Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

PO Box 10509
Wellington 6140
New Zealand

+64 4 384 7635
0800 286 801
monz@monz.org.nz
monz.org.nz

10 October 2024

Medical Board of Australia
c/o [redacted]
Policy Manager, Medical, Ahpra

By email: medboardconsultation@ahpra.gov.au
By email: [redacted]

Tēnā koe Helen

Response to the proposal to introduce health checks for late career doctors

Thank you for the opportunity to provide input on to the Medical Board of Australia's proposal to introduce health checks for late career doctors.

We appreciate that the work around a proposal of this nature involves considerable time, thought and planning. This is demonstrated by the particularly comprehensive Consultation Regulation Impact Statement (CRIS), circulated to support your consultation. The Council found the data around notifications and age groups of particular interest.

We would like to commend you on your efforts so far. Our response is based on Te Kaunihera o Aotearoa | Medical Council's (the Council's) experience in the New Zealand context. Rather than submitting in favour of one of the proposed options, we thought it more helpful to share our thoughts on the benefits, risks, unintended consequences, and other factors worth considering in relation to health checks for late career doctors.

The Council thoroughly explored this possibility several years ago, but concluded that in the New Zealand context, there are sufficient safeguards in the system to identify a doctor with health, competency, or behavioural concerns. To strengthen the safeguards in place, Council did add further detail to doctors' continuing professional development (CPD) and recertification requirements, by including a requirement for participants to '*undertake a structured conversation, at least annually, with a peer, colleague or employer. The intent of an annual structured conversation is to provide time for the doctor to reflect on their development needs, their goals for learning, professional activities and their intentions for the next year. Doctors are encouraged to use the information they have obtained undertaking activities across the three types of CPD to inform this conversation. It provides an opportunity to receive constructive feedback and share best practice. It may also give doctors the opportunity to reflect upon their current role, self-care and any health and wellbeing issues so they are able to adjust their practice accordingly, set performance targets for the future and consider long-term career aspirations.*'[1]

[1] Accreditation standards for Aotearoa New Zealand training providers of vocational medical training and recertification programmes 2022

Council notes that, as in Australia, there is no mandatory retirement age for doctors in New Zealand, nor for many other professions, with the few exceptions being limited to roles like pilots.

New Zealand setting: mandatory notification requirements and self-disclosure

New Zealand's current regulatory framework does not allow Council to require health assessments without cause. It does, however, strongly support disclosure of doctors' health issues to Council and empowers Council to act on any concern. This may include seeking independent assessments, evaluations, and, if necessary to protect public safety, limiting or suspending a doctor's practice.

Our legislation[2] makes notification mandatory if there is reason to believe a doctor is unable to practise safely, due to a mental or physical condition. This applies to doctors, their colleagues and employers, those in charge of organisations that provide health services, those in charge of education programmes (such as colleges) and universities graduating medical students.

The same legislation covers all registered health practitioners. Doctors are obliged to notify other regulatory bodies like the Pharmacy Council, just as pharmacists are required to notify the Medical Council. This obligation also extends to a doctor's own doctor or other treatment provider. We believe this may be one reason that the highest number of disclosures every year are from doctors themselves.

Our standards, supported by New Zealand legislation, require doctors applying for registration to disclose if they have ever been diagnosed with, or assessed as having, a mental or physical condition that may affect their ability to perform the functions required for the safe practice of medicine. The application form notes that conditions to be disclosed include neurological, psychiatric or addictive (drug and alcohol) conditions, as well as physical deterioration due to injury, disease or degeneration.

Similar disclosure is required when doctors apply for their practising certificate. Applicants must notify Council if, since their last practising certificate was issued, they have been affected by, diagnosed with, or assessed as having a mental or physical condition with the capacity to affect their current or future practice of medicine.

Our standards also require notification of any concerns about a doctor's conduct or competence that may pose a risk of harm.

Beyond health checks

As there is an international health workforce shortage, we are mindful that requiring health checks for late career New Zealand doctors could prompt those doctors to retire earlier than planned. This leads to consideration of how best to safely keep late career doctors in the workforce and practising safely.

Council's view is that if health issues are identified for late career doctors, this does not necessarily lead to a binary decision whether a doctor should work or retire. Rather, there should be discussion to determine the optimal practising context for a particular doctor, or whether the doctor is fit for practice in the existing role and whether they can suitably continue to practice in another role. For example, seeing fewer patients and having longer consultation times.

[2] Health Practitioners Competence Assurance Act 2003. See in particular section 45

Late career doctors who remain in their practices may choose to reduce the work triaged to them. These doctors have the benefit of working with familiar colleagues who are more likely to be able to identify any changes in the doctor's health. However, Council has also seen issues arise when late career doctors choose to work as a locums where they do not have this benefit of familiarity with colleagues and, in these cases any changes in health can take much longer to identify.

Alternatively, late career doctors may choose to move into less patient-facing roles, in areas like medical education, academics, quality and safety, and leadership, where they make a significant contribution.

Council also considers that medical colleges and college fellows have a key role in supporting and facilitating open discussion about career planning towards retirement and changes to scopes of practice as doctors age.

Data

There may be a number of factors behind the increase in notifications received about late career doctors (figures 8 and 9 of the CRIS). For instance, as doctors now work much later into their 70s (and beyond), there may be an increase in the size of this cohort as years progress, thus a correlated rise in notifications.

Closing thoughts

We consider it key that any messaging around late career doctors demonstrates the value of, and support for, older doctors who bring a wealth of knowledge and experience to the workforce and their patients. This needs to sit alongside other important considerations around appropriate changes to scopes of practice as doctors age and considerations around career planning towards retirement.

If you have any questions about this letter, you are welcome to contact me directly or alternatively contact [redacted], our Medical Adviser – [redacted]

We wish you well in progressing this proposal and look forward to hearing about the outcome of the consultation.

Naku noa, nā

[redacted]

Joan Simeon
Manukura | Chief Executive Officer