

telephonist and after-hours locum service. Four panel general practitioners and 1 psychiatrist provide their time gratis.

VDHP – Annual cost is \$500,000 funded from the reserves of the previous MPBV.

Other services available for medical practitioners

In addition to the doctors' advisory services, there are other services available for medical practitioners. These include:

- Medical Benevolent Association of NSW
- Medical Benevolent Association of South Australia
- Peer Support Service – AMA Vic
- Victorian Medical Benevolent Association

Feedback about the type of programs the Board should fund

The Board recognises the significant contribution being made by people and agencies working in the area of doctors' health, many of whom are volunteers. Early recognition of illness and intervention to restore a practitioner, the medical profession and the community.

There is a range of health services currently provided across Australia. The Board does not have a clear view about which is the best model for the provision of these services or how they are best funded. The Board is seeking the views of the medical profession on these issues.

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.

The experience of being a medical practitioner who has had problems with depression and anxiety has been challenging, especially in the case where I am a rural practitioner and have little access to comprehensive, confidential psychiatric and psychology services in the near district. There was a point at which anxiety was impairing my ability to practice, and I telephoned the VDHP - it was a very reassuring response, I was put in contact with a treating psychiatrist and the psychology services, and was able to access care and start treatment promptly - the issues of confidential care and impartial patient management were dealt with well. Over time issues of alcohol misuse became more evident and it was through the appropriate management and care of these services that this problem was addressed in a manner that minimised harm, and brought about resolution of difficult circumstances over a period of time. Conditions were placed on my registration - this was a good thing, and at no time did I feel that I was being victimised or unfairly treated - it allowed me to develop insightfulness into the meaning of my behaviour - it was like being treated by a fair but firm parent who genuinely cared about me and about my medical practice - a program like that sends a powerful and good message to people who already have a burden with mental health or substance misuse issues. The greatest

See Over. →

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 think the VDHP model is comprehensive, and certainly the followup intervals are appropriate, ongoing contact with consistent treating practitioners is important. In my own case over a three year period there has been regular contact and support when challenging circumstances have arisen - it is personally reassuring to know that there is a group of trusted practitioners that I can contact at any time for support.



→ a good message to people who already have a burden with mental health or substance misuse issues. The greatest.

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?

I think it is economically expedient for the board to fund such programs. If a doctor with a mental health or substance misuse disorder engages good care and has ongoing support it is likely they will do well with the treatment and supervision - and avert such disasters as suicide, catastrophic relationship (marital and professional) damage around them, or adverse patient care or outcomes leading to litigation and or deregistration , and loss of years of training and excellence in practice from the workforce.

The primary role of the medical board (AHPRA) is to ensure patient safety - what better way is there to do that than to contribute to help for doctors with problems - Before they develop into disasters.

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

What services should be provided by doctors' health programs – click on as many options as you want. 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
 - 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
- Other services (please list)

Question 5: Funding

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

- Nil
- \$1 - \$5
- \$5 - \$10
- \$10 - \$25
- \$25 - \$40
- >\$40

Question 6: Other comments

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

I think it behoves us as a medical community to do whatever we can to help and support our colleagues who have developed mental health or substance misuse disorders - it is well known that the incidence of these issues is higher amongst Doctors than any other profession - I do not think there is any doctor who deliberately sets out to have these problems, they are complex, often very slow in evolution and there is a point at which insightfulness is lost. I think the problem is large - much larger than is evident in the doctors who have entered the help programs.

I think there are many doctors with anxiety, depression and a degree of substance misuse that go on for a long time before their personal lives or clinical practice is affected - it is worth considering how we might get this group to recognise the impact of these issues and do something constructive about it before it becomes a larger problem.

I would advocate a wider expression of information to the medical community Australia wide regarding accessibility, confidentiality, and comprehensive care for doctors with these issues - a full service for each doctor is clearly not what is needed - but a trusted, impartial first contact would be useful for many - and I gather this in fact is what is provided for many of the contacts to VDHP.