

### Purpose

The purpose of this document is to provide guidance to members of The Royal Australian and New Zealand College of Psychiatrists (RANZCP) on how to undertake and complete *Wellbeing education* eligible activities as part of the College annual continuing professional development (CPD) program.

This new category, 4.8 under Section 4: Self-guided learning of the College CPD program, is intended to encourage activities that support the personal and professional wellbeing of psychiatrists, and normalise and encourage physicians to prioritise their own health as a necessary component of good medical practice.

### Context

The World Medical Association (WMA) Declaration of Geneva, physician's pledge was amended in 2017, acknowledging the significance of physician's wellbeing: "*I will attend to my own health, wellbeing, and abilities in order to provide care of the highest standard*".

The RANZCP Code of Ethics, Principle Nine, also sets out that '*Psychiatrists have a duty to attend to their own health and wellbeing and that of their colleagues, including trainees and students*'.

It is recognised that experiences of psychological distress, mental ill-health and burnout as an occupational hazard not only negatively impacts the individual doctor but has consequences for the broader healthcare system and is frequently associated with reduced quality of patient care and safety<sup>1,2</sup>. Awareness of, and efforts directed towards the health and wellbeing of medical professionals have increased in recent years.

The College acknowledges that strategies to improve and maintain the health of all psychiatrists and those in training are required on organisational, systemic, and individual levels. By introducing doctor's health and wellbeing educational concepts into the CPD program, the College aims to embed a culture of supporting members' wellbeing, through educational activities and learning resources that can become part of a doctors lifelong planning and career development.

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<sup>1</sup> Orlik S, Barnes C, Karageorge A, et al. Transforming the journey together: Baseline findings from a longitudinal, co-designed study on psychiatry trainee experiences of training and wellbeing. *Australasian Psychiatry*. 2022;30(3):391-397.

<sup>2</sup> Petrie K, Gayed A, Spittal MJ, Glozier N, Shand F, Harvey SB. Work-related factors and the risk of common mental disorder 1 year later: A prospective cohort study among junior doctors. *Australian & New Zealand Journal of Psychiatry*. 2024;58(3):227-237.

The topic of doctor and psychiatrist wellbeing is regularly considered, researched, and published in the College journals<sup>3,4,5</sup>, and features regularly in the annual College Congress.

## Definitions

The following definitions have been provided to clarify terms used within this document.

- **Wellbeing:** [The University of Cambridge' Wellbeing Institute](#) defines wellbeing as *'positive and sustainable characteristic which enable individuals and organisations to thrive and flourish'*.
- **Health:** According to the [World Health Organization's \(WHO\) constitution principles](#), health is defined as *'a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity'*.
- **Wellbeing education as CPD:** learning activities which heighten awareness, knowledge or understanding of the issues that can influence the personal and professional wellbeing of psychiatrists and promotes practical strategies, tools, and wellbeing principles that psychiatrists can use at each stage of their career.

## Scope and description

Category 4.8 centres on educative components of wellbeing activities as a tool to assist with knowledge translation and behaviour change amongst psychiatrists when approaching issues that can impact their personal or professional wellbeing. It does not focus on social wellbeing, recreation or leisure,

Wellbeing education is not about finding quick fixes, but learning about, applying, and promoting practical strategies that psychiatrists can adopt to support themselves and their peers over the course of their careers.

Topics that are eligible for wellbeing education include reflective supervision, encouraging safe and supportive workplaces, and prioritising personal health and self-care as an essential part of medical practice.

Further examples of what types of activities and topics that are considered to either meet or not meet the requirements of category 4.8 – wellbeing education are listed below:

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<sup>3</sup> Nguyen S, Blake J, Ng F, Patterson S. 'Who you gonna call?' A qualitative study of psychiatrists accessing mental health services. *Australasian Psychiatry*. 2024;32(2):157-163

<sup>4</sup> Leung KC, McCarthy C, Mclean LM. Post-traumatic stress disorder in doctors: Origins, approach and Eye Movement Desensitisation and Reprocessing therapy. *Australasian Psychiatry*. 2023;31(2):136-138

<sup>5</sup> Lele K, Mclean LM, Peisah C. Beyond burnout I: Doctors health services and unmet need. *Australasian Psychiatry*. 2023;31(2):139-141

Meets category 4.8 requirements	Does not meet category 4.8 requirements
<ul style="list-style-type: none"> <li>• Stress management</li> <li>• Education or upskilling or implementing workplace-based activities or initiatives e.g. influencing workplace cultures to prioritise wellbeing, modelling appropriate behaviour.</li> <li>• Emotional intelligence</li> <li>• Upskilling for suicide prevention practices and approaches within teams</li> <li>• Normalising help-seeking amongst physicians and colleagues</li> <li>• Mental Health First Aid</li> <li>• Hosting workplace-based wellbeing education events or activities.</li> <li>• Confidence building e.g. understanding Imposter Syndrome</li> <li>• Communication and feedback styles</li> </ul>	<ul style="list-style-type: none"> <li>• Wellness program of social activities hosted annually at Congress (e.g. sailing, art gallery tours, food/wine tastings).</li> <li>• Personal hobbies, relaxation, or leisure activities (e.g. meditation).</li> <li>• Sport or other physical activities.</li> <li>• Nutrition regimes.</li> <li>• Attending to personal healthcare needs.</li> </ul>

The format of wellbeing education activities can range from webinars, podcasts, and e-Learning modules to journal articles and attending Conference or College Congress scientific or educational sessions.

## Learning outcomes and domains of knowledge

In developing educational content, events, activities, or sessions proposed to be eligible for CPD under category 4.8, any of the following learning outcomes should be considered and included, where possible:

- Understand the synergies between personal wellbeing and professional performance, and how this can affect the quality of patient care.
- Recognise, in self and peers/colleagues, signs of declining health or wellbeing and apply the appropriate skills or strategies to take action.
- Know how to employ or integrate wellbeing techniques and approaches in medical practice, professional settings or clinical and learning environments.
- Identify and adopt practices and competencies that foster a culture of collegiality and wellbeing.
- Understand the scope of any mandatory reporting obligations.
- Develop knowledge of referral options and resources that support doctors' wellbeing.
- Communicate initiatives that raise the profile of doctors' wellbeing issues.

Educational domains and sub-themes for category 4.8 may include:

- Mental/emotional wellbeing and wellbeing principles
  - Personal responsibility for wellbeing
  - Techniques to enhance wellbeing as a physician
  - Awareness and understanding of challenges to wellbeing as a physician
- Professional/workplace wellbeing and behaviour modelling
  - Improving wellbeing in the workplace
  - Peer support strategies and enhancing skills to be a supportive colleague
  - Fostering professional wellbeing and mental/emotional safety in medicine

## CAPE Requirements

In line with MBA and MCNZ requirements, there is a domain labelling system that makes note of the focus of CPD activities that doctors are undertaking. There are no additional hours required, but the labelling system is there to ensure doctors' annual CPD covers at least one activity in each domain. The domains are:

- **Culturally Safe Practice**
- **Addressing Health Inequities**
- **Professionalism**
- **Ethics**

Wellbeing education covers Professionalism. Depending on the activity, content or topic, it may additionally cover the domains of Culturally Safe Practice, Addressing Health Inequities and Ethics.

## Why address doctor wellbeing through education?

The long-term recommendations contained in the [RANZCP Member Wellbeing Action Plan 2023-2027](#) include to:

- 'Continue to normalise self-care as important and necessary for good medical practice, including addressing the stigma of seeking help for clinicians'
- 'Continue to review, improve, and enhance core College programs and activity that supports wellbeing, including mentoring and peer review groups, and ensure that they remain relevant and helpful for members'

The Plan was developed by the College Membership Engagement Committee (MEC) and its Wellbeing Subcommittee (MWSC) and was informed through the 2021 RANZCP Member Wellbeing Survey report which assessed the impact of increasing demands on the health of the psychiatric workforce.

The Plan is anchored to four strategic wellbeing pillars – Leadership, Knowledge, Advocacy and Partnerships – to improve and support the health and wellbeing of all psychiatrists and those in training on individual and systemic levels.

By introducing doctor's health and wellbeing concepts to the CPD program, the College aims to embed a college-wide culture of supporting members wellbeing, through educational activities and learning resources that can become part of a doctors lifelong planning and career development.

College committees such as the MEC and MWSC have participated in and undertaken advocacy efforts for doctors' wellbeing together with other specialist medical colleges and continue to raise the profile of wellbeing issues and collegiality in psychiatry and medicine overall. Some of these involvements and frameworks include review of the College Training Post and Training Program Accreditation Standards which relate to trainee wellbeing and organisational culture, the ['A Better Culture Project'](#), the [AHPRA Medical Training Survey](#), and the [Wellbeing Charter for Doctors](#).

[Position Statement 48: Safety and wellbeing of psychiatrists and those in psychiatry training](#) reflects the College's commitment and role in supporting and advocating for the safety and wellbeing of all members. It also provides guidance for all psychiatrists, trainees, supervisors, medical leaders and workplaces regarding their role, responsibility, and capacity to practice self-care, address their own bias, attitudes and assumptions that may affect workplace culture, and have a positive influence on the wellbeing of the psychiatry workforce at an individual, organisational and systemic level.

The RANZCP acknowledges the leading work in the area of wellbeing education as CPD by the Australian and New Zealand College of Anaesthetists (ANZCA) and the Faculty of Pain Medicine (FPM) and the guidelines for this new category produced.