



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

SUBMISSION TO THE MEDICAL BOARD OF AUSTRALIA

APRIL 2012

CONSULTATION ON THE BOARD FUNDING EXTERNAL DOCTORS' HEALTH PROGRAMS

The Royal Australasian College of Surgeons welcomes the invitation from the Medical Board of Australia (MBA) to participate in its consultation process regarding external doctors' health programs.

Formed in 1927, the College is a not-for-profit organisation training surgeons and maintaining surgical standards in Australia and New Zealand. A Fellowship based organisation, the College is committed to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support. As part of this commitment the College strives to take informed and principled positions on issues of public health.

The College recognises the need for a body which can help health impaired doctors and thereby protect the public. And, at a time when the medical workforce is already stretched to meet the demands of an ageing population, any service which can responsibly help doctors get back to work should be supported. The College also recognises that the MBA has legislated responsibilities for managing impaired practitioners.

It notes that while the MBA is considering the extension, and possible expansion nationwide, of the Victorian Doctors Health Program (VDHP), other Australian jurisdictions have in place voluntary services to assist distressed or health impaired doctors and medical students. The College is advised that these services do very good work despite their limited resources; and they could be more involved in preventive measures, early intervention, rehabilitation and re-entry, education and research, if they received greater funding.

For example, a program operated by the Health Committee of the Medical Council of New South Wales protects the public while maintaining impaired practitioners in practice, if it is safe to do so. It is the longest established health program in Australia, predating the formation of the MBA by nearly twenty years. The program is now supported by legislation enacted at the time of the creation of the MBA. The College is advised by its New South Wales Regional Committee that the program is an effective means of monitoring and supporting impaired practitioners.

The College is of the view that the jurisdictions' right to operate and further develop these services should be respected and that any new arrangement should not be unnecessarily prescriptive. While there should be a minimum set of functions that each service must perform, there appears to be no compelling argument for one, national service being imposed on the jurisdictions.

The College believes that, like the VDHP, all services should provide support to medical students as well as doctors.

While the College recognises the responsibilities of the MBA to protect the public, it is also aware of the as yet unknown effects of mandatory reporting. The College has previously expressed concern that mandatory reporting will deter impaired practitioners from seeking help, thereby placing patients at risk. It is therefore all the more important that tried and trusted health programs remain in place for these practitioners. A new, nationwide service appearing – even if not acting – as an arm of government will be much less likely to earn their trust.

The College strongly endorses the view that community protection must be a service's first consideration and that it cannot be, and cannot be seen to be, protecting impaired doctors who continue to work while impaired. This can be achieved by a variety of means, including legislation, memoranda of understanding, auditing and regular reminders to treating doctors of their legislated obligations.

The MBA states in its consultation paper (pp 2-3) that:

The Board does not believe it is in the public interest to delegate its legislated responsibilities for managing impaired practitioners to external health programs. The Board and AHPRA will continue to assess and manage practitioners who are or may be impaired in order to protect the community. Conversely, the Board does not believe that it is in the interests of the profession or the public for the Board to directly provide an advisory and referral service for medical practitioners with health concerns. Medical practitioners and the community are better served if the roles of the Board and any independent health service are separate, clearly defined and structured to provide distinct but complementary functions.

The College believes that arrangements under which the VDHP operates achieve the MBA's stated objective. While a registration board has authority to register and deregister doctors, it delegates to the VDHP responsibility for an advisory and referral service for medical practitioners with health concerns. The College further notes that under the VDHP governance model, representatives of the state's medical registration authority sit on its board; this would seem an appropriate means of ensuring a service's accountability to government.

With regard to funding models, the College notes that both the Medical Board of Australia and doctors themselves stand to gain from effective doctors' health services. Funding should therefore be shared.

If the MBA or the Australian Health Practitioner Regulation Agency were to be the sole funder of services, these would take on the appearance of an arm of government, potentially acting as a disincentive for health impaired doctors to seek assistance. The more independent services are seen to be, the less intimidating they will appear. This is another reason why jurisdiction based services with a record of quiet achievement are preferable to a single, new, Canberra based service.

The College understands that the existing VDHP costs Victorian doctors approximately \$28 per annum, a sum gathered via registration fees. Any new arrangement should cost doctors across Australia a similar sum.

In the event that the MBA opts to impose a single uniform program on the jurisdictions, it is imperative that the program provide all of the services listed on page 6 of the consultation paper; the telephone advice service, however, should operate 24 hours a day, seven days a week. Sympathetic case management and timely referral to appropriate clinicians should be a fundamental feature of the service. It is imperative that any new program adopt not just the services currently provided by the VDHP and other successful Australian models, but their culture as well.

It is to be hoped that the development of any new service is informed not just by the experience and expertise of those who have overseen doctors' health programs in Australian jurisdictions, but by the experience gained in doctors' health programs overseas. There is a growing body of literature addressing the effectiveness of programs internationally.

The College notes recent calls for a national workshop to bring all stakeholders and interested parties together, with international experts invited to outline doctors' health programs already in place in countries such as Canada and the United States. The College would strongly support such a forum and would be pleased to participate in it.

The College thanks the MBA for the opportunity to participate in this consultation process and looks forward to working with interested parties as this matter is progressed.