

From: Deborah Saltman <[REDACTED]>
Sent: Tuesday, August 13, 2024 2:11 AM
To: medboardconsultation
Subject: Public Consultation – Health checks for late career doctors

As a maturing general practitioner (69 years of age) about to return to the Australian workforce I welcome the consultation into late career doctors practice. Currently I work as an occupational health practitioner certifying workers for fitness to work in Philadelphia, Pennsylvania USA. I am concerned that the data provided on which the consultation was based contains the same biases that many of us engaged in public health have been trying to rectify for at least half a century namely:

1. Discriminatory bias in the data - the breakdown does not differentiate between male and female physicians and we know the rate of dementia and cognitive decline is higher in males. Does the reporting reflect that?
2. The effect of multimorbidity and polypharmacy on cognitive and physical well-being. My research, conducted over 40 years ago on an Australian database highlighted that patients (and physicians are patients) over 65 are likely to be on at least 2 medications and if they are on 5 or over, at least one will be a psychoactive agent.
3. The role of support rather than costly screening. From my previous involvement with the doctor's health advisory service, it is clear that a targeted, confidential, non-judgement service has more likelihood to prevent reportable errors than an expensive, blanket screening procedure.

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Happy to discuss further with the committee and provide references if interested so that the policy will really make a difference to helping competent physicians continue to practise.

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(she/her/hers)

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