

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- ☐ No, do not publish my submission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

Is there any evidence that these “potential” health concerns are putting patients at risk? On that note, who gets to set the “parameters” as to what is acceptable and what is not, and why are these health considerations only of concern after the age of 70? Is hypertension in a 50 year old doctor of no appreciable risk to a patient but somehow of risk to a patient once the doctors reaches 70? Maybe the medical administrators should be forced to undertake a rigorous health check as well since they are making important decisions about people’s careers and thus their livelihood, and I am sure all practitioners would hope they were “on top of their game” and that they don’t have any health conditions that might impair their judgment. I am failing to see here what evidence there is that a doctors weight, height, blood pressure etc are an indicator of what caliber of doctor they but only once they turn 70,

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?

I fail to see how any age here is relevant. It’s competence that is the issue

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?

This sounds more related to medical practice

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

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?

The draft is very clear

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

No

### 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?

Many of these questions seem a little like an inquisition rather than a health check. Who do you care for and what are your responsibilities? This is delving way too far into the personal life of the physician. I fail to see what relevance “Who lives in your house” has to do with a doctor’s capacity to practice medicine.

### 8.2. What changes would improve them?

These questions seem relevant if undertaken by a physician to try and improve a patients health (in this case the over 70 year old physician), but there will be a lot of paranoia and suspicion over why these questions are being asked as a “Test of competence” and how the results and answers will be used to make that decision

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

Again, this depends on the intent and purpose for which it is collected (as is the requirement for any information we collect). If its collected to help improve and further the doctors health then yes it’s relevant, if it’s being used to determine capacity to practice medicine (as it seems to be), then most of it’s absolutely irrelevant – Have you had a dental check?? Really? Information useful to determine capacity to practice??



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

Mostly reasonable – but again depending on context and reason for gathering that information

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

Again, I think we are drawing a long bow here. The studies may indeed prove that “Ageing is associated with declines in cognition, sensory and motor abilities, knowledge currency, and adherence to standards of care” but most of what is being asked and examined here has precious little to do with “Cognition, Sensory and Motor abilities, Knowledge Currency and Adherence to standards.” One’s weight, height, BMI, prostate, who lives in their house, their Vitamin D level, whether they exercise more than 150min per week, or whether their genitals examine normally hardly seem relevant if it’s the above we are trying to determine. I think this is a massive over reach here, maybe focus on what specific and relevant as per the literature – Cognition, Sensory Ability, Motor Ability and Dexterity and Mental Health