RACMA
The Royal Australasian College of Medical Administrators

The Royal Australasian College of Medical Administrators
ABN 39 004 688 215
10/1 Milton Parade Malvern
Victoria 3144 Australia
Telephone +61 3 9824 4699
Facsimile +61 3 9824 6806
info@racma.edu.au
www.racma.edu.au

Executive Officer
Medical
AHPRA
GPO Box 9958
Melbourne 3001
medboardconsultation@ahpra.gov.au

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Re: Consultation on funding external doctors' health programs

I refer to the Medical Board of Australia (MBA)'s discussion paper dated 8 February 2012, *Consultation on the Board funding external doctors' health programs*. On behalf of the Royal Australasian College of Medical Administrators (RACMA), I thank you for the opportunity to respond.

Fellows of the College of Medical Administrators are medical practitioners that have undergone specialist training in health systems and medical management. RACMA Fellows and candidates (trainees) are employed in a range of fields relevant to their training, including medical management positions in public and private health services, government departments, and private sector including consulting, research and academia. Most medical administrators have spent at least some of their working lives in health service administration and in this role generally have responsibility for the management of senior and junior medical staff.

Medial administrators are therefore very aware of issues pertaining to doctors' health, and their effect on the individual doctor, the medical team, the health service and the wider community. Poorly performing and poorly supported doctors may have a significant impact on the functioning of the clinical team, on patient care and clinical services that are provided. Doctors who have extended absences from employment may present a major disruption to health service workforce and service delivery.

Medical administrators in health services are often an initial management contact when a doctor is identified as underperforming, or 'in distress'. The task of the medical administrator is to validate the concern, consider possible contributing factors, assess implications for patient safety, and frequently to develop a management plan with other members of a team.

Medical administrators may utilise a doctors' health program to assist in the medical assessment of a doctor who is underperforming. It is known that many doctors do not have their own general practitioners and may attempt to self-diagnose and self-manage illness. This may put the doctor and his/her patients at risk. A specialised doctors' health program enables a concerned medical administrator to assist an individual doctor in accessing appropriate specialist assessment in a timely way. A comprehensive doctors' health program, such as the Victorian Doctors Health Program (VDHP), also provides referral to ongoing specialist medical care for the duration required. This enables the medical administrator to have confidence that the individual doctor is being appropriately treated.

The medical administrator can take this into account when then considering how best to manage the individual doctor's work schedule (and if required, scope of practice) during the period of illness to best ensure patient safety.

The Royal Australasian College of Medical Administrators agrees that medical practitioners are better served if the roles of the Medical Board of Australia are separated from any independent health service. This separation allows for an external doctors' health program to play a support role as distinct from the disciplinary and regulatory role of the Board. In light of contemporary attitudes relating to the separation of powers and responsibilities, the body responsible for providing care/treatment to the impaired doctor should be quite separate from the regulating body, and AHPRA membership on a National Doctors' Health Program would not be appropriate. As part of the implementation of a National doctors' health program, guidelines on the roles and responsibilities in relation to mandatory reporting would need to be clearly communicated.

Following are the views of RACMA on the specific questions raised in the discussion paper:

1. **Is there a need for health programs?**

Yes; it is recognised that doctors have higher rates of distress, mental health and substance abuse issues than the general population, and that inadequate identification and management of these issues may pose a risk to the public.

There is also supportive data to show that early identification and intervention (effective management, monitoring and re-entry programs for doctors who need additional support such as through the Victorian Doctors Health Program (VDHP) can allow doctors to continue to practise safely.

2. **Preferred model for external health programs**

Medical administrators have worked with a number of doctors' health programs across all states and territories.

The VDHP model was initially developed based on international best practice, has been successfully delivering a service to its members for ten years and is highly regarded by the profession that it supports. While the VDHP appears to be the most comprehensive of the jurisdictional doctors' health programs, and may be the most appropriate program for the Victorian context, it is recognised that different jurisdictions will have preferences for adoption of variations on this model. This would allow for the differences in governance and management within health systems in different jurisdictions. Jurisdictional customisation would promote local engagement and ownership ensuring relevance and adoption in the state or territory it services.

3. **The role of the Board in funding external health programs**

The Board's role in impaired doctors and medical practitioners usually occurs at a 'late' stage, where impairment may be more difficult to effectively manage, and conditions may be required to be placed on a practitioner's registration; hence the need for a program that supports early intervention, such as an external doctors' health program.

Insofar as the Board has a role to protect the public, it does have a role to support external agencies that have been shown to be effective in early identification and intervention in preventing doctor impairment.

4. Range of services provided by doctor's health programs

RACMA supports as comprehensive a doctors' health program as possible, and support the full range of activities listed if this could be delivered in a cost-effective way.

5. Funding

Health prevention programs that are appropriately utilised are generally considered to be cost-effective. RACMA would support the proposed small additional cost ($25 pp) to fund the service.

Linking the payment to the registration fee ensures that the money will be collected and that the collection costs are kept to a minimum. A voluntary program would be unlikely to raise sufficient funds, and there may be risks in an alternative independent body (such as the AMA) having responsibility for doctors' health.

6. Other comments

Medical administrators in all states and territories regularly utilise the services of their local doctors' health program, including education programs, referral and assessment, and case-management to support doctor re-entry. These programs provide expert support to medical administrators in the identification and management of doctors with health issues, and in the safe return of these doctors to the workplace.

The published data on cohort morbidity generated from the programs provide information to medical administrators regarding the overall health and wellbeing of their medical staff, which can be used by medical administrators and health services to develop and provide in-house programs and supports to best address identified issues.

RACMA advocates strongly for robust doctors' health services and would support the National adoption of an External Doctors' Health Program. This model should be flexible enough to allow jurisdictional customisation and be fully funded through an elevation in registration fees.

Yours sincerely

Dr Roger Boyd
President, RACMA Board

Dr Karen Owen
CEO, RACMA