

Your details

Name: Jathushan Palasubramaniam

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- No, do not publish my submission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. This is discriminatory based on age. There are many issues that may contribute to deteriorating clinical competency so why should age be singled out just because it is easy to identify?

Firstly there is no validated, objective and completely reliable method to determine whether someone is fit to practice. Some doctors who are in fact practicing competently may be found unfit to practice whilst at the same time some doctors who are not practicing competently may be deemed fit on their assessment.

Only a small proportion of doctors (even older doctors) have a complaint made against them. Why not simply target assessments to doctors (all doctors irrespective of age) who have a complaint against them upheld.

Forcing doctors above an arbitrary age cutoff to get some form of ongoing health check will simply discourage them from continuing to practice which will be a loss of valuable experience and manpower from the health system.

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?

Why not 64? Or 27? Or 142? This is entirely arbitrary and doctors of any age can have health issues that impair their ability to practice.

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 is the only non-discriminatory approach.

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. We can assess cognitive function in practice based on their clinical performance. Failings in clinical performance can be identified through patient complaints, complaints from other health practitioners and the various audit and review processes already existent in most hospitals.

If the board wishes for cognitive screening to be a part of medical registration then all practitioners regardless of age should have to do it because cognitive issues can occur at any age for various reasons.

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. Doctors have a right to privacy too. If they are still functioning well, then the results of a health assessment are not especially relevant. If they are not functioning well, then other mechanisms exist for these doctors to be brought to the attention of the medical board.

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. Is the guidance in the draft Advertising Guidelines appropriate? 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?

--