Your details

Name: John Marley

Organisation (if applicable): Robin Hill Health Pty Ltd

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- ☐ No, do not publish my submission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?

No – Figure 8 shows the number of notifications in 2023 per 1000 for under 70 to be 38.33 and for over 70 to be 69.5, a difference of 31.7, it also shows that if the rate per 1000 is 69.5 it is remarkably low in that 930.5 out of 1000 had no notifications. Figure 10 shows that the only doctors for whom the outcome of notification was suspension are in the under 70 group.

What is the problem the Board is trying to fix here? Subjecting a very large number of practitioners practicing perfectly well to an intervention for which there are no prospective studies of benefit, seems set to get them to leave practice.

Rural and remote towns are increasingly struggling to keep doctors, many of whom are continuing to work because they cannot recruit replacements, not because they want to or need the money. The Board may well be responsible for them walking away and turning a rural and remote staffing crisis into an utter catastrophe.

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?

See above.

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 1 - doctors are responsible people and your figures show that per 1000 this is a very small problem. Any of the other options are likely to result in doctors leaving practice especially in rural and remote towns.

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?

The Board needs to present clinical trial evidence that this would make any difference to the small number of notifications and the subset of those in which patients are harmed. Clinical care notifications are 24 per 1000 over 70 as opposed to 16 under 70. This is a very small comparative problem and a very small problem overall, that the Board has no evidence that cognitive function screening would fix.

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.

Yes – anything shared with the Board will prevent disclosure of important problems to a treating doctor and possibly result in harm.

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 – see above.

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 Board must provide clinical trial evidence that health checks will prevent the problems that they perceive exist. Otherwise this is like mass medicating a population in which only a tiny proportion have an illness with a medication for which there is no clinical trial evidence of efficacy.

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

See 7.1

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

See 7.1

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?

What possible relevance can many of these questions, such as ‘cervical screening’ have to fitness to practice? The Board must provide the evidence of prospective benefit for many of these questions.

8.2. What changes would improve them?

None

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

See 8.1

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

See 8.1

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

Provide prospective studies that show that burdening doctors, especially those in rural and remote with this will fix the tiny problem that the Board hopes to fix.