



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Prioritising Health
2022 South Australia election statement

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 19,000 physicians and over 9,500 trainee physicians across Australia and New Zealand, including 1275 physicians and 542 trainee physicians in South Australia (SA).¹ The College represents a broad range of medical specialties including general medicine, paediatrics and child health, rehabilitation medicine, geriatric medicine, infectious diseases, cardiology, respiratory medicine, neurology, oncology, addiction medicine, public health medicine, occupational and environmental medicine, palliative medicine, and sexual health medicine.

The RACP acknowledges the traditional owners and custodians of the land on which our members practise, live, and teach. We extend our respect to all Aboriginal, Torres Strait Islander, and Māori people and value the importance of their ongoing connection to land, sea, sky, and community. We pay our deepest respect to Elders past, present, and emerging. And together we re-state our shared commitment to advancing Aboriginal, Torres Strait Islander, and Māori health and education as core business of the College, implemented by a comprehensive [Indigenous Strategic Framework](#). We are a founding member of the Close the Gap Campaign for equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030, and we advocate strongly in conjunction with valued partners including Indigenous peak health organisations.

Executive summary

The RACP and its South Australian Regional Committee are committed to working with all political parties on the development of health policies that are based on evidence, informed by specialist expertise and experience, and focused on ensuring the provision of high quality healthcare accessible to all, and integrated across primary, secondary, and tertiary services, as well as across the public and private sectors.

Our priority areas reflect the clinical expertise and professional experience of our members, as well as the opportunities for improvement that physicians and trainee physicians encounter in the course of our work across the state:

1. Fostering a culture of wellbeing for physicians and trainee physicians
2. Doctors' wellbeing during the pandemic
3. Supporting the specialist workforce to meet current and future healthcare needs.

An appropriately funded and safe medical specialist workforce is essential to a functioning, effective and sustainable health system. The South Australian health workforce faces many issues which have been further exacerbated by the ongoing COVID-19 pandemic such as increasing pressures and demands affecting health workers' mental health and wellbeing and an uneven distribution of medical professionals across both locations and specialties.

Our objective is to advocate for improvements to the SA health system to better meet the health needs of the population in a sustainable way that supports patients and physicians alike.

Our priorities

1. Fostering a culture of wellbeing for physicians and trainee physicians

- Eliminating bullying and harassment
- Advancing gender equity

Doctors' health and wellbeing is a growing concern within the RACP, the medical profession, and the community. Prompted by several tragic early deaths of doctors in training, a steadily increasing literature and a profession-wide consensus supports wellbeing as a priority.

We know from Beyond Blue's National Mental Health Survey of Doctors that:

- Doctors are three times more likely to experience very high psychological distress than other professionals.
- Female doctors reported higher rates of depression, anxiety, and current psychological distress in comparison to male doctors.
- Rates of distress and burnout have been shown to be higher in young doctors compared to older doctors with more experience.²

Our members see first-hand that junior doctors report high rates of burnout, emotional exhaustion, and cynicism. All RACP's South Australian trainees are simultaneously engaged in postgraduate specialist medical training and work in accredited training locations throughout the state's health system. The RACP recognises that high quality specialist training is demanding and that there are intrinsic pressures and stressors within medical workplaces.

We believe that improving the health and wellbeing of trainees requires the cooperation of government, hospitals, health services, specialist colleges, training supervisors, doctors' own primary and specialist clinicians, and doctors themselves.

The RACP has previously joined the New South Wales Government, other colleges, educators, and regulators in endorsing the NSW Health [Statement of Agreed Principles on a Respectful Culture in Medicine](#), which recognises that “past practices and behaviours have not always met the accreditation standards required to provide a safe, inclusive and respectful environment.” The development of a comparable Statement of Agreed Principles in South Australia would be a powerful signal about workplace culture and expectations.

The RACP is determined to take an active role in shaping a healthier training culture for doctors. While recent improvements to culture in medicine are a good start, more needs to be done to address the untenable working hours and unacceptable behaviour in some hospitals and training sites.

Our new accreditation standards reflect our expectation that all training sites provide a safe, respectful working and learning environment and address any behaviour that undermines self-confidence or professional confidence as soon as it is evident.

The RACP seeks a continuing commitment from governments to work in partnership with the College in finding ways to combat discrimination, bullying, harassment, and racism. This includes taking proactive steps to enable, normalize, and accommodate safe work arrangements and practices, and to support all aspects of a physician’s work including leadership, training, and career development opportunities in a way that is appropriately mindful of family and other care responsibilities.

Bullying or harassment of any kind is totally unacceptable—to or from Fellows, trainees (of the RACP or other colleges), non-trainee junior doctors, other health practitioners, patients, or anybody. The RACP has zero tolerance for such behaviour.³

While working conditions in some locations are improving for junior doctors, albeit gradually, there are also areas of improvement for senior doctors. At present, many physicians and paediatricians have only enough time for clinical duties. The RACP encourages the government in office after the election to explore measures that support senior doctors’ ongoing professional development, and flexibility to conduct research. These are key to maintaining South Australia as an international leader in health care and are key to enhancing South Australia’s position in the highly competitive research marketplace.

Rural and remote specialists already face professional challenges that can impede good patient care as well as practitioner wellbeing. We urge a focus on rural and remote workplaces as part of the government’s responsibility to maximise wellbeing.

Our recommendations reflect the RACP’s strong support for building a safe and respectful culture of training for junior doctors, and high-quality specialist care for patients.

We call on the incoming government to:

- Commit to providing a positive workplace culture and working conditions for trainees and physicians and provide workforce models that support high quality specialty training, including support for research.
- Work collaboratively with the RACP and other stakeholders to eliminate bullying and harassment in the specialist workforce.
- Adopt or develop a set of agreed principles for a respectful culture in medicine, similar to those developed by the NSW Government.
- Boost the state’s healthcare workforce by strengthening South Australia’s local capacity to train medical specialists, and by resourcing the overall system to serve the needs of the population in a fair and equitable way.
- Develop a system of locum support to maintain service delivery in non-metropolitan areas. This should cover routine planned staff leave plus leave for specialty continuing professional development to encourage a highly trained and safe specialist workforce.
- Become a signatory to our [Health Benefits of Good Work](#) principles, an initiative from the RACP’s Australasian Faculty of Occupational and Environmental Medicine to further champion health, wellbeing, and supportive workplace culture in the health sector.
- Join the RACP in committing to gender equity in medicine and health leadership, including by endorsing the UN Women’s Empowerment Principles.
- Invest in the healthcare workforce by supporting strategies for flexible training/work hours/parental leave and support (especially for doctors in training).

2. Doctors' wellbeing during the pandemic

The RACP conducted a member survey¹¹ in late 2021 to gauge the impact of the Delta variant on physicians and their work. The survey findings based on 812 individual respondents highlighted key stressors on the health care system and the health workforce due to COVID-19 including staff burnout (87% of respondents), fatigue (64%), risk of infection/illness (62%), moral distress (47%), and risk to mental health (46%). In addition, 30% of survey respondents felt that their employer had not provided them with sufficient support during the pandemic to manage the increased risk of COVID-19 infection and increased workload and stress.

A quarter of respondents did not feel supported by their employing organisation to deliver health care safely in a "COVID normal" world. These results are likely to have been further aggravated by the challenges brought about by the Omicron variant.

With the ongoing challenges caused by the COVID-19 pandemic entering its third year, it has become ever more pressing for the incoming government to invest in addressing these issues now to improve the resilience and sustainability of the health system over the long term by building an appropriately funded and safe medical specialist workforce.

A rapid review and meta-analysis conducted by Australian researchers in 2020 examined the psychological impact on healthcare workers who worked during viral epidemics such as SARS (2003), H1N1 Influenza (2009), Middle East Respiratory Syndrome (2012), H7N9 Influenza (2013), and Ebola virus disease (2014):

[F]actors for psychological distress included being younger, being more junior, being the parents of dependent children, or having an infected family member. Longer quarantine, lack of practical support, and stigma also contributed.⁴

The meta-analysis found the following factors to be protective for psychological wellbeing:

- Frequent short breaks
- Adequate time off work
- Family support
- Clear communication between hospital and staff
- Faith in infection control measures
- Access to psychological support services⁵
- Development of staff support protocols
- Access to adequate PPE
- Seeing infected colleagues getting better
- A general drop in disease transmission
- Age and experience were correlated to lower stress.

It is clear that psychological support and a range of practical measures can make a difference in reducing psychological morbidity among healthcare workers.

The incoming government has a duty to develop robust arrangements to provide continuity of care for patients (including for non-COVID-19 related healthcare, including in rural and regional areas) while maximising policy settings, actions, and activities that most effectively support doctors' wellbeing.

We call on the incoming government to:

- Develop and implement a healthcare worker wellbeing strategy that is dedicated to the mental health and wellbeing of healthcare workers and other essential workers, based on the National Mental Health and Wellbeing Pandemic Response Plan. That national plan identifies that:

There is a particular risk of deterioration in the mental health of frontline and health workers who are actively involved in responding to the COVID-19 pandemic in the short and long term. The physical experience of providing safe care, heightened physical isolation from loved ones, hypervigilance, higher demands in work, and reduced capacity to access social support all

heighten the risks for these essential workers. Research from previous pandemics confirms this, demonstrating increased rates of PTSD among these workers.

This National Plan has been supported by National Cabinet and was developed with the leadership of other jurisdictions (New South Wales, Victoria, and the Commonwealth). It is a South Australian Government responsibility to deliver on the actions which the Plan outlines.

3. Supporting the specialist workforce to meet current and future healthcare needs

High quality training of junior doctors, including physician trainees, in South Australia is crucial to ensuring the availability of a competent specialist workforce to meet current and future healthcare needs.

The incoming government must be cognisant of, support, and value the contribution made by physicians to training junior doctors within the SA health system. Direct clinical care is the ultimate role of most specialist medical practitioners, but their duties to that end include indispensable non-clinical activities such as supervision, research, mentoring, management, and leadership.

As we recommended to the Commonwealth in relation to the National Medical Workforce Strategy 2021-2031, attraction and retention strategies should be developed in conjunction with physicians, should be evidence based, and should focus on the professional and social dimensions of retention, not just on remuneration.

We call on the incoming government to:

- Commit to developing and implementing a medical specialist workforce strategy for South Australia, including an updated rural health workforce strategy.
- Acknowledge that supervision, mentoring, management, and leadership constitute an essential investment in South Australia's future specialist workforce, including in regional and remote areas and in specialties with relatively few practitioners in the state.
- Recognise that the training of physicians is an integral part of the delivery of healthcare services, and commit to services having suitable physical resources and sufficient protected time for teaching, supervision, and research.
- Continue to work with the Commonwealth and other states and territories in undertaking workforce planning.
- Ensure that any post-election new directions in clinical workforce and service design are developed and implemented with appropriate consultation and leadership from physicians and the RACP.

The Way Forward

The RACP calls on all political parties and candidates to make a commitment to the health of all people in South Australia extending beyond the election cycle, and to deliver effective evidence-based and expert-informed health policies.

We look forward to working collaboratively with the incoming government and all successful candidates to improve the health of all people in South Australia.

To provide us with a response to these election priorities or to seek more information about the RACP and the SA Regional Committee, please contact Ms Katherine Economides, Senior Executive Officer, by emailing RACPSA@racp.edu.au.

¹ As of 30 June, 2021.

² Beyondblue's National Mental Health Survey of Doctors, originally published 2013, updated 2019, available [here](#).

³ See [Respectful Behavior in College Training Programs](#), and [Statement on Safe and Respectful working environment](#) (7 February 2019).

⁴ Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis, *BMJ* 2020;369:m1642, *BMJ* 2020; 369 doi: <https://doi.org/10.1136/bmj.m1642>.

⁵ It is possible that access to psychological support services is a protective measure independently of whether those services are utilized. Further investigation of this point would potentially be warranted.