



PRESIDENT

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Dear Dr Katsoris

**Australian and New Zealand College of Anaesthetists  
and Faculty of Pain Medicine submission**

*Consultation on funding external doctors' health programs*

Thank you for providing the opportunity to respond to the above consultation. As you would be aware, the Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM), is responsible for the education, training and continuing professional development of specialist anaesthetists and specialist pain medicine physicians, as well as the associated accreditation of training sites. Please find responses to the specific questions posed in the consultation document below.

**Question 1**

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

ANZCA believes there is a need for external health programs for medical practitioners and students in Australia. Specific barriers exist, preventing medical practitioners and students from accessing high quality care, and they include:

1. Lack of disclosure of health conditions for fear of the "mandatory reporting" requirement.
2. Not being comfortable with being a patient.
3. Not trusting the opinions of other doctors.
4. Denying illness.
5. Not wishing to take time off that could adversely affect colleagues.

6. Cultural issues with some IMGs and others.
7. Being unsure of where to seek help.

As a result, medical practitioners are often not very good at looking after themselves. A robust national process will go some way to addressing this. ANZCA supports medical practitioners' health and welfare initiatives and has a long history of activity in this area, in collaboration with the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists. The three organisations established a Welfare of Anaesthetists Special Interest Group in the mid-1990s. Also, issues around self-care and medical practitioners' health and well-being are being incorporated in ANZCA's curriculum revision 2013 project and are being addressed in the FPM's current curriculum review project.

### **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?**

The Victorian Doctors Health Program (VDHP) model offering a broad range of services would be the most appropriate model to emulate at the national level. Equitable access would have to be available to all medical practitioners and students. Mechanisms to overcome geographic barriers need to be addressed as part of the program.

There is concern however about a national health program being organised by the Medical Board of Australia. Confidentiality and any impact on registration, accreditation and disciplinary action will be concerns of most users. Many medical practitioners view the medical board primarily as a disciplinary body. If the MBA acts as a parent body without clear separation of medical practitioners' health services, uptake of the services could be negatively affected. Structural barriers would need to be in place. A communications program designed to reassure medical practitioners and students and address concerns about confidentiality would be required.

### **Question 3**

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

As the national body it makes sense for the MBA to fund external health programs for medical practitioners and students. Other organisations that also have an interest such as the Australian Medical Association and health departments could also be involved and contribute. It is important that if medical practitioners and students fund this program that this be rationalised to one organisation, rather than paying fees to various bodies for similar services.

As noted in Question 2, a clear separation between external health programs and the Board needs to be made. Such separation will encourage confidence in the system and participation from medical practitioners and students.

### **Question 4**

**Range of services 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
- ✓ 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

**Question 5**

**How much of an increase in registration fees is acceptable to you, to fund doctors' health services?**

The estimated \$25 per medical practitioner for the VDHP is reasonable; however, medical practitioners and students would want to see wise use of funds and a cost benefit. It is acknowledged that the more services that are provided the more expensive the program is likely to be.

**Question 6**

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

The external health program should be specific to the medical profession, providing a service that is solely focused on the needs of medical practitioners and students.

Thank you for the opportunity to comment.

We look forward to the outcomes of the current consultation.

Yours sincerely



Prof Kate Leslie  
President