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- ☐ No, do not publish my submission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?

WHAT EVIDENCE DO YOU HAVE TO COMPARE INCIDENCE OF COMPLAINTS ON DOCTORS OVER 70 YRS OF AGE TO THOSE OF AGE BELOW 70 YRS ? PUBLISH THE TRUE FIGURES

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?

NOT APPLICABLE

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 WITHOUT DOUBT

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
FOR THAT MATTER ALL PUBLIC SERVANTS - INCLUDING LEGAL PRACTITIONERS, POLITICIANS AND YOUR BOARD MEMBERS - SHOULD HAVE THEIR COGNITIVE FUNCTION CHECKED IRRESPECTIVE OF AGE
I AM A SOLO PRACTITIONER - DO NOT EXPECT ME TO PROVIDE YOU WITH EVIDENCE - AS WITH Q1 - YOU SHOULD PROVIDE THE EVIDENCE

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.

NOT APPLICABLE

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?

I AM A VERY BUSY G.P. AND I DO NOT HAVE THE TIME OR INCLINATION TO READ YOUR DRAFT REGISTRATION STANDARDS DREAMT UP BY A DESK JOCKEY WITH NO PRACTICAL EXPERIENCE OF GENERAL PRACTICE

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

N/A

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

MY STAFF AND PEERS (ASSOCIATE G.P. IN THE PRACTICE) KNOW VERY WELL TO INFORM ME IF I AM SLIPPING IN COGNITIVE FUNCTION AND STANDARDS — AND I WILL THEN RETIRE GRACEFULLY.

I HAVE BEEN PRACTISING AS A G.P. FOR THE PAST 48 YRS WITH NO BLEMISHES ON MY PRACTICE OF MEDICINE. I TREAT FOUR GENERATIONS OF FAMILIES IN MY PRACTICE. I VOLUNTARILY CEASED PRACTISING OBSTETRIC GYNAECOLOGY WHEN MY EXPERTISE I FELT WAS NOT UP TO SCRATCH, OVER 30 YRS AGO.

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 or 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?

NIL

8.2. What changes would improve them?

NIL - REFER TO QUESTION 3, OPTION 1

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

N/A

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

N/A

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

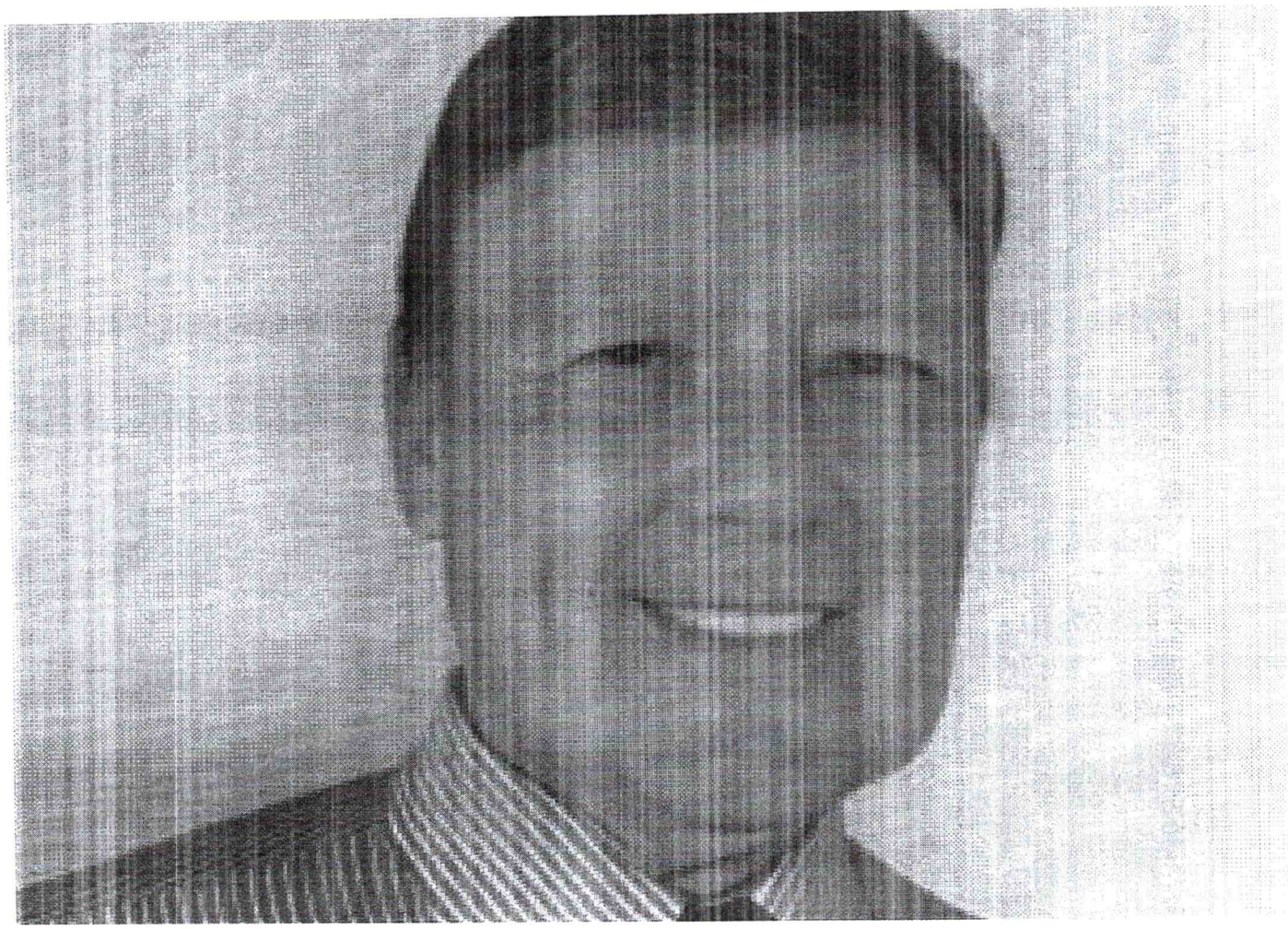
NO

Medical Observer **Opinion**

The medical board's plan for mandatory health checks on older doctors is age discrimination

Dr Philip Morris

2 September 2024 Save



Dr Philip Morris.

The Medical Board of Australia proposal for mandatory examinations and cognitive assessments for doctors aged 70 or older raises critical ethical questions.

Profiling a specific age group based on the assumption that they inherently pose a higher risk is a form of age discrimination.

This is particularly concerning given the lack of robust evidence supporting the claim that all doctors over 70 are a significant threat to patient safety.

The board's own data from 2015 to 2023 reveals some intriguing patterns.

The rate of notifications of medical complaints increased similarly for doctors both below and above 70 years old, indicating no disproportionate rise in issues among older doctors.

Specifically, from 2015 to 2019, notifications increased by 70% for those younger than 70, and 73% for those 70 or older.

From 2019 to 2023, the rates plateaued, with a slight decline for younger doctors and a modest increase for older doctors.

Furthermore, the nature of regulatory actions in 2022-23 showed that younger doctors faced more severe sanctions than their older counterparts, suggesting that the perceived risk might be higher among younger practitioners.

I also have concerns about the cognitive tests proposed by the board, such as the Montreal Cognitive Assessment (MoCA) and the Addenbrooke's Cognitive Examination.

These tests have not been validated specifically for assessing the capacity of physicians.

The lack of norms and the potential for test familiarity among doctors undermine the reliability and relevance of these tests in determining a doctor's professional competency.

Moreover, cognitive tests often fail to capture the full range of skills required in medical practice, such as interpersonal communication, practical problem-solving and emotional intelligence.

They also tend to overlook the context in which a doctor works, which is crucial for a comprehensive evaluation of their capabilities.

The current proposal also does not address the variability in individual health and performance among doctors of all ages.

Without clear evidence linking age directly to increased risk, enforcing blanket medical examinations and cognitive tests on older doctors appears to lack justification.

Workforce implications

Older doctors bring invaluable experience, mentorship and continuity of care to the medical profession.

Their contributions are critical, especially in an era of physician shortages.

Discriminatory practices that target this group could drive experienced professionals away from the field, potentially harming the quality of patient care and the overall healthcare system.

Alternative solutions

Rather than imposing mandatory repeated testing on all older doctors, a more balanced approach would involve regular health checkups for all practitioners, regardless of age.

This could ensure that all doctors, young or old, maintain their health and capability without singling out a specific age group.

Additionally, focusing on targeted assessments based on frequent notifications and performance concerns, rather than age, aligns better with principles of fairness and evidence-based regulation.

This approach would help maintain high standards of care without resorting to age profiling.

Ensuring regular health checkups for all doctors and targeting assessments based on specific performance issues would provide a more equitable and effective strategy for safeguarding patient care.

This would be consistent with the Medical Board of Australia's code of conduct, which requires "all doctors to have their own general practitioner to help them take care of their health and wellbeing throughout their working lives".

The medical board should reconsider its approach and adopt practices that uphold the principles of fairness and evidence-based regulation, rather than implementing age-specific mandates that may inadvertently lead to discrimination and loss of valuable experience in the medical field.

Dr Philip Morris AM is a specialist in psychiatry of old age in Southport, Queensland. He is president of the National Association of Practising Psychiatrists.

Read more: *My poetic response to AHPRA's ageism*

Tags: Doctors' health, General Practice, Medicolegal, Policy, Views