

Every Doctor, Every Setting

Action plan for implementation of the
national Every Doctor, Every Setting (EDES)
Framework 2024/25



Foreword

As Chair of the National Doctors Health and Wellbeing Leadership Alliance (NLA) and a lifelong advocate for doctors' health and wellbeing, I am delighted to present the Every Doctor, Every Setting (EDES) Action Plan. This plan represents a pivotal step in our ongoing efforts to systematically enhance the mental health and wellbeing of doctors and medical students across Australia.

Building on the foundational work of the EDES Framework, the establishment of a national leadership group under Pillar 05/ Leadership was a critical development. Funded by the Commonwealth as part of the National Leadership in Mental Health Program, this group oversees the implementation and monitoring of the Framework.

Despite the challenges posed by COVID-19, we are now progressing with renewed momentum. The NLA, established in early 2023, plays a central role in driving coordinated action and ensuring accountability. The dedication and engagement of NLA members, who hold senior roles across the tertiary education and health sectors, have been instrumental in our progress.

The NLA has also formed an Executive Committee to guide and oversee its initiatives. While some activities outlined in the 2020 Framework have already been undertaken, the Action Plan focuses on identifying and prioritising the actions that will have the greatest impact. These actions are mapped to relevant Framework pillars and EDES targets.

In the spirit of reconciliation, the National Doctors Health and Wellbeing Leadership Alliance (NLA) acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to Elders past and present.

It is heartening to see progress in many areas of the EDES Framework, including the recent recognition of psychosocial safety as a WHS responsibility. However, it is essential to acknowledge that embedding these principles fully within the profession remains a crucial ongoing effort. Much work remains to create an environment that supports wellbeing and enables quality patient care, particularly in rural, remote and resource constrained settings, and for International Medical Graduates (IMGs) adapting to new systems and regulations. This includes fostering regular conversations about mental health, promoting legislative changes to support psychosocial safety, advocating for notification education and awareness to reduce barriers to help-seeking, increasing access to recovery-at-work practices, and embedding mental health into organisational culture.

I extend my sincere gratitude to NLA Deputy Chair, Professor Vijay Roach, the NLA Executive Committee led by Chair Associate Professor Antonio Di Dio, and all NLA members for their unwavering commitment. Together, we continue to strive for a healthier future for doctors.

PROFESSOR STEVE ROBSON, CHAIR, NLA



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Purpose

The EDES Action Plan serves as an implementation tool for the Every Doctor, Every Setting (EDES) Framework, released in 2020. The Framework was designed to reposition the mental health and wellbeing of the medical profession as a national priority, establishing guiding principles and five pillars for coordinated action.

While the EDES Framework provides a comprehensive strategy, the Action Plan focuses on practical implementation and prioritisation. It identifies key strategies for current and future action, aiming to enhance sector engagement with the Framework.

The Action Plan distills the broad priorities of the EDES Framework into actionable items tailored to our current environment, emphasising coordinated efforts over the next two years. It clarifies actions and responsibilities across the sector, organised under five themes: Leadership, Advocacy, Reporting, Communication and Direct Action.

This structured approach ensures that the Action Plan is not a static document but a dynamic roadmap, continuously revised to reflect the evolving needs and achievements of the National Doctors Health and Wellbeing Leadership Alliance (NLA) as the EDES becomes embedded within the healthcare sector. While the NLA drives these initiatives, it is the collective responsibility of the medical profession to implement these actions and create a healthier future for all doctors and medical students.



Scan to sign-up and support the EDES Framework



EDES pillars for coordinated action

/01

PRIMARY PREVENTION

Improve training and work environments to reduce risk

/02

SECONDARY PREVENTION

Improve capacity to recognise and respond to those needing support

/03

TERTIARY PREVENTION

Improve response to doctors and medical students impacted by mental ill-health and suicidal behaviour

/04

MENTAL HEALTH PROMOTION

Improve the culture of the medical profession to enable wellbeing

/05

LEADERSHIP

Improve coordinated action and accountability

NLA taking action on Pillar /01

NLA priority action: Advocate for psychosocial safety within workplaces in National Safety and Quality Health Service (NSQHS) Standards, and other relevant standards

Desired outcome: All employers responsible for and understand their responsibility for psychosocial safety

Mapped to EDES Target 1.1 Systems change to prevent job strain, fatigue and burnout across the medical profession

NLA THEME/S	Leadership, Advocacy
LEAD ORGANISATION/S	NLA, ACSQHC, medical colleges
TARGET ORGANISATION/S	Government departments, training settings

Key actions	Measures of success (p = progress, o = outcome)
Collaborate and consult with the Australian Commission on Safety and Quality in Health Care to progress psychosocial safety through a variety of methods	<ul style="list-style-type: none">– Meeting held (p)– Willingness of organisation to engage (p)– Metrics regarding management of psychosocial hazards in healthcare settings included as part of accreditation process (o)
Identify and promote other relevant standards (Australian Medical Council (AMC) accredited medical schools prevocational and specialist medical colleges)	<ul style="list-style-type: none">– Awareness of and compliance with standards as measured through accreditation process (p)– Improvements in psychosocial safety as measured in Medical Training Survey (MTS) (o)
Advocate to AMC, medical schools and colleges for standards and curriculum reviews/ changes to include psychosocial safety	<ul style="list-style-type: none">– Number of draft proposals, recommendations submitted (p)– Number of standards /curricula updated (o)
Provide guidance and resources to health services to support the development and enforcement of internal policies and procedures that promote a safe and inclusive environment	<ul style="list-style-type: none">– Number of resources identified (p)

NLA taking action on Pillar /01

NLA priority action: Advocate for legislative change to support accountability by health services

Desired outcome: All employers responsible for and understand their responsibility for psychosocial safety

Mapped to EDES Target 1.2 Safe and inclusive training and work environments, where bullying and discrimination are not tolerated

NLA THEME/S	Advocacy
LEAD ORGANISATION/S	NLA, ASMOF, MDO, AMC, AMA
TARGET ORGANISATION/S	Government departments, ACSQHC, medical colleges

Key actions	Measures of success (p = progress, o = outcome)
WHS Legislation updated to include psychosocial safety	<ul style="list-style-type: none">– Milestones achieved in legislative gap identification (p)– Number of new legislative proposals (p)– Changes to legislation (o)
Advocate to state health departments to update legislation to include reference to psychosocial safety and model code of practice (Safe Work Australia)	<ul style="list-style-type: none">– Number of engagements with state health departments (p)– Number of public campaigns conducted (p)– Awareness of and utilisation of model code of practice (or equivalent) (o)

NLA taking action on Pillar /02

NLA priority action: Educate and create awareness within the profession regarding the Australian Health Practitioner Regulation Agency (Ahpra) notification process to provide reassurance regarding help-seeking behaviour

Desired outcome: Notifications are not perceived as a barrier to help-seeking behaviour

Mapped to EDES Target 2.1 Mandatory reporting legislation exempts treating doctors from reporting their doctor or medical student patients

NLA THEME/S	Direct Action, Communication
LEAD ORGANISATION/S	MBA, Ahpra
TARGET ORGANISATION/S	CPMC, medical schools, colleges, health services, CPMEC, AMC

Key actions	Measures of success (p = progress, o = outcome)
Identify and promote current resources that explain the Ahpra notification process and emphasise the importance of seeking help for health concerns	<ul style="list-style-type: none">– Number of organisations using resources (p)
Provide notification and mandatory reporting education tailored to career stages and IMGs transitioning into Australian practice	<ul style="list-style-type: none">– Development of resources to address identified gaps (p)– Uptake of resources (o)
Improve understanding of the impact of reporting notifications on health practitioners	<ul style="list-style-type: none">– Measure to be established
Create an effective system of support for medical practitioners who receive a notification	<ul style="list-style-type: none">– Development of support pathways, informational flowcharts and fact sheets (o)

NLA taking action on Pillar /03

NLA priority action 1: Increase access to evidence-based recovery-at-work practices to better support doctors and medical students

Desired outcome: People responsible for the education, training and employment of doctors have access to evidence-based information and tools to support recovery-at-work practices

NLA priority action 2: Address stigma by increasing storytelling and opportunities to share lived experience of doctors impacted by mental ill-health

Desired outcome: Reduced stigma associated with mental health concerns among doctors and medical students, leading to increased willingness to seek help, improved mental health outcomes, and a more supportive healthcare environment

Mapped to EDES Target 3.1 Recovery-at-work practices are implemented across all settings where medical professionals work, study and train

NLA THEME/S	Direct Action, Communication
LEAD ORGANISATION/S	Health services, health departments, colleges, CPMC
TARGET ORGANISATION/S	Everymind, doctors' health services, MDOs, AMA

Key actions	Measures of success (p = progress, o = outcome)
Identify evidence-based recovery-at-work practices that can be applied across settings	<ul style="list-style-type: none">– Number of evidence-based recovery-at-work resources identified and collated (p)– Increase in the usage of these repository, as indicated by user access statistics (o)– Successful completion of the survey with a high response rate (p)– Implementation of suggested resources or changes based on feedback (o)

Table continued on next page.

NLA taking action on Pillar /03

Key actions	Measures of success (p = progress, o = outcome)
Facilitate and promote qualitative research on recovery-at-work practices	<ul style="list-style-type: none"> – Increased number of research studies focused on recovery-at-work practices (p) – Dissemination of research findings through various platforms to inform practice and policy (o) – Development of guidelines or recommendations based on research that are adopted within healthcare settings (o)
Identify and use relevant training and workforce surveys to better understand current practices and priority gaps	<ul style="list-style-type: none"> – Number of relevant questions identified/developed and integrated into the survey (p) – Identification of priority areas for intervention and measurable improvement in these areas in subsequent surveys (o)
Better understand leave entitlements (including those for mental ill-health) across university programs	<ul style="list-style-type: none"> – Completion of the AMSA review and formulation of recommendations (p) – Development of recommendations for enhancing leave entitlements (p) – Number of stakeholder engagements and commitments to consider or implement the recommendations (p) – Adoption rate of the new or revised leave entitlement policies (o)
Build a lived experience strategy to enhance the EDES Framework based on stigma reduction evidence and safety	<ul style="list-style-type: none"> – Number of ambassadors (p) – Strategy developed (o) – Activities delivered (o)
Create and disseminate guidelines for storytelling	<ul style="list-style-type: none"> – Guidelines developed (p) – Guidelines accessed and used (o)
Leverage events and other mediums to disseminate stories and resources	<ul style="list-style-type: none"> – Number of events (o) – Percentage of medical conferences and events with lived experience inclusion (o) – Number of collaborations (p)

NLA taking action on Pillar /04

NLA priority action: Advocate for the provision of access for all doctors to a range of formal support mechanisms, such as clinical supervision, coaching, mentoring and peer support

Desired outcome: All doctors have awareness of and access to formal support mechanisms

Mapped to EDES Target 4.1 Strategies to improve the health and wellbeing of the medical profession are implemented

NLA THEME/S	Advocacy, Leadership
LEAD ORGANISATION/S	Colleges, medical schools, CPMEC
TARGET ORGANISATION/S	Doctors' health services, MDOs, ASMOF, AMA, MBA

Key actions	Measures of success (p = progress, o = outcome)
Advocate for the inclusion of a requirement for all doctors to have access to formal support mechanisms, such as clinical supervision, coaching, mentoring and peer support in professional codes of conduct and regulatory frameworks	<ul style="list-style-type: none">– Number of meetings held with relevant organisations (p)– Number of codes of conduct (or equivalent) that includes requirements (o)
Collaborate to develop or promote guidelines or policies that emphasise the importance of support mechanisms for doctors' wellbeing	<ul style="list-style-type: none">– List of guidelines/policies (p)– Links to curated resources on EDES website (o)
Advocate for the integration of clinical supervision or coaching into CPD	<ul style="list-style-type: none">– Number of key stakeholder groups contacted (p)– Integration of requirement of clinical supervision or coaching (or structured peer support) into CPD requirements by number of organisations (o)

NLA taking action on Pillar /05

NLA priority action: Establishment of a national leadership group to lead and monitor the implementation of the EDES Framework

Desired outcome: Effective leadership and oversight of the implementation of EDES across the sector

Mapped to EDES Target 5.1 A national leadership group is resourced to oversee the implementation of the Framework	
NLA THEME/S	Leadership, Direct Action
LEAD ORGANISATION/S	National Doctors Health and Wellbeing Leadership Alliance (NLA)
TARGET ORGANISATION/S	Health professional organisations across the sector

Key actions	Measures of success (p = progress, o = outcome)
NLA group established with agreed Terms of Reference	<ul style="list-style-type: none">– Terms of Reference agreed (p)– Regular attendance and engagement by members (p)– Workshop reports and meeting updates circulated to NLA members (p)
Executive Committee established to support work of NLA	<ul style="list-style-type: none">– Terms of Reference agreed (p)
Development of an action plan	<ul style="list-style-type: none">– Action plan approved (o)– Key achievements against the action plan (o)

NLA taking action on Pillar /05

NLA priority action: Development of a communication strategy and stakeholder engagement plan

Desired outcome: Full integration and shared understanding of EDES among all stakeholder organisations

Mapped to EDES Target 5.2 Mechanisms for effective communication about policy, practice and research are established

NLA THEME/S	Leadership
LEAD ORGANISATION/S	National Doctors Health and Wellbeing Leadership Alliance (NLA)
TARGET ORGANISATION/S	Health professional organisations across the sector

Key actions	Measures of success (p = progress, o = outcome)
Development of a communication and engagement strategy aimed at raising awareness of the EDES Framework among key stakeholders	<ul style="list-style-type: none">– Number of participants attending webinar (o)– Number of hits/shares on social media (p)– Communication and engagement strategy documented (o)– Number of hits on website (o)– Number of organisations signing up to EDES (o)
Foster a shared understanding of the Framework's purpose and potential impact	<ul style="list-style-type: none">– Ongoing discussions between meetings (p)
Promote transparency and trust in the Framework's development and implementation, emphasising the collaborative nature of EDES, involving multiple stakeholders	<ul style="list-style-type: none">– Uptake of EDES by organisations (o)
The NLA will build on existing work, avoid duplication and amplify collective efforts	<ul style="list-style-type: none">– Number of partnerships or collaborations established with external organisations (o)– Percentage of initiatives that include contributions or resources from external programs (o)

NLA taking action on Pillar /05

NLA priority action: Convene a symposium with partner organisations to showcase initiatives under EDES Framework

Desired outcome: Promotion of EDES and collaboration between organisations to implement strategies

Mapped to EDES Target 5.2 Mechanisms for effective communication about policy, practice and research are established	
NLA THEME/S	Direct Action
LEAD ORGANISATION/S	National Doctors Health and Wellbeing Leadership Alliance (NLA)
TARGET ORGANISATION/S	Health professional organisations across the sector

Key actions	Measures of success (p = progress, o = outcome)
NLA to work with partner organisations to host an event to showcase EDES initiatives, including the work of the NLA; promote collaboration; share best practices; and discuss challenges	<ul style="list-style-type: none">– Attendance at event (p)– Communique following symposium (p)– Outcomes of symposium, including next steps, posted on website and social media (o)

Acknowledgements

Recognising our contributors

We extend our deepest gratitude to all individuals and the organisations they may represent who contributed to the development of the EDES Action Plan. This work would not have been possible without their dedication and support. Their collaborative efforts embody the spirit of the EDES Action Plan, driving us towards a healthier, more supportive environment for all medical professionals.

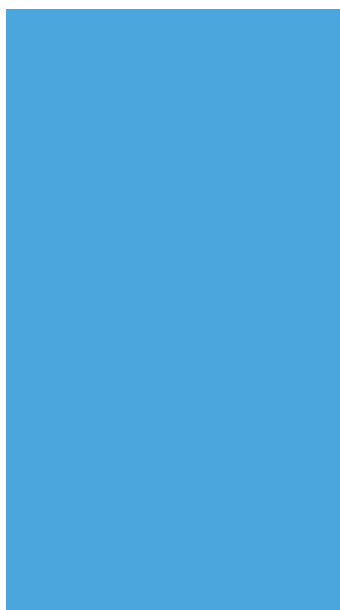
- NLA members (please refer to page 16)
- NLA Executive Committee – Associate Professor Antonio Di Dio, Dr Jaelea Skehan OAM, Professor Vijay Roach, Associate Professor Jo Bishop and Dr Elizabeth Rushbrook
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We respectfully acknowledge the Traditional Owners of the lands on which we live and work. We pay our respects to their Elders past, present and emerging. We recognise the significant role of Indigenous doctors in the health and wellbeing of all Australians and commit to supporting their contributions and perspectives within the medical profession.

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Cover (top right): Dr Sarah Goddard – Source: AIDA with permission of Dr Goddard. Dr Sarah Goddard is a proud Kaytetye woman from the Barkly Region in the Northern Territory.

Page 4: Bond University medical students - Source: Sanskriti Sharma, Medical Students' Society of Bond University (MSSBU)

