Funding external doctors' health programs

Submission from:
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Responses to the questions posed in the consultation paper:

Q 1: Is there a need for health programs?

I have no doubt that the answer to this question is "yes". The experience in Victoria with the significant number of doctors and medical students seeking help through the Victorian Doctors Health Program (VDHP) demonstrates this, and the fact that there are Doctors Health Advisory Services (DHASs) in various forms in almost every State and Territory. These services perform a different but essential role to the "health committees" of each state committee of the Medical Board, and I believe that without them doctors who are unwell or impaired would be presenting far later in their illness for help and quite possibly continuing to practice when it is not safe for them to do so.

Q2: Preferred model for external health programs

I do not support the notion of one preferred model. I believe that the differences in a number of parameters in the states that have existing DHASs mean that it would be wiser to encourage each jurisdiction to develop its own preferred model to be funded.

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

I can see no reason why funding should not come from the entire medical profession via the MBA. Although there has been criticism of the increased cost of registration, the additional levy required is for the direct benefit of colleagues, and should be adequate to provide a DHS however termed in every state and territory with sufficient funds to provide a service that meets minimum criteria set by the MBA.

Q4: Range of services provided by doctors' health programs

From my experience with VDHP I believe that the following services should be provided:

- There needs to be an office situated centrally (and which can be accessed discreetly by doctors who have been referred) with secretarial support, maintenance of a website and provision of newsletters.
- An independent, confidential advice service, contactable by phone (and with 24 hour contact via a pager service), with the option of face to face contact
- Triage and referral to appropriate care, including assisting participants to have their own GP Assistance in rehabilitation and re-entry to the work place
- An education program for all doctors and medical students.
- A comprehensive data base should be kept to enable research and the identification of trends.
- The support and monitoring of at- risk participants

Q5: Funding

I believe that up to $30 per registrant per year would be reasonable.

Q6: Other comments

As recorded in the 2009 Annual Report: "The Victorian Doctors Health Program (VDHP) was established jointly by the Medical Practitioners Board of Victoria (MPBV) and the Australian Medical Association Victorian Branch (AMAV) in 2000 in response primarily to the observations of MPBV that doctors coming to the attention of the MPBV with health problems including drug or alcohol dependence were often referred late in the evolution of those problems and that MPBV had no means of ensuring that these doctors accessed the best available care, rehabilitation, and support to re-enter the workforce".

I was the inaugural Chair of the Board and have been privileged to watch the service grow and help a significant number of doctors including importantly Junior Medical Staff and medical students. I can speak from considerable experience as the Medical Director of two major teaching hospitals in Melbourne that managing doctors who were unwell for whatever reason before the existence of the VDHP was a major challenge, and was often far less than optimal.

To give three examples to illustrate my point:

1. [redacted]

2. [redacted]

One of the decisions we made early at VDHP was to accept third party and anonymous referrals. The previous DHAS in Victoria only accepted self-referrals so that the doctor concerned had to have enough insight to recognise that they needed help and take this initiative themselves. Although the concern about anonymous referrals was of course getting referrals which were vindictive, in the 5 years that I was involved we got a number of anonymous referrals but only one that turned out to be not warranted and that was a genuine misunderstanding and definitely not vindictive. As can be seen from the table below, third party and anonymous referrals (mostly " Other") have been very important in getting doctors into the service who needed help.

01/01/2009 - 01/04/2012
Total pts = 359 Doctors = 258 Students = 101

Referred by	
Self	201
Practice Mgr	3
Employer	17
University	46
Colleague	23
AHPRA	4
Treating Dr	29
Police	0
Family/Friend	18
Other	18

3. Trying to convince older doctors in particular that they needed proper medical assessment and treatment was equally problematic. [redacted]

Whilst the original Doctors' Health Advisory Service in Victoria was active for some years (I was a member of the Board of that service) it eventually failed to provide the service level necessary because of a lack of volunteers to provide the service. I understand that this is not necessarily the case in other states, and hence I support the concept of funding all existing DHSs at their current level whilst there is consultation about the way forward, and to allow each State and Territory to develop proposals for a service that meets minimum criteria set by the MBA.

However, I am concerned that current voluntary services in other states will fail sooner or later as happened in Victoria, and believe that we should look to the very long standing and successful programs in the USA and Canada on which the VDHP is based as appropriate models.

As the inaugural Chair of the Board of VDHP, I was aware of the amount of prepatory ground work that had gone into agreement between the MPBV and the Victorian AMA to establish the service but in addition I spent a considerable amount of time visiting the Victorian Presidents of the Colleges and other relevant influential doctors including Divisions of General Practice to ensure that we did not run into opposition because the relevant people had not been properly informed. The speed and success with which VDHP " took off" is testament to the wisdom of this type of approach.

In conclusion:

I am very firmly of the view that the Medical Board of Australia has both a moral and an ethical responsibility to ensure that there are dedicated, appropriate medical services for doctors in every State and Territory to overcome the reluctance of doctors to be patients, and to protect the community from the very real harm that can be done to them by doctors who are unwell or impaired in any way.

Declaration of interest:
I was the inaugural chair of the VDHP Board from 2001 to 2005.