



Doctors' Health South Australia Program Evaluation

Summary Report

July 2025

Evaluation Background

Introduction

Ensuring doctors are healthy is critical for maximising the quality and efficiency of healthcare provided to the community. Yet, doctors experience comparable, if not worse, health than the general population despite their strong health knowledge. This arises from various barriers doctors experience when accessing healthcare, including:

- Having limited or no rapport with a general practitioner,
- Being able to self-treat,
- Having a high threshold of when to seek healthcare support,
- Limited time to seek healthcare,
- Concern regarding the confidentiality of medical services,
- Practitioners having limited understanding of mandatory reporting requirements,
- Professional stigma against illness,
- Cultural expectations of self-sacrifice within medicine, and
- The fears regarding impacts of seeking help on professional registration.

To address these barriers, doctors' health services have been established both internationally and in Australia. However, there are limited published data evaluating the impacts of these services.

Doctors' Health South Australia (DHSA) offers a unique model that provides a comprehensive suite of services to support doctors' engagement with the healthcare sector. This evaluation was commissioned by DHSA to examine the DHSA program's impact on the wellbeing of South Australian (and, to a lesser extent, Northern Territory) doctors and medical students.

Methods

The evaluation was guided by the COM-B model of behaviour change. Ethical approval was granted by the University of Adelaide School of Psychology Low Risk Subcommittee. Routinely collected, de-identified data from patient encounters and event feedback were sourced for 2019-2025 and collated. Summary statistics were calculated for measured outcomes, with further statistical analysis undertaken to compare groups where appropriate.

Report contents

This summary report first describes the DHSA program model, followed by five key recommendations arising from the program evaluation:

1. Continuation of the DHSA program
2. Expansion of the rural outreach program
3. Further routine data collection
4. Sponsoring an updated national needs assessment of doctors' health
5. Exploration of the barriers facing international medical graduate (IMG) and specialist doctors from accessing the service

Overview of the DHSA Program

Following a statewide needs assessment, in 2010 the DHSA program was founded to improve the health of the medical profession for the good of the community. The DHSA service spans educational, clinical and research activities that operate in concert to support doctors' and medical students' health.

DHSA services include:

- Workshops for GPs to build skills in treating doctor-patients
- Self-care workshops for GPs, including events specifically for rural doctors
- A website promoting events relevant to doctors' health
- A freely available, 24/7 phone service for doctors, medical students and those concerned about them for urgent professional and personal advice
- An after-hours (AH) clinic providing in-person and telehealth assessment and treatment
- Rural outreach visits, where a GP will visit a smaller community to provide medical services for doctors

Each of these services is designed to provide an 'entry point' for doctors to engage with the health system, facilitating connection with community GPs and other health services (see Figure 1). The DHSA program is uniquely comprehensive in the services it offers compared to other doctors' health programs in Australia.



Figure 1.
Doctors' Health SA Program Model

1. Continuation of the DHSA Program

Between 2019-24, DHSA conducted 2,786 unique patient encounters, most of which were via the AH clinic (78.5%, 2,173 encounters). During this period, the AH clinic averaged 389.4 encounters per year, while the phone service averaged 42.6 calls per year. DHSA services generally showed annual growth in demand.

Figures 2 and 3 highlight statistically significant differences in the types of doctors and presentations seen across DHSA services. This suggests that DHSA's multi-service approach is needed to ensure all doctors' preferences for seeking healthcare for various healthcare needs are met. Further, over 40% of patients reported intending to more regularly engage with their GP following engagement with DHSA.

Collectively, the data demonstrate that DHSA offers a highly valued service to the medical profession and strongly advocate for the continuation of this program.

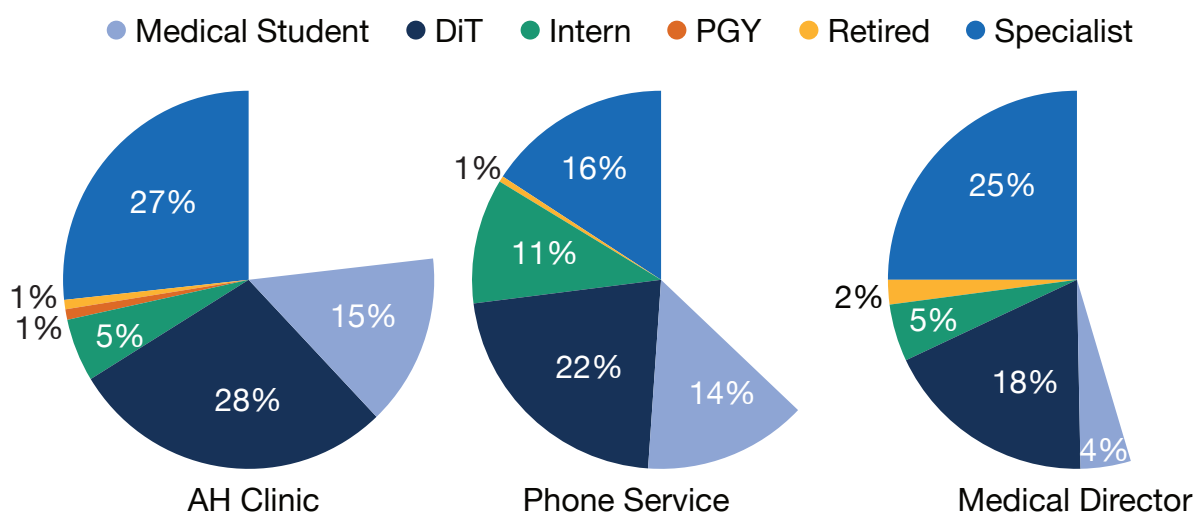


Figure 2. Population access across services

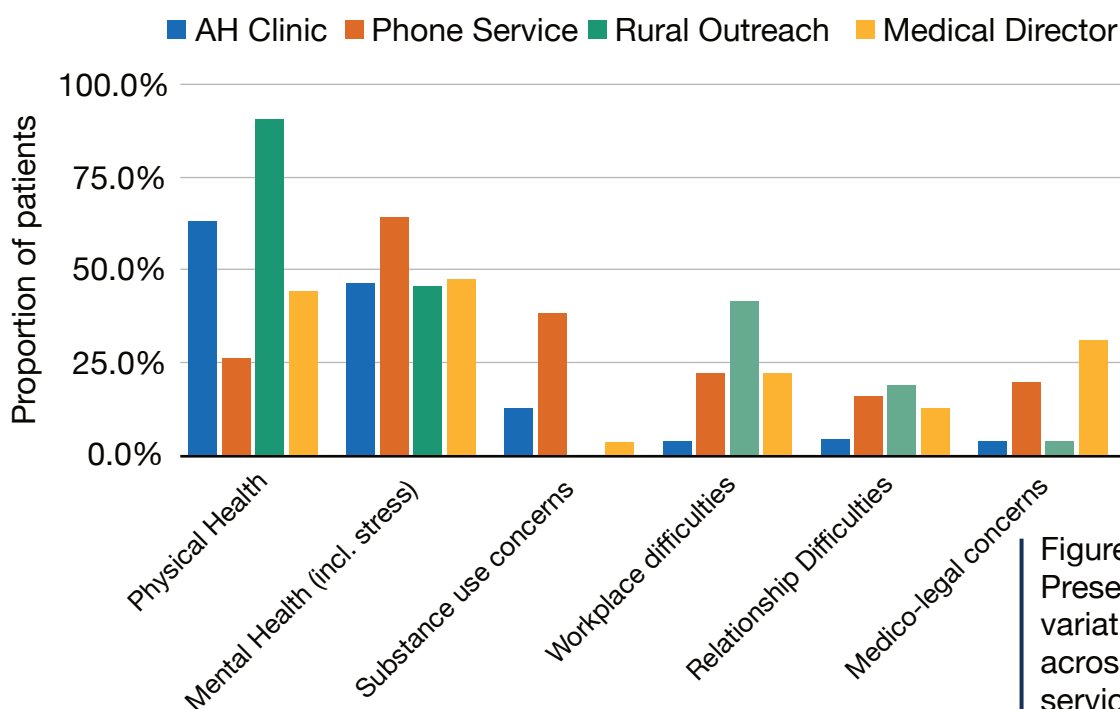


Figure 3. Presentation variation across services

2. Expansion of the Rural Outreach Program

Demand for the rural outreach program is strong. When the program is run, there is considerable demand for its services amongst rural and remote doctors.

Doctor-patients also have complex presentations. Figure 4 highlights that doctor-patients have more problems per presentation than general population patients. This complexity is even greater for rural and remote doctors serviced through the rural outreach program. Over 70% of these consults have three or more problems, compared to 12% for the general population. These statistically significant differences not only underscores the need for this service. They also highlight that a high level of expertise is needed when treating these doctor-patients.

Consistent with this, over 50% of doctors seen through the rural outreach program receive referrals to the AH clinic. Likewise, 24.5% of these patients receive specialist referrals. These findings demonstrate the complex needs of rural and remote doctors, and advocate for the expansion of this service to meet this group's needs.

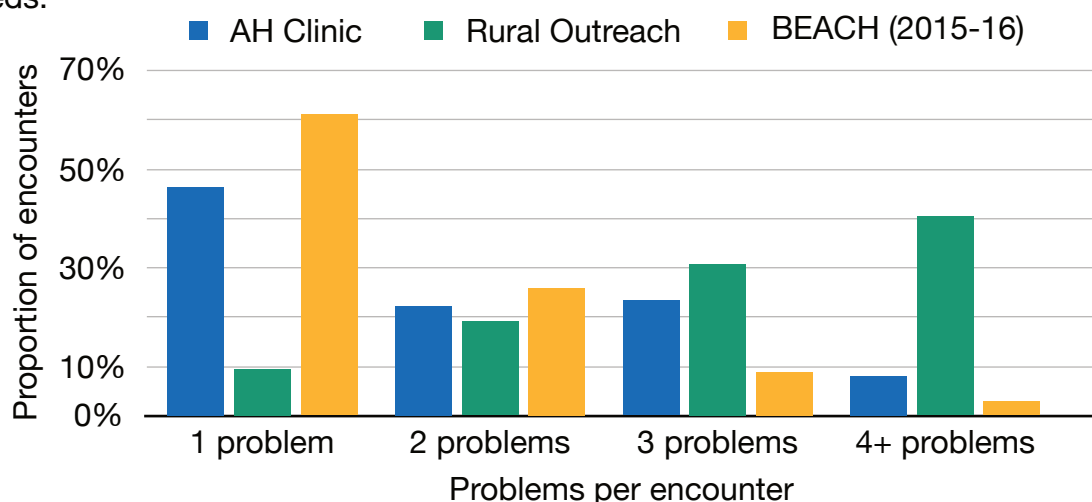


Figure 4. Number of problems per encounter in DHSA services vs BEACH data (2015-16; Britt et al., 2016)

3. Further Routine Data Collection

Currently, the majority of data collected by DHSA are from treating clinicians. Apart from events run, there are limited data available regarding patient experiences and perspectives. To provide further insights, particularly for service impacts, DHSA is recommended to expand routine data collection of patients. Important metrics include:

- Whether the appointment met the doctor-patient's needs,
- What action/s they intend to take following the appointment, and
- Whether they would recommend DHSA to other doctors.

Such information can be gathered immediately after a consult, with additional follow-up approximately 3-months later to determine which intended actions were implemented.

4. Sponsoring an Updated Needs Assessment of Doctors' Health

A further limitation of interpreting these findings is the lack of a contemporary dataset regarding doctors' health needs. The last assessment was undertaken in 2007 and requires updating. This updated needs assessment would:

- Describe the current health needs of doctors,
- Enable evaluation of DHSA service impact (by comparison with the 2007 data),
- Determine the medical community's awareness of DHSA services, and
- Identify current barriers to doctors accessing healthcare.

Ideally, such an assessment would be undertaken on a national basis to develop a more comprehensive understanding of doctors' health across the country.

5. Exploring Barriers to Service Access amongst IMGs & Specialists

DHSA data show that 63.7% of patients seen were medical trainees (i.e., students, interns, or doctors in training; see Figure 5). Compared to the South Australian medical workforce, this is a stark over-representation, with 60.3% of all medical practitioners being specialists. DHSA's model of facilitating health service engagement may be more suited to trainees than specialists – who may already have established practices for supporting their healthcare. Nevertheless, the data cannot evaluate the accuracy of this interpretation.

Likewise, only 16.5% of DHSA patients identified as international medical graduates. By contrast, approximately a third of the Australian medical workforce is internationally trained.

As such, further investigation is needed to understand barriers to service access specifically amongst specialists and IMGs. This could be facilitated through the above-mentioned updated needs assessment. These findings will be imperative to ensuring equitable access for all doctors to health care.

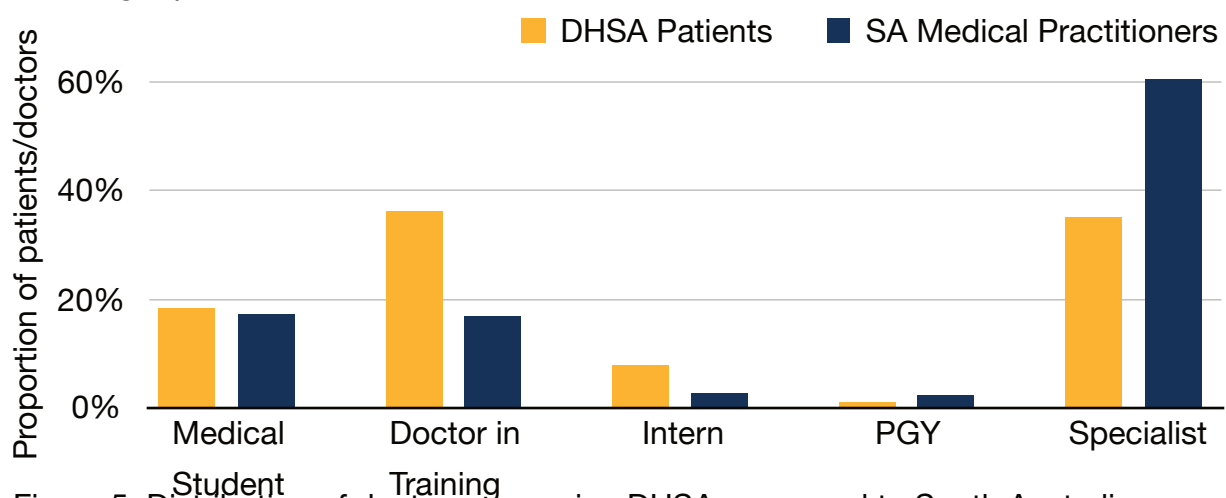


Figure 5. Distribution of doctors accessing DHSA compared to South Australian medical workforce. *Note: Comparison is with South Australian medical workforce 2018-19*

Summary

This evaluation draws on 2,786 unique DHSA patient encounters from 2019 to 2025. The DHSA program is unique in offering different services that cater to different needs. These include educational workshops for building skills and supporting self-care, a website promoting relevant events, an after hours in-person clinic, a 24-7 phone line staffed by doctors for doctors, and outreach visits to provide medical services for doctors. Overall, this evaluation offers five recommendations regarding the DHSA program:

1. Continuation of the DHSA Program

The DHSA program offers a valuable service to the medical community, evidenced by:

- Stable demand for its services,
- Data showing that each service caters for different patient needs, and
- Doctor-patients who engage with the program are perceived as being better able to engage with the health care system.

2. Expansion of the Rural Outreach Program

Consideration should be given to expanding the rural outreach program, because:

- When offered, there is strong demand from rural/remote doctors for the service,
- These doctors often receive referrals for further care, demonstrating medical need for these doctor-patients, and
- These doctor-patients have highly complex presentations (even compared to other doctor-patients), requiring high levels of expertise.

3. Further Routine Data Collection

DHSA is encouraged to collect immediate and follow-up data from patients about their experiences, including:

- Whether the appointment met the doctor-patient's needs,
- What action/s they intend to take following the appointment, and
- Whether they would recommend DHSA to other doctors.

4. Sponsoring an Updated Needs Assessment of Doctors' Health

The last assessment of South Australian doctors' health needs is nearly 20 years old and outdated. An updated (ideally national) assessment is required, examining:

- The impact and awareness of DHSA services
- Identify further needs amongst the medical community
- Examine barriers to service access

5. Exploring Barriers to Service Access amongst IMGs & Specialists

Specialists and international medical graduates are underrepresented amongst the DHSA patient base. The reasons for this deserve exploration, specifically:

- Do they see the need for this service?
- Are they aware of the service?
- What is preventing them from accessing the service?
 - Is there something that can be done differently?

