



VICTORIAN DOCTORS HEALTH PROGRAM

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Submission to the inquiry into the performance of the Australian Health Practitioner Regulation Agency

My name is Dr Kym Jenkins and I write this submission as the Medical Director of the Victorian Doctors Health Program. I am glad that Doctors and Nurses Health Programs are within the scope of this inquiry. To amplify statements in Paragraph 2, page 4, I would like to clarify what the Victorian Doctors Health Program (VDHP) actually does. The VDHP is a confidential service for doctors and medical students who have concerns such as stress, mental health problems, substance use problems, or any other health issues.

Since the commencement of VDHP in 2001, we have assisted doctors and medical students presenting with numerous issues ranging from those having a mild impact on quality of life to those threatening careers and lives. VDHP deals with each individual case on its merits and offers a range of interventions. Advice is also provided to anyone who is concerned about a doctor or medical student. This includes family, friends, colleagues, university staff and clinical staff.

VDHP develops individual management plans and co-ordinates treatment, including arranging appropriate referrals to external treatment providers.

Indeed, Victoria was way ahead of other states when this service was established and is still the only state that has such a comprehensive health service for medical practitioners.

We are concerned that in developing a national arrangement for doctors' health services and programs, that limited or token funding may only allow a service that constitutes the 'lowest common denominator' such as merely a telephone counselling service and a national website. With a decrease in funding VDHP will no longer be able to continue its primary preventative approach with its educational initiatives and we would no longer be able to continue the case management of doctors with mental health, substance use disorder or physical health problems. Case management is a role that is both essential and integral to the return to work for many doctors after a period of sickness or impairment. It also ensures that while doctors are working, their recovery is maintained. This is a role that compliments the regulatory role of the Medical Board of Australia. Some of the doctors under VDHP case management agreements also have conditions on their registration imposed by the Medical Board of Australia; however, many others have experienced or are experiencing health problems that, when appropriately treated, managed and monitored, can be prevented from reaching a level where action by the regulatory authority is required. Analysis of outcomes of the VDHP case management program shows results comparable with worlds' best practice (ref attachment).

VDHP services currently include:

- Advice and information;
- Finding a GP;

- Assessment and referral;
- Case management, Aftercare and Monitoring Program (CAMP);
- Assistance with re-entry to work;
- The Caduceus group (a support group for doctors who are recovering from substance use disorders);
- Advocacy and
- A rural outreach program

We also run an extensive education program that focuses on the primary prevention of health problems for doctors and training others doctors to better look after other medical professionals.

Another essential role of VDHP is giving advice to third parties who may be working with or employing doctors who may be unwell or possibly be impaired.

A concern of many doctors in Victoria is that when we moved to national registration, registration fees increased from \$350 to \$670 and despite this increase doctors perceive that they are receiving fewer services. One of the proposed services that may no longer be included in registration fees is the VDHP.

We agree that continuation of the doctors' health program is a key issue for doctors. At VDHP we firmly believe that healthy doctors have better outcomes for their patients. Medical training is long and arduous: it is also expensive to both the individual medical professional and also the community. It is an inherently stressful profession; however, from a financial perspective alone it is important to retain doctors in the workforce and for the profession not to lose members due to stress and ill health. It is correct that in 2010 funding of our program was guaranteed for an initial period of three years. That funding comes to an end at the end of the 2012/13 fiscal year and we have been guaranteed a smaller allowance of funds from the MBA for the following financial year. Consequent upon this it is imperative, that in order to continue the full operations of VDHP, that alternative additional funds and/or alternative funding models be found as soon as possible.

We would welcome support from the standing committee to this end.



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