

Submission to the Medical Board of Australia consultation on external doctors' health programmes.

The Office of the Health Services Commissioner (OHSC) was created by the *Health Services (Conciliation and Review) Act 1987* (Vic) (HSCRA).

The OHSC is established to:

- Deal with user's complaints; and
- Suggest ways in which the guiding principles may be carried out; and
- Help service providers to improve the quality of health care.

The Guiding Principles promote:

- Quality health care, given as promptly as circumstances permit; and
- Considerate health care; and
- Respect for the privacy and dignity of persons being given health care; and
- The provision of adequate information on services provided or treatment available, in terms which are understandable; and
- Participation in decision making affecting individual health care; and
- An environment of informed choice in accepting or refusing treatment or participation in education or research programmes.

The OHSC also administers the health privacy legislation in Victoria, the *Health Records Act 2001* (Vic) (HRA). The HRA does this by promoting fair and responsible handling of health information by –

- (a) protecting the privacy of an individual's health information that is held in the public and private sectors; and
- (b) providing individuals with a right of access to their health information; and
- (c) providing an accessible framework for the resolution of complaints regarding the handling of health information.

The OHSC promotes the parties to a grievance resolving the complaint between them by mediation and conciliation.

Introduction:

Thank you for the opportunity to comment on the above document. It raises important issues for public health and safety.

Question 1: Is there a need for health programs?

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

OHSC supports the need for health programmes for doctors. Their services are vital to the well being of the communities they serve and their work can often be stressful.

It is important that adequate supports are available for doctors experiencing physical and mental health issues or dealing with alcohol or other drug issues placing the public at risk. While protection of the public is the priority of this proposal, it is also important that doctors who are vulnerable and in need of help have supports available. Given the shortage of medical practitioners, in particular in rural areas, workforce skills and training acquired over many years should not be lost because of a temporary problem. This is particularly so in rural areas where there may not be the same supports available to doctors as those available to their metropolitan colleagues.

Student doctors may also be facing mental health or substance abuse issues so similar services should be available for them.

Question 2: Preferred model for external health programs

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?

There are difficulties with all the present models and variations between jurisdictions. In the past, the model that included counselling services provided by volunteer medical practitioners, while altruistic, had its limitations because doctors in crisis need help quickly and it was not always immediately available.

Models that involve placing the programme within the Boards may encounter challenges reconciling the regulatory role with the therapeutic role. Doctors will need to feel confident to use these services which they may not do if they remain worried about the regulator becoming aware of their difficulties. If those concerns exist, doctors may be reluctant to admit they have a problem and, therefore, remain a risk to public safety. There is benefit, however, of AHPRA being aware of such issues too.

A solution may be that AHPRA collect money to fund an external doctors' health programme which is independent of AHPRA but cooperates with them, much in the same way that health complaints entities cooperate with AHPRA.

There has been useful work done in many jurisdictions which the Medical Board will be aware of. This includes:

- Queensland Health; Queensland Government "Safe Doctors – Fair System" Guidelines. 4 July 2007

UK General Medical Council may be helpful - see <http://www.gmc-uk.org/>

- Fitness to practice assessments - currently under consultation - http://www.gmc-uk.org/concerns/fitness_to_practise_consultations.asp
- Health assessments http://www.gmc-uk.org/concerns/doctors_under_investigation/health_assessments.asp

OHSC is most familiar with the Victorian Doctors' Health Programme and believes it to be a good model. However, it has to be acknowledged that all jurisdictions will have a similar view. Perhaps AHPRA should develop some kind of matrix listing all the desirable features of a well run doctors' health programme and build an amalgam of the best from this.

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

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

On balance, the Board funding such a proposal seems the most likely however, if the Federal Government support for the fund is desirable and if the Commonwealth was prepared to provide some of the funding it would give the Federal Government a stake in the scheme and, therefore, further accountability which would be in the public interest. Another source of potential funding may be the AMA, but not all doctors are members. While the University schools of medicine are stakeholders it is unlikely they would welcome this role.

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

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 during office hours
- ✓ 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. **NB: if the doctor agrees – to be negotiated**
- ✓ Follow up of all participants contacting or attending the service

Assistance in finding support for re-entry to work and rehabilitation

While not against this approach, we are cognisant of the difficulties involved.

- ✓ Research on doctors' health issues
 - ✓ Publication of resources – maintaining a website, newsletters, journal articles
- Other services (please list)

Question 5: Funding

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

- Nil
- \$1 - \$5
- \$5 - \$10
- ✓ \$10 - \$25
- \$25 - \$40
- >\$40

Question 6: Other comments

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

While \$25 overall is not a large sum of money for doctors to pay, the OHSC would not be surprised if objections are raised in relation to the proposal.

I have no further comment on this document. Thank you for the opportunity to comment. Should you have any queries or wish to discuss this submission, please do not hesitate to contact me on (03) 8601 5216.

Beth Wilson
Health Services Commissioner
6 March 2012