

Your details

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Organisation (if applicable): [REDACTED]

Are you making a submission as?

- ☐ An organisation
- ☒ An individual medical practitioner
- ☐ Other registered health practitioner, please specify:
- ☐ Consumer/patient
- ☐ Other, please specify:
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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?

Doctors need to be mentally and emotionally competent to provide optimally safe care for their patients. Evidence suggests that increasing doctor age is associated with an increased frequency of complaints and medical errors.

These reasons would seem to be why you have made this suggestion to compulsorily vet directly the health of “late career doctors”.

However, such a regulation introduces an arbitrary age threshold for such a “safety” mechanism. Ill health can affect any doctor, at any time and at any age.

It would appear a more pragmatic and effective strategy might be to require a declaration of satisfactory health status for all doctors at the time of registration renewal.

Assessments to support these declarations could be required at set intervals, with the frequency of these assessments increasing with age.

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?

As stated, any age selected would necessarily be arbitrary. Poor practitioner health that might affect patient care could be a factor at any age, even though it seems to increase in likelihood with increasing years.

A declaration of fitness to practice might be a more effective strategy for public safety if applied to all practitioners at the time of registration renewal, particularly if assessments were performed at regular intervals, intervals that decrease with advancing years.

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 is already in place.

If the evidence supports its strengthening, then my contention is that it applies across the age spectrum, even though it increases with the years.

Any age threshold would be purely arbitrary.

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?

Surely ALL practitioners should be required to "pass" a cognitive function test and to have this repeated from time to time.

Given the increased risk of impairment with increasing age, the frequency of such tests could increase with the years. For example, up to 50 years, practitioners could be assessed five-yearly, increasing to three-yearly from 50 to 70, and then second-yearly. This too is arbitrary, but does recognize the data.

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.

Health assessment need to be confidential.

Sharing that information beyond a declaration of fitness (or not) would be a breach of trust.

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?

All I could see in Appendix B is a Summary.

Its contents are clear.

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

Hard to tell from a Summary.

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

There is no mention of what the cognitive tests would be, what the evidence is that supports them, and what the required score(s) might be.

There is also no indication if this is a "pass/fail" situation, or whether there are categories with different registration and practice outcomes with respect to possible restrictions or how those restrictions would be graded, if graded is what is proposed.

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?

They would appear to be.

8.2. What changes would improve them?

It is their application that warrants questioning.

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

It is relevant for any provider of medical services and even paramedical services.

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

They would seem to.

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

If applied, the system would need to remain open to evolution over time as inefficiencies and unfairness become evident.

Such a system is unlikely to be optimal in its first iteration.