



**Confederation of Postgraduate Medical Education  
Councils (CPMEC)**

**Response to the Medical Board of Australia  
Consultation on the Board Funding External  
Doctors Health Programs**

**2 April 2012**

## Introduction

The Confederation of Postgraduate Medical Education Councils (CPMEC) welcomes the opportunity to provide comment on the Medical Board of Australia's (MBA) consultation on funding of external health programs for medical practitioners.

CPMEC is the peak body for prevocational medical education and training in Australia and New Zealand. It comprises State and Territory Postgraduate Medical Education Councils (PMCs) or the equivalent agency in Australia.

Postgraduate Medical Councils play a critical role in the clinical placement and quality of training, supervision and performance of junior doctors in the first two years of prevocational medical training. In addition, a number of, but not all, the PMCs are actively committed to the assessment and up-skilling of international medical graduates who are not yet in a vocational training program.

CPMEC believes that the health and well-being of prevocational doctors is a crucial issue in today's healthcare environment and supports the work undertaken by organisations such as the Victorian Doctors Health Program (VDHP). Research suggests that doctors as a group often deny their own health issues and fail to seek help even when it is clearly needed. As such, there is a strong need for supportive health programs designed to assist the health professional themselves and also protect the public interest. Whilst the number of impaired doctors may be small the potential impact on patient safety and public interest may be significant.

This response includes feedback on the MBA's six questions that CPMEC received from member Postgraduate Medical Councils (PMCs) or equivalent agencies. Specific recommendations are made where appropriate.

### **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.**

CPMEC strongly supports the need to provide external health programs for medical students and doctors at all stages of their careers. The existence of such services in Australia, albeit voluntary in many states, and similar established international programs testify to the need for these services. Research suggests that doctors have higher rates of distress, mental health and substance abuse issues than the general population. Early identification and effective management can see these doctors rehabilitated and able to continue to practice safely. Often doctors that are involved in serious misconduct and malpractice may have been rehabilitated if identified earlier, and provided with appropriate education and interventions.

CPMEC is particularly concerned about the prevocational doctor group as they are in the unique situation of making the transition from student to practitioner and to greater autonomy of practice. It is for this reason that external health programs should be available and accessible across the continuum of medical practice from undergraduate through to prevocational, vocational and established practitioners. These programs should be well promoted and publicised within the profession.

The focus for any external doctor's health program should be education and early intervention. In addition, practitioners should have confidence that the service is conducted confidentially and with their best interests in mind, while at the same time ensuring public safety.

**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.**

CPMEC is supportive of the established external agencies including the Doctors' Health Advisory Service and the VDHP. Whilst there are differences in the services provided, early identification, appropriate counselling, education, and intervention are key to all services. Both services also provide organisational education regarding doctors' health. Existing agencies in some states are underfunded and could increase their role in rehabilitation, re-entry, education and research if adequate funding was available. This requires that employers take a more proactive interest in the welfare of their medical workforce.

Ideally, the external health program should be locally coordinated and delivered although there is some scope for standardisation of the services provided at a national level. Minimum criteria or guidelines for operation of a 'best practice model' could be established by the MBA along with reporting requirements, outcomes and evaluation processes. There is no reason why to preclude a national approach to the education of doctors regarding the risks to their health, programs available etc.

CPMEC is in a unique position to facilitate monitoring of access to such programs by junior doctors given the close interaction of the PMCs with junior doctors in their state and territories.

The preferred model must manage the issue of the potential conflict of interest between the regulating body for professional standards (MBA) and the external health program and the need for perceived independence. The potential conflict of interest can be managed through Memorandums of Understanding and close links as evidenced by the VDHP experience. However the need for transparency must be clearly identified as a factor to ensure that individuals do not decline from accessing the service due to this perceived conflict of interest.

**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?**

CPMEC received a range of responses regarding the role of the board in funding external health programs. In general, there was support for the Board having a role in funding these organisations, largely due to the Board's role in protecting the public interest. Since early identification and intervention have been shown to prevent doctor impairment and safeguard the public, there is some justification in the Board taking on this role. Some PMCs felt that this should be an employer responsibility and that whilst the Board needs to have knowledge of and links to such programs, funding is not the Board's responsibility.

**Question 4: Range of services provided by doctor's 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?**

CPMEC considers all of the services listed at Question four to be relevant inclusions in the services provided by an external health agency. These include:

- access to telephone advice during and after hours
- referral to experts
- identification of potential treating practitioners
- programs to enhance the skills of medical practitioners who assess and manage the health of doctors
- education services to raise awareness of health issues
- case management and monitoring
- follow up of all participants
- assistance in finding support for re-entry to work and rehabilitation
- research on doctors health issues
- publication of resources

CPMEC did receive comments that the telephone service should only be used to provide contact details for appropriate support e.g. general practitioner referral, and should not be used as a consultation service.

**Question 5: Funding? How much of an increase in registration fees is acceptable to you, to fund doctors' health services?**

Costing of the services according to set criteria of operation would need to be undertaken to determine if a particular increase would be adequate to allow funding across all jurisdictions. Given this, approximately \$25-\$40 seems, *prima facie*, a reasonable increase in registration fee to cover this funding should the Board decide to adopt a funding role. However, any increases must be subject to justification.

**Question 6: Other comments? Do you have any other comments or feedback about external health programs?**

CPMEC would like to see external health programs be accessible to doctors across the continuum of medical education and training. The experience of VDHP has been an increase in accessing of this service by medical students and junior doctors. The need to provide support for doctors' health is not isolated to established practitioners and it would be short-sighted to not ensure that these services were comprehensive across the continuum.

**Conclusion**

CPMEC once again thanks MBA for the opportunity to comment on the funding of external health programs for medical practitioners. Support for doctor's health is a crucial issue for the current healthcare environment and it is critical that programs that provide these services are supported and strengthened.

For any queries in relation to this submission, please contact Dr Jagdishwar Singh at CPMEC ([jsingh@cpmec.org.au](mailto:jsingh@cpmec.org.au)).

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