

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 who have sufficient insight to realise that they need help should be able to access this support outside their work environment in a cost-free, confidential, non-judgmental and ongoing manner. Suitable services may not be provided or available within the work environment, and in the case of junior doctors who are the victims of bullying, sympathetic support may not be provided for cultural reasons that protect their more senior colleagues.

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?

I would prefer to see a model where the affected person can obtain help and ongoing care there and then (and at no cost) rather than having to negotiate their way through having to follow up an external referral or referrals, and these external practitioners (particularly in the case of psychiatrists) may not be affordable.

I feel that the referral model used by the VDHP is fundamentally flawed and that trained health professionals should be available for appointments to help people as part of the service (eg counsellors, psychologists, psychiatrists) rather than sending someone away to make many telephone calls to see if a mental health professional will accept the referral and also carry the extra burden of finding a lot of money to pay for treatment.

If expert practitioners are not available "in house" then I do not support that particular model at all. Patients do not turn up to the ED expecting to be listened to briefly and then sent away with a referral note and no consideration of whether or not they can actually access and afford the treatment to make them better. We can do better than this model and doctors and medical students who are suffering from mental health issues deserve better.

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?

This would be a logical sequelae to being the national registration body provided that a truly national model can be developed that allows all doctors and medical students, regardless of where they are in Australia, to access the same types of support services. I would envisage this national model replacing the existing disparate services (perhaps by absorbing the existing infrastructure and engaging with existing staff/volunteers).

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?

All of the options listed are worthwhile in their own way, but I take exception with the third point:

Referral to expert practitioners for assessment and management.

As explained above, I do not believe that this is adequate for timely and ongoing care of the affected person and prefer the idea of

(almost) immediately available 'in-house' services. For anyone with mental health issues, placing further barriers in the way of receiving treatment will lead to an attrition rate and a reasonable number of people who want and need help not actually getting it. Putting a self-motivating referral step into the process invokes many difficult issues such as ability to make and receive confidential telephone calls, financial capacity, overcoming depression and anxiety sufficiently to make a call, dealing with rejection and having to keep phoning practitioners until the person finds someone to take them on, etc.

Question 5: Funding

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

If it was a really good program that delivers the help that people need when they need it, then I would be willing to pay an extra \$25-\$40 per year. I would not be prepared to pay anything extra for a VDHP-style model.

Question 6: Other comments

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

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