

From: Dr PD [REDACTED]
Sent: Thursday, September 26, 2024 4:31 PM
To: medboardconsultation
Cc: Peter Duffy [REDACTED]
Subject: Health Checks for late career doctors

Medical Board

AHPRA

Please find attached - I hope it worked - invited comment on the above.

As I'll be 80 years old at the end of the year I am interested.

I'm working about half time in radiology, both in a teaching hospital department and in teleradiology - emergency and routine.

My main suggestion;

Having one's own GP be mandatory

Health check starting at 75 rather than 70 - with encouragement to retire at or before that age if so advised.

Concern that health checks should then be needed for politicians, company directors and newly all other professionals.

Cheers

Peter Duffy

Your details

Name: Dr Peter Duffy

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- No, do not publish my submission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?

As we are all supposed to have a personal GP, corroborating such with a health check over a certain age is appropriate and applies to drivers of motor vehicles, pilots of aircraft and other groups.

Own GP health checks should be administratively simple, not time consuming and not expensive.

Fitness to practice assessment is the opposite – very expensive, time consuming with restricted access to the relevant expertise

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?

Commencement age should be 75.

Ongoing medical practitioner education needed to “encourage” our colleagues to have their own GP with the likelihood of having problems passing a formal health check for APHRA if they do not and providing food for thought for progressing to retirement by 75 in such cases.

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 3

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?

No.

What is the evidence base on which to base such a new requirement?

Should it apply to politicians, directors of public companies, other professions – law, accounting, dentistry, veterinary surgeons, senior public servants etc?

If not why, 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.

Confidential. – but with an obligation on the health check doctor to report a significant problem confidentially to the Board if the relevant late career doctor ignores relevant advice re modification of, change to or retirement from medical practice.

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?

OK but go for age 75 and allow / encourage retirement when necessary

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

Start at age 75

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

It has been a lot of work

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?

OK

8.2. What changes would improve them?

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

OK

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

OK

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