

Your details

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Organisation (if applicable): [REDACTED]

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
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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?

No, older doctors should not be required to have a health check mandated. My evidence is based on personal experiences and work in my specialty of geriatric medicine.

APHRA quote the World Alzheimer's Report, " Research published by the Alzheimer's Australia indicates that 20% of women over the age of 65 and 17% of men over the age of 65 will develop dementia." This is flawed because it generalizes all older people and assumes that a 65 year old has the same risk as a 75 year old or 85 year old.

Further-more, in comparative area, i.e. fitness to drive. We have found that occupational therapy driving assessments, touted as a gold standard for their comprehensiveness, have been shown to fail older drivers with normal/near-normal cognition because the task chose for assessment are not age appropriate. For instance, we know reactions slow with age but older drives compensate by taking precautions. Another example is the use of computer for assessing older drivers which is an unfair means for a non-computer literate cohort. Also, assessments are often based on contemporary road rules and older drivers have never been held accountable to these standards until these tests are administered. I suspect, that same problems of assessing older clinicians would be true if it were mandated by a governing agency.

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?

It should not be imposed by APHRA at all. It should be imposed by colleges and peers. My concern is that a governing agency like APHRA would take a generic approach and apply a system of rules designed for political risk and would take into account an individual's skills and existing risks in their usual work place.

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 1 or Option 3

Option 4 is that college compliance and regulation is now very high. Peer review and peer observation is a strong method of assessing and has been shown to be the most appropriate means of assessing work place performance.

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?

Nope, no test that I know off is nuances enough to assess work based performance.

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.

I think the results of college-based fitness-to-practice assessments should be shared with the board.

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. It should be more active partnering with colleges.

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?

Out of time ...

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

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

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 of 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?

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

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