Your details

Name: [redacted]

Email: [redacted]

Organisation (if applicable): Doctors Health Services Pty Ltd (Drs4Drs)

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- ☐ No, do not publish my submission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?

From Drs4Drs' perspective, the concept of health checks or fitness-to-practice assessments aligns with our mission to prioritise doctors' wellbeing and ensure that those in practice are supported in maintaining their health. All doctors should prioritise their health and fitness to practice, as maintaining high standards of health directly correlates with ensuring patient safety and professional longevity. Therefore, in principle, we support the idea that all late-career doctors should undergo health checks.

However, we emphasise:

- Rather than implementing assessments solely based on age, health checks should be encouraged throughout a doctor's career. This aligns with Pillar 01 - Primary Prevention from the ***Every Doctor, Every Setting*** **Framework**, which highlights the importance of preventing job strain and burnout. Early and regular engagement with healthcare professionals can pre-empt many health issues before they escalate. This ongoing relationship should be emphasised, rather than focusing only on late-career health checks.

- Encouraging doctors to regularly visit their GP helps reduce the stigma around seeking care and ensures that health concerns are addressed early. This also ties in with the **Every Doctor, Every Setting Framework's** focus on preventive health care as part of managing mental health risks and promoting a culture of safety and support.

- Health assessments should not rely solely on chronological age but consider individual health risks and professional demands. A doctor working in high-pressure environments may need earlier and more frequent checks, while others in less demanding roles may not require frequent reviews. Drs4Drs advocates for individualised approaches tailored to a doctor's medical history and role.

- These assessments should not be punitive but seen as an opportunity for doctors to access support, receive referrals for ongoing care, or make modifications to their practice if needed. This aligns with Pillar 03 - Tertiary Prevention from the ***Every Doctor, Every Setting*** **Framework** (Target 3.1), which emphasises recovery-at-work practices and supporting doctors through challenges like mental health issues. Health checks should empower doctors rather than scrutinise them, allowing them to make the necessary adjustments to continue practicing safely.

- A mandatory health check or fitness assessment at a specific age may inadvertently encourage premature retirements, particularly in regions where late-career doctors are critical to workforce stability, such as rural and regional areas. This concern aligns with Pillar 04 - Mental Health Promotion from the ***Every Doctor, Every Setting*** **Framework** (Target 4.1), which emphasises the need to support all doctors, including those in geographically isolated areas, to reduce the strain on the workforce. The potential impact on these communities, where GP shortages are already acute, could exacerbate existing health disparities. The assessment framework should offer flexibility in terms of the frequency and intensity of checks, providing options for adjusted duties (e.g., reduced hours or modified roles) to enable doctors to continue practicing safely without overwhelming rural health services.

- The effectiveness of health checks is highly dependent on clear and consistent guidelines. It is essential that general practitioners (GPs), who are likely to be conducting these checks, have access to well-developed and evidence-based protocols. These guidelines should be easily reproducible and consistent across the board, ensuring fairness and reliability in assessments. Concerns have been raised regarding Option 2 (fitness assessments conducted by occupational and environmental physicians), due to a lack of availability and clear metrics. Utilising trained GPs with access to specific guidelines, checklists, and follow-up procedures may prove more practical and scalable.

The goal of health checks should be to protect patient safety while supporting doctors to remain in practice, contributing their valuable expertise, and ensuring that health issues are identified and addressed proactively.

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?

The introduction of health checks or fitness to practice assessments for late-career doctors is an important consideration and a preferred approach compared to the revalidation processes that the Medical Board has been considering.

Drs4Drs advocates for initiating voluntary health checks in a doctor's mid-career, i.e. late 50s to early 60s, with an increasing frequency as they age. This strategy integrates health monitoring as a regular part of career maintenance, adapting to doctors' evolving health needs over time. This proactive approach prepares doctors to better manage health-related challenges as they age.

It's crucial to understand that chronological age alone does not uniformly determine a doctor's health status or fitness to practice. The effects of aging on cognitive, physical, and sensory functions can vary widely among individuals. Consequently, some doctors may face health challenges earlier, while others may remain robustly capable well beyond typical retirement benchmarks.

This flexible and phased approach not only ensures patient safety but also respects the valuable contributions of older doctors, supporting a stable and robust medical workforce. By fostering a culture of proactive health management, the healthcare sector can better address the diverse needs of its aging professionals, ultimately benefiting both the doctor and the communities they serve.

Our rationale:

- Encouraging doctors to start regular health assessments from their late 50s to mid-60s promotes the normalisation of proactive health management as an integral part of professional responsibility. **Educational campaigns** can effectively support this shift by raising awareness about the benefits of early detection of health issues, which can extend a physician's career and enhance their quality of life. These early engagements not only prepare doctors for a smoother transition into retirement but also ensure ongoing fitness to practice, ultimately safeguarding patient care and maintaining high standards within the medical profession.

- Instead of a fixed commencement age of 70, we suggest a **flexible, individualised approach** where the need for health assessments is based on a combination of factors, including the doctor's overall health status, medical history, type of practice, and working environment, which would help target those most at risk while minimising unnecessary administrative burdens. For instance, a doctor working in a high-stakes, physically demanding specialty might benefit from earlier health assessments, while those in less physically demanding roles could reasonably start assessments later or require them less frequently.

- **Gradually introducing** voluntary health check information starting from mid-career can effectively minimise disruptions. By raising awareness about the importance of ongoing health monitoring and providing advance notice of upcoming required health assessments, doctors can be better prepared for what's expected. This proactive communication, coupled with detailed guidance on how to prepare for these checks, allows doctors to adjust their practices smoothly, ensuring stable transitions and continuous patient care. Early initiation of notifications and preparatory steps helps doctors better manage their career and health trajectory, leading to more effective and timely health interventions.

A flexible and phased approach would safeguard patient safety, while also respecting the unique contributions of older doctors and helping to maintain a stable medical workforce.

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.

In evaluating the best model for monitoring the health and fitness to practice of late-career doctors, it's clear that there is no one-size-fits-all solution; each option presents its own set of benefits and challenges that require careful consideration.

Option 1, relying on existing guidelines like the Good Medical Practice code, represents the status quo and may lack the specificity needed to address the unique challenges faced by older doctors. Option 2 proposes a detailed health assessment for doctors aged 70 and above, conducted every three years and annually after age 80 by specialist physicians. This approach ensures a thorough evaluation but could be seen as overly stringent and invasive, potentially leading to stress and discomfort among senior doctors.

The limited number of specialist occupational and environmental physicians, especially in rural and regional areas, could make it difficult to implement Option 2 uniformly across Australia. This could delay assessments or result in uneven access to these services.

Option 3 appears to be the most balanced and pragmatic approach. It recommends general health checks for doctors starting at age 70, conducted every three years and annually after 80. These checks would be carried out by the doctor's regular GP or another appropriate registered doctor, with certain assessments possibly delegated to other skilled health practitioners. This model leverages

existing doctor-patient relationships, which may lead to more personalised and less invasive care, and also incorporates flexibility in who performs the assessments and what they entail.

Given these considerations, Option 3 strikes a reasonable balance between thoroughness and practicality, making it the most suitable choice for ensuring that late-career doctors can continue to practice safely without imposing unnecessary burdens. This option allows for adjustments based on individual circumstances and the evolving health status of doctors, thus providing a supportive and adaptable framework for health monitoring in the medical profession.

Having the health checks conducted by the doctor's regular GP allows for continuity in health monitoring. GPs familiar with their patients are better equipped to identify changes in health status, which is a core principle of our approach at Drs4Drs—encouraging doctors to have their own GP. Regular GP visits and ongoing monitoring can help prevent more serious health issues from arising and allow for earlier interventions when necessary.

While one potential concern is that GP-led health checks may lack the specialised occupational health focus provided by a more targeted fitness assessment (such as in Option 2), this can be effectively addressed by ensuring GPs have a clear referral pathway to specialist occupational physicians when concerns arise. Should any issues related to the doctor's ability to safely perform their role be identified, a referral for a more detailed assessment by an occupational physician would ensure that the doctor receives the necessary specialised evaluation. This approach combines the familiarity and continuity of GP care with the added expertise of occupational health specialists, ensuring a comprehensive evaluation where required.

It is also essential that any health check system, under Option 3, be supported by clear, evidence-based guidelines to ensure consistency in the health checks conducted by GPs.

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?

While we recognise the potential benefits of cognitive function screening for late-career doctors to ensure ongoing fitness to practice safely, Drs4Drs has reservations about the necessity of establishing a baseline cognitive function test. Moreover, there is no robust evidence provided that such screening has enhanced patient safety, nor is there clarity on the training for doctors who would perform these assessments.

Instead, we emphasise a more flexible and less intrusive approach:

- **Voluntary Screening**: Doctors could be encouraged, but not mandated, to undergo cognitive function screening as part of their regular health checks. This voluntary system could be incentivised through continuing professional development (CPD) credits or peer encouragement.
- **Peer Feedback Systems**: A structured peer feedback system could also help identify potential cognitive decline, allowing colleagues to raise concerns about a doctor's performance in a supportive, constructive manner. This would encourage a culture of openness and support for addressing cognitive health issues early.
- **Appropriate Tools and Guidelines:** The tools used for screening should be reliable evidence-based tools that have been validated for use in medical professionals. The tools used must be specifically designed to assess cognitive abilities that are most relevant to the demands of medical practice, such as decision-making, problem-solving, and multitasking.

- **Sensitive and Supportive Framework**: Care must be taken to avoid creating a culture of fear or stigmatisation around cognitive decline. Establishing cognitive function baselines should be positioned as part of a preventive health strategy that empowers doctors to maintain their careers and health, rather than a process that could trigger early retirement or loss of practice privileges. A strong emphasis on confidentiality, support, and professional integrity will help ensure that doctors view cognitive assessments as part of a broader commitment to maintaining high professional standards.

- **Addressing Variability:** Any cognitive screening process must allow for follow-up assessments and individualised evaluation before making any significant decisions regarding a doctor's fitness to practice. If an initial screening raises concerns, additional assessments by specialists should be conducted before any decisions are made. Cognitive performance can vary due to many factors unrelated to permanent cognitive decline, such as stress, sleep deprivation, or temporary illness.

Concerns over mandatory screening:

- **Administrative Burden**: Mandatory cognitive screening for all late-career doctors could place an unnecessary administrative burden on doctors and healthcare providers, particularly if it is required too frequently or without clear guidelines on its necessity.

- **Risk of Premature Retirement**: Some doctors may perceive cognitive screening as a precursor to forced retirement, which could lead to premature exits from the profession, exacerbating existing workforce shortages, particularly in rural and underserved areas.

By carefully considering these factors, cognitive screening can be a constructive part of late-career health management, ensuring that doctors remain capable, safe, and effective practitioners without facing undue pressure or stigma. This approach supports both the individual doctor and the broader medical community in maintaining high standards of patient care and safety.

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, confidentiality is essential to encourage honest participation in health checks. Drs4Drs supports the confidentiality of these assessments, advocating for a system where doctors are required only to declare completion of necessary health checks during their annual registration renewal, without needing to share the details with the Medical Board.

This approach aligns with the ***Every Doctor, Every Setting*** **Framework**, particularly Pillar 02 - Secondary Prevention (Target 2.4), which emphasises that doctors should have confidential and accessible pathways to care. Preserving the confidentiality of health checks ensures that doctors feel safe to proactively engage in their own health management without fear of punitive consequences, fostering early intervention and ongoing wellbeing.

There are established protocols for cases where a health impairment might pose a risk to patient safety. Educational resources and guidelines should clearly delineate and emphasise that reasonable adjustments made to enable a doctor to continue practicing safely—such as modifying workload or adjusting practice environments—do not warrant a report to the Medical Board. This

approach encourages doctors to address health issues early and make necessary modifications to their practice while ensuring patient safety. The goal is to empower doctors to maintain their fitness to practice with the support of their healthcare team, without the need for Medical Board intervention unless patient safety is at risk.

Maintaining this self-reporting model balances personal responsibility with patient safety, without adding administrative burdens to the Medical Board. By reinforcing a culture of trust and support, this system will empower doctors to maintain their health and fitness to practice in a confidential, non-punitive manner, which is critical for protecting both the doctor's wellbeing and patient safety.

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?

While we recognise the importance of the Medical Board in maintaining high standards of practice and ensuring patient safety, Drs4Drs believes that the Medical Board's role in health checks and fitness-to-practice assessments should be **supportive and guiding** rather than directly involved in the routine administration of health checks.

The Medical Board should take an active role in **education and empowerment** around health and wellbeing. This aligns with Pillar 04 - Mental Health Promotion from the ***Every Doctor, Every Setting* Framework** (Target 4.2), which emphasises the role of leadership in promoting wellbeing and creating environments where doctors can thrive. The Medical Board's involvement should focus on educational campaigns that highlight the importance of health checks as part of proactive career management, helping doctors integrate these assessments into their broader career planning and mental health support.

The current model of self-regulation and personal responsibility—where doctors are trusted to seek medical care and declare their fitness to practice—should remain the foundation of the system. This approach encourages doctors to take charge of their health while ensuring that the Medical Board provides oversight when necessary.

The Medical Board can lead education campaigns to emphasise the positive impact of regular health checks on doctors' longevity and career satisfaction. These campaigns should promote early engagement in health monitoring, starting in mid-career, so that doctors see these checks as a tool for managing their long-term health and career trajectory, rather than a punitive measure.

The Medical Board should also provide resources and training to GPs and doctors, ensuring that health checks are conducted in a supportive environment where doctors feel empowered to seek early care without fear of repercussions. This can include continuing professional development (CPD) modules focused on the health and wellbeing of medical professionals, allowing doctors to take ownership of their health and career management.

This can include offering training modules for GPs to help them conduct these assessments in a way that is both thorough and sensitive to the specific needs of late-career doctors. Drs4Drs can collaborate with the Medical Board to provide educational materials and promote awareness among doctors about the importance of regular health checks.

If a doctor is found to have a health issue that impacts their ability to practice safely, the Medical Board should provide clear guidance on remediation and support options. This could involve connecting doctors with resources such as mentoring, peer support programs, or professional remediation pathways that allow them to adjust their scope of practice while maintaining their professional role.

The Medical Board should also ensure that doctors who undergo any mandatory reported fitness-to-practice assessments have access to appeals processes and support services in the event of unfavourable outcomes.

By remaining in a supportive and advisory capacity, the Medical Board can ensure that the process remains fair, consistent, and focused on the wellbeing of both doctors and patients.

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 content and structure of the draft registration standard is generally helpful, clear, and relevant. It outlines the responsibilities of late-career doctors in maintaining their health, and the procedures for health checks are well-aligned with existing expectations for self-monitoring and professional accountability.

However, there are areas that may benefit from further refinement:

- There should be more detailed guidance for GPs on conducting these health checks. Since not all GPs may be familiar with the specific health risks relevant to late-career doctors, the standard could include specific **guidelines or protocols** to assist GPs in making informed, consistent assessments.
- Ensure that the standard emphasises **support and remediation** options for doctors, in line with Drs4Drs' mission of promoting health and wellbeing for all practitioners.
- Drs4Drs suggests incorporating **peer support programs** or mentorship as part of the health check process, providing doctors with an added layer of support, which aligns with the ***Every Doctor Every Setting*** **Framework**.

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

While the draft standard is comprehensive, there are a few elements that could be added to improve its effectiveness:

- The draft standard could benefit from a **position description** that outlines the specific tasks and components to be assessed during health checks. This would ensure consistency across assessments and provide clarity on what physical and cognitive abilities are essential for different medical roles.
- The standard should include clearer instructions on when and how cognitive assessments should be conducted. Given the variability in cognitive decline among older doctors, guidance on **screening tools** and how to interpret results would enhance the effectiveness of the health checks.
- There is concern regarding the **frequency of assessments**. Annual checks, especially for doctors aged 80 and over, might risk becoming overly formal and less meaningful. A more **flexible approach** that adjusts the frequency based on individual health status or professional role could be considered.

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

The draft registration standard is a positive step towards ensuring that late-career doctors maintain their health and fitness to practice. There are a few additional points that may need consideration:

- There is concern that mandatory health checks, particularly if perceived as punitive, could lead to **premature retirements**, exacerbating workforce shortages, particularly in rural and regional areas. Careful messaging around the purpose of these health checks—emphasising support and wellbeing rather than fitness-to-practice concerns—will be crucial to avoid unintended consequences.

- In addition to health checks, the draft could consider incorporating **peer review or mentorship programs** for late-career doctors. This could provide additional oversight and support, especially for doctors who may have health concerns but wish to continue practicing in a reduced or modified capacity and aligns with the ***Every Doctor Every Setting*** **Framework**.

- Integrating a robust education campaign to clearly communicate the benefits of regular health assessments rather than solely assessing fitness to practice will be essential. The campaign should encourage proactive health management and integrate these assessments into broader sound career and retirement planning efforts, providing doctors with the tools and information needed to adjust their professional commitments based on their health status effectively.

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?

The proposed documents and resources are generally clear, relevant, and well-structured. However, to enhance their practical application, several areas could benefit from further clarification and expansion.

It should be explicitly stated how these documents are intended to be used together. Clear guidelines can help ensure that all professionals involved understand the sequence and interrelation of the documents within the health assessment process.

The documents should specify whether the guidelines and checklists provided are meant as mandatory requirements, general expectations, or minimum standards. This distinction is important for ensuring that all parties are aware of the compliance requirements and the flexibility they may have in applying these standards.

It needs to be addressed whether the information being requested in these documents is duplicative of information already known to the treating doctor or recorded in medical records. If duplication exists, guidelines on how to efficiently integrate or reference existing data could reduce redundancy and streamline the process.

The documents should clearly define what information the Medical Board is seeking This focus ensures that the documentation process remains targeted and relevant, preventing unnecessary data collection and helping to protect doctors' privacy.

By addressing these points, the resources can become more user-friendly and effective in supporting the health management of late-career doctors, ensuring that they meet both the needs of the medical professionals involved and compliance requirements efficiently.

8.2. What changes would improve them?

Pre-consultation Questionnaire (C-1):
The questionnaire currently lacks a section for doctors to document their personal health observations, which they might wish to discuss or raise. Including a dedicated space for this purpose

could enhance the form's utility by ensuring doctors have the opportunity to voice any self-noticed symptoms or issues relevant to their health.

To provide a more holistic view of a doctor's professional life, this form should be updated to include a section for doctors to list additional professional activities outside of their primary clinical roles, such as committee memberships, volunteer positions, or other contributions to professional organisations. This information will help understand the full scope of a doctor's commitments and responsibilities, which may impact their overall health and capacity to practice.

Consider adding a section or attachment that lists additional support services as outlined on page 72 or provide takeaway flyers or brochures detailing these services, ensuring that doctors have easy access to this crucial information at the time of their health checks. This approach will help doctors to not only report on their health status but also easily find support services they might need, creating a more supportive environment for their wellbeing.

Health Check Examination Guide (C-2):
The guide should emphasise the importance of including relevant guidelines or protocols to standardise the health check process. This will help GPs, who may not be specialists in occupational health, to conduct thorough, consistent assessments.

Where necessary, the guide should also provide referral pathways to **occupational physicians** for further evaluation, particularly when issues related to a doctor's capacity to safely perform their professional duties are identified. This ensures that when a GP flags potential health concerns, a more detailed assessment can be conducted by specialists with expertise in occupational health. Such referrals would complement the GP's assessment, offering an additional layer of safety and expertise.

Some items (e.g., cognitive assessments, visual acuity tests) could include links to additional resources or instructional videos to support practitioners performing these checks accurately, particularly for cognitive screening.

Cognitive Function Screening Guidance (C-3):
For the cognitive screening tools recommended (e.g., MoCA and ACE-III), it would be beneficial to provide detailed instructions or checklists for GPs on how to administer and interpret these tools. This will ensure consistency in how cognitive screenings are conducted and reduce the risk of misinterpretation.

The document could also emphasise the need for sensitivity in delivering results from cognitive screenings, ensuring doctors feel supported if follow-up or referrals are necessary.

Stages of Health Check (C-5):
It is necessary to clarify the question 'Does the late career doctor have any health issues?' and the yes/no responses. Specific attention should be given to recognising that late career doctors may have minor, managed health conditions such as hypertension, which do not necessarily impact their ability to practice or warrant a yes response. Ensuring this clarity can help prevent unnecessary concerns or misinterpretations regarding a doctor's fitness to practice and protect doctors' privacy.

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

The questions address a wide range of relevant topics, including general health, current practice, and social history, which will help assess a doctor's overall wellbeing and ability to continue practicing safely.

A section focused on recent changes in physical or cognitive function, allowing the doctor to self-identify any concerns should be considered. This could provide early indications of issues that require closer attention during the health check.

It would be beneficial to include a guideline in the form that prevents the duplication of information already available to the doctor's regular treating GP. This can streamline the process, making it more

efficient by focusing only on new or updated information pertinent to the doctor's current health and fitness to practice. This approach respects the doctor's time and the existing knowledge of their health history, focusing on changes or new concerns that might impact their ability to practice.

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

The proposed examinations and tools listed in the examination guide (C-2) are generally appropriate. However, some questions in the guide are more suited to a general health check and may not be necessary for a mandated Medical Board check.

It's important to provide clear guidelines on which parts of the examination are mandatory for Medical Board evaluations and which are recommended as part of a general health assessment. This distinction will help ensure that only pertinent information is collected, respecting the time and context of the health check.

The guide should emphasise the importance of using clinical judgment to determine the necessity and appropriateness of each component of the health check. Practitioners should be encouraged to adapt the assessments based on the specific health status and needs of each doctor being evaluated.

Additional guidance on referral pathways for doctors who show signs of cognitive or physical impairment may be necessary to ensure a smooth transition to further care or adjustments to practice if necessary.

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

Yes, a few additional resources would improve the overall implementation of the health checks:

- **Educational campaigns** to promote awareness about the importance of ongoing health assessments. The focus on starting from mid-career is particularly relevant, highlighting preventive care to avoid health issues as doctors age. Include guidance on managing sensitive conversations about cognitive decline or other health issues, ensuring that doctors feel supported and not penalised.
- Develop **FAQ resources** to address common questions and concerns, helping to demystify the health check process and make it more accessible and understandable for all doctors.
- Develop **case studies** of real-life scenarios to enhance learning and preparation for handling similar situations, providing practical insights and reinforcing best practices in a relatable manner.
- Develop an online **training module** to provide consistent training and messaging to healthcare providers, ensuring uniformity in how health assessments are conducted.
- **Training workshops** for healthcare providers which appropriately targets the specific training needs of healthcare providers, emphasising the importance of sensitivity when dealing with cognitive and physical declines, which is crucial for the respectful handling of late-career doctors.
- **Referral pathways** to ensure that doctors have access to necessary specialist care, which aligns with the goal of comprehensive support throughout the assessment process.
- Provide **feedback mechanisms** to allow for continuous improvement of the health checks program based on real user experiences, enhancing its effectiveness and acceptance among doctors.

- Enhance the resource list aimed at supporting late-career doctors by including a direct weblink to the **Drs4Drs 'doctors' health Services'** positioned within the additional resources section on page 72. This would directly connect doctors to a network of support funded by AHPRA/Medical Board, streamlining access to vital health resources.

- Enhance the effectiveness of health checks by providing doctors with **takeaway flyers or brochures** that detail available support services. These materials should be incorporated within Form C-1 and additionally offered as standalone resources at the point of consultation. This strategy ensures that doctors have immediate access to comprehensive support information, thereby improving the practical utility of health assessments and facilitating prompt connection to necessary assistance.

- **Collaborate** with professional bodies to ensure that the program remains aligned with professional standards and benefits from the expertise and resources of these bodies, enhancing training and advocacy.