

# Medical Board of Australia consultation on the funding of external doctors' health programs

Submission received from: **Martyn Lloyd-Jones, Chair – Fellows of the Victorian and Tasmanian Branch of the Chapter of Addiction Medicine**

## 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

*Doctors and medical students are at risk of health disorders, including substance use disorders, to the same extent as other Australians. However, due to hallway consultations, embarrassment and shame about illness, self diagnosis and treatment and work pressures, such conditions may not be managed as well as other members of our community. Risks related to substance use may be qualitatively different for some substances, such as opioids and benzodiazepines, given the access medical practitioners have to these drugs. Furthermore, the progression of substance use disorders is potentially more damaging in the case of medical students and doctors given their reluctance to present for support or treatment due to fear of consequences from regulatory bodies and peers. Some studies have found the incidence of self harm and suicide to be higher in doctors than in other professions or populations. Apart from these issues around compassion, the community's investment in the medical profession is significant: medical training is expensive and medical workforce shortages common.*

## 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?

*Physician health programs that work with regulatory bodies to protect the community and the doctor with impairment related to substance use, and offer confidential assessment, case management and in some cases, treatment, have a well established record of positive outcomes in most of North America. The model developed 8 years ago in Victoria (the VDHP) based on these programs has similar good outcomes (see Wile, Frei and Jenkins, Australasian Psych 2011) in case managed, with an agreement to be monitored via a voluntary arrangement, doctors with substance use disorders. We would support this model as the most effective for care doctors, particularly those with addictive conditions that may impair functioning.*

## 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?

*Yes, these programs are ideally funded by the professional regulatory body. This makes sense as it allows program costs to be incorporated into registration fees, is consistent with the Board's role in ensuring professional standards of practice and may allow coordination and exchange of information in those doctors who have been the subject of Board notifications. This system has worked well for the VDHP, which remains an independent and confidential service, while maintaining close associations with the Board where there is risk or impairment.*

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

What services should be provided by doctors' health programs. 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*

*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*

*Other services (please list)*

*However all programs should have at least the following characteristics:*

- 1. be an independent, confidential service. Doctors are likely to resent earlier if this in place.*
- 2. telephone advice*
- 3. opportunities for face to face advice/assessment*
- 4. referral to expert practitioners for comprehensive assessment and management.*

### **Question 5: Funding**

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

*\$25 - \$40*

### **Question 6: Other comments**

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

*some of us have acted as expert practitioners, upon referral of doctors with problematic substance use, for assessment and management. we have had a good working relationship with the Victorian Doctors' Health Program (VDHP) and find our relationship with the patient works well when the VDHP has taken on the monitoring role.*