

From: [REDACTED]
Sent: Thursday, October 24, 2024 9:23 PM
To: medboardconsultation
Subject: How do we solve the problem of Late career Doctors ?

Dear Them/Madam/Sir,

Please find attached my response to your splendidly loaded survey/questionnaire.

There is a strong hint of Sir Humphrey Appleby's influence about your process. *
I look forward to seeing you announcing your (expected and structured for) result

Yours faithfully

Dr Peter B Mitchell (Him/He)
(not quite a Late Career Doctor)

*If you don't get the reference look up BBC TV production. "Yes Minister".

Your details

Name: Dr Peter B Mitchell

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- No, do not publish my submission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?

You survey setters like binary questions yes/no, on/off.
This poses problems when Someone may support part of the question but not all.
I support health check BUT NOT fitness to practice assessments (FTPA)
Drivers have to have health checks if they have identified health problems (State law)
Thus I find health checks for older doctors acceptable
Fitness to practice assessments will drive people who are capable of working into retirement because they don't want to spend thousands of dollars to meet the requirement .I would suggest you have the data to show that the recent CPD changes caused this effect amongst some older doctors

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?

This is a "when did you stop bashing your wife question".
I do not object to &0 for health checks
I DO NOT support FTPA .

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.

This is yet another "when did you stop bashing your wife question".

A Best is a subjective idea

Option 3 is the most pragmatic, lowest cost, least resistant likely and the easiest to implement

Option 1 has no support with the Board (inferred) as You have "identified a problem" that falls within your purview, and therefore "you must fix it."

Option 2 too expensive too difficult to implement and most likely to be either ignored by those who need to be identified or cause mass retirement

How do you define evidence? Again, bias on the part of the survey setter(s). Few, if any individual responders, will have evidence to cite in a scientific literature sense

I offer my opinion as a older but not yet "late career doctor"

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?

This is yet another “when did you stop bashing your wife question”.

What form of screening tool is scientifically valid?

I suspect the only ones are lengthy to administer , require highly trained individuals to perform and thus are expensive

Thus I would not support this proposition on the same grounds I reject Option 2

Evidence – see my response to Qn 1 – this creates a barrier to ongoing work to a significant proportion through cost and availability – triggering practitioners to say “its too hard I shall retire”

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.

How is that going work either yes and see 1 below

1 Using my driver licence analogy from previous question

You create a conflict of interest with the treating doctor and the late career doctor (patient) in this scenario.. I have had patients with licence checks cease to be my patients because I have had to declare them to be unfit. I have patients who get their assessments (drivers) done by other doctors , so they can hide details that may curtail their driving. I have been the “shopped “ doctor – some one else’s patient has come to me to do the same thing.

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?

As a long time doctor, I don’t trust the Board to care about the impact they have on the profession. They remind me of CASA in the aviation space.

Tunnel vision: fixated on fixing problems that are their responsibility without a wider perspective. The end result is a loss of expertise and a worsening for the community of their health care provision.

This leads to me to comment that this whole process has increased fear and uncertainty in my peers. This ioncreases the likelihood of cessation of work sooner than would happen otherwise.

Or

2 if no, what's the point? Of this whole exercise

So this is another classic survey setting question where the person answering is maneuvered into giving the answer you want

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?

Guess so

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

I don't trust you to change anything

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

Watch "Yes, Minister" and see I you see yourselves in the mirror

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

Clear yes
Relevant ?

8.2. What changes would improve them?

I have nothing positive to add

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

Seems reasonable

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

I am not competent to answer this

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

How many of the complaints made against older doctors represented an “you didn’t give me what I wanted, so I’m reporting to the Board?” attitude