

Medical Board of Australia consultation on the funding of external doctors' health programs

Submission received from: **Name withheld**

Question 1: Is there a need for health programs?

Do you see any value in, or need for external health programs for medical students and/or doctors? Please explain your reasoning

Yes. Doctors and medical students represent a group of potentially "difficult" patients: present late; have risk factors for particular conditions; have propensity to self-treat; may be challenging to manage given technical knowledge and attitudes. They can benefit from health care from professionals with specific training and experience but may be reluctant to seek attention through "mainstream" services.

Of course all doctors and medical students should be encouraged and willing to have a regular general practitioner for general health issues.

The specialised external programs have a niche particularly for less common but higher risk health problems, for example mental health and drug dependency. I think VDHP (for example) is uniquely placed to facilitate rehabilitation, supervised treatment and re-integration to the workplace where this is relevant. An individual general practitioner or specialist would be hard-placed to replicate this.

Question 2: Preferred model for external health programs

Of the existing models in Australia as described above, is there a model that you would prefer to see adopted nationally? Is there an alternative model that you would like to see adopted nationally?

Am most familiar with the program offered in Victoria and am comfortable with how this is run.

Question 3: The role of the Board in funding external health programs

Do you believe that it is the role of the Board to fund external health programs?

Now that we have national registration it makes sense to standardise resources across Australia. Obviously funding an external health program ultimately needs to be funded largely by medical practitioners themselves and everyone making a small regular contribution seems a logical, "insurance-like" model. I would envisage that, although the Board would facilitate collection of the funds, the management of the service would be independent.

The Board is the only organisation that represents all doctors - otherwise looking to AMA etc. Independence and universal access is important, so Board seems well placed. As stated in the discussion paper, the Board has an interest in ensuring registered students and medical practitioners are fit to practice as well as to monitor any of have or have had a significant impairment. They should not provide the treatment or assessment themselves, however they would benefit from experience and advice from a well run external program.

Important that standardisation does not become synonymous with "lowest common denominator" in terms of service level.

Question 4: Range of services provided by doctors' health programs

What services should be provided by doctors' health programs. In addition to the ones you have selected, what other services (if any) should be provided by doctors' health programs?

Telephone advice during office hours

Referral to expert practitioners for assessment and management

Develop and maintain a list of practitioners who are willing to treat colleagues

Education services for medical practitioners and medical students to raise awareness of health issues for the medical profession and to encourage practitioners and students to have a general practitioner

Programs to enhance the skills of medical practitioners who assess and manage the health of doctors

Case management and monitoring (including workplace monitoring) the progress of those who voluntarily enter into Case Management agreements (or similar) with the service

Assistance in finding support for re-entry to work and rehabilitation

Research on doctors' health issues

Publication of resources – maintaining a website, newsletters, journal articles

Question 5: Funding

How much of an increase in registration fees is acceptable to you, to fund doctors' health services?

\$10 - \$25

Question 6: Other comments

Do you have any other comments or feedback about external health programs?

As part of my role involves teaching students and educating junior doctor, issues of stress, self-care, health problems often arise in discussion. I am proud of the existence of the VDHP and confidently explain to students and doctors that it is an important resource available to them if they are facing a difficult personal situation. Of course there are other services, supports and strategies, but it would be a significant gap if VDHP equivalent was no longer available. I think people feel confident that the service would be available if needed by them, and that it doesn't carry particular stigma.