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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
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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?

Yes, from age 75 years

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?

75 years, in line with driving licence checks

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.

Option 3 is the closest to what I would suggest, but I would say that it should start at age 75 years.
Driving Capacity assessment is one model to consider
At age 75 years the process starts
At age 85 years a driving test every 2 years

An important consideration is how many hours each week the doctor is working. Full Time would bring closer scrutiny, same for After Hours work.

Medical Defence organisations charge reduced premiums to part time doctors. An older doctor in this category would arguably be safer than someone of the same age working long hours.

Office General Practice with long term patients who benefit from continuity of care should not be adversely impacted by changes in this area.

Be careful not to push doctors, mostly GP's, into early retirement by making the process confronting and inflexible.The shortfall in GP numbers is increasing already without adding to the mix.

Solo GP's may be a higher risk group compared to others, so there may be a case for assessing them in more detail. Doctors who work in group practice have some degree of peer regulation.

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?

Blanket statement, cannot support.
Where is the evidence that suggests this would achieve anything?
Who would do this testing?
What about younger doctors with impaired cognition? How do you find them?
Cognitive assessments might be justifiable from a later age, eg 80 years, or in specific circumstances such as following head injury, stroke, etc.

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

There may need to be some scope for a "Mandatory Notification", but it would need to be worded very carefully. There is enough concern out there already. Don't pour petrol on that fire.

A gentler approach might be some form of audit on prescribing and investigation ordering, ie Pathology and Radiology. That could be done with Medicare introducing an appropriate set of filters for older doctors.

Statistical variation is no proof of "bad practice", but can reduce the pool of older doctors who may need closer scrutiny.

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?

The Board is seen by many doctors as an adversary. Don't do anything to increase that perception without good and justifiable reason.

Utilising existing processes such as Driving Capacity, MDO status, annual turnover, Practice Accreditation(for solo GP's particularly) etc before adding another layer of bureaucracy.

Complaints to the board by patients or their advocates could have a different process for older doctors.

If there are any doctors still using paper records exclusively then you might use that as a point of discrimination.

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?

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

The decline in health with ageing is not contested.
If a rigid approach to assessing doctors' health is taken AHPRA might have to look at introducing an earlier age limit for ATSI Doctors who have all the same health problems as their mobs. I am NOT advocating that in the least, but it could result from excessive reliance on statistics.

Can the statistics quoted about increased Notifications of older doctors withstand accusations of ageism and raceism?

One measure that might be considered is that patients of older doctors in a group practice have a separate medical review by another doctor at the same practice, with access to all the patient records. That is something that experienced doctors have been aware of for many years. Regardless of the age of the doctor, a fresh set of eyes can be both reassuring and at times detect something that familiarity has blinded the individual to. That's nothing to do with age, by the way.

Group Practices are generally safer for patients.

Solo Practices are higher risk. The background material does not appear to distinguish between solo and group practice. AHPRA can expect to be asked about that at the next round, so start the data checking now.

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

I am speaking as a 70 year old GP who [redacted] I have returned to work part time and will stay that way. I am wedded to my Cardiologist and GP. It's in my personal interest to maintain my own good health.

So a new question might appear on the Registration application in the future. Have you had any hospital admissions or Do you have a regular medical attendant, etc

The Driving Licence assessment process could be part of the whole process as that is triggered when an individual turns 75 years of age. They know they have to do it. Diabetics have to do it from their diagnosis onwards. Another model perhaps??

How many older doctors still drive. I couldn't give you a figure, but suspect that it would be above 99%

Imposing additional tasks on rural and regional doctors will push more to walk away. Saying that Outreach Services can provide the workforce reflects profound ignorance of reality. I'm on the board of a state based outreach service funder. I know the limitations. The suggestion of getting outreach provision was not reality based.

Who will bear the extra costs of these processes? The doctors is what you may say, but if society needs to be protected, then society needs to pay. Doctors will be forced to pass on the costs to their patients as is unfolding currently with the Payroll Tax issue.

Is AHPRA ready to bear the blame for increasing patient out of pocket costs when they see the doctor? You can expect to hear that one in the next round of publicity.

In summary, I agree with a Health Assessment type checkup from age 75 years. Link it to the Driving Licence Medical Assessment process. Consider creating a limites registration category as per the driving model
Daylight Hours only
Limited km radius from home
If you have sleep apnoea, get signed off by a Respiratory Physician
Etc, etc

Do not further undermine the morale of the Medical Profession. Keep older doctors in the workplace. They mentor younger ones, have corridor consultations about puzzling patients.

II doubt that there has been any proper study done on the work done by older doctors. Time it happened, then there might be some evidence base for greater levels of monitoring.

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. Are the proposed supporting documents and resources (Appendix C-1 to C-5) clear and relevant?

8.2. What changes would improve them?

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

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

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