



Australasian College for Emergency Medicine

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ACEM submission - Health checks for late career doctors October 2024

Introduction

The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to provide a submission to the Medical Board of Australia on the consultation regarding regulation on health checks for late career doctors.

1. About ACEM

ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency care for all patients. ACEM is responsible for the training and ongoing education of emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand.

2. Summary of our submission

ACEM believes all doctors, regardless of age, should manage their own health by having a GP and having regular health checks, in particular late career doctors. The College supports option 3 for doctors over 70 having general health checks to monitor their health to ensure they do not have any underlying health conditions that may affect their practice. However, the College is unclear how general health checks for this cohort as proposed by the Medical Board of Australia, would address the increasing number of notifications made against late career doctors given the nature of the notifications. The reasons for this view and recommendations will be outlined in the submission below.

3. ACEM Submission

3.1 General comments on the proposal

While ACEM is generally supportive of all doctors having regular health checks, especially late career doctors, these checks are unlikely to solve the issues raised in notifications of late career doctors. The main issues raised in the notifications appear to be in the areas of clinical currency and approach to patients rather than aspects of performance that would be influenced by failing physical health and cannot be addressed through regulation alone.

3.2 Nature of the proposed framework

There needs to be a more nuanced approach and one that is tailored to specific issues of different medical specialties and types of medical practice. The current proposal does not recognise that doctors in different disciplines have different risk profiles or that doctors within the same discipline, have different clinical roles. For example, an emergency specialist working clinically in a busy rural or metropolitan ED will have a very different risk profile to an emergency specialist working in a mainly research role. It is very important that a more nuanced approach is taken where the late career doctor's current work situation is considered when assessing the risks they potentially pose to patient safety.

Recommendations:

- Ahpra must strengthen the current system for identification, reporting and remediation for poor performance for all doctors, including later career doctors.

3.3 The role of specialist medical colleges

Medical colleges play an important role in providing doctors with the support they need to meet the requirements set by regulators through the continuing professional development (CPD) of their respective specialties. Recent changes to the CDP program to include self-reflection and peer observation, could potentially be more effective in identifying additional training needs or cognitive decline than a general health check, especially if there is no psychological screening as part of the health check.

Recommendation:

- Ahpra should actively liaise and collaborate with medical colleges to establish targeted interventions, based on the nature of the notifications most frequently made against late career doctors in the speciality to support them to address safety concerns.

3.4 Current regulations

Under the existing regulation, it is incumbent on all doctors regardless of age to manage their own health and act on any health condition or impairment that may affect patient safety. Ahpra already has the authority to ask any doctor to undergo a health assessment if it believes that a practitioner may have an impairment. National Law also provides processes for notification and action by other practitioners or members of the public.

Recommendation:

- Ahpra should increase its focus on the existing regulations that provide a more carefully targeted approach to inquire into the health of doctors of all ages, including late career doctors.

3.4 Age specifications

The health checks proposed by the Medical Board of Australia would only target doctors over 70, however decline in medical performance could occur at any age. An approach to health checks based solely on age rather than competency could be seen as punitive by some late career doctors, the vast majority of whom have had no negative reports made against them. Furthermore, regulating mandatory health checks for doctors aged 70 and older could potentially divert attention away from other actions that may have a greater impact on notification rates in late career doctors.

The spacing of health checks every three years between the ages of 70 and 80, does not match the assumption that late career doctors require regular health checks to ensure that they are safe to practice. Annual health checks would be much more effective in achieving this aim.

Recommendations:

- To potentially have a greater chance of identifying health issues which may affect patient safety early, later career doctors should be required to undergo annual health checks from the age of 70.

4. Conclusion

Thank you for the opportunity to provide this submission regarding health checks for late career doctors. While ACEM is supportive of the introduction of health checks for late career doctors for the early detection of health issues that may affect patient safety, the College is unclear how these general health checks would reduce the increasing number of notifications made against late career doctors.

If you have any questions about ACEM or our work, please do not hesitate to contact [REDACTED], Manager, Policy and Advocacy [REDACTED]

Yours faithfully,

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Dr Stephen Gourley
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