



ASOS Response to MBA 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.

ASOS has read the Consultation Regulation Impact Statement (CRIS) and associated documents and concludes as follows.

1. ASOS maintains that there is no compelling case presented by the Medical Board of Australia at the direction of AHPRA to introduce any intervention that would compel medical practitioners aged 70 and over to undertake a medical assessment yet to be determined.
2. Furthermore, ASOS maintains that the lack of an optional step-down category of registration for senior doctors, in favour of the existing all or nothing approach, is the real problem that requires rectification. Previous proposals to establish this category had been rejected by AHPRA.
3. Weaknesses in the current proposal include:
 - a. The data presented to justify this proposal is based on an unpublished study of 10+ year old data about notifications (from 2011 to 2014). None of this data has been made available for scrutiny, and therefore should not be relied on in any way. In any event, it shows that over 70 doctors performed better on a number of parameters than their younger colleagues.
 - b. The Board has existing powers to request any medical practitioner to undertake a test or assessment of their fitness to practise if there is a justified reason to do so.
 - c. All medical practitioners already have a duty to report colleagues who they believe could pose a threat to public safety. We are unaware of this mandatory obligation being imposed on any other occupation.
 - d. There is no indication that any other health professional will be required to have health checks at age 70. If this is an issue then it must be an issue for all health professions, not just medical practitioners.

- e. Given that senior medical practitioners often undertake medico-legal reporting and assessments in contentious areas of law, where decisions have a bearing on compensation, there is a higher likelihood of such doctors attracting complaints against a decision or finding. There has been no attempt in the evidence presented by the Board to eliminate this bias.
 - f. All registered medical practitioners are required to abide by the Medical Board's *Good medical practice: a code of conduct for doctors in Australia*, point 11.2 of which already requires them to have a general practitioner and to maintain their health, particularly in regard to their professional responsibilities. If they have any health condition or impairment, they are required to consult their doctor and follow their doctor's advice.
4. ASOS recommends that the current proposal be abandoned in its entirety, as there is no compelling case for its introduction.
 5. ASOS further recommends that the Board consider creating an optional Senior Active step-down registration category for those medical practitioners who wish to move from full time practice into non-procedural areas of work. This proposal would offer doctors a pathway to end a professional career whilst the community maintains the benefits of their experience, knowledge and skills. The Australian Senior Active Doctors Association should be consulted on this recommendation.

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