



Public consultation - Submission

Health checks for late career doctors

7 August 2024

The Medical Board of Australia is now consulting on a proposal to introduce health checks for late career doctors.

The Consultation Regulation Impact Statement (CRIS) released by the Board seeks feedback on whether additional safeguards are needed for late career doctors (aged 70 years and older) to manage their health, including whether late career doctors should be required to have regular health checks so they can make informed decisions about their health and practice and manage the related risk to patients. The CRIS provides a summary of the Board's assessment of the impact and costs and benefits of each option.

This submission form is intended for organisations, registered health practitioners, patients and consumers.

The consultation paper, including the supporting documents, is available on the [Board's website](#).

Submissions can be emailed to medboardconsultation@ahpra.gov.au.

The closing date for submissions is 4 October 2024.

Publication of submissions

Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

Your details

Name:

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- No, do not publish my submission

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

I don't see why not

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?

At 80 years

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

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
Cognitive tests are of limited
use in functioning individuals, very variable, not
consistent, uses variability etc etc.
Only useful in dementia patients

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

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 the Consultation regulation impact statement

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.

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

Yes

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

— Details of health check
— what G.P. must assess

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

No

□

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?

Yes — references outdated — many are old > 8 years

8.2. What changes would improve them?

They seem adequate

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

Yes

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

The cognitive tests are debatable — much conflict exists in neurology/genetic circles about the validity & reproducibility of these tests

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

More guidance from speciality bodies needed about cognitive tests