



## Public consultation

Consultation on the Board funding external doctors' health programs

Response from Executive Services, Princess Alexandra Hospital, Woolloongabba QLD 4102

### **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 remain at risk of health problems and professional burnout, but significant barriers exist to doctors seeking help for these problems.

External doctors' health programs have demonstrated success in taking on a number of roles including:

- Initial assessment
- Referral and advice
- Monitoring and follow up
- Education
- Research

The most valuable and successful models have incorporated a comprehensive approach, acting across these roles.

### **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 is a view that the Medical Board of Australia retains ultimate responsibility for oversight of doctors deemed to be a risk to the community. The statutory powers of the MBA, for example to impose conditions on registration, remain key, as impairment which impacts on capacity to practice may often be complicated by impaired insight.

Any model for external health problems should consider the following principles:

- Respect for the law – mandatory reporting, statutory powers of MBA
- Right to access quality health care
- Professionalism and public expectation
- Confidentiality
- Prevention, early intervention and a rehabilitative model
- Evidence-based services
- The concepts of illness compared to impairment
- Respect for autonomy - encouraging self-referral
- Independence

The VDHP model has demonstrated success in rehabilitating doctors and overseeing successful return to work[1]. The model has due consideration of the above principles, adequate funding and a comprehensive approach. However, broader implementation of the VDHP model requires careful planning, consultation and communication with the medical profession.

It appears that a key element in the success of the VDHP model has been the ability of this service to gain the trust of the profession and to clearly delineate the role of the service and what is out-of-scope. The principle of independence deserves special attention. The VDHP model achieves sufficient structural independence from the Medical Board of Victoria, but the success of the model is predicated on also achieving the perception of independence within the profession. Any service must be perceived as independent to be acceptable to doctors. A service that is seen as punitive and not independent will discourage referrals and self-referrals, putting the public at greater 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 from the profession, via a levy with registration, has several advantages:

- Simple, sustainable model
- Efficiency – central coordination, pooled resources and expertise, pooled educational and research agenda
- Facilitates access and assists with preserving confidentiality of users (compared to a user-pays system)
- Transparency – the delineation roles of the MBA and an external health service
- Equitable
  - o It is not the role of the public to fund a service for doctors with health concerns.
  - o Ensures equitable access for all registered doctors, not dependent on variable state-based services

An autonomous doctors' health program with a funding stream independent of the MBA would more directly address the need for structural and perceived independence. However, the VSDP model with a levy on registration will provide a nationally consistent service with a reliable, consistent source of funding.

A levy on registration for a service external to, and independent from, the MBA is the best way to balance these competing demands.

### **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

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)

#### **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?**

No

1. *The future of the Victorian Doctors Health Program: a discussion paper.* 2009, Australian Medical Association (Victorian Branch), the Medical Practitioners Board of Victoria and the Board of the Victorian Doctors Health Program: Melbourne.