

1 October 2024

Australian Health Practitioner Regulation Agency (AHPRA)
G.P.O. Box 9958
Melbourne VIC 3001

Attention: Ms [REDACTED]

Via email: medboardconsultation@ahpra.gov.au

Dear Ms [REDACTED]

RE: AHPRA Public Consultation – Health checks for late-career doctors

Thank you for the opportunity to provide feedback on the Medical Board of Australia's public consultation regarding health checks for late-career medical practitioners. The Royal College of Pathologists of Australasia (RCPA) is the principal organisation representing the medical field of pathology in Australasia. The RCPA is responsible for the training and professional development of Pathologists, as well as the promotion of the science and practice of pathology.

The RCPA supports the introduction of health assessments for later-career medical practitioners to address the increasing trend of notifications related to this cohort, which has almost doubled over the last eight years. The RCPA notes that the proposed health assessments will impact a relatively small percentage of practitioners (approximately 5.27%), and linkage with AHPRA registration will ease the administrative burden on healthcare employers through the introduction of a structured, national framework, rather than the current reliance on employers to independently manage the oversight of senior practitioners' fitness to practise.

The RCPA is, however, mindful of the financial and logistical implications for medical practitioners of introducing such assessments. The estimated out-of-pocket cost of approximately \$6,000 (including a 'fitness to practise' assessment of \$1,500-\$2,500, and a cognitive assessment of \$1,200-\$3,500) may compel some doctors to consider earlier retirement. This has the potential to exacerbate existing workforce shortages, particularly in areas where experienced senior medical practitioners play a critical role in both patient care and the training of junior doctors. Additionally, the assessment process may require several days, during which time practitioners will need to be absent from work. The associated loss of income and disruption to patient care will present further challenges, and we suggest that consideration is given to strategies to mitigate these costs, such as financial subsidies or reimbursement, to prevent an undue financial burden on practitioners, and support the retention of experienced doctors within the workforce.

Thank you again for the opportunity to provide input into this proposal. If you wish to discuss this further, please contact [REDACTED], Chief Executive Officer via [REDACTED] or [REDACTED]

Yours sincerely

[REDACTED]
A/Prof Trishe Leong
President