



## Submission to the Medical Board of Australia: April 2012

### Re: Consultation on the Board funding external doctors' health programs (Released 8 February 2012)

The Australasian College for Emergency Medicine (ACEM – the College) welcomes the opportunity to review and provide comment on the Medical Board of Australia (the Board) consultation paper on the funding of external doctors' health programs: *Consultation on the Board funding external doctors' health programs*.

ACEM is a not-for-profit organisation responsible for the training of emergency physicians and the maintenance of professional standards in emergency medicine in Australia and New Zealand. The College has a vital interest in the quality of emergency care provided to the community and so fully supports the Board's role in managing impaired practitioners, as defined in the *Health Practitioner Regulation National Law Act*. The College also values the role of health programs for medical practitioners. ACEM believes that doctors' health programs not only assist in the management of impaired practitioners but meets an important need by providing a broad range of confidential advisory, referral and support services for medical practitioners with health concerns as well as raising awareness and educating the medical profession on self-health issues. The College supports the continuation of these programs and maintains that they operate independently of the Board and the Australian Health Practitioner Regulation Agency (APHRA).

With regards to the questions raised in the Board consultation paper:

#### Question 1: The need for health programs

Ready access by medical practitioners to a high quality and confidential doctor-specific health program is fully support by the College on the basis of optimising the physical and mental health of colleagues, minimising the chance of patients receiving sub-optimal care by impaired doctors and maintaining public confidence in the profession.

The College recognises the need for these health programs and considers that these schemes should be available to all medical practitioners and medical students working in Australia.

#### Question 2: Preferred model for external health programs

The College acknowledges that presently there are many functional doctors' health schemes in place at state level, but recognises advantages associated with a centralised program that is accessible to a highly mobile medical workforce.

A broad range of services should be provided by doctors' health programs, including case management, monitoring, outreach and education. The College recommends integrating evidence-based best-practice initiatives from across the existing state-based doctors' health programs in establishing a comprehensive Australia-wide program and also suggests international benchmarking of doctors' welfare initiatives in creating a national scheme.

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

Funding provided by the Board to support doctors' health programs must be to a completely independent body to AHPRA. This will provide the necessary assurance to medical practitioners that their participation in a doctors' health program and any issues they raise will remain confidential and will not be accessed by AHPRA or the Board beyond legislated requirements.

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

As stated, ACEM supports a broad range of services being provided by doctors' health programs, including:

- Telephone advice services
- Referral to expert practitioners for assessment and management
- Development and maintenance of a list of practitioners who are willing to treat colleagues
- Education services 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
- Follow up of all participants
- Assistance in finding support for re-entry to work and rehabilitation
- Research on doctors' health issues
- Publication of resources

**Question 5: Funding**

The College is concerned that centralisation of services will significantly increase the financial impost on our members. In some states this may be for little additional benefit. This is particularly keenly felt in light of recent large increases in medical registration fees when nationalised under the AHPRA.

If there is any increase in fees this must be modest and it is essential to be considered separate to the registration fee. There should be no confusion as to the reason for the fee being charged and its precise amount. This could take the form of a levy.

Funding obtained from this levy must be quarantined from general AHPRA revenue so there is no chance that it gets diverted for other purposes. An annual report should be provided to doctors as part of the annual collection of this levy which outlines how this additional fee has been allocated.

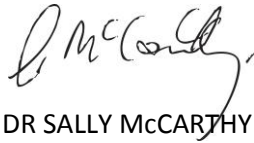
In addition, there needs to be a mechanism for the profession to contest annual increases in this levy if they are felt to be increasing unreasonably.

**Question 6: Other comments**

The provision of a national doctors' health program should not reduce or replace the need for employers to have policies and resources in place to promote and maintain the health of their doctor employees and medical students undertaking placements in these health services.

Thank you again for the opportunity to provide a submission to the Medical Board of Australia on the *Consultation on the Board funding external doctors' health programs*. If you require any clarification or further information, please do not hesitate to contact the ACEM Director of Policy and Research, Dr Andrew Gosbell (03 9320 0412 or [andrew.gosbell@acem.org.au](mailto:andrew.gosbell@acem.org.au)).

Kind regards

A handwritten signature in black ink, appearing to read 'S. McCarthy', with a stylized flourish at the end.

DR SALLY MCCARTHY  
PRESIDENT