The Royal Australasian College of Physicians

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Response to

Medical Board of Australia

Public Consultation on the Board funding external doctors' health programs

April 2012

Executive Summary

- The Royal Australasian College of Physicians (RACP) believes it is essential to support measures that encourage and facilitate doctors to address their own health. Doctors face a range of health problems and there are multiple entrenched barriers to seeking help for their own health issues.
- Funding a doctors' health program via the Medical Board of Australia (MBA) appears an equitable way of sharing the cost of supporting doctors and medical students across the medical population.
- Providing a doctors' health program must not conflict with the MBA's clear mandate to protect the public by preventing impaired doctors from practising.
- The RACP considers that the key elements of a promising doctors' health program include:
    - Establishing an independent not-for-profit company to provide the service;
    - Appropriate governance structures such as an independent board;
    - Paid medical staff rather than relying on pro bono contributions from doctors;
    - Non-disciplinary, independent and confidential medical assessment and referral.
- The RACP does not have a specific position on the acceptable cost of funding an external doctors' health program.

Introduction

The Royal Australasian College of Physicians (RACP) recognises that addressing the health of doctors is essential. Although doctors have above average overall health, they also experience higher rates of suicide, stress-related health problems and substance use problems compared with the general population. Medical professions have a long entrenched culture of denial around their own health issues. The profession is emotionally demanding, and tends to attract hard-working, self-sacrificing individuals who hold themselves to very high standards. The health workplace also poses its own unique health risks, with significant stressors and a strongly entrenched culture that discourages self-care and help seeking. Compounding this confluence of issues is the fact that doctors are uncomfortable assuming the role of patient, and often also treating other doctors. They are reluctant to seek help for their own health issues and may, as an alternative, engage in unhealthy practices such as self-diagnosis, self-treatment and self-prescription.

There are however many encouraging developments targeting doctors' health, and much promising work that can be done. There are various models for supporting doctors' health, and this submission delineates RACP's position on the questions identified in this consultation.

Consultation Questions

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.

The RACP believes there is a clear need for external health programs both for medical students and for doctors. Addressing the health of doctors is crucial to ensure the wellbeing of doctors themselves, their families, their patients, and the broader health system. While doctors as a group have above average health overall,[1] they are susceptible to higher levels of certain health problems compared with the general population. These include stress-related health issues such as burnout, depression and anxiety, as well as suicide and substance use problems.[2]

Medical professions have a long entrenched culture of denial around their own health issues.[3] The profession is emotionally demanding, and tends to attract hard-working, self-sacrificing individuals who hold themselves to very high standards. The health workplace also poses its own unique health risks, with significant stressors and a strongly entrenched culture that discourages self-care and help seeking.[4] Doctors are more likely to receive inferior health care and to have major concerns about confidentiality when seeking medical attention.[5] In one study, 26% of doctors acknowledged having a condition warranting a medical consultation but felt inhibited about consulting a doctor.[6]

The reluctance of doctors to seek help is also evidenced in the fact that only a minority of doctors have their own general practitioner. [7] They have difficulty not only in adopting the patient role but in treating other doctors as patients. This results in many doctors self-treating and self-prescribing when facing their own health problems, as an alternative to seeking an independent medical consultation.[8]

Given this context, programs to support the health of doctors and medical students are clearly essential. The RACP is in favour of health programs for doctors that are tailored to their needs. Specifically, there is a need for programs that make it easy for doctors to access independent, confidential medical advice and referral to appropriate services.

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?

The RACP supports a model that facilitates early identification and intervention for doctors and medical students with health issues, rather than a reporting-based program that relies on late identification in the evolution of a health issue. The RACP believes that there should be avenues for action when doctors are experiencing health issues that facilitate intervention before the health problem results in a mandatory report of the doctor's lack of fitness to practise. In cases where doctors are concerned for a colleague's wellbeing and/ or fitness to practise, it should be easier to refer them to a voluntary, non-disciplinary program for assessment and referral, rather than mandatorily reporting them to MBA for action that may be perceived as more disciplinary than protective.

The Victorian Doctors' Health Program (VDHP) model of establishing an independent not-for-profit public company is one that the RACP supports. The establishment of a Memorandum of Understanding between this company and the MBA would be valuable to

delineate obligations around doctors whose illness has seriously impaired their capacity to practise and is putting the public at risk.

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?

Funding a national external doctors' health program through the MBA appears an equitable way to spread the cost of supporting doctors and medical students who are facing health issues. It should be noted that the VDHP does not fund or become involved in the actual care of program participants. The service provided is one of assessment and triage to high quality care, monitoring, education and research. The RACP believes that funding such a program is an appropriate model for MBA to provide support for doctors' health without becoming involved in delivering a program.

Both the VDHP and DHSA – well-regarded programs – are funded by state medical boards. The RACP supports the MBA funding an external doctors' health program, provided that appropriate governance structures are put in place to ensure the MBA is removed from delivering the program. These may include an independent board of directors, salaried expert medical staff (rather than relying solely on volunteers for medical expertise) and clear delineation of roles and obligations.

The MBA has a clear community protection role in preventing impaired doctors from practising. As such it cannot fund a program which protects, or is seen to be protecting, impaired doctors who continue to work when impaired. If the MBA does fund a national external health program for doctors and medical students, it is essential to maintain focus on this community protection mandate. There are various means by which this can be achieved, which may include legislation, memoranda of understanding (MOU) or regular auditing.

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

What services should be provided by doctors' health programs – select 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?

VDHP provides more extensive services than the doctors' health advisory services operating in NSW, Queensland and WA which provide primarily telephone-based assessment and referral and rely on volunteer medical practitioners. Notably, both the VDHP and Doctors' Health SA have (part-time) paid doctors on staff. The RACP supports a doctors' health program having paid medical staff rather than relying entirely on pro bono services provided by GPs and other specialists.

The RACP does not have a specific position on exactly which services a doctors' health program should provide. However we consider that they should include at a minimum the core services of independent, confidential telephone advice; help in finding a general practitioner experienced in treating other doctors; referral to appropriate specialist services; and assistance to return to work if required. The VDHP model of providing ongoing support and monitoring of at-risk participants is also a desirable component of a doctors' health program.

Education on health issues for medical students, trainees and qualified practitioners is an increasing area of focus for the RACP. We consider this an important area with significant opportunities for collaboration and development. In particular, educating GPs on issues related to treating other doctors – as does Doctor's Health SA – is a valuable contribution to doctors' health, although this is likely beyond the scope of MBA's mandate in funding a doctors' health program.

Question 5: Funding

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

The RACP does not have a specific position on the acceptable cost of funding an external doctors' health service.

Question 6: Other comments

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

No.

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[1] Australian Medical Association. *AMA Position Statement: Health of Medical Practitioners*. 2001: AMA Ltd Publication.

[2] Australian Medical Association, op. cit.

[3] Butler, L. "15 Minutes with Michael Peters, medical director of BMA Doctors for Doctors unit." *British Medical Journal* 2008;337:a2527.

[4] Thomson WT, Cupples ME, et al. "Challenge of culture, conscience, and contract to general practitioners' care of their own health: qualitative study." *British Medical Journal* 2001; 323:728.

[5] Forsythe M, Cainan M et al. "Doctors as patients: Postal survey examining consultants and general practitioners' adherence to guidelines." *British Medical Journal* 1999; 319:388-395.

[6] Pullen D, Lonie CE et al. "Medical care of doctors." *Medical Journal of Australia* 1995; 162(9):481-484.

[7] McCall J, Maher T et al. "Preventative health behaviour among general practitioners in Victoria." *Australian Family Physician* 1999; 319:388-395.

[8] Chambers RM. "What should doctors do if they become sick?" *Family Practice* 1993; 10(4):416-423.