

## Your details

**Name:** Philip Tune

**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- No, do not publish my submission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. See comments below.

**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?**

N/A

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. There are many reasons doctors can become temporarily or permanently unfit to practice at any time of life. Part of being a professional is to be able to recognize these moments and withdraw from practice temporarily or permanently. The ageing process alone is a very blunt instrument for identifying impaired capacity. Nor is it clear at exactly what point one becomes unable to safely practice. Is there a particular degree of strength, co-ordination, hearing or vision loss, and does the impact of this vary across different disciplines? Is there a particular score on the MMSE above which one is safe and below which one is unsafe? I think this is very unclear and subjective. Arbitrarily nominating scores or relying on the subjective assessment of one doctor is an oversimplification of a complex issue. Clearly the Medical Board has an important responsibility in protecting the public from doctors whose practice is unsafe or unprofessional, but I fail to see why the particular issue of ageing would impose mandated testing, as opposed to random drug and alcohol testing of all doctors or random file note reviews to ensure the adequacy of clinical assessment, diagnosis and prescribing. Ultimately, most doctors will realise when they need to retire and do so voluntarily. The small proportion of those who lack insight or continue to practice for some other reason in spite of their awareness of their limitations, will come to the attention of the Medical Board through the existing processes by which any impaired practitioner is identified. I would argue that we have a system already in place which is able to address impairment. Introducing mandatory testing based on age alone is akin to using a sledgehammer when a tap hammer will do the job, and could reasonably be considered a discriminatory, ageist attitude.

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. See comments above.

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.

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.

# 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?**

**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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