

Question 1

Do you see any value in, or need for external health programs for medical students and/or doctors? Please explain your reasoning.

I believe there is exceptional value in external health programs for medical students and doctors.

Definitions of a profession, of which medicine is one, include the notion of self-regulation. This concept of self-regulation includes not only the appropriate discipline within the profession of inappropriate behaviours, but also the actions of education and support. The health of doctors can be poor, and doctors are notoriously bad at seeking appropriate advice. External health programs provide the opportunity for specialist support for doctors who wish to, and, at times need to, take control of and deal with their health. Doctors like seeing specialists, and like seeing people in confidence.

Medical students are also part of profession, and they often have similar health problems to doctors. In our medical curriculum (Monash University), we put considerable effort into teaching about personal health maintenance and enhancement, insist that each of our students has a GP, and we make use of an external health service. This service provides at an arm's length, expert management of medical student health problems. It also provides an excellent model of management for the future practice of our graduates.

There are clear advantages for a Faculty of Medicine in using an external health service in managing a student's health problems (which can impact on their suitability for registration and clinical placement). The university's primary responsibility to a student is an academic one; divorcing the medical responsibilities to a third party protects the university, student and health care system.

Question 2

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 am most familiar with the VDHP, and they provide an outstanding service.

I believe the DHSA also appears an attractive and feasible model.

Question 3

Do you believe that it is the role of the Board to fund external health programs?

Harkening back to the notion of a profession being a self-regulating group of individuals, I believe it is the responsibility of the profession to help fund external health programs. The single point of coalescence of the profession is at the level of the Board, as no other organisation, including the AMA represents all doctors.

I also believe that once in the program, individuals using the service should bear some responsibility for the cost of the care they receive.

Question 4

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 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

Research on doctors' health issues

Publication of resources – maintaining a website, newsletters, journal articles

Question 5

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

>\$40

Question 6

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

External Health Services for doctors and medical students are an exceptional innovation of which Australia should be proud.

They provide an outstanding model of self-regulation by the profession, with the aim of improving doctors' health, and as such, make for a safer and more effective health care system. Healthier doctors makes for a healthier public.

I am a medical practitioner and the Deputy Dean for a large medical school, with direct responsibility for student affairs, including fitness to practice. The support I have received from the VDHP in managing difficult students has proved invaluable. Prior to their operation, we needed to rely upon using practitioners we knew to provide help and advice, a situation where the roles of the university in being an academic, and not medical, custodian of the student's behaviour were often blurred.