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MEDICAL INDEMNITY INDUSTRY ASSOCIATION OF AUSTRALIA

Mandatory Reporting - Impact on doctors health programs

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Potential Problems

- For the sick/impaired doctor
  - Reluctance to self seek assistance
- For colleagues
  - Possible conflict of interest
- For Doctors Health Advisory Programs
  - Possible conflict of interest

Mandatory Reporting – when?

- When a medical practitioner has a *reasonable belief* that a colleague has been involved in *reportable conduct*

What is reportable conduct?

- Working while intoxicated
- Sexual boundary violations
- Placing the public at risk of substantial* harm
- Departure from acceptable* professional standards

What is the role of Doctors Health Advisory Services?

- All Programs
  - Advise and refer
- Comprehensive programs
  - Advise, Assess and Refer
  - Support, Monitor

Current referral pathways to a Doctors Health Advisory Service (DHAS)

- Self*
- Peer*
- Administrator, Supervisor,
- Family
- Medical Board

DHAS Services - Basic

- Telephone contact
- Advice
- Referral to requested services

DHAS services – Comprehensive Programs

- Telephone contact
- Face to face assessment and advice*
- Referral to treatment – specialist & GP
- Monitor – eg., serious illness
- Assistance in return to work

***may include advice to stop working**

Victorian Doctors Health Program (VDHP) - caseload

- New contacts
  - Telephone – 16 per month
  - Face to face contact – 10 per month
- Contacts (follow up) for participants in program – 25 per month

Health care problems seen at VDHP

- *Distressed doctors and students
- Mental illness
- Substance abuse
- Physical illness

***Particularly trainees/doctors recently in practice/international medical graduates/students**

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Which doctors are reported or known to the Medical Board?

- Referred from the Medical Board
- Continuing to work against advice of treating doctor
- When a patient adverse event has occurred
- A doctor involved in criminal activity

VDHP Case examples

Intoxication

- Monday morning GP leaving a nursing home greets his doctor tennis partner who is at the nurses station reading files and about to start seeing patients
- Notices the smell of alcohol on his partner's breath
- Persuades him to leave and have coffee nearby
- Is told he spend all Sunday drinking after his wife left

Intoxication – Assessment at VDHP

- History of marital discord for months
- Sleeping poorly
- Alcohol consumption was a problem as an adolescent and recent increase
- Wife who was having an ‘affair” left town with local car salesman on Saturday

Agreed for VDHP to speak to colleague at the clinic where he worked. No complaints from staff or patients.

Intoxication - management

- Agreed to stop work
- Referred to GP, psychologist and addiction medicine specialist
- Case managed/monitored by VDHP
- Returned to work when cleared by treating doctors
- Negotiated – no solo shifts, colleague as monitor

Distressed trainee

- IMG - Difficulty coping with new responsibilities
- Sending money back home
- Responsible for younger brother – using drugs
- Supervisor noted poor work performance and referred him to VDHP

Distressed trainee - management

- No evidence of significant mental illness
- Referrals
  - Psychologist – stress management
  - Financial counseling/support
  - Assistance for younger brother
- Mentor at work organised

Avoiding potential problems from Mandatory Reporting

- What do we need?
  - Exemption for DHAS and MDO doctors
  - Guidelines for interpretation of reportable conduct where is the threshold?
  - Education of doctors to seek help
  - Anonymous helpline to explain guidelines