

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

Submission received from: **Name withheld**

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

Yes.

As outlined on page 2 of this paper, the Board does not wish to delegate its responsibility for the management of impaired practitioners to an external health program because there is a need for the Board to closely monitor impaired practitioners. The Board also does not wish to directly provide an advisory or referral service to practitioners with health concerns. Presumably this is because directly providing health care to a practitioner may conflict with the Board's primary role in protecting the public.

Taking these considerations into account, a number of reasons exist for the provision of an external health service:

1) The Board needs to be involved in the monitoring of practitioners who have become impaired. However, there are a wide range of possible scenarios where a practitioner is not yet impaired but may be in the early stages of a condition (early depression, for example), or at risk of a clinical condition developing in the future (e.g beginning to rely on alcohol for stress relief at the end of a busy day).

In these type of situations the risk for future impairment might be substantial. An external health program provides an ideal opportunity for early intervention, before there is a need for the Board to become involved. Preventing a practitioner from becoming impaired is surely the best outcome.

2) If already enrolled in an external health program, a practitioner that does go on to become impaired can be detected, managed, and appropriately notified to the Board, at the earliest possible stage. As evidenced by the content of many of the formal hearings and decisions of AHPRA (and/or the previous state Medical Boards), a significant number of practitioners have been impaired for a substantial amount of time prior to being detected or before any form of intervention has occurred. Hence an external health program, if not able to prevent impairment, can at least mitigate an impaired practitioner's risk to the public.

3) Due to profession-specific factors there is a particular need for a dedicated, independent external health program for medical practitioners. Factors unique to the medical profession include :

- fear of approaching a regulatory body such as the Board for help,*
- a propensity for self-treatment,*
- a propensity to seek informal or possibly inappropriate treatment from work colleagues,*
- an unwillingness to admit to any, even minor or prodromal, health issues in an environment of mandatory reporting.*

Again, an external health service may mitigate these factors. Medical practitioners are as entitled to good quality health care as any member of the public, but without an external health service there is too great a risk that many may "fall through the gaps".

4) Another consideration is that, against a background of various high profile media cases over recent years, public confidence in the profession's governance would be increased by the existence of such a program.

5) Overall, an external health service can bridge the gap between the Board's regulatory role and the legitimate health needs of medical practitioners. Ultimately, healthy medical practitioners constitute less risk to the public.

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 VDHP model would appear to be the best starting point for a national health program.

In comparison to the alternative models this service is evidently the most comprehensive. By offering face to face care with ongoing monitoring and follow up, the VDHP most closely resembles the type of care any patient would receive, or expect to receive, if they were to consult their own doctor.

It is possible that a medical practitioner may be deterred from contacting a service knowing that their care will be handled over the phone or possibly "outsourced", as is the case with the other models described. Again, there is the risk that some may not seek appropriate or timely treatment of health issues.

The capacity of the VDHP type model to engage in clinical research is another fundamental strength of this model. An evidence based approach is likely to bolster the effectiveness and implementation of such a program, ensure its long term validity, and enhance its credibility to both the medical profession and the public at large.

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.

Yes. Board funding is advantageous for the following reasons:

1) The Board, as a national body, in its role as fund-holder would ensure uniform and equitable access to health care for all medical practitioners nationwide. This is in contrast to the current fragmented and variable-quality state based systems.

2) Board funding, via medical registration fees, is the most efficient and sustainable way to generate sufficient funds to allow the ongoing provision of a high quality health service. The funding models of the existing state-based health services rely heavily on donations and the support of volunteers. This approach is unlikely to result in a robust service that is maintainable over the long term. It is notable that the most comprehensive existing program, the VDHP, also appears to be the best funded and derives its funds via the previous state Board.

3) Any model or type of program available for doctors' health is of limited value unless the profession is aware of its existence. If the Board funds an external health program it would be simple, during the annual registration renewal process, to itemise that portion of the registration fee that is used to fund such a service. Therefore every registered practitioner could easily and effectively receive an annual reminder that an external health service is available. This ensures a more direct and proactive role of the Board in promoting doctor's health (and hence ensuring public safety).

4) As described in Q.1 there is a need for any health program to be external. Yet if the program is too far removed from the Board it could be perceived as protecting doctors' interests over that of the public. By funding an external health program the Board is likely to retain sufficient status as a stakeholder to ensure that public safety remains a high priority within that program.

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

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

Question 5: Funding

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

>\$40

Question 6: Other comments

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

There has been some concern raised in medical news publications about the possible increased costs of a health program. If the Board is to get support for such a program I believe it should emphasise the substantial health benefits to the profession and to the public. In comparison to what most practitioners pay for professional indemnity insurance, spending less than \$100 a year extra to help safeguard their health and career seems a rather negligible amount.