## Your details

**Name:** [redacted]

**Organisation (if applicable):**

**Are you making a submission as?**

- ☐ An organisation
- ☐ An individual medical practitioner
- ☐ Other registered health practitioner, please specify:
- ☒ Consumer/patient
- ☐ Other, please specify:
- ☐ Prefer not to say

**Do you give permission to publish your submission?**

- ☐ Yes, with my name
- ☒ Yes, without my name
- ☐ No, do not publish my submission

# Feedback on the Consultation regulation impact statement

The Medical Board of Australia is consulting on three options to ensure late career doctors are able to keep providing safe care to their patients.

The details of the options for consideration are contained in the consultation regulation impact statement.

**1. Should all registered late career doctors (except those with non-practising registration) be required to have either a health check or fitness to practice assessment?**

**If not, on what evidence do you base your views?**

No, late career doctors should not be required to have a health check or fitness to practice assessment done.

These health checks/assessments do more harm than good. It doesn't just target conditions that may be a concern to the board but will be an overall assessment of the doctors. Who will regulate what will be assessed? How far will be enough? It is already an invasion of privacy.

With more scrutiny and restrictions, no wonder why GPs are exiting the workforce.
Their years of studying and exams should have been enough to measure their competency and yet, more restrictions. Do they not already have CPD and other requirements they have to meet yearly?

There is already a shortage of GPs in the local community. Especially in the rural areas, it's hard to find a bulk-billing GP that's able to fit you in early. Or even a GP that's not already packed with long waiting times.

**2. If a health check or fitness to practise assessment is introduced for late career doctors, should the check commence at 70 years of age or another age?**

80

**3. Which of the following options do you agree will provide the best model? Which part of each model do you agree/not agree with and on what evidence do you base your views?**

**Option 1** **Rely on existing guidance, including Good medical practice: a code of conduct for doctors in Australia (Status quo).**

**Option 2** **Require a detailed health assessment of the 'fitness to practise' of doctors aged 70 years and older every three years for doctors from the age of 70 and annually for doctors from the age of 80.**

**These health assessments are undertaken by a specialist occupational and environmental physician and include an independent clinical assessment of the current and future capacity of the doctor to practise in their particular area of medicine.**

**Option 3** **Require general health checks for late career doctors aged 70 years and older every three years for doctors from the age of 70 and annually for doctors from the age of 80.**

**The health check would be conducted by the late career doctor's regular GP, or other registered doctor when this is more appropriate, with some elements of the check able to be conducted by other health practitioners with relevant skills, e.g., hearing, vision, height, weight, blood pressure, etc.**

I agree with option 1.

Option 1: It has been the status quo for a long time and it's working.

- Majority of these complaints (that were the motivation for this change) are irrelevant to age.
- If you actually read the comments some people place on google, it's nonsense.
- People will complain about short waiting times 10 mins , or not being seen immediately despite not being an emergency and the clinic being completely booked.
- Extra regulations will not improve the 'safe care provided to patients' because there will be a shortage of GPs and packed Emergency rooms instead. If you want to achieve 'safe care' then ask clinics to be accredited- majority of them are already.

Option 2: It doesn't just target conditions that may be a concern to the board but will be an overall assessment of the doctors. This goes beyond having a concern for patient care but more in controlling GPs. It is already an invasion of privacy.

Option 3: Better than option 2.
- It should only target conditions that will directly impact doctors' ability to care for patients. But who is to say what the board will do. They can use anything and say it'll impact patient care and boot all the good doctors.

**4. Should all registered late career doctors (except those with non-practising registration) have a cognitive function screening that establishes a baseline for ongoing cognitive assessment?**

**If not, why not? On what evidence do you base your views?**

No. They have already graduated, been continuously practicing in the work force and achieved a GP license (so more exams). They have already demonstrated their level of competency as well as having extensive experience.

All this will do is get rid of the good doctors based on a general complaint.

If someone complains about a doctor, that complaint should be looked into. See both sides and be reasonable. Find a solution and move on.
Why should a few doctors/patients ruin it for everyone else?

I know for sure, most complaints are unreasonable and exaggerated. But the doctors will cop it and not the patient, they have nothing to lose.

**5. Should health checks/fitness to practice assessments be confidential between the late career doctor and their assessing/treating doctor/s and not shared with the Board?**

**Note: A late career doctor would need to declare in their annual registration renewal that they have completed the appropriate health check/fitness to practice assessment and, as they do now, declare whether they have an impairment that may detrimentally affect their ability to practise medicine safely.**

Yes it should be confidential, the Board is not the treating doctor and has no business reading into it. If a health check is required and completed then it should be enough.

It's like saying, an employer should be able to access their employee's confidential health summary.

**6. Do you think the Board should have a more active role in the health checks/fitness to practice assessments?**

**If yes, what should that role be?**

No, the Board has already measured the doctor's competency.
They should focus on increasing bulk-billing clinics and having more GPs in rural and local areas rather than punishing accredited doctors with more regulations.

I wonder if other fields have as much scrutiny as doctors.
Do lawyers get the same treatment?

# Feedback on draft Registration standard: Health checks for late career doctors

This section asks for feedback on the Board's proposed registration standard: Health checks for late career doctors.

The Board has developed a draft Registration standard: health checks for late career doctors that would support option three. The draft registration standard is on page 68 of the CRIS.

**7.1. Is the content and structure of the draft Registration standard: health checks for late career doctors helpful, clear, relevant, and workable?**

It is alright.

**7.2. Is there anything missing that needs to be added to the draft registration standard?**

More than enough.

**7.3. Do you have any other comments on the draft registration standard?**

No

# Draft supporting documents and resources

This section asks for feedback on the draft documents and resources developed to support Option three - the health check model.

8. The Board has developed draft supporting documents and resources (page 72 or the CRIS). The materials are:

   C-1 Pre-consultation questionnaire that late career doctors would complete before their health check

   C-2 Health check examination guide – to be used by the examining/assessing/treating doctors during the health check

   C-3 Guidance for screening of cognitive function in late career doctors

   C-4 Health check confirmation certificate

   C-5 Flowchart identifying the stages of the health check.

   The materials are on page 72 of the CRIS.

**8.1. Is the guidance in the draft Advertising Guidelines appropriate? Are the proposed supporting documents and resources (Appendix C-1 to C-5) clear and relevant?**

It is alright.

**8.2. What changes would improve them?**

Removing irrelevant questions.

**8.3. Is the information required in the medical history (C-1) appropriate?**

- Pre-consultation questionnaire:
  - Irrelevant social history questions. Some questions can be omitted.
  - Past history: Dental is irrelevant.
  - Family history: Diabetes is irrelevant to providing care to patient.
  - Allergies irrelevant
  - Medications irrelevant, especially vitamins and minerals.

**8.4. Are the proposed examinations and tools listed in the examination guide (C-2) appropriate?**

N/A

**8.5. Are there other resources needed to support the health checks?**

N/A