



VICTORIAN DOCTORS HEALTH PROGRAM

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Chairman's Report (2010 / 2011) **The Annual General Meeting of the Victorian Doctors' Health Program** **14 November 2011**

It is with pleasure that I present my Chairman's Report to the 2010 / 2011 Annual General Meeting of the Victorian Doctors' Health Program (VDHP).

Revisiting the Purpose of VDHP: It is opportune to consider firstly the purpose of a service such as that provided by the VDHP, in effect our reason for being. Whilst doctors experience the same range of physical and psychological health issues as other Australians of similar socioeconomic status, there is research evidence that they have an increased rate of depression and anxiety (and suicide) compared to the general population. Issues that make the health care of doctors a "special case" include:

- A reluctance of doctors and medical students to seek independent professional advice and care for their own health problems.
- The perceived difficulty in changing roles from "the carer" to the "patient"
- Conversely the difficulty many doctors experience when their peer or even their senior colleague becomes their patient
- Ease of access to prescription drugs and to self-prescription and
- The potential serious impact of the doctors' health issues on their delivery of safe patient care
- The large waste of funding and resources should doctors' ill health require them to cease practice

The Services of VDHP: VDHP provides services specifically directed to the wellbeing of medical practitioners and medical students recognising the barriers to access as outlined above:

- A confidential telephone service. Attendees may be self-referred or referred by family, peers, employers, medical schools or AHPRA
- An initial face-to-face assessment and referral service. VDHP's team of health professional staff facilitate triage to the most appropriate external resources, including a general practitioner. VDHP has a large referral base of GPs, psychiatrists, psychologists and addiction medicine specialists with a commitment to and capabilities in the care of doctors as patients
- Case management of doctors with substance use disorders and/or mental health problems which may involve a requirement for the doctor/student to sign a "care and monitoring program agreement" (CAMP) including appropriate undertakings re attendances with their general practitioner and specialist healthcare providers, work place monitor reports and regular breathe/urine/hair drug testing.
- A weekly support group for doctors with substance use issues (Caduceus)

- Health promotion presentations and activities at University Medical Schools, urban and rural public and private hospital forums and grand rounds, orientation sessions for International Medical Graduates (IMGs), medical college and craft group meetings etc VDHP also has a comprehensive website www.vdhp.org.au which includes advice to doctors/students
- Hosting and presentations at doctors health workshops and conferences and
- Research and publications including evaluation of VDHP services

I am able to confidently report that VDHP has continued to provide this comprehensive and highly professional range of services to Victorian medical students and doctors throughout the past twelve months. Feedback from others involved in the Victorian healthcare system confirms a growing recognition of the value and respect for these services with and for this I express my strong gratitude for the dedication of all our members of our staff so passionately and capably lead by our Medical Director, Dr Kym Jenkins.

Services delivered (1 July 2010 – 30 June 2011)

New enquiries	191
New face-to-face assessments	112
Follow up appointments	391
Participants currently on a case management agreement (as at 30 June)	48
Educational presentations/workshops	28
Publications	2

The quality and integrity of these services was confirmed by a Board commissioned independent report undertaken by Dr Joan Lawrence in March 2011. Dr Lawrence is a psychiatrist practicing in Queensland with extensive experience in the provision of services to medical practitioners. Her assessment of the service was extremely positive.

Perhaps surprisingly VDHP has not seen substantive evidence of the anticipated negative impact of the new “mandatory notification” requirements of *the Health Practitioner Regulation National Law (Victoria) Act 2009* on the willingness of doctors to seek early help for any mental problems, or drug or alcohol use disorders. However interpretation of these legislative requirements remains unclear and VDHP will continue to support revision of legislation to remove this anxiety and potential deterrent to early intervention. Confidentiality for attending doctors is a vital aspect of our service; while at the same time VDHP fully accepts our legal obligations and the necessity to safeguard the public.

VDHP financial performance and position: With relief the Board received confirmation early in the financial year that in accord with an undertaking given by the Victorian Minister for Health, AHPRA would continue to fund VDHP at least until June 2013, at an effective rate of \$500,000 per annum.

Our 2010/2011 financial report confirms that in the first year of this three year period our income loss against this income was \$58,717 thereby reducing the accumulated surplus to \$97,667. This loss occurred despite consistent endeavours to responsibly curtail costs. The resultant reduction in reserves places significant strain on our ability to fund ongoing services to the same level in 2011/12 and 2012/2013 let alone beyond 1 July 2013.

With this in the forefront of their minds, the VDHP Board and management have commenced detailed future planning with a focus on possible alternative governance and funding arrangements. Approaches are being made to various potential future partners

recognising our strong desire to also maintain an ongoing relationship with the Australian Health Practitioners Regulation Agency (AHPRA), the Medical Board of Australia and AMA Victoria.

It would be a very significant loss to the medical profession in Victoria and also to their patients and the Victorian community if this service or similar were not able to continue into the future. Furthermore the establishment of a nationally funded service has many positives although it is recognised that there are significant jurisdictional issues to be addressed in any national arrangement.

Conclusion: I take this opportunity to extend my sincere thanks to all members of the VDHP Board whose commitment to VDHP has been consistently apparent throughout the challenges of the past year and in looking towards addressing those of the future. I especially thank Dr Bill Pring for his agreement to take over the role as Chair of the Board from the close of this AGM. I wish him well in this role. My passionate concern for the welfare of medical students and practitioners remains and I will be pleased to continue as a member of the Board through this crucial time of challenge and change

Dr E Robyn Mason
Chair
Victorian Doctors' Health Program