

Drs4Drs Research Project – Frequently Asked Questions (FAQ)

1. Is the work to involve co-design with Australian Doctors' Health Services and Drs4Drs or just Drs4Drs?

The work involves co-designing with both Drs4Drs and Australian Doctors' Health Services.

2. What is in scope for mapping of existing services?

Within scope: mapping of participating Doctors' Health Services, including state-by-state variations in program delivery.

Out of scope: Drs4Drs, as it does not provide services directly, and broader related doctors' health services such as medical colleges support services.

3. Are there key comparisons to be made across Doctors' Health Services?

The intention of the research is to measure effectiveness and identify which areas of the programs are most effective. Specific comparisons should emerge from the research outcomes.

4. What data is available about service use? Will this be accessible to the evaluator upon commencement?

De-identified, monthly service usage data dating back to 2016 is available and will be provided to the evaluator upon commencement. This data is held by Drs4Drs and the individual Doctors' Health Services. The key data reported against by the Doctors' Health Services is provided below:

- (i) a description of the key activities undertaken by the Providers and Drs4Drs, including advertising and promotion of the Programs;
- (ii) the number of Service Recipients being helped, and at what stage (e.g. advice and referral, phone contact, case management etc.);
- (iii) presenting problem of each Service Recipient assisted (e.g. substance abuse, mental illness, physical illness);
- (iv) the gender of Service Recipients assisted;
- (v) the jurisdiction of Service Recipients assisted;
- (vi) the type of registration (including specialty) of any Medical Practitioner assisted;
- (vii) reports on outcomes in providing assistance to Service Recipients, including:
 - (A) level of satisfaction reported by Service Recipients;
 - (B) number who have returned/remained in the workforce and number who are not able to return;
 - (C) percentage of Service Recipients who have taken the action recommended by the Provider;

5. What audiences will the research report to at national and state levels?

The research partner may be required to present to the Drs4Drs Board and at relevant conferences. Publications and presentations are relevant, but not limited, to AMA (State and Federal), Ahpra Health Departments, Doctors' Health Programs, Medical Schools, Colleges, and Medical Defence Organisations.

6. Can funds be held over for publication and presentation costs?

Yes, this is acceptable. Please include such provisions in your budget proposal.

7. Does Drs4Drs provide any advice on potential conflicts of interest I might have?

Drs4Drs cannot advise on potential conflicts of interest. Any such concerns should be disclosed within the proposal and will be reviewed by the review panel.

8. How brief should resumes be for key personnel?

Approximately two pages or less per resume is ideal.

9. Is a co-design/co-production approach acceptable for developing methodology and frameworks?

Yes, Drs4Drs welcomes this approach. Please outline the expected involvement of Drs4Drs and the Doctors Health Service Providers in your proposal.

10. Is publishing the evaluation results in peer-reviewed journals acceptable?

Yes, publication is a required deliverable. Co-authorship with Drs4Drs and the Doctors Health Services is expected where appropriate.

11. Does the service receive positive feedback from participants and are complaints logged?

Service providers are expected to have a feedback and complaints systems, though consistency varies on local levels. Drs4Drs requires adherence to its National Standards, which includes a complaints management framework.

12. Is evaluating variability across jurisdictions part of the research?

Yes, assessing state-by-state variations in program delivery is within scope.

13. What is the rationale for the proposed 12–16 month timeframe?

The 12–16 month timeframe balances the need for a careful research process with the importance of providing timely insights to inform decision making. We have built in some flexibility, and any suggested changes to the timeline can be outlined in the project proposal for consideration.

14. Who is the primary readership and users of the final outputs and recommendations?

The primary readership includes the general medical profession, Ahpra, Drs4Drs Board, and Doctors Health Service Providers. The primary users are Doctors Health Services and Drs4Drs.

15. Is there a ready-made group of Drs4Drs and Australian Doctors' Health Services to co-design with, or do we need to construct one?

There is no ready-made group at this point. This would need to be constructed upon commencement of the research.

16. Do the varying support elements of Drs4Drs collect any routine outcome monitoring data?

Drs4Drs does not collect routine outcome monitoring data as such. The individual Doctors Health Service Providers do have a monitoring system in place, but the extent varies and may not be consistent. Part of the research project's purpose is to develop and validate a framework that could support such monitoring in the future. Further information will be available once the research partner connects with the Doctors Health Services upon commencement of the research.