

## Your details

**Name:** Wai-Ting Choi

**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- ☐ No, do not publish my submission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?

There is no health check or fitness to practice assessment to be a politician or even the President of the United States. Being a registered medical practitioner is not the same as holding an Airline Transport Pilot License – we are not responsible for safely transporting hundreds of people, in a large machine, through the sky, from one urbanised area to another.

There is already an established “Raising Concerns” process to review the doctor’s practice, and more resources should be allocated to ensure that it works, to deal with practitioners who provide unsafe care, engage in unprofessional behaviour, or have a health impairment that presents a risk to patient safety.

Just as the population is ageing, so is the medical workforce. We already read in the Tribunal news that more older doctors will have their registration ceased at the end of this process compared to younger doctors.

AHPRA does not need to discriminate against older doctors.

## 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. It seems redundant to add another layer of bureaucracy to achieve the same goals as the Notifications and “Raising Concerns” process and “Good Medical Practice”.

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

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 earlier career of the doctor and their record of Complaints and Notifications is already a baseline. The standard of Good Medical Practice is also a baseline.

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.

Both the late career doctor and their assessing/treating doctor/s have a duty to protect patient safety in the larger public that is being treated by the late career 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?**

More resources need to be devoted to dealing with the increasing numbers of older practicing doctors as they are flagged by the Notifications and Complaints process.

# 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?

Creates an added layer of bureaucracy for no benefit, which also discriminates against older practitioners.

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

The draft registration standard provides no tangible benefit to current Notifications and Complaints processes - which incidentally have been poorly funded.

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

Much ado about Nothing

## 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?

Flawed underlying premise that new layer of bureaucracy is beneficial.

### 8.2. What changes would improve them?

Flawed underlying premise that new layer of bureaucracy is beneficial.

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

Flawed underlying premise that new layer of bureaucracy is beneficial.

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

Flawed underlying premise that new layer of bureaucracy is beneficial.

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

Flawed underlying premise that new layer of bureaucracy is beneficial.