

From: Andrew Carr [REDACTED]
Sent: Monday, September 30, 2024 10:35 AM
To: medboardconsultation
Subject: Feedback on "Health checks for late career doctors" consultation statement

Hello

Please find my comments below.

Overall, I find that the case for change is poorly articulated and not that evidence-based; in particular Option 2 is unjustifiable.

Specific comments

1. The statement does not quantify the magnitude of the problem, but instead refers to potential for more complaints. In the end, it is perhaps not the number of complaints per se that matters, but rather the amount of harm, both from the number of cases of harm and the severity of harm. If this potential policy change was a medical intervention being put forward for government funding via PBAC or MSAC, it would be the subject of a health economic analysis. So I ask:
 - a. How much benefit to patients and to clinicians will arise from Options 2 or 3? i.e. the number needed to 'treat' for benefit (NNTB)?
 - b. How much harm to patients (e.g. less access to health care) and to clinicians with Options 2 or 3? i.e. the number needed to 'treat' for harm (NNTH)?
2. The report laments the fact that many doctors do not have a GP or specialist to monitor their health independently. One way to reduce this is to ask all doctors above a certain age (say age 65) to provide the name of their GP every year when they renew their AHPRA registration.
3. Option 2 not only incurs a direct cost, but also a cost for time off work for the clinician.
4. The review parameters at 5 years are not stipulated clearly, so how will we know the intervention works?
5. The statement discusses the need for some of the legal profession and pilots to have regular checks, as well as doctors in other countries. But it ignores other professions where sound mental capacity is also critical. For example, why aren't the decision-making capacities of other critical professions such as politicians, financial planners and CEOs all subject to the same standard? If not, why not?

Questions for consideration

1. Q 1 – Yes
2. Q 2 – Age of 70 is reasonable
3. Q 3 –
 - a. Option 2 is onerous; no quality data are provided regarding overall benefits, harms and costs to support it.
 - b. Option 3 is reasonable.
 - c. Australia is ageing about 2.5 years every decade. So the commencement age of 70 should be increased over time.
4. Q 4 – No, not unless there is a short, valid instrument, which the Statement implies does not exist
5. Q 5 – Yes. Assessments should be confidential unless predefined thresholds (to ensure consistency) are reached that require mandatory reporting
6. Q 6 – The Board should be asking doctors to state their GP's name from age 65, and the GP name / date of their Option 3 assessment from age 70

7. Q 7 – see above
8. Q 8 – I do not have time to review these. They should not be prepared by the Board alone, rather they should be reviewed and signed off by experts in the field, mainly neurologists and geriatricians.

Yours sincerely,

Andrew Carr
DSc MD MBBS FRACP FRCPA

