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The Executive Officer,
Medical,
AHPRA,
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Email to: medboardconsultation@ahpra.gov.au

Dear Sir / Madam,

“CONSULTATION ON FUNDING EXTERNAL DOCTORS’ HEALTH PROGRAMS”

The Medical Indemnity Protection Society Ltd. (MIPS) is a “not for profit” discretionary mutual and parent company of the MIPS Group that includes a wholly-owned subsidiary **MIPS Insurance Pty. Ltd.**, an APRA regulated general insurer providing medical indemnity insurance to MIPS members.

MIPS is a membership organisation with over 30,000 health care practitioner and student members.

MIPS’ principal activity is to provide medical indemnity cover for its members.

The MIPS Constitution requires it to promote honourable and discourage irregular practice and to consider, originate, promote and support, or oppose legislative or other measures affecting members.

MIPS welcomes the opportunity to provide comment in relation to this review.

It is MIPS view that an extension of the Victorian Doctors’ Health Program (VDHP) to all medical registrants would be a positive step for registrants which would also benefit the wider community.

MIPS remains concerned however, that the benefit to the community of such a scheme will be materially reduced because of the significant ongoing disincentive for health care practitioners to seek help that arises from the mandatory reporting provisions of the Health Practitioner Regulation National Law Act.

In the absence of an exemption of those participating in the Doctors’ Health Program from mandatory reporting, health care practitioners are less likely to voluntarily seek help. This exposes the community (and practitioners) to avoidable risk.

Funding through Medical Board fees has the potential to be sustainable and efficient. It is important however, that funding be seen to be transparent and that there is accountability and scrutiny in respect of expenditure. Governance and autonomy of the Doctors’ Health Program must be strong to ensure that all stakeholders can feel confident that there is appropriate separation and clarity of roles of both the Medical Board and Doctors’ Health Program.

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It would also seem sensible to ensure that other AHPRA Registrants also had access to a health program. Inclusion of such groups would provide a greater critical mass than Medical Board registrants alone. That in turn should increase efficiency of operations, range and location of services, decrease the per-capita cost of operations and supply a much larger and broader funding base.

It appears that previously Health practitioners in some geographic areas have not had access to as comprehensive a range of services compared with others. That lack of equity needs to be addressed. A national scheme should help to ensure that is addressed.

We also consider it is likely that the Medical Board will feel more confident that it is providing “for the protection of the public” if it is comfortable that impaired health care practitioners, as well as those health care practitioners with health issues who are not impaired, are participating in a flexible, responsive, well structured health program designed for the purpose.

We recognise the community invests significant resources in training health care practitioners. Putting to one side the important principle of ensuring that carers are cared for, it seems sensible that when faced with an ageing general (and health care practitioner population) that is anticipated to lead to significant projected health care manpower shortfalls, that the community should encourage endeavours that ensure that the number of practitioners available to practice at an optimum level is maximised.

In response to the questions provided in the Public Consultation paper:

Question 1: Is there a need for health programs?

Many health care professionals have difficulty in accepting the role of patient. They are often more reluctant to seek help, delay seeking help and are more likely to self-medicate and direct treatment/investigations. Some health professionals may have little insight into their own health issues while paradoxically retaining insight into the issues of their patients.

These features pose particular challenges for treating health professionals. These challenges are particularly amplified where a practitioner holds uncertainty in respect of ongoing ability to practice or retain registration to practice. It is therefore necessary to not only ensure that practitioners with health issues have available a single point of access to a network of competent and respected treating health practitioners but that those treating health practitioners have the skills and experience for recognising and overcoming the challenges of treating health professionals listed above.

As previously outlined we believe that there is significant social utility and benefit to all stakeholders from such a health program.

Question2: Preferred model for external health programs

The Victorian Doctors’ Health Program (VDHP) seems to offer the most comprehensive range of appropriate services through a stand-alone model.

To ensure there is no asymmetry of service delivery and to reinforce the independent nature of the health program, any such program should not be designed to rely on volunteers.

Ideally, the program should feature a single scheme preferably based on the VDHP model but incorporating any additional best of breed features from other programmes. In that way appropriate services should be able to be provided more extensively, comprehensively, equitably and efficiently and in a more transparent and independent manner.

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

As previously noted the Board is well placed to efficiently collect funding for external health programs. This in turn should help ensure the Board meets it's objectives particularly that health practitioners are competent to practise.

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

All of the services listed under this question.

Question 5: Funding

This is a matter for registrants to indicate their preference, however it is likely that an annual cost to a practitioner of an amount perhaps no greater than one hour's income from their practise of their profession may not be considered unreasonable.

Whatever the funding amount or mechanism, it is important that stakeholders see that the fund raising burden is fairly applied; have access to transparent accounting of expenditure; and confidence in the corporate governance of the organisation responsible for delivering the program.

I am happy to discuss further any of the points raised in this correspondence.

With kind regards,



DR. TROY BROWNING

MBBS, MBA, Grad. Dip.Ins., ANZIIF (Fellow) CIP, FAIM, GAICD

Managing Director - MIPS

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is a Doctors for Doctors, "not for profit" organisation that provides membership benefits to over 30,000 members.