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Dear Dr Katsoris

Consultation on funding external doctors' health programs

The Royal Australian and New Zealand College of Radiologists appreciates the opportunity to provide comments on the questions raised by the Medical Board of Australia with regard to the funding of external doctors' health programs.

Question 1: Is there a need for health programs?

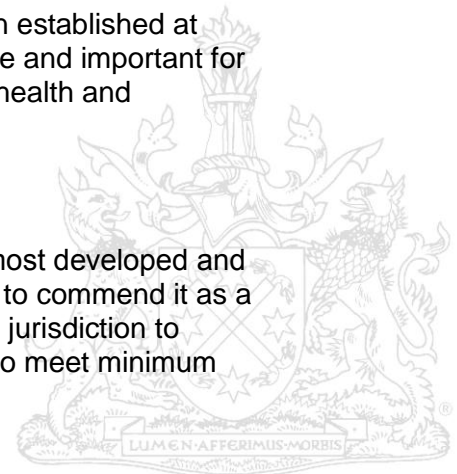
The Australian Medical Association's position statement on the *Health and Wellbeing of Doctors and Medical Students* (April 2011), succinctly identifies:

- the importance of doctors needing to be well and with healthy personal lifestyle habits in order to deliver high quality health care and to impart healthy behaviours to their patients;
- particular risks for doctors and medical students such as mental illness and depression, stress related problems, and susceptibility to substance abuse;
- problems faced by particular groups of doctors under circumstances such as:
 - rural and remote areas with limited resources and support,
 - working excessive hours and unable to access leave,
 - international medical students and doctors from non-English speaking backgrounds,
 - those on shift work
 - those exposed to blood-borne diseases and other specific occupational risks, and
 - those who are the subject of medico-legal processes etc.
- the existence of barriers that prevent some doctors and students from seeking access to formal healthcare.

The fact that Doctors' Health Advisory Services (DHASs) have been established at jurisdictional level is recognition of the need and that it is appropriate and important for the medical profession collectively to take responsibility for its own health and wellbeing.

Question 2: Preferred model for external health programs

The Victorian Doctors' Health Program (VDHP) appears to be the most developed and comprehensive of the various state DHAS programs and has much to commend it as a model for a national program. However, opportunity exists for each jurisdiction to continue and build upon their current programs and, once defined, to meet minimum criteria, the meeting of which would determine eligibility for funding.



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

Several of the existing DHASs were established as joint initiatives of the state AMA Branch and the medical registration board. If it is accepted that DHASs should be supported by the entire medical profession then a small increase in the MBA registration fee would be a logical and efficient means of funding the programs.

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

Preferably and over time, such programs should provide:

- confidential, independent advice accessible on a 24/7 basis with availability for face to face consultation if requested;
- maintenance of a list of practitioners willing to treat colleagues;
- referral to general and/or specialist practitioners for assessment and management;
- assistance in rehabilitation and re-entry to the workforce;
- education services for medical practitioners and students with regard to health issues impacting on doctors;
- programs to assist those who assess and manage the health of doctors;
- case management and monitoring of those voluntarily entering into case management agreements;
- research on doctors' health issues; and
- publication of resources.

Question 5: Funding

An increase in the annual MBA registration fee of between \$10 and \$25 depending on the range of services provided, would be reasonable and not burdensome.

Question 6: Other Comments

The College supports the comments provided under this heading in the submission by Professor Greg Whelan and Dr Kerry Breen with regard to an incremental development of jurisdictional programs involving active consultation with key stakeholders, encouraged and facilitated at a national level.

I hope these comments are helpful.

Yours sincerely



Dinesh Varma
President

4 April 2012