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**RACP response  
Doctors' Health Alliance: Draft Doctors'  
Health and Wellbeing Curriculum**

February 2026

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 24,000 physicians and 9,300 trainee physicians, across Australia and Aotearoa New Zealand.

The RACP represents a broad range of medical specialties, a few of which include general medicine, paediatrics and child health, cardiology, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing healthcare policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.



*We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.*

## Executive Summary

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide feedback on the Doctors' Health Alliance (Draft) Doctors' Health and Wellbeing Curriculum developed for Australia.

With over 33,000 member physicians and trainees across Australia and Aotearoa New Zealand, the RACP is driving improvements for the wellbeing of our members within the College and in their many and diverse workplace settings. This draft Curriculum is of interest to the RACP because we:

- Provide [accredited specialist training](#) to trainee doctors who have completed their medical degree and wish to specialise further as physicians in Australia or Aotearoa New Zealand.
- Provide [continuing professional development](#) and education for specialists who have completed their physician training and have become Fellows of the RACP.
- Assess [Overseas Trained Physicians](#) who wish to practise as physicians in Australia or Aotearoa New Zealand

We offer our thanks to the Doctors' Health Alliance for developing the Curriculum which was well-received. The feedback prepared below is provided in the interests of increasing the usefulness of the draft Curriculum to RACP physicians and trainees, having been collated from key relevant bodies within the RACP such as the Member Health and Wellbeing Committee, Education, Learning and Assessment, Professional Practice, Occupational and Environmental Medicine and the RACP Ethics Committee.

The draft Doctors' Health and Wellbeing Curriculum (Curriculum) is relevant, positive and well-aligned with the RACP's training and wellbeing priorities. There is strong conceptual alignment with the [RACP Professional Practice Framework](#), as well as several current eLearning and Professional Practice [resources](#).

Close consideration of the draft Curriculum has identified several gaps and areas that we suggest could be expanded if doctor health and wellbeing is to be comprehensively covered. These are identified in the recommendations below and described in more detail in the subsequent sections.

## Recommendations

It is recommended the Doctors' Health Alliance consider the further address and inclusion of these aspects of doctor health and wellbeing within the Curriculum:

- 1) **International Medical Graduates (IMGs).** Add a section to address the unique challenges that IMGs and Specialist IMGs (SIMGs) can face which may impact their health and wellbeing, including that health and wellbeing can have a range of different meanings across cultures.
- 2) **Supervisors.** Add a section and/or specifically address the health and wellbeing of supervisors of medical trainees.
- 3) **Aboriginal and Torres Strait Islander doctors.** Directly address cultural safety in the context of delivering wellbeing for Aboriginal and Torres Strait Islander doctors, particularly in Module 14. Give greater acknowledgement to the underlying structural abuse and institutionalised racism in some part of the health care system because this disproportionately impacts the health and wellbeing of Aboriginal and Torres Strait Islander doctors and peoples.

- 4) **Rural, regional and remote doctors.** Provide greater recognition of the distinct factors these doctors face in their working environment that impact health and well-being. This notably applies to Module 14.
- 5) **Ethical issues.** It was recommended that greater address could be given to the importance of ethics in the health and wellbeing of doctors, for example, in relation to moral distress and the value of a workplace culture that supports ethical discourse or reflection.

We explore these issues further as follows.

## 1. International Medical Graduates (IMGs)

It is proposed there be a dedicated section in the curriculum to address the unique challenges that IMGs and Specialist IMGs (SIMGs) can face which may impact their health and wellbeing. Examples of these challenges are:

- Orientation into a new health system
- Building community (both professional and social)
- Potential for exploitation of IMGs and SIMGs in the workplace

In addition, the Curriculum should:

- Refer to [Ahpra's Short Term Training Pathway](#) in reference to IMGs and the provision of support and education.
- Recognise that SIMGs may need additional or different support for any of the curriculum items listed.
- Acknowledge that health and wellbeing may have different meanings across many and diverse cultures.

## 2. Supervisors

The unique working circumstances that supervisors of trainees face and how they can impact their health and wellbeing is a gap in this Curriculum, particularly as supervisors are critical to medical training. The aspects recommended to address include:

- **Supervisor wellbeing and the burden of supervision.**

Supervisors are doctors who face unique wellbeing challenges including:

- Uncompensated supervision work on top of full clinical loads
- Emotional burden of supporting trainees that requires additional support.
- Vicarious trauma from trainee adverse events
- Supervisor burnout affecting supervision quality and trainee outcomes

- **The supervisor-trainee relationship and wellbeing**

The supervisor/trainee relationship is bidirectional and affects the health and wellbeing of both. Module 8 (peer support and responding to colleagues) could have further content included on:

- When supervisors need support managing challenging trainees
- Conflict resolution in supervision
- Seeking help as a supervisor.

- **Supervisor wellbeing and self-care.**

Supervisors need support and the Curriculum should include information on:

- How supervisors can maintain their own health and wellbeing while supporting trainees
- Dealing with vicarious trauma from supporting distressed trainees.

- **Supervisor wellbeing when navigating trainee assessment and progress**

Supervisors face ethical dilemmas when trainee health affects their performance which should be included in a health and wellbeing curriculum. These dilemmas for address include:

- How to document concerns without stigmatising
- Confidentiality in supervisor's reports
- Supporting progression versus protecting patients
- Failure to fail due to wellbeing concerns.

### **3. Aboriginal and Torres Strait Islander doctors**

The vital role of cultural safety for Aboriginal and Torres Strait Islander doctors should be given emphasis and more direct address.

For example, Module 14 mentions "First Nations" doctors but falls short of addressing cultural safety in the delivery of health and wellbeing services for doctors. Therefore, the Curriculum could include:

- How doctors' health services can provide culturally safe care
- Cultural determinants of wellbeing for Aboriginal and Torres Strait Islander doctors.
- Working with cultural safety advisors and community.

In addition, there could be recognition in the Curriculum that in many parts of Australia, there may be overt structural abuse and institutionalised racism encountered that disproportionately impacts Aboriginal and Torres Strait Islander peoples. Significant moral distress can arise from bearing witness to this and being an inadvertent part of a system that continues to harm people.

Added note: the Curriculum could also refer to their choice of descriptive term ie First Nations over Aboriginal and Torres Strait Islander peoples.

### **4. Rural, regional and remote doctors**

Module 14 includes rural medicine as a contextual focus area. However feedback suggested that rural, regional and remote doctors (both trainees and supervisors) face distinct health and wellbeing challenges that warrant more in-depth address. These challenges include:

- Professional isolation
- Lack of anonymity in small communities
- Family relocation stress
- Limited locum coverage
- On-call burden
- Perceived value of rural, regional and remote practice not recognised sufficiently
- Stress of workforce shortages.

### **5. Ethical issues**

Feedback included a desire to see greater address given to the importance of ethics in the health and wellbeing of doctors throughout the Curriculum noting there is some mention of ethics.

For example, ethics is relevant to the moral distress which doctors can experience based on various workplace situations.

The RACP has been developing a resource on this issue for physicians and trainees and would welcome the opportunity to engage with you on this work and / or share it once finalised.

In addition, the Curriculum could stress the value of a workplace culture that supports ethical discourse or reflection, and acknowledge the practical merit to doctor health and wellbeing of [clinical ethics support services](#).

## Further comments

**Overall:** one physician stated, “this curriculum looks really useful for all doctors - as a head of unit I look forward to being able to work through the modules, both for my own wellbeing and that of the trainees, students and consultants working in my unit.”

**Module 1:** *Understanding doctors’ health - Individual, systemic, and cultural determinants.*

It was suggested the understanding of the health and wellbeing of gender diverse doctors could be included here.

**Module 3:** *Workplace risks and impacts - Bullying, harassment, racism, fatigue, and safe hours.*

It was suggested this could include information on dealing with difficult behaviour from patients and colleagues and the importance of organisational support and setting boundaries for patient / health consumer behaviour.

**Modules 9 and 10** *Environmental and workforce wellbeing - Broader system pressures and sustainability / Leadership and organisational wellbeing - Culture, systems, and sustainable change*

These could be combined because it is likely there will be significant overlap in content and both address system level issues.

Other elements that could be included or expanded were suggested:

- What the individual might do
- Expand on the areas addressing stress during medical exams for doctors in training
- One comment was that it risked being read as deficit oriented, and gave the medical career a negative prospect. Perhaps more tools could be emphasised such as boundary setting, teaching self-reflection, give space to communication skills (the ability to speak up, negotiation skills, emotional regulation, working with others).

## Next steps

The RACP supports the national focus of medical doctor health and wellbeing and a collaborative, consistent approach across Australia at all levels of health services. We would welcome further information on the Doctors’ Health Alliance’s planned next steps for the final curriculum and how this might be applied across the medical profession.

The RACP hopes to work collaboratively with the many medical organisations advocating for the uplifting of doctor health and wellbeing.

Thank you again for your work on this initiative and we look forward to hearing more.

If you require further information on this feedback, please contact Dr Kathryn Powell via [policy@racp.edu.au](mailto:policy@racp.edu.au).