Your details

Name: [redacted]

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- ☐ No, do not publish my submission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:
1 the document provided is malinformation designed to sway opinion towards the board's preferred option. It does not provide enough data to support the argument the board is making. Rather it should have provided data by 5 year or 10 year cohorts and not lump all under 70s together (what you have done is compare apples and pumpkins: you are not even comparing cohorts of specialists as junior doctors are included in the <70 cohort and they have far fewer complaints because they are closely supervised and the consultants get the complaints; and a senior doctor will have worked long enough to risk complaints whereas an intern will not have worked more than a few months which is not long enough to get complaints).
2 I suspect that in absolute numbers there is much more harm inflicted by doctors in their 50s and 60s.
3 it should be all or no one subject to testing, just as it is in commercial aviation.
4 this will worsen the rural health workforce crisis as there are more older doctors in rural areas and fewer new graduates want to work there. When the workforce reaches critically low levels then no one stays and eventually no one comes because it is just too hard and dangerous with understaffing
5 this will stop wise senior doctors from doing a session per week, from teaching (as this requires full registration) and in other ways contributing a lifetime on knowledge and wisdom.
6 if this is an attempt to push doctors to get a GP "many doctors are reluctant patients, and the Board is concerned that doctors do not always seek the care they need." it will not work.

7 this will be particularly hard for rural doctors where it may involve a lot of travel to get to a health assessment.
8 the data needs proper statistical analysis by a statistician and not this carefully selected stuff designed to support the board's intentions (i.e. malinformation).
9 I am all for doctors being competent (having come close to being killed by a registrar 20 years ago) but this is not the way to do it.
10 the is ageist and yet more discrimination against seniors in our society.
11 doctors who work in this area do not support the tools as fit for this purpose and I trust their expertise

NB I do not intend to be working at this age so this is not about my future, rather it is about equity, diversity and real patient safety.

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?

I do not support a health check. If the MBA do insist then it should be all doctors or no doctors

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 see above for reasons

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: all doctors or no doctors
See above for 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.

This question presupposes that they will happen.
Absolutely yes: doctors should not be subject to lesser standards of confidentiality and privacy than any other person. Health care data must remain strictly confidential between a patient and his/her practitioner. We have already seen the harm done by the mandatory reporting requirements which probably did more to drive doctors away from getting health care than any action taken by the board. That was a disaster and this may well be too.
If you want doctors to have a GP then carrots not sticks will be far more effective

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, keep out of doctors' health care

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.

1.1. Is the content and structure of the draft Registration standard: health checks for late career doctors helpful, clear, relevant, and workable?

No, the whole concept is wrong.
The frequency of checks is unduly onerous and designed to drive senior doctors out of the workforce
The status quo is better
If you really want to decrease patient harm bring this in for younger doctors where there will be far more harm in terms of absolute numbers of patients harmed

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

Delete the whole standard

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

Scrap it and leave it as is

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.

2.1. Are the proposed supporting documents and resources (Appendix C-1 to C-5) clear and relevant?

No this is unnecessarily detailed, intrusive and at times rambles. It is not based on good evidence as the data provided earlier is malinformation.

2.2. What changes would improve them?

Scrap them and abandon the whole idea

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

No: it is excessively intrusive and asks many irrelevant questions. E.g. what does urinary urgency have to do with one's ability to function well as a doctor?
Patients don't get such a detailed examination any more so why single out doctors?

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

No: too many irrelevant questions that are unnecessarily intrusive

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

Yes: decent, properly constructed statistics that are open and transparent so that a properly, scientifically-based decision can be made. I fear this 'consultation' will be like the CPD changes: window dressing to support the board's decision to implement this action again without a solid foundation