

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

Submission received from: **Dr Peter Arnold**

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

I wholeheartedly support such programs, and have published repeatedly on their need.

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 changes in recent years to the Victorian model are to be applauded. The danger is abolishing the existing volunteer-driven schemes in the other jurisdictions is that doctors in need of help might well be put off at consulting an entity which is under the auspices of the Medical Board of Australia.

The Board claims that confidentiality will be respected, but the wording of the Act would suggest otherwise. An arm's length service, funded by the Board but not run by it, would better reassure doctors of confidentiality, and could sort the majority who do not need referral to the Board from the minority whose problems warrant notification.

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.

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 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?

1. There are difficulties in the assessment of the competence of treating practitioners and in their recruitment; and almost insoluble problems if such a practitioner turns out not to be satisfactory.

The mere possession of seemingly appropriate qualifications is not sufficient. Doctors who treat doctors on behalf of the Board (or as part of the program) warrant careful selection, training and periodic re-assessment. This is extremely difficult to ensure and can get bogged down in bureaucracy.

2. The criteria governing mandatory notification of an impaired practitioner or student need to be spelled out in a lot more detail than they are at present. They should be medically unambiguous and sufficiently robust to stand up to challenge in a court of law.

3. It is crucial that no practitioners be treated as lesser citizens merely because they are doctors. Doctors should always be able to appeal to the courts if they are deprived of their ability to earn a living and support their families.