consultant/Senior Doctors have the opportunity to contribute to decision making through engagement forums	Feedback mechanism Staff engagement forums	As a Consultant/Senior Doctor , you are encouraged to get involved with improving your experience by feeding back through consultant engagement forums.

CONSULTANT/SENIOR MEDICAL PERSONNEL: RECOMMENDED STANDARD 1

Consultant/Senior Doctors working in healthcare environments have a named Clinical Director/Line Manager who makes their health and wellbeing a core priority

1.1. Recommendations for Consultant/Senior Doctors:

1.1.1 Recognise that you have a personal responsibility for self-care and managing your health and wellbeing
1.1.2 Have a named GP who can easily be contacted in case of need
1.1.3 Recognise that maintaining a healthy lifestyle is an essential part of professionalism
1.1.4 Become familiar with the health and wellbeing strategy in the organisation
1.1.5 Know where and how to access support services in a timely fashion
1.1.6 Be aware of the organisation's responsibility to accommodate you should you have any disability, medical or psychiatric condition impacting on your capacity to work

1.2 Recommendations for employers:

1.2.1 Appoint a Clinical Director who is responsible for making Consultant/Senior Doctors' health and wellbeing a core organisational priority.
1.2.2 Develop a strategic and operational workforce plan which includes necessary plans to measure demand, capacity, and capabilities.
1.2.3 Demonstrate that health and wellbeing related data is ,monitored, anonymised , analysed and used to inform policy
1.2.4 Ensure that Consultant/Senior Doctors have timely access to accredited services* that support their health and wellbeing
1.2.5 Provide supports are available for diverse groups such as age, gender, race, colour, nationality, ethnicity, sexual orientation, disability, civil status, family status, religious belief or membership of the Traveller community

1.3 Recommendations for Training Bodies:

1.3.1 Ensure that the health and wellbeing of Consultants/Senior Doctors is a core organisational priority.
1.3.2 Include theory and practices of prevention of psychological distress and ill-health, and promotion of wellbeing as part of your curricula
1.3.3 Demonstrate that health and wellbeing related data is monitored and analysed

1.4 Recommendation for the Irish Medical Council:

1.4.1 Include health and wellbeing quality standards in the accreditation process
1.4.2 Ensure that professional competency schemes address health and wellbeing measures
1.4.3 Acknowledge the effect on health and wellbeing that Medical Council proceeds may have on individual doctors

1.5 Recommendation for policymakers:

1.5.1 Incorporate health and wellbeing in all relevant policies and communications.

** Service providers are responsible for their own accreditation*

CONSULTANT/SENIOR DOCTORS: RECOMMENDED STANDARD 2

Consultant/Senior Doctors are managed by Clinical Directors/Line Managers who support their health and wellbeing

2.1 Recommendations for Consultant/Senior Doctors:

2.1.1 Attend any necessary programmes including induction and orientation
2.1.2 Read the employee handbook and know where to access appropriate supports
2.1.3 Become familiar with the organisational health and wellbeing personnel as appropriate

2.2 Recommendations for employers:

2.2.1 Establish that Consultant/Senior Doctors are managed by line managers who are trained in health and wellbeing and are actively supporting Consultant/Senior Doctors in need
2.2.2 Demonstrate that there are clear line manager reporting structures in place for Consultants/Senior Doctors
2.2.3. Provide orientation and induction programmes to all Consultant/Senior Doctors and put arrangements in place to facilitate their attendance .
2.2.4 Ensure that, Clinical Directors/line managers, are responsible for ensuring that workload demand is monitored within the guidelines of the European Working Time Directive. Where demand exceeds capacity to deliver services, have an operational and strategic workforce plan in place to address the situation

2.3 Recommendation for the Irish Medical Council:

2.3.1 Include the health and wellbeing of Consultant/Senior Doctors in the accreditation process

2.4 Recommendation for policymakers:

2.4.1 Incorporate health and wellbeing in all relevant policies and communications.

CONSULTANT/SENIOR DOCTORS: RECOMMENDED STANDARD 3

Consultant/Senior Doctors are managed by Clinical Directors/ Line Managers who are trained to recognise and support them when they are experiencing difficulties

3.1 Recommendations for Consultant/Senior Medical Personnel:

3.1.1 Recognise your responsibility to practise self-care and be self-aware of your individual stressors

3.1.2 Inform yourself on the principles of stress management risk assessment (Demands, Control, Supports, Organisational Change, Role, and Responsibilities), and request a Workplace Stress Risk Assessment with your Clinical Director when necessary. This document is available on www.hse.ie

3.1.3 Identify the signs and symptoms of increasing stress and burnout and recognise the importance of accessing supports promptly

3.1.4 Become aware of your personal capacity to meet the demands of your work

3.1.5 Know what supports are available to you including G.P services and how to access them in a timely way

3.1.6. Provide and promote a supportive environment for colleagues who are experiencing difficulties

4.5 Recommendations for employers:

4.5.1 Establish that Consultant/Senior Doctors are managed by Clinical Directors who are trained to recognise and support them when they are experiencing difficulties.

4.5.2 Provide Consultant/Senior Doctors who are at risk with timely access to appropriate services

4.5.3 Demonstrate that anonymised trends in Consultant/Senior Doctors health, including uptake of services, are monitored and reported at appropriate organisational meetings and are addressed at hospital and hospital groups level (i.e., Clinical Director/Line Managers)

4.5.4 Provide a culture of support and reasonable accommodation available for those who are experiencing difficulties

4.5.5 Provide supports for Consultant/Senior Doctors in diverse groups

4.6 Recommendations for the Irish Medical Council:

4.6.1 Ensure that Consultant/Senior Doctors in difficulty are dealt with in a fair and transparent way

4.6.2 Analyse and address all anonymised records of referral to the Health Committee or other relevant sub-committees on an annual basis.

4.7 Recommendations for policymakers:

4.7.1 Incorporate health and wellbeing in all relevant policies

4.7.2 Include Consultant/Senior Doctors in consultations requests.

CONSULTANT/SENIOR DOCTORS: RECOMMENDED STANDARD 4

Consultant/Senior Doctors have the opportunity to contribute to decision making through engagement forums

5.1 Recommendation for Consultant/Senior Doctors:

5.1.1 Become aware of and participate in appropriate engagement forums

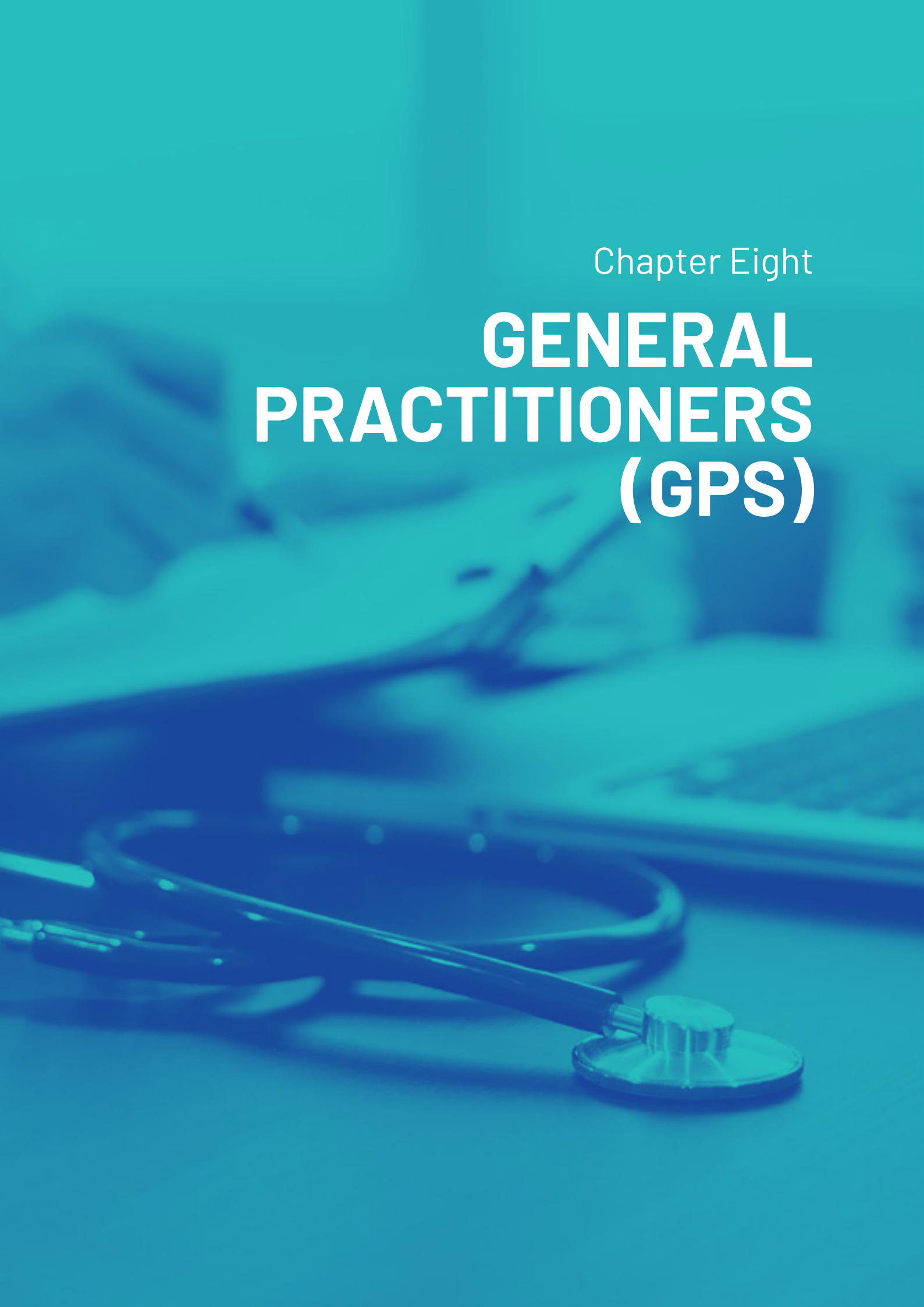
5.2 Recommendations for employers:

5.2.1 Arrange and facilitate the attendance of Consultant/Senior Doctors at engagement forums so that they can contribute to decision making

5.2.2 Ensure there is diversity and inclusion in engagement forums

6 Recommendation for the policymakers:

6.1 Include Consultant/Senior Doctors in consultation processes



Chapter Eight

GENERAL PRACTITIONERS (GPS)

RECOMMENDED STANDARDS	ESSENTIAL ELEMENTS	MEASURES OF SUCCESS
STANDARD 1 GPs work in healthcare environments that have a named GP / person who make GP's health and wellbeing a core priority	Induction/Orientation Supportive Environment Education & Training	When you start working as a GP, as part of your induction you will know who has the responsibility for supporting GP's health and wellbeing in your practice*. (*Solo GPs and those in partnerships may have a nominated GP within the practice, or a (reciprocal) arrangement with another practice, or a nominated GP within the local ICGP Faculty to take on this responsibility. Each or all of these roles are supported by ICGP Health in Practice programme) You will feel supported by the system and by your colleagues
STANDARD 2 GPs and practice team members are assisted by named senior staff/ GPs who support their health and wellbeing	Clear Lines of reporting. Clarity around responsibility Staff / Employer training and CPD	*When you start working as a GP, you will know to whom you report.* Training is provided to make your health and wellbeing a priority. (*Solo GPs and those in partnerships will need to have a nominated GP within the practice, or a (reciprocal) arrangement with another practice, or a nominated GP within the local ICGP Faculty to take on this responsibility. Each or all of these roles are supported by ICGP Doctors Health in Practice programme)
STANDARD 3 GPs and practice team members are supported and assisted by nominated GP/ person who are trained to recognise and support them when they are experiencing difficulties	When difficulties arise Mentoring	If you experience difficulties, a nominated GP/ Person is in a position to recognise,to support and to mentor you at that time and refer to you to any supports you need. GPs are actively engaged in ongoing health and wellbeing initiatives. The working environment is civil and respectful, and GPs are engaged in decision making around health and wellbeing as appropriate
STANDARD 4 GPs have the opportunity to contribute to decision making and feedback through many avenues including GP representative organisations	Feedback Staff Engagement	As a GP, you will be encouraged to get involved with improving your experience by feeding back through various avenues including General Practitioner representative organisations (for example ICGP & IMO & NAGP)

GP: RECOMMENDED STANDARD 1

GPs work in healthcare environments that have a named GP / person who makes GP's health and wellbeing a core priority

1.1 Responsibility of GPs to meet this standard

1.1.1 That GPs recognise that they have a personal responsibility for self-care and managing their health and wellbeing
1.1.2 That GPs recognise that maintaining a healthy lifestyle through health promotion and prevention is an essential part of their continuing professional development CPD
1.1.3 That GPs have a named GP who can easily be contacted in case of need
1.1.4 That GPs are familiar with the health and wellbeing strategy of the Irish College of General Practitioners (ICGP)
1.1.5 That GPs are familiar with and know where to access support services in a timely fashion
1.1.6 That GPs are enabled to access them when indicated and they promote the use of these services among their colleagues
1.1.7 That GPs are aware of the practices' capacity to accommodate them should they have any disability, medical or psychiatric condition impacting on their capacity to work and which requires medical care.

1.2 Responsibility of ICGP to meet this standard:

1.2.1 There is evidence of arrangements for a named senior manager to have responsibility for making GPs health and wellbeing a core organisational priority.
1.2.2 There is evidence of arrangements for implementing a GP health and wellbeing strategy.

1.3 Responsibility of the Employer (where relevant) to meet this standard:

1.3.1 There is evidence of arrangements for implementing a health and wellbeing strategy for GPs and the Practice Team in the practice
1.3.2 There is evidence of arrangements to incorporate health and wellbeing in all relevant policies and communications within the practice.
1.3.3 GPs and Practice Team members have timely access to accredited services that support their health and wellbeing
1.3.4 There is evidence that supports are available for diverse General Practitioner groups including age, gender, race (colour, nationality, ethnic or national origins), sexual orientation, disability, civil status, family status, religious belief or membership of the traveling community.

1.4 Responsibility of the GP Representative Association to assist the employer (where relevant) to meet this standard

1.4.1 GPs and Practice Team members have timely access to accredited services that support their health and wellbeing
1.4.2 There is evidence that supports are available for diverse General Practitioner groups including age, gender, race (colour, nationality, ethnic or national origins), sexual orientation, disability, civil status, family status, religious belief or membership of the traveling community.
1.4.3 There is evidence of arrangements for access to appropriate HR expertise for making GP's health and wellbeing a core organisational value.

1.5 Responsibility of the Irish Medical Council to meet this standard:

1.5.1 That health and wellbeing education and skills training of GPs is included as a competency in the accreditation process of Professional Competency Programmes for both postgraduate specialist training and for CPD

1.6 Responsibility of all policy makers to meet this standard:

1.6.1 There is evidence of arrangements to incorporate health and wellbeing in all relevant policies and communications

GENERAL PRACTITIONERS: RECOMMENDED STANDARD 2

GPs and practice team members are assisted by named senior staff/GPs who support their health and wellbeing

2.1 Responsibility of GPs to meet this standard:

2.1.1 GPs know where to access supports
2.1.2 GPs obtain supportive information regarding their health and wellbeing
2.1.3 GPs are familiar with their local health and wellbeing supports and resources.

2.2 Responsibility of employer (where relevant) to meet this standard:

2.2.1 There is evidence that supporting GP health and wellbeing is included in all General Practitioner practice policy.
2.2.2 An orientation and induction programme is available to all GPs and practice team members, including out of hours co-operatives.

2.3 Responsibility of ICGP

2.3.1 There is evidence of support and training for all GPs and Trainees, including trainers and educators in recognising and managing doctors in difficulty and in how to approach a colleague in difficulty including advising them on accessing relevant services.*
*(*This is supported by the ICGP Doctors Health in Practice Programme. The aim of this programme is to improve the quality of healthcare for GPs and GP Trainees. The ICGP provides medical education, a telephone helpline, and a directory to enable GPS to assess a network of GPs, Psychologists, Psychiatrists and Occupational Health Physicians)*

2.4 Responsibility of the Irish Medical Council to meet this standard:

2.4.1 That health and wellbeing outcomes of GPs are included as a standard in the accreditation process of Professional Competency Programmes

2.5 Responsibility of all policy makers to meet this standard:

2.5.1 There is evidence of arrangements to incorporate health and wellbeing in all relevant policies and communications.

GENERAL PRACTITIONERS: RECOMMENDED STANDARD 3

GPs and practice team members are supported and assisted by nominated GP / person who are trained to recognise and support them when they are experiencing difficulties

3.1 Responsibility of GPs to meet this standard:

3.1.1 GPs recognise their responsibility to practise self-care .

3.1.2 GPs can identify the signs and symptoms of increasing stress in themselves and in their colleagues

3.1.3 GPs know what supports are available to them and how to access them in a timely fashion.

3.1.4 There is a culture amongst GPs to provide a supportive environment for those who are experiencing difficulties, to include GP colleagues and practice team members.

3.2 Responsibility of ICGP to meet this standard:

3.2.1 There is evidence that GP's health and wellbeing is an organisational value/priority

3.3 Responsibility of employer (where relevant) to meet this standard:

3.3.1 There is evidence that GPs are supported and guided by a named GP /Person who are trained to recognise and support them when they are experiencing stress

3.3.2 GPs who are at risk, are provided with timely access to appropriate services, and are enabled to attend these.

3.4 Responsibility of the Irish Medical Council to meet this standard:

3.4.1 There is evidence that trends in GPs health, including uptake of services, are monitored and reported at Council Meetings

3.5 Responsibility of all policy makers to meet this standard:

3.5.1 There is evidence that trends in GP's health, including uptake of services, are benchmarked at national and international level

GPS: RECOMMENDED STANDARD 4

GPs have the opportunity to contribute to decision making and feedback through many avenues including GP representative organisations

4.1 Responsibility of GPs to meet this standard:

4.1.1 GPs are aware of and participate in engagement forums

4.2 Responsibility of ICGP to meet this standard:

4.2.1 There is evidence of arrangements for multiple routes for GPs to feedback and to contribute to decision making

4.3 Responsibility of employers (where relevant) to meet this standard:

4.3.1 There is evidence of arrangements for multiple routes for GPs to feedback and to contribute to decision making

4.3.2 There is evidence of diversity and inclusion in feedback and decision making routes deciorelevant general practice engagement routes .

4.4 Responsibility of the Irish Medical Council to meet this standard:

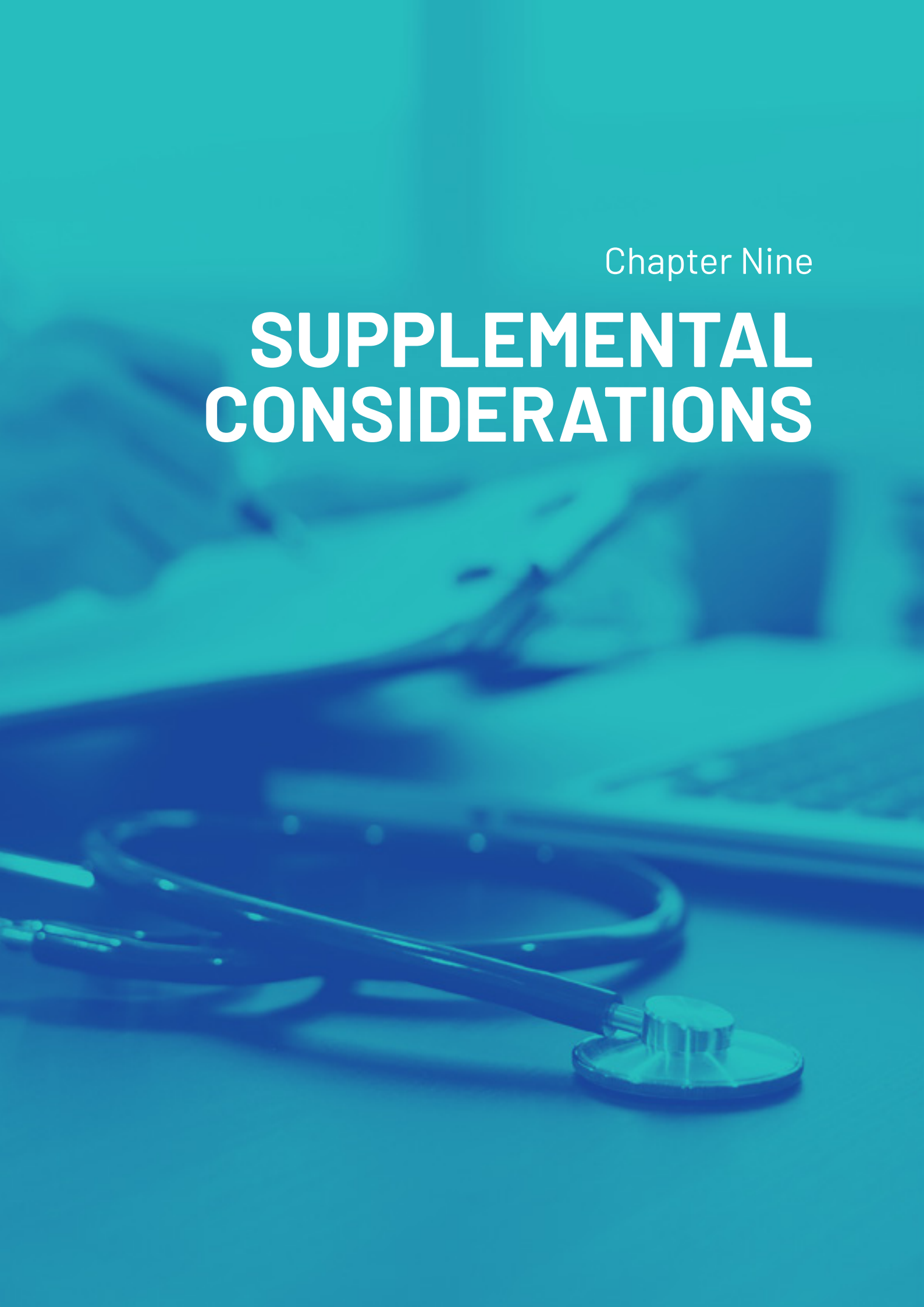
4.4.1 There is evidence that GP feedback and engagement are evaluated, reflected and considered at appropriate meetings

4.5 Responsibility of all policy makers to meet this standard:

4.5.1 There is evidence that GP feedback and engagement are evaluated, reflected and considered at appropriate meetings

Chapter Nine

SUPPLEMENTAL CONSIDERATIONS



SUPPLEMENTAL CONSIDERATIONS FOR INTERNATIONAL MEDICAL GRADUATES (IMGS)

Individual International Medical Graduates should:

- engage in programmes organised aiming at integrating IMGs within their local community, workplace, training programmes and within the country
- maintain their competencies if they are not on a training scheme
- access specific health and wellbeing supports when necessary
- articulate specific needs such as cultural, religious and language needs as required
- engage in the feedback process

Post Graduate Training Bodies should:

- provide inclusive policies
- provide adequate orientation and induction programmes to integrate IMGs into clinical and educational environment according to their training needs
- provide an appropriate integration and support programme for IMGs and their families
- ensure that appropriate supports for culture and language supports are made available

Employers should provide:

- adequate orientation and induction programmes to integrate IMGs into the workplace
- appropriate integration and support programme for IMGs and their families
- appropriate specific supports for cultural, religious and language diversity
- appropriate consideration of specific cultural and religious needs at work
- adequate representation of IMGs at local engagement forums
- facilitation of IMGs to maintain their competencies if they are not in a training programme
- support for IMGs in their career planning

The Irish Medical Council should:

- streamline necessary processes to integrate IMGS into the Irish healthcare system
- provide appropriate supports in complex cases

Policymakers should:

- acknowledge IMGs and their families are a significant component of Irish healthcare system by implementing supports and policies
- provide necessary supports and assistance for IMGs to pursue careers within the Irish healthcare system

SUPPLEMENTAL CONSIDERATIONS FOR DOCTORS WITH HEALTH ISSUES

Doctors should:

- recognise when they are unwell (understanding that there are rare circumstances when a doctor's ability to recognise this may be compromised).
- recognise that they have a professional responsibility to seek appropriate help when they are unwell
- recognise and support colleagues with health issues
- recognise that patient safety is paramount
- comply with all recommended treatment

Post Graduate Training Bodies should:

- provide appropriate supports and flexibilty for doctors who are unwell
- provide mentoring and coaching supports as required
- apply a non-judgemental approach for doctors who are unwell

Employers should:

- have appropriate support and flexibility in the workplace, as appropriate, for doctors with health issues
- provide mentoring and coaching supports for doctors as required
- apply a non-judgemental approach for doctors with health issues

The Irish Medical Council should:

- provide appropriate supports for doctors with health issues
- streamline necessary processes for doctors with health issues
- Refer doctors, if appropriate, to the health committee for necessary supports

Policymakers should:

- outline necessary policies to support and protect doctors with health issues who are unwell

SUPPLEMENTAL CONSIDERATIONS FOR DOCTORS WHO ARE PLANNING TO RETIRE

Doctors planning to retire should:

- have a strategy in place that includes the psychological, social and emotional aspects during the transition to retirement
- seek appropriate help if encountering challenges
- comply with all recommended advice on succession planning for their practice

Post Graduate Training Bodies should:

- provide appropriate supports for doctors during the transition to retirement
- provide mentoring and coaching supports for doctors planning to retire
- provide advice on potential career options for those who wish to remain engaged after retirement

Employers should:

- provide appropriate support in the workplace for doctors planning to retire
- provide reasonable adjustments at work, if required , for doctors planning to retire
- provide reasonable accommodations, if required, for doctors planning to retire
- provide mentoring and coaching supports for doctors planning to retire

The Irish Medical Council should:

- provide appropriate supports for doctors planning to retire
- streamline necessary processes for doctors planning to retire
- recognise specific needs of doctors who are planning to retire

Policymakers should:

- recognise the significant contribution that retired doctors can make to the health agenda
- streamline necessary processes for retired doctors who wish to continue to engage in the health service
- include retired doctors in policies particularly around career mentorship and intergenerational working

SUPPLEMENTAL CONSIDERATIONS FOR DOCTORS WHO ARE NOT ON A TRAINING SCHEME/LOCUMS

Individual Doctors should:

- engage in programmes to maintain professional competency
- maintain their clinical and professional competency if they are not on a training scheme
- access specific supports
- communicate specific needs such as cultural, religious and language needs
- integrate and access the local supports in the organisation by engaging in the feedback process
- become representatives or be represented on staff forums

Post Graduate Training Bodies should:

- facilitate all doctors who are not on a Structured Professional Competency Scheme to help maintain their competencies
- ensure that training and support of senior staff is available to doctors in locum positions

Employers should:

- acknowledge the critical contribution of locum doctors to the service
- provide adequate orientation and induction programmes to integrate doctors into the workplace
- provide appropriate integration and support programmes for doctors and their families
- ensure that appropriate specific supports for cultural, religious and language diversity are made available if needed
- ensure that doctors are adequately represented at local engagement forums

SUPPLEMENTAL CONSIDERATIONS TO PROMOTE FAMILY-FRIENDLY AND INCLUSIVE WORKING ENVIRONMENTS

Individual Doctors should:

- articulate their needs and notify line management of changing circumstances and changing needs
- request risk assessment of their line manager as required , for example, pregnancy risk assessment, ergonomic assessment, stress risk assessment
- access , avail and comply with existing supports and organisational policies eg Maternity Leave, carers leave etc.

Post Graduate Training Bodies should:

- recognise that there are many definitions of what constitutes a family
- facilitate doctors with family-friendly and diverse requirements in their training
- ensure that training and support of senior staff is available for them to support doctors

Employers should:

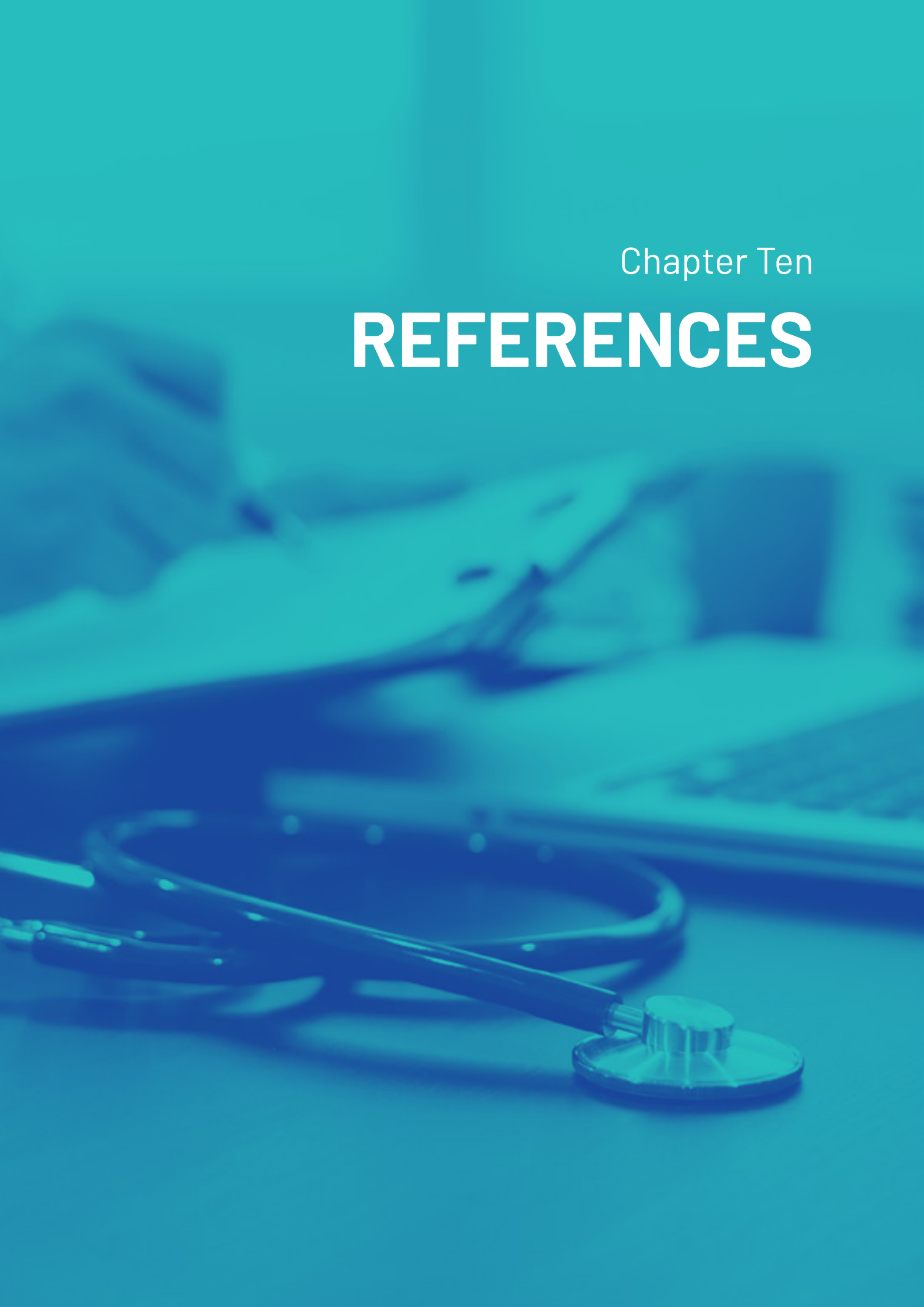
- recognise that there are many definitions of what constitutes a family
- facilitate all doctors with family-friendly and diversity requirements in their employment
- ensure that training and support of senior staff is available for them to support such doctors
- clarify the supports and policies available to doctors, e.g. carer's leave , maternity leave, flexible working etc.

The Irish Medical Council should:

- acknowledge the inclusive nature of society and how this might impact on the regulatory function

Policymakers should:

- acknowledge the inclusive nature of society and reflect this in policy review and developments



Chapter Ten

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