

3 April 2012

Dr Joanne Katsoris
Executive Officer, Medical
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne VIC 3001

Dear Dr Katsoris,

RE: Consultation on the Board funding external doctors' health programs

I write in response to the above consultation paper, released by the Medical Board of Australia (MBA) on 8 February, 2012. The Australian Medical Students' Association (AMSA) welcomes the MBA's initiative to consult with the profession regarding external doctors' health advisory services.

AMSA has been actively engaged in promoting the recognition of medical student and doctor wellbeing as an issue worthy of significant attention. AMSA's student wellbeing initiatives include the *Get-a-GP* campaign, the *Keeping Your Grass Greener* guide co-produced with *beyondBlue* and State-wide seminars for medical students and junior doctors.

AMSA believes that the provision of effective support services is vital to addressing issues of medical student wellbeing. These services should be:

- accessible and free of charge to all students;
- available on- and off- campus;
- culturally appropriate;
- confidential;
- diverse; and
- independent of staff involved in assessing student performance or academic standing.

Please find below AMSA's responses to each of the questions asked in the consultation paper.

Q1. Is there a need for health programs?

Medical students study in an extremely competitive, demanding and high-pressure environment. Compared to age-matched peers and the general population, medical students exhibit lower psychological wellbeing [1] and a 2002 study found that up to 24% of first- and second-year Californian medical students suffer from depression [2]. Accordingly, it is vital that there are support services available to students suffering from significant stress and/or mental illness.

To improve doctor and medical student health and wellbeing, AMSA believes that there is a need for external doctors' health programs, and that these services are available to students. Further to this, it is also important that doctors' health programs specifically target and seek to engage students with their services.

Q2. Preferred model for external health programs

AMSA acknowledges that the characteristics of doctors' health programs, and the demands of doctors and medical students on these services, vary significantly from State to State. As an example, a service model that is effective in Victoria may not be appropriate in Western Australia, which has a smaller population but includes areas that are very geographically isolated. AMSA acknowledges that both Victorian Doctors' Health Program (VDHP) and Doctors' Health South Australia (DHSA) are highly developed doctors' health programs. When considering a national model for external doctors' health programs, AMSA supports an evidence-based approach that considers the unique needs of each State.

AMSA believes that an appropriate model for external health programs would include comprehensive services that meet the needs of doctors and medical students in the relevant State. Specific components of such a program might include 24/7 telephone advice, case management, referral to expert services, research and education. Services should be confidential, diverse, available on- and off- campus, culturally appropriate, independent of staff involved in assessing students and available free of charge to medical students.

Q3. The role of the Board in funding external health programs

AMSA supports an entirely independent funding model for external health programs. Failing this, it is critical that, regardless of the funding source, confidentiality for students and doctors accessing external doctors' health services is not compromised. Specifically, if the Medical Board was to facilitate or provide funding for these programs, programs' reporting requirements should be kept to the minimum required for financial accountability and should not include any specific details about those who access services.

There is a risk that, if the Board were to have a role in funding external health programs, doctors and medical students would be wary or hesitant to use the services for fear of Board involvement. To avoid this situation, any reporting requirements of doctors' health programs to the Board should be transparent and publicly available.

Q4. Range of services provided by doctors' health programs

- x Telephone advice during office hours
- x Telephone advice available 24/7
- x Referral to expert practitioners for assessment and management
- x Develop and maintain a list of practitioners who are willing to treat colleagues

- x 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
- x Programs to enhance the skills of medical practitioners who assess and manage the health of doctors
- x Case management and monitoring (including workplace monitoring) the progress of those who voluntarily enter into Case Management agreements (or similar) with the service
- x Follow up of all participants contacting or attending the service
- x Assistance in finding support for re-entry to work and rehabilitation
- x Research on doctors' health issues
- x Publication of resources – maintaining a website, newsletters, journal articles

Comments: All services listed are important. Research on doctors' health issues should also be extended to include research on the wellbeing of medical students.

Q5. Funding

As stated above, AMSA believes that all services available through external doctors' health programs should be available to medical students free of charge. Beyond this, AMSA does not wish to provide comment regarding increases to registration fees for doctors.

Q6. Other comments

A 2010 Australian study found that 29% of medical students are not aware of the support services available to them through their university [1], indicating that many medical students may not be aware of the doctors' health advisory services in their State, or how to access them. It is critical that services actively engage and promote their programs to medical students to ensure that all students are aware of how to access the services available to them when in need.

I look forward to the Medical Board's response and, upon request, would be happy to provide further details of any aspect of this submission.

Yours sincerely,



James Churchill
President

References

1. Hillis, J. M., Perry, W. R. G., Carroll, E. Y., Hibble, B. A., Davies, M. J., & Yousef, J. (2010). Painting the picture: Australasian medical student views on wellbeing teaching and support services. *The Medical Journal of Australia*, 192(4), 188–190.
2. Givens, J. L., & Tjia, J. (2002). Depressed medical students' use of mental health services and barriers to use. *Academic Medicine : Journal of the Association of American Medical Colleges*, 77(9), 918–921.