Submission

Medical Board of Australia – Proposal for Health Checks for Late Career Doctors

Thank you for inviting the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG, the College) to make a submission to the Medical Board of Australia ('the Board') on the Proposal for Health Checks for Late Career Doctors.

RANZCOG is the lead standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification, and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

Background

RANZCOG is pleased to contribute to the discourse on the proposal for Health Checks for Late Career Doctors as, once implemented, they will prioritize safety, support ongoing professional development, and enhance high standards of patient care. The Board proposed three options, with respect to health checks for doctors over the age of 70 years ('late career doctors') to ensure they are effectively managing their health, namely:-

1. Rely on existing guidance (*status quo)* – 'Option One';
2. Require a detailed health assessment of the fitness to practice of doctors aged 70 years and older. With these health assessments to be undertaken by a specialist occupational and environmental physician, including an independent clinical assessment of the current and future capacity of the doctor to practice in their particular area of medicine – 'Option Two'; or
3. Require general health checks for late career doctors – 'Option Three'.

The College agrees with the Board that, on a costs/benefits analysis, Option Three is the best approach, noting that it would require late career doctors to undergo general health checks with their GP, or another doctor, every three years, and yearly from the age of 80 years.

Necessitating the implementation of Health Checks for Later Career Doctors is the strong evidence that there is a decline in performance and patient outcomes with increasing practitioner age, even when the practitioner is highly experienced. Late career doctors are at a higher risk of notifications or 'complaints' relating to physical or cognitive impairment (including memory loss and diminished reasoning), which in some instances has led to patient harm, and the need for regulatory action. It is imperative that the Board implements measures to identify issues earlier in a doctor's practice, which could prevent patient harm, and provide opportunities for practitioners to take actions to extend their careers.

Specific Feedback

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, all late career doctors should be required to undergo either a health check, or a fitness to practice assessment. Late career doctors should only be allowed to obtain, or retain, their practising registration if they are deemed 'fit to practice', encompassing cognitive and physical fitness. Health checks and fitness to practice assessments go some ways toward assuring the public that when they visit upon a late career doctor, said practitioner is physically and cognitively sound.

Doctors have a reputation as reluctant patients, and do not always seek the care they need. The result being that a practitioner with serious health issues, who continues to practice medicine, risks patient harm. Thereto, mandating health checks/fitness to practice assessments for late career doctors is necessary.

2. **If a health check or fitness to practice assessment is introduced for late career doctors, should the check commence at 70 years of age or another age?**

While there was consensus that it is appropriate to mandate compulsory health checks/fitness to practice assessments for late career doctors, different schools of thought exist as to when those checks should commence. Generally, between the ages of 70 and 75 years is considered reasonable, noting that cognitive decline is more evident from 75 years and older. It is queried whether insurance companies, and hospitals alike, require late career doctors over a specific age to undertake assessments before they are covered from a professional indemnity insurance perspective. If so, these policies should be aligned with the proposed mandate.

In addition to health checks or fitness to practice assessments for late career doctors, it is noted that the general population are encouraged to undergo regular health checks once they reach 50 years of age. To that end, there should be a greater impetus from the Board on enhancing education and awareness for doctors aged 50 years and older about the importance of regular health checks.

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?**

In line with the Boards proposal, the College advocates for Option 3, requiring general health checks for late career doctors aged 70 years and older every three years, and annually for doctors from the age of 80 years. This option is preferable given that it is reasonably straightforward for a late career doctor to access their GP, or another registered doctor, to complete the assessment, and provides a level of assurance for the public that registered medical practitioners are 'fit for practice'.

Underscoring this position is the compelling information contained in the Medical Board of Australia publication: Consultation Regulation Impact Statement. This publication notes, *inter alia,* that the incidence of notifications or complaints for late career doctors is significantly increased compared to other populations. This indicates that regulatory action is required, of which a health assessment at 70 years of age and beyond, bears the least time and cost impost on both the assessing physician and the late career doctor.

With respect to Option 2, the time and cost imposition of a multidisciplinary assessment would be untenable. However, if after Option 3 is mandated, the measures continue to show a risk profile, then Option 2, or a variation thereof, may make sense.

4. **Should all registered late career doctors (except those with non-practicing 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?**

The College agrees that cognitive functioning screening that establishes a baseline for ongoing cognitive assessment is appropriate. This may remedy some of the issues with assessing a population of people that have higher than average intelligence quotients and may be able to pass some of the existing cognitive assessment tests, even when relatively significant impairment is present. These doctors may be highly skilled in avoiding identification if not prepared to acknowledge their decline, including due to a lack of insight.

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?**

There was some contention as to whether/or not health checks/fitness to practice assessments should be routinely shared with the Board. The dominant view supported a moderate approach namely, that it would be incumbent on the late career doctor to state at their annual registration that they have completed the appropriate health check/fitness to practice assessment and to declare whether/or not they have an impairment that may detrimentally affect their ability to practice medicine safely. Noting that, in instances where the assessing physician has concerns about the fitness to practice of a late career doctor, and the late career doctor does not accept the assessment, or lacks insight into their impairment, then the assessing physician would be obliged to make a notification to the Board disclosing same.

Alternatively, there was support for the results of the health check/fitness to practice assessment remaining confidential between the assessing physician and late career doctor, and notwithstanding existing exceptions to their duty of confidentiality. On this view, it would be wholly incumbent on the late career doctor to disclose any diagnosed incapacity to the Board that may affect their ability to practice medicine safely.

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?**

The College does not believe that the Board should be taking an active role in annual health checks/fitness to practice assessments, for late career doctors, unless specific situations arise that demands the Boards intervention, or emerging evidence suggests that a more active regulatory approach is required based on evidence of public harm.

7. **The Board has developed a *Draft Registration Standard: Health Checks for Late Career Doctors* that would supports option three. Is the content and structure of the *Draft Registration Standard: health checks for late career doctors* helpful, clear, relevant, and workable? Is there anything missing that needs to be added to the *Draft Registration Standard*?**

The College is satisfied that the *Draft Registration Standard* is sufficiently helpful, clear, relevant and workable. The College is further satisfied that there is no missing information that should otherwise be added to the *Draft Registration Standard.*

8. The Board has developed draft supporting documents and resources to support Option Three.

8.1 Are the proposed supporting documents and resources clear and relevant?

The College notes that there is no mention of timing in the supporting documents. If a late career doctor becomes appraised of a diagnosis or 'issues that detrimentally effects' their ability to practice medicine, then they should be required to make a notification to the Board within a certain specified timeframe e.g., 14 days.

8.2 What changes would improve them?

The College queries whether the Board could establish a mechanism to confidentially support late career doctors who are found unfit to practice, be that through a confidential service that provides advice regarding managing next steps, or similar. This service may comprise a careers arm that both encourages employers to design roles and supports late career doctors to seek roles that allows them to transition out of direct patient care towards teaching, administration, recruitment, and governance positions.

8.3 Is the information required in the medical history appropriate?

While the medical history is largely appropriate and non-contentious, it does not ask any specific women's health questions, including to enquire as to screening history for cervical or breast cancer. Women have specific medical issues, and needs, that should be reflected in the medical history.

8.4 Are the proposed examinations and tools listed in the examination guide appropriate?

The College considers the proposed examinations and tools listed in the examination guide as appropriate and helpful.

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

A companion resource, potentially as part of the CPD requirement, that encourages late career doctors to proactively consider a retirement plan/path, and workload reduction, would be of assistance. Late career doctors should be encouraged to develop interests that make the prospect of retirement enticing, as opposed to distressing. The College is concerned that late career doctors with either emerging, or worsening health issues, and/or functional constraints, may be forced to leave the profession without sufficient retirement planning.

Summary

RANZCOG supports the Medical Board of Australia's proposal for Health Checks for Late Career Doctors. Specifically, the implementation of general health checks every three years for doctors aged 70 years and older, increasing to annual checks for doctors aged 80 years and older. The College is eager to stay engaged with the Board as this process is introduced and looks forward to seeing the effects of its implementation in the longer-term.

RANZCOG acknowledges with thanks, the contribution of Dr Rupert Sherwood, Dr Susan Fleming, Dr Jennifer Goold, and Ms Joanne Dwyer, for this submission.

Yours sincerely,

Professor Boon Lim

Acting President & Vice President

References

1. Medical Board of Australia - *Consultation Regulation Impact Statement: Health Checks for Late Career Doctors* dated 7 August 2024.