Your details

Name: Dr Ian R Gardner

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- ☐ No, do not publish my submission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?

NO.

This is not a new proposal. Previous reviews in 2017 and 2018, did show that older GPs and Psychiatrists were responsible for a larger percentage of patient complaints – but younger doctors had very much higher rates of Mental Illness and Substance Abuse. And younger doctors also had higher numbers of complaints about Procedures against them.

What is needed is a procedure where, say, 2 or more validated and proven complaints within a 3-5 year timeframe, triggers a detailed review of the doctor's Fitness to Practise. This would be fairer to the majority of older doctors who practise safe medicine, while ensuring Patient Safety and culling or imposing restrictions on doctors who do not practise safely. Age is just a number.

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?

If a Health Check and/or Fitness to Practice assessment were to be introduced, then perhaps it should be introduced initially at say, age 80, and the results reviewed. In consultation with the profession and its industrial and professional bodies, if significant age-related issues were discovered, then the age could be lowered to, say 75. Another year or two of data, and if necessary, lower the age to, say, 70 years.

This would clearly avoid the possible Age Discrimination issues, and would ensure that Patient Safety was paramount.

The focus should be primarily on doctors who practise unsafe medicine and/or who are subject to multiple, proven complaints -- rather than focusing just on older doctors.

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 probably the best overall option.

Options 2 and 3 seem to have assumed that age 70 is the "age of statutory senility" without enough evidence.

If these examinations/reviews were phased in starting with the small number of very old practitioners (as well as ANY DOCTOR with multiple, proven complaints), the profession would probably be more accepting, and patients would also be reassured that their safety was the primary driver.

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?

There is very little evidence in the published literature about the incidence/prevalence of Mild Cognitive Impairment in older doctors and its impact on their ability to practise safely.

Prior to requiring/imposing a Cognitive Function Screening test for older doctors, there needs to be some robust, high quality research undertaken in Australia to show whether this is a "real" issue affecting older doctors or not.

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.

If there is a definite impairment – regardless of Age, then the practitioner MUST declare that to the Board.

If the practitioner does NOT declare that result to the Board, then as part of any subsequent investigations by the Board into complaints against that practitioner, the medical examination results could be 'subpoenaed'.

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?

At this stage, NO. But, if the evidence shows otherwise, then MAYBE.

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?

As previously stated, I do NOT support Option 3 at this stage. It is premature.

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

As previously stated, if it is to progress, then it should initially start at a later age (80 or maybe 75) – and include ALL Practitioners, regardless of age, who have multiple proven complaints upheld against them.

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

Where is the evidence of extensive consultations with the Royal Colleges and the professions' industrial organisations ?

Where is the AUSTRALIAN high quality, randomized-controlled-trial, peer-reviewed published evidence to support these claimed interventions ?

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?

Not supported.

8.2. What changes would improve them?

Extensive revisions needed. Happy to take part in WORKSHOPS on this issue.

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

Not applicable.

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

NO.

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

Possibly – but where is the real evidence to justify this proposed additional impost ?

Who will pay for these checks ?

Or is this just a “cloaked” way of forcing older doctors out financially ?