Stakeholder details

Initial questions
Question A Are you completing this submission on behalf of an organisation or as an individual? **Your answer:** ☒ Organisation Name of organisation: MDA National Insurance Pty Ltd Contact email: [redacted] ☐ Myself Name: Click or tap here to enter text. Contact email: Click or tap here to enter text.
Question B If you are completing this submission as an individual, are you: ☐ A registered health practitioner? Profession: Click or tap here to enter text. ☐ A member of the public? ☒ Other: Medical Indemnity Insurer
Question C Would you like your submission to be published? ☒ Yes, publish my submission **with** my name/organisation name ☐ Yes, publish my submission **without** my name/ organisation name ☐ No – **do not** publish my submission

Your responses to the consultation questions

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. See 3 below.

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?

We don't support an arbitrary health check or fitness to practise assessment based purely on age.

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.

As a member-owned medical defence organisation, MDA National's primary goal is to support doctors through all stages of their career. It is in this spirit that we have elected Option 1 and share below our experience in helping doctors when their fitness to practise has been called into question.

Late career doctors - defined in the Consultation Regulation Impact Statement as registered medical practitioners aged 70 years and older - form an important part of Australia's medical workforce. The vast majority of them are working within safe limits and the knowledge and experience they have acquired over long careers is valued by patients and the community.

Whilst we acknowledge that Ahpra's complaints data shows a higher likelihood of a late career doctor being the subject of a notification, the underlying causes are often multifactorial and can rarely be attributed to a health condition that can be accurately identified in a single health check.

For the majority of notifications where we have assisted our members, the most common outcome is they continue to practise without restriction. In some instances, a late career doctor may be required to modify the way they practise, such as working within set hours, to address potential risks identified in an Ahpra investigation. It is rare that a late career doctor is found to have a health impairment which places the public at risk of substantial harm to the extent that they must cease to practise.

We have observed that when members have good support networks, which include their own general practitioners, they make better decisions about how they practise to achieve the career satisfaction and longevity they seek.

MDA National strongly supports the principle that all medical practitioners should prioritise their own health and wellbeing through having their own treating team. We wish to highlight that *Good Medical Practice: a code of conduct for doctors in Australia* already requires practitioners to have their own general practitioner [11.2.1], to not self-treat [11.2.2] and to not self-prescribe [11.2.5], with the importance of health and well-being being made clear [11.1].

The importance of mitigating the risk of health-related impacts on patient care is reflected in mandatory reporting obligations relating to health impairment.

If the Board considers the current registration standard is inadequate in view of the findings outlined in Part C: Impact Analysis, we suggest that any proposed changes should be evidence-based, not disproportionally burdensome on practitioners, and must avoid unfairly stigmatising late career doctors.

We submit that the Board needs to consider any unintended consequences of any proposed changes, such as workforce shortage.

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?

See our response to 3 above.

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.

In the event Ahpra imposes a requirement for doctors to undergo a mandatory aged-based health assessment, we consider the assessment should remain confidential unless the assessing/treating doctor is obliged to report a doctor they are assessing on the basis that the doctor is 'placing the public at risk of substantial harm in the practitioner's practise of the profession because the practitioner has an impairment'.

In our view, it is consistent with principles of safe medical practice for any risk associated with a late career doctor to be reported to the Board using the same threshold as any other mandatory reporting obligation, and for the Board to then determine appropriate next steps (such as a health assessment with an independent assessor).

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.

7. The Board has developed a draft Registration standard: health checks for late career doctors that would support option three.

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

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

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

We do not support Option 3, but we would welcome the opportunity to provide further submissions if any changes are proposed.

8. The Board has developed draft supporting documents and resources to support option three. 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.

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

8.2 What changes would improve them?

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

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

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

We do not support Option 3, but we would welcome the opportunity to provide further submissions if any changes are proposed.