

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- ☐ No, do not publish my submission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?

This should not be a requirement. There are plenty of other professions where their members practice well past the age of 70, so why is there an obsession about medical practitioners. These professionals include lawyers who might be cognitively impaired which might impact on the clients, engineers and architects who are required to build structures safely, pharmacists who might dispense the wrong medication or give the wrong advice, nursing staff for similar reasons, builders who do not follow structural engineer's reports and so forth. It is unfair to target medical practitioners because there are increasing numbers of complaints, but we have no details about that. I have been practising in [REDACTED]. There is another doctor in the area in the same circumstances. There is only one other practice in this location staffed by part-time doctors with some working by telephone conference from Sydney. As you are no doubt aware there is a severe shortage of medical practitioners in the country areas. I have my own doctor and like all older people have medical illnesses. I have an annual medical assessment for cardiovascular fitness to maintain my pilot's license. I use this licence to travel to areas where there is poor medical cover. My last [REDACTED]s, and active patients [REDACTED]. The arbitrary age of 70 discriminates against older doctors and is a form of ageism. Throughout my career I have met plenty of doctors under this age who should not have been practising medicine. Reports of these problems, particularly in a public health system, amounted to nothing. If I am required to undergo a medical assessment to continue practising, I will simply close the practice.

In 2008, due to local practice requirements and covering the local hospitals, I had not had holiday for 6 years. I had enormous difficulty finding a locum, but I was extremely lucky to find a doctor who had relocated to this area for retirement age just over 70. [REDACTED] remained a mentor for me for many years. He worked in my practice until the age of [REDACTED] and he remained cognitively aware and was a mountain of information and knowledge for me. He was enormously popular and highly regarded. He died last year at the age of [REDACTED] and he is sorely missed.

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?

The mandatory retirement age of 70 introduced for higher court judges in the 70s had more to do with politics than anything else. Many of these high court judges who are forced to retire, participate in other important judicial matters. I do not believe that a particular age is appropriate. We already

have mandatory reporting requirements for doctors we consider to be unsafe. That should be sufficient.

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 one operates now. Mandatory reporting of unsafe practice is in existence.

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?

I am the doctor to other doctors. If I suspect cognitive impairment, I would manage this as I would do for other patients, test them. If there is a risk, I would refer for neurological or geriatric assessment and give advice to not practice until results are available. A failure to heed this advice would strongly suggest cognitive impairment and would require mandatory reporting.

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.

Doctors as patients have the same rights as other people. Their health record should remain confidential between them and their treating doctor.

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.

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?

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?

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 or 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?

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