



Public consultation

8 February 2012

Consultation on the Board funding external doctors' health programs

The issue

The Australian Health Workforce Ministerial Council (Ministerial Council) has asked the Medical Board of Australia (the Board) to consider continuing the Victorian Doctors Health Program (VDHP) and expanding the program nationally. The VDHP provides a confidential service for doctors and medical students with health concerns and has been funded through medical registration fees.

In addition to the VDHP, there are other external health programs currently running in each state and territory. These health programs provide a range of services but at a minimum, they provide a telephone service and facilitate referral for treatment for doctors and students with health concerns.

The Board is consulting with the profession on its views about whether the Board should be funding external health programs for medical practitioners and if so, to what level. The Board is also using this consultation as an opportunity to seek the views of the profession on existing health programs and about what services should be funded and by whom.

If the Board is to fund external health programs, it will need to raise the funds from medical registration fees.

Background

There is a range of programs in Australia that aim to support medical practitioners and medical students with health concerns. These programs vary considerably in the range of services that they offer and in the cost of providing them.

One such program, the Victorian Doctors Health Program (VDHP) was established by the previous Medical Practitioners Board of Victoria (MPBV) and the Australian Medical Association Victoria in 2001. The VDHP is a confidential service for doctors and medical students who have health concerns such as stress, mental health or substance use problems, or any other health issues. The VDHP does not provide direct medical care to participants but it does provide ongoing monitoring in particular circumstances.

The VDHP was funded by the MPBV from the registration fees of all registered medical practitioners. The cost of VDHP was around \$25 per Victorian registrant.

Further information on the VDHP can be found at www.vdhp.org.au.

The VDHP is currently being funded from money committed by the previous Victorian Minister for Health from the reserves of the MPBV, before the transition to the National Registration and Accreditation Scheme. A total of \$1.5M was committed over three years and funding is due to end by 30 June 2013.

The Ministerial Council, which is made up of all Health Ministers, has asked the Board "as the Board currently administering the Victorian Doctors Health Program, to consider the continuation of the program and its expansion nationally, or to other States, Territories or regions". The Ministerial Council has asked that in considering this issue, the Board consults with relevant professional bodies, including the professional colleges.

The Board's total income is from the registration fees of medical practitioners. The Board does not receive funding from other sources. Therefore, if the Board is to continue to fund the VDHP and expand the program to other states and territories, or if it is to fund another model of health programs, it would have to be funded by the medical profession, through an increase in registration fees.

The VDHP is currently funded \$500,000 per annum. Assuming a per capita type of funding, it would cost more than \$2M per year to fund similar health programs around the country. This amounts to around \$25 per registrant per year.

The Board is interested to hear from stakeholders, particularly from the medical profession, whether there is support for the Board to fund health programs for medical practitioners, noting that this would result in increased registration fees.

The Board is also interested in hearing views from stakeholders about the type of services that should be provided for medical practitioners.

This paper:

1. Provides information about the Board's role in managing impaired practitioners and how this differs from the role of external health programs
2. Briefly examines current health programs established in Australia
3. Seeks feedback from the profession on models of health programs and in particular, seeks feedback about whether the medical profession is willing to fund health programs for medical practitioners.

The Board's role in managing impaired practitioners

The Board's functions, powers and responsibilities are defined in the *Health Practitioner Regulation National Law Act (National Law)* as in force in each state and territory.

One of the key objectives of the National Law is:

"to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered."

Under the National Law, the Board has an important role in managing medical practitioners and medical students who are impaired¹. This role includes:

- Receiving notifications about practitioners and students who are or who may be impaired
- If necessary, requiring practitioners and students who are or may be impaired to be assessed by an independent practitioner
- Taking necessary action to protect the public if the practitioner or student is impaired. This can include suspending the practitioner's or student's registration, imposing conditions or accepting undertakings. The primary purpose of any action taken is to protect the public. The Board will also aim to keep a practitioner at work delivering health services to the community if it is safe to do so. That is consistent with a rehabilitative model of managing poor health, as reflected in the health, conduct and performance provisions of Part 8 of the National Law. It is not the intention of the Board to punish practitioners who are impaired
- Monitoring the practitioner or student if they have conditions imposed or undertakings accepted.

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.

¹In the National Law **impairment**, in relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect—

- (a) for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or
- (b) for a student, the student's capacity to undertake clinical training—
 - (i) as part of the approved program of study in which the student is enrolled; or
 - (ii) arranged by an education provider.

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.

External health programs for medical practitioners

In most Australian states and territories there are existing health advisory programs (referred to in this document as external health programs) for medical practitioners, some of which have been operating for many years. These programs run independently of the Board and AHPRA and provide confidential advice and support to medical practitioners.

Broadly, there appear to be three models operating in Australia:

1. A telephone support, advisory and referral service for medical practitioners with health concerns. Most of the services provide some education services for the medical profession
2. VDHP – provides a broad range of services including:
 - Telephone advice, including after hours support
 - Face-to-face interviews for assessment of new participants and referral to appropriate care
 - Rural outreach service
 - Case management and monitoring (including workplace monitoring) the progress of those who voluntarily enter into Case Management agreements
 - Follow up of all participants attending the service
 - Assistance in finding support for re-entry to work and rehabilitation
 - Education programs for medical students and doctors and educational workshops
 - Research in-house and with external researchers
 - Publication of a newsletter and journal articles
3. Doctors' Health SA Ltd (DHSA) – will provide a range of services including:
 - A telephone advisory service
 - Establishing and promoting a choice of dedicated health networks to support doctors in SA
 - Education and support of teaching in doctors health, including establishing and maintaining a website of resources to assist doctors and students improve their self-care
 - Increasing the availability of doctors trained in treating doctor-patients through an accredited training program and establishing a network of clinical services to provide voluntary checkups for the profession.

Some differences between the various current external health programs include:

Services offered

See above for differences in the services provided by the existing external health programs.

Who is assisted

While most external health programs provide services only for medical practitioners and medical students, the Doctors Health Advisory Service NSW (DHAS NSW) also provides services to dentists and veterinarians.

Staffing

There are marked differences in the level of staffing of the external health services. It is important to note that most external health programs rely heavily on volunteer services, even when they employ staff.

Doctors Health Advisory Service ACT (DHAS ACT) – does not employ any staff. Business/administrative support is provided by the AMA ACT. One medical practitioner provides voluntary

phone support all year round and when necessary direct medical care. Five medical practitioners are available to provide additional voluntary support when needed.

DHAS NSW – 2 staff employed by NSW AMA to oversee the operation of the telephone hotline and provide secretarial services to two committees, for which the DHAS NSW reimburses NSW AMA. GPs provide 24/7 phone support voluntarily.

Doctors Health Advisory Service (Queensland) (DHAS Q) – no staff employed. The AMA provides business support services at a cost of approximately \$20,000 per year. The management committee comprising of eight members volunteer a few hours per week in addition to holding six committee meetings per year. GPs provide volunteer telephone counseling and are on call for a fortnight at a time.

DHASA – Employ a manager for 1 day/week, a medical director for 1 day/week and the chair

Doctors Health Advisory Service WA (DHAS WA) – 4 general practitioners and 1 psychiatrist provide their time gratis. WA locum service covers the cost of a telephone line and a 24/7 telephonist

VDHP – Senior clinicians (medical practitioners) – total of 25 hours/week, Case Managers – 1.6 EFT, Officer Manager 1 EFT

Workloads

There is a wide variation in the workload between services. Health programs have reported the following number of “initial inquiries” for the 2011 calendar year:

DHAS ACT – about 25 – 30 calls.

DHAS NSW – about 120 calls. Stress related problems are the most common calls to the helpline.

DHAS Q – 120 calls were received in a three year period before July 2010. From July 2010 to June 2011 there were difficulties with the paging services resulting in 26 calls and no calls for a period of 14 weeks. 6 calls have been received for the period July 2011 – January 2012. DHAS Q is concerned that the reduction in calls is related to the introduction of mandatory reporting.

DHASA – 1-2 calls from distressed doctors per month. They have run two training workshops for GPs to treat other doctors (approx. 50 attendees at the workshops)

DHAS WA – about 25 calls.

VDHP – 186 initial inquiries. Of these 186 inquiries, 116 made an appointment to see one of the senior clinicians. In addition, there were 331 ‘follow up’ appointments (phone or face-to-face) that were scheduled with either a senior clinician or case manager. 24 program participants regularly attend the support group for doctors with substance use disorders.

Funding

There is wide variation in the funding available to run the services and in the sources of funding.

DHAS ACT - cost of service is unavailable. It is a voluntary service with business/administrative support provided by AMA ACT.

DHAS NSW – \$40,000. Funds are from the previous NSW Medical Board, the Veterinary Practitioners Board and the Australian Dental Association. AMA NSW provides subsidised accommodation and administrative support.

DHAS Q – \$20,000 per year, received from donations and in kind support from AMA Queensland which provides business/administrative support services and accommodation for meetings.

DHASA Ltd – funding is calculated at \$49.50 per doctor over three years. Funds have been provided from the reserves of the previous South Australian Medical Board.

DHAS WA – AMA WA provides about \$2000 to cover travel costs for the convenor to attend an annual meeting/conference. The WA locum service covers the cost of the telephone line and a 24 hour per day

telephonist and after-hours locum service. Four panel general practitioners and 1 psychiatrist provide their time gratis.

VDHP – Annual cost is \$500,000 funded from the reserves of the previous MPBV.

Other services available for medical practitioners

In addition to the doctors' advisory services, there are other services available for medical practitioners. These include:

- Medical Benevolent Association of NSW
- Medical Benevolent Association of South Australia
- Rural Doctors Workforce Agency – Dr Doc Program (supports the health and well being of South Australia's Rural GPs)
- Peer Support Service – AMA Vic
- Victorian Medical Benevolent Association

Feedback about the type of programs the Board should fund

The Board recognises the significant contribution being made by people and agencies working in the area of doctors' health, many of whom are volunteers. Early recognition of illness and intervention to restore a practitioner to better health and to avoid them becoming impaired are important for the individual practitioner, the medical profession and the community.

There is a range of health services currently provided across Australia. The Board does not have a clear view about which is the best model for the provision of these services or how they are best funded. The Board is seeking the views of the medical profession on these issues.

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.

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?

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?

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?

Submissions

Please provide written submissions by email, marked “Consultation on funding external doctors’ health programs” to medboardconsultation@ahpra.gov.au by close of business on **5 April 2012**. Submissions by post should be addressed to the Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.