

Submission to the Medical Board of Australian

Consultation on the Board funding external doctors' health programs

Submission by

Australian Medical Association (NSW) Limited



1. Introduction

AMA (NSW) Limited is a medico-political organisation that represents over eight thousand doctors in training, career medical officers, staff specialists, visiting medical officers and specialists and general practitioners in private practice.

Any questions regarding this submission should be directed to:

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AMA NSW supports the submissions made by Federal AMA and the Australian Doctors Health Network. The purpose of this submission is to raise issues and concerns for doctors practicing in NSW.

AMA NSW strongly supports the need for an effective doctors health advisory service. Ensuring doctors are able to care for their own health and access support is critical to both the health of the doctor and the care the doctor is able to provide to patients. Doctors health and well being services are particularly critical for our younger doctors and medical students. We are being advised that many are struggling to deal with the stresses associated with uncertainty about access to training places, as well as the general health issues and stresses that come from the difficulties of working as a doctor.

AMA NSW members are angry and disappointed at the suggestion that the Medical Board of Australia and AHPRA are unable to fund even the same level of services previously funded under much lower registration fees. We believe this to be a betrayal of the profession and are concerned that if there are no other funding options other than to seek additional payments from registrants, the profession will be further disenfranchised from the National Registration Scheme. We note however that offering doctors health services is critical and we support the Federal AMA submission with regard to funding options. Leaving doctors without doctors health services is not an acceptable outcome.

Where funds are allocated – either from existing registration fees or, in unavoidable, an additional fee, it is essential that these funds are directly allocated to be used for doctors health services. These funds should be allocated to an appropriate independent entity for the distribution and administration of the funds. The Medical Board of Australia and AHPRA should have no control on the use of those funds nor be able to compel doctors health services to provide services in any particular way.

AMA NSW notes the significant differences in the nature and scope of the current doctor's health services across the country. AMA NSW does not support the rolling out of one particular model across the country and instead supports state services being provided with funds through the appropriate mechanism. It should then be a matter for the state to determine the nature and scope of the services appropriate to the needs for the registrant in their state.

We specifically note the VDHP program. While we understand the VDHP is well supported in Victoria, in NSW, many aspects of the VDHP are provided through the Medical Council's Impairment Program. Rolling out the programme in NSW would be very expensive and would potentially duplicate or confuse existing services.

AMA NSW believes there should be an equitable funding arrangement across all states with the aim to provide appropriate access to good quality doctors health services across all states, rather than allocating additional funds to states who may currently have more extensive services. We believe this will ensure that the most

registrants possible achieve access to services and that over time, innovation and good models will be shared across jurisdictions.

Finally, we submit that it is essential that the Medical Board of Australia maintains and enhances funding and support to the Board based impaired registrants programs. In the best situation, good doctor's health services will reduce the number of doctors who may require more formal management of their health. However, there will always be doctors who will benefit from or require formal management through Board impairment programs. The success of these programs in managing the care of a doctor and returning them to the workforce is often overlooked. We are particularly concerned that the NSW Impaired Registrants Program continues to be supported and receive fair and appropriate funding. The program is highly effective and extremely well regarded by registrants in NSW, as evidenced by the efforts made to protect the program and other aspects of the complaints management system from the National Scheme.

Conclusion

We look forward to the Medical Board of Australia focusing on the critical need to protect and promote the well-being of doctors in Australia and would be happy to provide further comments on this submission as required.