

## 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- ☐ No, do not publish my submission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, based on the evidence provided in the CRIS

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?

An argument could be made for 65 years given this was the age used in Thomas et al's study which informed the CRIS; and is the mandatory retirement age for similar professions (pilots, magistrates).

I believe general health checks should commence at 70 years of age to ensure (older) doctors have their own GP.

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 2 although expensive to the late career practitioner could encourage retirement in those practitioners doing minimal clinical work, and would alleviate pressure on their treating doctor to provide a potentially career threatening assessment. Much like removing driver's licence can be fraught due to the limitations it places on the patient, placing a treating GP in this position may be detrimental to the Doctor-patient relationship.

If the full cognitive assessments began at age 75 this cost would be somewhat alleviated.

The possibility of regular health assessments (option 3) is not precluded by this option, as it can be consistent with good clinical care, a hybrid model of options 2 and 3 would be consistent with the research – periodic health checks with the doctor's usual GP/practice, then from aged 75 more detailed and specialized health assessments as per option 2.

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?

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.

A fitness to practice assessment needs to be shared with the Board irrespective of existing obligations to inform them that the assessment has been performed.

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, I feel there is enough regulatory input already

# 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?

The draft health check is too comprehensive to be workable and undermines the treating and late career doctor's autonomy and insight. It comes across as a combined truck driver medical and over 75 health assessment, each of which takes at least 40 minutes. Some of the information should be on the patient file eg social/past/family history, demographics so asking them in a questionnaire is duplicative, though a prompt to ensure up to date is not unreasonable. Likewise asking a series of questions in each system to establish covert disease is unlikely to have high yield as one could assume relevant symptoms would be identified by the late career doctor themselves or in general care with the treating doctor: an assumed knowledge basis is part of the reason for having the assessment.

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

No

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

## 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?

### 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?**

Again, too comprehensive for low yield and high frustration; examinations should be guided by history/knowledge of the patient and their needs.

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