

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- ☐ No, do not publish my submission

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?

Yes

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?

70

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

Expert review of the literature suggests this is not accurate/effective/reliable for this purpose

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 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?

Yes

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

No

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

I am a doctor still in practice at age 68, with a strong commitment to medicine as a calling as well as a job. I have discussed the question of mandatory health checks with a number of my colleagues in General Practice and in hospital specialist positions.

I have what I believe are positive observations and a positive recommendation to make to you in response to the survey on doctors over 70 having mandatory health checks.

I have seen the proposals from AHPRA, in response to data suggesting that the frequency of complaints against doctors rises sharply over 70 years of age. It is hard to argue objectively to policy makers that this is not an issue requiring some

response. Personally, I can't really object to seeing my GP etc etc, nor can we argue that sometimes impairment is not apparent to the effected individual.

However, my strong concern is that in the real world I observe, and practice within, from a broader perspective of the experience/talent pool available, I think this may do harm as well as good.

My sense from conversations with friends and colleagues over the last couple of years, and especially GPs that I meet around the traps, is that it is getting harder and harder to meet all the various requirements to "keep your ticket". This is especially an issue for more senior GPs and specialists alike who may work part time.

I know of several colleagues whose decision to stop completely was strongly influenced by the increasingly difficult hurdles to jump to maintain CPD requirements, like measuring outcomes, having to pay high college memberships in order to qualify for a CPD program in the first place, etc etc. GPs for example, have little experience in how to craft responses to "measure outcomes" in their practice, and have even less time to devote to do so. Moreover, unlike salaried doctors, GPs lose income but still incur costs while doing so.

The prevailing feeling outside in General Practice, I observe, is that it is an uphill battle to keep going for multiple reasons, and this is another example of "a stone in ones shoe". This probably means those who follow the rules (the good GPs we personally want to have) will be more likely to drop out, and those with less preparedness to follow the letter of the law might continue.

To merely add a requirement on senior doctors, without an acknowledgement, and a commitment to plan to harvest the extra experience and contributions they can still make, will lead to adverse unintended loss of senior workforce skills.

I recommend that AHPRA, and others charged with ensuring the long term quality of the medical services available in Australia, should also now commit to developing strategies to reduce impediments to experienced senior doctors who still have unique contributions to make.

These should include revisions of requirements (costs of CPD provider membership, adjustment of hours/activity types of CPD required for those who prefer to work part time etc)

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?

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