

From: [REDACTED]  
Sent: Wednesday, October 2, 2024 10:22 AM  
To: medboardconsultation  
Subject: Feedback for Late career doctors Health assessments

Dear Medical Board,

Re: Feedback for Late Career Doctors.

Attached- document

Related to the above, I express strong concerns with a lack of support for against deviating from the status quo on health assessments for late career doctors.

I understand there are concerns with cognitive capacity of doctors as they get older and this will be an increased problem as the workforce ages.

However, I have ethical concerns on age discrimination- an emerging issue of our age. Related to this I know the pitfalls of performing screening (of cancers) without evidence- I'm sure there isn't evidence of benefit of mandatory screening.

(I also have concerns you are not going to get good feedback- I'd be surprised if you get feedback of >0.5% from your doctors. i.e any feedback will not be representative )

There are always other methods of achieving a "better" outcome- would be happy to discuss solutions if there is interest.

Thank you for accepting my feedback.

Regards,

[REDACTED]

## Your details

Name:

[REDACTED]

Organisation (if applicable): Shelley Hub Family Practice, Perth, WA

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- ☐ No, do not publish my submission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?

Not without consensus from the members:

Basis: ethics

I'm sure noone wants to be grandfathered into a program where they are discriminated to take a health assessment based purely on age.

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?

If it is (which I do not support), probably should start later, and should not be concrete- should be adjusted according to life expectancy or similar metrics.

In comparison current driving assessment occurs around 80 yo in WA (<https://www.wa.gov.au/organisation/road-safety-commission/seniors>)  
And there is similar talk about it occurring for firearms in WA at 80 yo.

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.

Status quo- Option 1.

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.

The medical board would know better than I; but I would be highly skeptical if there was any evidence that such a "screening test" leads to better outcomes.

Meanwhile there are concerns about age discrimination, and the ethics of forcing assessments.

As a GP, I have dealt with a variety of patients, some who have poor cognitive capacity at 60, and others who are active and sharp at 90 years of age. Things have to be done at a case to case basis.

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, of course things should be confidential between treating doctors and the Board. Ethically these things should be only as "need to know"- the absolute minimum of info should be shared to do whatever is required. This is a standard with all reports/assessments.

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 not have a more active role.

# 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?

I am assuming it is in regards to document:

<https://oia.pmc.gov.au/sites/default/files/posts/2024/08/Consultation%20Regulation%20Impact%20Statement.pdf>

Clear- yes

Relevant- yes

Workable and Helpful- questionable (few people are going to use a 90 page document)

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

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

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## 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?

A brief review shows there are mistakes in Flowchart C5

### 8.2. What changes would improve them?

My feedback is that this is an unnecessarily rigid process. I've never seen such a comprehensive health assessment for any profession, whether DVA or pilot. My feedback would be that this is unfair and burdensome.

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

No. See above.

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

As per above

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

no