

## 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- ☐ No, do not publish my submission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?

Yes, to a health check with their GP or Doctor of choice.

My experience on [REDACTED] evidenced a relative increase in complaints for the elder medical practitioner.

The statistics are not granular, and a greater analysis must be performed.

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?

70 years

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 3** My experience over [REDACTED] identified three areas resulting in the increase in complaints.

1. Cognitive decline without insight –
2. Subtle issues related to communication which has not adapted to contemporary standards of openness and health literacy
3. Complaint increase may be evidence of an authoritative and inflexible personality rather than cognitive loss.

Assessments made by [REDACTED] appointed Neuropsychologist and Psychiatrists or Geriatricians did not always agree that cognitive deficiencies impacted negatively on performance.

Whether a mild cognitive loss has a significant performance effect or impacts safety is questionable.

Procedural doctors may require additional assessment of performance.

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

Whether a mild cognitive loss has a significant performance effect or impacts safety is questionable.

Doctors start at a higher level of cognition which protects against changes of normal ageing

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.

Health checks should remain confidential. Mandatory reporting requirements will protect the community if the treating doctor identifies an impairment.

Education and awareness must be a corollary to health check registration requirements and directed to all medical practitioners assessors but especially assessor GPs.

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 – recognizing that 83% of doctors never have a complaint.

Current mechanisms identify practitioners warranting assessment level greater than a GP health assessment.

## 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?

Yes

Will it be a downloadable form able to be edited not just handwritten

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

Advice if health changes that may occur during the interval period between 3 yearly checks.  
Actions arising from a health change.  
Should the late career doctor have another health check? Notify Medical Board?

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

The guidance section should include specific changes pertinent to procedural practice.  
Scope of practice change is not clear enough for proceduralist practice.  
Eg change to lesser complexity procedures may not be interpreted as a scope of practice change.

## 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?

Yes generally so

### 8.2. What changes would improve them?

Clearer advice on cognitive checking

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

Yes but an open question wrt adaptive changes to managing practicing as a late career doctor .  
Eg reduction in hours; or relinquishment of hospital appointments; or reduction in complexity

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

yes

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

Fact sheet Advice to the late career doctor as to practicing in acknowledgement of inevitable age changes.

See 8.3 suggestions but also general advice such as exercise; socialization etc