

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

Submission received from: **Dr Jan Sheringham**

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 I do; I think the numbers outlined in the paper provided speak for themselves. Provision of private, discreet "away from home" services are especially useful to those in vulnerable positions and in isolated practice settings, or where the conflict or stress is arising from a supervisor or other staff member, making local support impractical.

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?

A combination of the approaches by VDHP and DHSA would seem to be the best option.

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?

Yes I do; these services were set up by the previously existing Medical Boards to meet the needs of their constituents. Many of the referrals to these services have come about due to affected practitioners needing support to maintain or regain their registration during or after episodes of inappropriate actions. Having punitive actions in place, but no support services to deal with this fallout is just not acceptable in this day and age.

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 available 24/7

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

Follow up of all participants contacting or attending 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?

Nil

Question 6: Other comments

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

I fail to see why the Medical Board of Australia, in conjunction with the learned colleges and the AMA, cannot continue to fund the services as already provided by the relevant state bodies. My understanding was that National Registration would NOT be more costly than State-based systems, but this seems to be impossible, with the now evident construction of ANOTHER layer of inefficient bureaucracy, unable to provide even the same level of service and accuracy as previously available.

The added impost of cost for these support services is unacceptable, and should require the close scrutiny of all AHPRA services and costs by appropriately skilled forensic accountants who would also have access to the accounts of the previous State-based organisations, so that they may adequately discover the reasons for the totally unacceptable cost blow-outs.