



AUSTRALIAN MEDICAL ASSOCIATION
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Dr Joanne Katsoris
Executive Officer, Medical
AHPRA

Dear Dr Katsoris

RE: FUNDING FOR EXTERNAL DOCTORS HEALTH PROGRAMS

Attached is AMA Victoria's response to the Medical Board's request for submissions.

AMA Victoria is also generally in agreement with the submission made by the federal AMA, but we are particularly concerned to affirm our support for funding for doctors health programs, given the outstanding success of the Victorian Doctors' Health Program (VDHP), and our wish that it continue. As you are aware, AMA Victoria is a founding member of the VDHP.

Brief answers to the first five questions asked follow. The attached submission expands on these responses.

- Q1: We do see great value in health programs for medical practitioners and medical students.
- Q2: We support the VDHP model for Victoria, but believe each jurisdiction should settle on a model which is acceptable to practitioners in that jurisdiction, given the vital importance of endorsement by the professionals to be served.
- Q3: We believe that that the Board should allocate funds to health services, for the reasons stated in our submission, but that the funds should be managed by an independent trustee.
- Q4: All of the services listed are valuable and are currently provided by the VDHP and/or AMA Victoria. Programs to enhance the skills of treating doctors could be further supported if funding were available.
- Q5: We believe that the existing registration fee should be sufficient to provide for funds to be set aside to support doctors' health programs, with indexation built in if the fees are increased in the future.

We are happy to provide further input at any time.

Yours sincerely

A handwritten signature in blue ink that reads 'Jane Stephens'. The signature is fluid and cursive, with the first name 'Jane' and last name 'Stephens' clearly legible.

Jane Stephens
CHIEF EXECUTIVE OFFICER

AMA VICTORIA SUBMISSION

1. THE NEED FOR DOCTORS' HEALTH PROGRAMS

All medical practitioners should have access to support for serious health problems, and a program designed specifically for doctors and comparable health professionals is the best option for certain conditions and personal situations.

Some form of community funding for such programs provides a cost benefit because:

- preventing or treating impairment protects the public,
- enabling a competent doctor to continue in practice benefits the community, especially at a time when there is a shortage of doctors,
- a doctor's training represents a considerable public and personal investment, and enabling a doctor to continue in practice provides a better return on this investment,
- doctors and comparable health professionals are not easily able to move to a different occupation, and enabling them to continue practising protects their livelihood.

Health professionals generally face similar stressors in their work, and many of them have easier access than the general public to prescription medications, and the knowledge and means to cause self-harm. If funding is provided out of registration fees from the national scheme there is no reason why all health professionals ought not to have access to some form of health support program, so there is no intention to single doctors out for special attention.

2. MODELS OF HEALTH PROGRAMS

There are differing models in operation around the country, and differing views as to the best model.

AMA Victoria strongly supports the continuation of the Victorian Doctors Health Program as a doctors' health service in this state, but does not advocate it as the only worthwhile model. AMA Victoria supports jurisdictions and professional groups being able to operate any model considered to be effective based on available evidence.

3. FUNDING MODELS

AMA Victoria is firmly opposed to adding to the already generous medical registration fee to fund the VDHP.

In order to enable cost efficiency, in relation to the above listed benefits, any funding model should provide incentives to offer a cost effective service, with provision for programs to find additional funding from other sources if appropriate.

AMA Victoria proposes the following:

- AHPRA funds currently in reserve could provide a foundation for setting aside an amount for a Health Support Service Trust Fund. The proportion of the amount available for doctors' health programs should be based on the proportion of registration fees attributable to medical practitioners. The Fund should be administered independently of AHPRA or the Medical Board.
- Thereafter, from each registration fee, AHPRA (or the Medical Board) should set aside an amount per practitioner, and an amount per student registrant, (indexed annually) for the purposes for providing health support services to members of the medical profession. These fees would go to the Trust fund.
(Amounts could also be contributed from other professions for the same purpose, so that one Trust could administer all funds).
- Health support services would be able to access funds from the trust fund for operation of their chosen model of support service – on the basis they fulfil certain criteria set out by the Fund's trustees, and only up to the maximum amount contributed from the fees of the relevant professionals from that jurisdiction.
- Funds needed in excess of those available from the fund would need to be made up through other funding sources.
- The trust fund would be able to offer seed funds to groups not covered by any support service. Trust funds in surplus at the end of any year could be set aside in a capital preserved trust fund, the income from which could be used to conduct relevant research.