

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- ☐ No, do not publish my submission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?

Yes

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?

70 seems reasonable

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.

I support the introduction of Option 3 as soon as the appropriate legislation has been passed. There may need to be an introductory period for medical practitioners and their treating GP to adjust to the new system of health checks for older practitioners. It is important that the Board keeps accurate records to assess if the system of general health checks achieves the goal of reducing the rate of notifications about older medical practitioners. In the long run it may be appropriate to consider a 'fitness to practise' assessment. However, if the cost of such assessments and the negative response from the profession is to be justified it is essential that such assessments are evidence-based, particularly in the difficult area of cognitive assessment.

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?

I believe that the answer to this difficult question should be YES however, it is important to recognize that different areas of practice have different needs. For example manual dexterity is not important in psychiatry however, cognitive acuity is essential but may be different to that required for a surgeon or physician. It is essential that any screening tools are based on the strongest available evidence base and includes assessment of higher functioning. For example, an MMSE administered by a non-expert is unlikely to identify any other than the most seriously cognitively compromised medical practitioner.

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, with the expectation that an assessing/treating doctor should be expected to notify serious health concerns, particularly if the subject medical practitioner is unwilling to modify their practice, such as by reducing their hours, ceasing procedural work or ceasing medical practice altogether. There also need to be safeguards built in for an assessing/treating doctor who decides it is essential to make a notification about a doctor they have assessed. I believe such safeguards already exist but the protections may need to be made stronger and even more specific.

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?

Not for the moment but it may be necessary if the Board finds that doctors, either the assessing/treating doctor or the subject doctor are not complying with the new requirements. I do have some concerns about the doctor's regular GP performing the regular checkup as familiarity and friendship may lead to inadequate assessments.

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?

If this question refers to the pre-consultation questionnaire it actually begins on p74. The current draft questionnaire is comprehensive however, many of the questions are non-specific, particularly in areas such as alcohol and substance review; lifestyle; sleep; and cognitive function. The questionnaire is likely to take some time but this seems to be justified for older doctors. I am not familiar with the MoCA or ACE-III however, I am sceptical of the validity of SMMSE or the CDT for a group of older medical practitioners except in those with quite advanced dementia.

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?

I do think that encouraging older doctors to slow down may be a useful intervention for which there is some evidence. It may also be useful to encourage younger doctors to utilize financial advice and retirement planning as inadequate financial planning may be one reason why some doctors continue to work later in life and longer than optimal.

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?

yes

8.2. What changes would improve them?

See some comments above

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

yes

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

See comments above

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

Not that I am aware of