



# SUMMARY OF CRAZYSOCKS4DOCS 2023

**Adelaide Breakfast, Friday 2 June, Adelaide Convention Centre  
Hybrid Event**

## Special Guests:

**Dr Ben Bravery**, Author & Doctor, Psychiatry Registrar – [Dr Ben Bravery](#)

**Dr Geoff Toogood**, Founder [CrazySocks4Docs Foundation](#), Cardiologist, Victoria

## Special Panel Guests:

**Dr Sian Goodson**, Chair, [Royal Australian College of General Practitioners \(RACGP\) SA Branch](#)

**Professor Danny Liew**, FRACP PhD, Dean of Medicine & Head of School, Adelaide Medical School, [The University of Adelaide](#)

**Dr Grainne Murray**, Consultant Paediatric Rheumatologist – MB BCh BaO MRCPI FRACP - WCHN

**Ms Isla Woidt**, Workforce Wellbeing Partnerships Lead, [Commission on Excellence and Innovation in Health](#)

**Dr Ben Bravery**, Author & Doctor, Psychiatry Registrar – [Dr Ben Bravery](#)

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**Dr Ben Bravery** shared some of his background story and detailed his own journey about being a junior doctor. He shared that "Cancer had changed me, before it I didn't actually think much of humanity (because of their impact on animals and the environment). I wanted to give back – I remain deeply grateful for my care. But along the way I noticed a few things that could be improved, and so I decided to learn the language of doctors, enter the system at their level and see how I could go at changing things." Ben shared about his thought on self-care, and where he is at with his health.

MC asked Ben *Are you achieving what you set out to? If not why not? And I suppose what are the barriers you have had to face? In which he answered:*

- Yes and no. I am able to be the kind of doctor I want to be, my speciality helps with that.
- Writing the book helped consolidate my ideas around where medicine has got selection, education and training wrong and where the health system exploits that.
- Large scale change will be hard and there is no universal fix, but I am so hopeful. Change is afoot and it is spread right across the sector.
- Barriers include a system that does not always allow for us to address change, it needs to be carved out of our day job or done in our 'spare' time.

MC asked Ben about his thoughts on *the CrazySocks mission to reduce stigma regarding doctors reaching out for mental health support. How do you think we can work to reduce that?* His answer:

- By acknowledging that we are all people.
- By busting myths about mandatory notification.
- By psychiatrists leaning in and being leaders in the health of our colleagues.
- By sharing our lived experiences and rewarding that vulnerability.

**Dr Geoff Toogood** thanked everyone for continuing to support the cause of CrazySocks4Docs. It has now gained momentum and reach around the globe. Geoff shared the key message for 2023 CrazySocks4Docs was asking everyone “*what tangible action have you done towards improving doctors’ and medical students’ health and wellbeing*”?

### **The Panel Summary**

MC Mr Paul Kitching - “*The theme for this morning’s panel discussion is ‘How leadership impacts the health and wellbeing of doctors and medical students’.*”

The topic for this year’s panel chat came about from Dr Tait Shanafelt’s keynote presentation at last year’s Australasian Doctors Health Conference here in Adelaide. There he spoke about how doctors’ wellbeing was impacted through 80% the organisation and system, and 20% on the individual clinician. Dr Shanafelt has conducted many years of research through his role as Chief Wellness Officer at Stanford on doctors’ health and wellbeing. So we thought let’s start at the top of an organisation about this very subject and discuss the impact of leadership on doctors’ health today.

To view the recent presentation by Dr Tait Shanafelt see his Conference presentation here “**Long Term Research – Understanding Doctors’ Health and the Strategies to Improve It**” -

<https://doctorshealthalliance.org.au/conference-resources/2022-conference-day-1>

Following is a summary of answers from panel related to each question:

### **Q1. From your experience or research, how does leadership impact the health and wellbeing of doctors?**

#### **Dr Ben Bravery**

- Leadership from above creates a culture of acceptance and trust. We can’t underestimate that in a field where the default position is one where we often don’t feel smart enough or that we are working hard enough to be the best.
- The freedom to lead creates a new form of purpose and vocation. This should be taught at medical school and cultivated beyond.

#### **Dr Sian Goodson** As a GP, I will speak about general practice

- Within each individual practice, establishing good culture, which takes leadership, is really important to the wellbeing of the whole team, including the GPs
- It can potentially be quite lonely being a GP
- Practices where GP have good collegiality and work within positive teams, will come out of their rooms, have productive clinical meetings and this benefits the GPs but also the patients
- In my practice we all eat lunch together, have a bit of banter, but also share any difficult or interesting cases and check in on each other
- Within general practice as a whole, morale has been pretty low
- The pandemic was tough in general practice, as it was for everybody
- years of underfunding and the feeling of being undervalued have been difficult for general practice
- 73% of GPs surveyed in the RACGP Health of the Nation report last year reported feelings of burnout.
- We’ve also struggled with recent Medicare Compliance campaigns, which have seen nudge letters cause enormous stress to excellent GPs, and led to more GPs retiring.
- 47% of GPs indicated that they either avoided providing services or claiming patient rebates due to fear of compliance repercussions, and this is not good for patient care
- I work in Elizabeth and many of my patients have multiple morbidities and very low incomes, so they rely on Medicare funded services but I get some anxiety around billing certain codes

- So we need to encourage the leaders with the Medicare Compliance Unit to provide education, rather than scare tactics, to ensure we are all doing the right thing, and ensure they are aware of the impact what may seem like a simple letter actually has on the person receiving it
- Finally, on a more positive note, the recent budget has given us a boost, with significant investment in primary care and the mood is cautiously becoming more optimistic. One budget won't fix everything and won't please everyone but the significant investment in primary care gives the messages that the government is listening to us and that primary care is still valued

### **Dr Grainne Murray**

- Leadership can undoubtedly have a profound influence on doctor's wellbeing. From my own experience, leadership within healthcare has many forms
- Small actions within teams- eg looking out for colleagues, acts of care or kindness Larger Advocacy work at higher level eg hospital executive, governments
- Having been a trainee doctor very recently I can particularly relate to the flipside, how evident it is that poor/ineffective/ perceived non-existent leadership can be detrimental to doctors' health
- Feelings of being treated badly, disrespected with no avenue for improving the situation is clearly a slippery slope to negative feelings, helplessness and ultimately lack of empathy, burnout, and disrespect towards colleagues and even patients.
- We're seeing more of this with the current NHS strikes, waitlists etc and speaking to a number of colleagues there and in Ireland the frustrations are palpable

**Professor Danny Liew** Leaders direct the operations of an organisation (eg, set policies) which directly impact the health and wellbeing of doctors, and all other staff. Just as important, if not more so, leaders are also responsible for establishing and maintaining the culture and values of an organisation. Staff need to be supported and provided a safe environment, including the freedom and encouragement to report inappropriate operational or behavioural issues.

### **Ms Isla Woidt**

- Leaders and managers can have a huge impact on the health and wellbeing of their teams by what they do, what they say and how they act. Leaders ultimately set the foundation of organisational culture, which is a powerful driver of wellbeing for our doctors.
- We've spent a fair bit of time looking at the research into what the lead indicators of a healthy and safe workplace and worker wellbeing outcomes are and applying it to our health system. What we've found is that leadership commitment, governance and accountability for workforce wellbeing are among the top key drivers for workplace wellbeing and organisational culture.
- So if we look at leadership commitment and governance, what leaders have is the 'power' to choose and determine priorities and set agendas. Even at middle management level they have discretion as a tool.
- They can choose to prioritise resourcing, capacity and dedicated action towards improving the areas that are impacting the wellbeing of their teams and clinicians. More often than not, this relates to the systems and design of work.
- Then there is the interpersonal level. Studies show that the one of the biggest drivers of professional fulfilment and 'wellbeing' at work is the behaviour of a person's immediate line manager.
- A leader's behaviour sets expectations and culture. If leaders are respectful, compassionate, are accountable for their behaviour, as well as holding others to account for theirs, the rest will follow. In the same vein, leaders who role model their own personal wellbeing habits also encourage others around them to do the same.

### **Q2. What can the leaders within our health system do to improve the work environment for doctors?**

#### **Dr Ben Bravery**

- Act on data already at hand, for example in the Medical Training Survey, which this year showed that 1 in 5 are thinking of leaving and that a third still witness or are subject to unacceptable behaviour and bullying.
- Reward them for the skills that matter – their collegiality, their compassion, their rapport with patients and their families. Technical knowledge will always be central to what we do, but it is no longer enough.

#### **Dr Sian Goodson**

- We had the RACGP National Practice Owners Conference here in Adelaide a couple of weeks ago
- One of the main issues affecting general practice is workforce shortage.
- GPs are struggling to recruit more GPs to work with them to meet patient demand, leading to increased stress levels for the existing GPs who try to accommodate more patients and also worry about their patients not being able to get timely follow up appointments.
- We have a big problem looming with an ageing GP workforce, with high numbers of GPs over the age of 55y and not enough new GPs in the pipeline.
- This is where the leaders in our health system need to support us.
- The longer term solution is to increase the numbers of medical students who choose to be GPs.
- To do this we need to improve the prestige of general practice – that falls on all of us, I call on all of the non-GP specialists to speak respectfully of GPs to your junior colleagues, we are all one big team.
- The short-term solution to workforce in GP is international medical graduates (IMGs)- over 50% of GPs in Australia are IMGs, including me.
- Now although we rely on IMGs we don't make it very easy for them – it's often an 18month costly process to come here with many hurdles followed by restrictions on where they can work.
- So our leaders in health need to work with all of us to improve processes for IMGs, stamp out unacceptable behaviours, help to provide culturally and emotionally safe working environments for all doctors, provide us with support to boost our GP workforce and also allow us to access help and support when we need it without fear of being reported.

#### **Dr Grainne Murray**

- Leaders within our health system face huge challenges in optimising how patient care is delivered within strict budgets and timelines.
- However my experience is that many leaders within the health system struggle to understand and weigh up the human needs of doctors and the supports needed to do clinical work well. Historically there had been a culture where doctors were treated as almost 'superhuman' with exhausting hours, rosters, etc and some of this attitude still prevails.
- Up until very recently lack of recognition that investing in these needs can prevent burnout, leave, staff turnover etc - which all improve patient care.
- Simple things that help sustain doctors.
- Rest, meals, appropriate staffing for clinical demand (encompassing workforce planning and clinical agreement on KPIs for departments).
- Dedicated time for our various hats: teaching or training, administration, research etc - not simply trying to see as many patients as possible every day.
- Support with non-clinical tasks eg administrative staff, IT support i.e. giving time for doctors to do what they do best - junior doctors in particular are so often laboured with multiple administrative tasks which takes them away from patient care.

- A recent positive example I've noted is the Australasian College of Emergency Medicine position statement on parenting in Emergency Medicine with the aim of 'promoting wellbeing and career sustainability for ACEMs with caring responsibilities'.

### **Professor Danny Liew**

- In addition, provide opportunities for professional development, including in academic activities (teaching and research) and leadership roles.
- Full-time clinical service can be tedious.
- Many (?most) doctors welcome opportunities to train the next generation, drive evidence (not just use it) and make a difference at a systems level.
- This fulfils a purpose.

**Ms Isla Woidt** I'm sure you've heard the quote about how we need to stop just pulling people out of the river when they are drowning but instead run upstream and look at why they are falling in... well it's absolutely true when we look at doctors wellbeing and what we've been focusing on for the past 12-18 months at CEIH.

- There is so much research and evidence to suggest that almost 90% of factors that are impacting the wellbeing of our workforce relate to the way we work, and other organisational factors in play. We absolutely need to be focusing on improving the work environment and culture, not just strategies that focus on supporting individual wellbeing.
- At the CEIH, we've identified a number of key pillars of work that we believe are essential to improving the working environment and experience for our doctors and other healthcare staff.
- Leadership commitment and governance that I mentioned earlier. This is about prioritising, resourcing and role modelling. Leaders can get dedicated roles and organisational structures in place to support action. A good example of this is the formation of the SA Health Chief Executive's Council healthcare workforce wellbeing sub-committee and system-level collaborative action plan that CEIH is very happy to be supporting.
- Leaders can mobilise capacity to prioritise wellbeing and improving the factors that influence it. There are so many incredible people with diverse skills sets and spheres of influence across the health system in SA. Look at this panel alone and the organisations they represent. We need to work together in a strategic way and stop working in silos. We also need to ensure equity in our system when it comes to resourcing and ensure our regional and remote colleagues don't get left behind.
- Capability. If this was easy, we would have fixed it already but it's not. It's a complicated and dynamic issue. Leaders and those that support them can look at building their own skills and knowledge around contemporary and wellbeing centred leadership and reflecting on what good and healthy work design looks like. What do we want our system to look and feel like for our doctors in years to come. And who can they surround themselves that do have the capabilities to drive change.
- Using data better. Leaders can start using data better by looking at the lead indicators, not the lag indicators and use that to drive action.
- Last but definitely not least, leaders can empower their teams to feel safe to speak up and create new ways of doing things. Lack of job control and autonomy is said to be one of the biggest predictor of burnout in doctors. Our doctors, no matter what level they are at, should have the capacity, capability and permission to call out when things can be done better and feel safe and supported to do so.

**Final question - What kind of leader inspires you? How have they made positive change to their team or a system, and could this translate to improving work environments for doctors more widely?**

### **Dr Ben Bravery**

- In my last role the team lead was a nurse with years of experience in mental health and disability. He was not cynical. He approached us as people – checking-in on our needs, tensions and constraints. He solved problems with us, not for us. He was optimistic, but realistic.
- A lot of junior doctors turn up to work with dread – will they miss a diagnosis, forget a step, be embarrassed, make a mistake. I felt this lift over the course of the term, it was a satisfaction that I had felt before, working outside of health, but had not fully felt as a junior doctor. It was awesome. This shouldn't be the exception – these skills are scalable and the impacts on our work, treatment of each other and patient care can be profound.

### **Dr Sian Goodson**

- I have worked with many inspiring GP leaders and other leaders in my 25 years in medicine
- In my experience when we think of inspiring leaders we tend to think of the people at the top of organisations, or the practice principles in general practice, spokespeople and those people are often great leaders but there are also other leaders with in general practice who make the an enormous impact on the day to day working lives of GPs who are not necessarily the people in the limelight.
- A person who has made significant impact to improving the working environment of many GPs and practice teams, and who has inspired me, is someone I've worked with over the past 10 years. She started as a receptionist, then became my practice manager when I was a practice owner, and is now an operations manager supporting 16 clinics here in SA.
- The reason I thought of this person is that she is someone who has natural leadership skills and abilities – and by that I mean she is manages to build successful teams, she empowers the people she works with and acknowledges their efforts, avoiding making everything about her. She somehow manages to make each person feel valued and takes the time to listen. She is also self-reflective, encourages that in others, strives to improve, and is very humble, demonstrating servant style leadership
- The other vital strength of a good leader is the ability to adapt to change. General practice will look very different in the future, with adoption of new technologies and different models of care and we can't stand still. Good leaders challenge us to try things outside of our comfort zone, help us to learn from mistakes and not be afraid to try new things.
- So the point I am trying to make, is that within any practice or organisation there will be people in different roles, perhaps in the early stages of their careers, who may be natural leaders and it's so important to identify and nurture those people so we continue to grow the next generation of leaders to support our profession.

### **Dr Grainne Murray**

- I think the best leaders are those who understand the important tasks of the role, who can bring their authentic selves, and their particular skillset to the role, understanding how to use the other team members to the team's advantage
- A colleague took on a large leadership role just prior to COVID, and being steadfast in doing it with kindness and compassion even through some very challenging times was very inspiring to me.
- The positive changes I saw within her department included
- A real focus on checking in with large numbers of staff regularly, both herself and through a leadership team
- A genuine acknowledgement of how hard people were working and highlighting those who had made particular contributions

- A realisation that if she looked after her team's needs, many of the clinical issues would sort themselves out. It's a privilege in healthcare to work with people who are passionate and committed to their patients, so often we don't need to micromanage clinical issues just ensure people have the capacity to find their own solutions to their patients' needs
- When I asked her about leadership skills and style 2 key points stood out
- Privilege it is to lead people, how important it is to bring the rest of your team up in whatever way you can
- The importance of making yourself heard - not by being the loudest person in the room, but trying to rephrase your point to make it clear to others

### **Professor Danny Liew**

- Good leaders are courageous, honest, transparent, consistent and exemplary.
- In my experience, the best leaders are people people.
- These are principles applicable to all work environments.

**Ms Isla Woidt** For me it's always about the humanity and humility and the ability to connect with people.

I have been so privileged to work closely with some leaders that I believe demonstrate the epitome of what literature refers to as "wellness-centred leadership" and if it weren't for them, I certainly wouldn't be here on this stage today.

The 3 things Dr Tait Shanafelt talks about in his article about "wellness centred leadership in healthcare" is about: care for people always, cultivate relationships, and inspire change.

Care for people always - An example of this is a leader I know who is a CEO of a large SA NFP who, during COVID, took the time to call 10 frontline workers each day to ask how they were and if there was anything the organisation could do better to support them. She said it made such a difference to the culture and also what she found out during those phone calls were things that were easy to implement and made a huge difference.

Cultivate relationships - relationships are so important both on the personal level and organisational level. There is power in the collective.

Inspire change - I am inspired by leaders who prioritise the wellbeing of their people above all else. They say "this is important and we absolutely need to do whatever we can to improve it"

### **Panel closed.**

Dr Roger Sexton, Medical Director, Doctors' Health SA shared that the proceeds from the 2022 CrazySocks event were donated to the Doctors, Caring for Colleagues (doctors for doctors) training workshop that was held in August 2022.

Dr Sexton also announced the re-branding of the Australasian Doctors' Health Network, which hosts Australasian Doctors' Health Conferences. It's new name is "Doctors' Health Alliance", all the details are on the new website – [www.doctorshealthalliance.org.au](http://www.doctorshealthalliance.org.au)

**Thank you to our special guests for making the 2023 CrazySocks4Docs event such a success!**

Keep an eye out in early 2024 for details on SASMOA & Doctors' Health SA websites about the next event!