

The Continuance of the VDHP

A Submission by Victorian Medical Benevolent Association

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Background

The VMBA and the VDHP are complementary organisations with a strong commitment to the welfare of medical practitioners and medical students who are dealing with personal crises.

The VMBA was very supportive of the establishment of the VDHP and recognised the merits of separating a 'Doctors Health Program' from the regulatory body.

Since 2001 the VDHP has directed many clients to the services of the VMBA and this partnership has proven to be highly successful in facilitating the return to medical practice for the vast majority of clients.

The VDHP holds a 'float' of VMBA funds that can be used at VDHP discretion for doctors with short term and or low level financial needs. For clients with more complex financial issues VDHP refers to the VMBA for evaluation of their needs which may result in longer term counselling and or financial assistance.

The VDHP and VMBA are moving towards proactive operation through education and research into doctors' health. The VMBA has agreed to commit significant funds via the VDHP to a project which investigates how doctors perceive their own chronic health problems.

This is a natural development in VMBA and VDHP collaboration with the aim of providing even more responsive assistance to doctors and their families in a time of personal crisis.

Considerations

The establishment of the Victorian program came about as a result of the experiences of the Health Committee of the Medical Practitioners Board of Victoria (MPBV) during the 1990s.

1. The VDHP, which deals primarily with doctors who are impaired or allegedly impaired, is essential for the protection of the public, and plays a significant role in rehabilitating doctors.
2. The VDHP model is based on similar programs throughout the states and provinces of the USA and Canada.

3. Continued current funding, indexed to the CPI, is essential for the continuance of the VDHP role in Victoria and South Australia plus the development of a national program based on similar grounds with unique additions that reflect each of the states needs and circumstances.
4. The MBA is the logical organisation to take the lead on this program

Responses to the questions posed in the consultation paper:

Q 1: Is there a need for health programs?

Yes! For continuity the programs must be funded and staffed programs.

Q2: Preferred model for external health programs

We support the notion of one skeletal model. There are differences (in population, geography, history, medical culture, size of the profession, and strength of the existing DHASs in each state and territory so each jurisdiction should be encouraged to develop its own preferred model to be funded. This would mean having minimal criteria to be met for funding and evaluation purposes

Q3: The role of the Board in funding external health programs

The VDHP was developed jointly by the then MPBV and AMA Victoria. Now is a need for strong leadership by MBA, with funding being provided by MBA.

Q4: Range of services provided by doctors' health programs

1. A confidential telephone advice service. Clients may self-refer or be referred by appropriate others
2. Provide triage to the most appropriate external assistance
3. Institute case management with the aim of rehabilitation and re-entry to the work place
4. Deliver an education program to student doctors, GPs and hospital medical staff on 'Doctor Health'
5. Provide rural outreach services
6. Research (i.e. analysis of experience) via support for external funded doctor health projects
7. Working in collaboration with other doctor health organisations such as the VMBA
8. Maintain a physical presence (office, phone, staff etc.)

Q5: Funding

Historically the VDHP has cost approximately \$25 per annum per registrant in Victoria.

Q6: Other comments

It is clearly the responsibility of the organised medical profession, recognising statutory requirements, to ensure that there are established procedures and programs that enable medical students and medical practitioners to access timely, high quality and effective services if they are sick, distressed or incapacitated. Early intervention through a formal, confidential program will help protect the public whilst maximising the opportunities for students and doctors to return to study and work.

The Victorian Doctors Health Program has over the last decade successfully implemented a model of care based on the long experience of the profession in North America. The Program has been instrumental in supporting students and doctors until they are able to safely continue their careers.

All medical practitioners and medical students in Australia deserve access to confidential support and access to effective treatment and rehabilitation if they become sick or unwell. As the Medical Board of Australia is unique in having a direct regulatory relationship with every one of them it is best placed to enable the establishment of a nationwide network of Health Programs by providing a guaranteed funding stream.

D J Fletcher

Honorary Secretary