

Your details

Name: Philip Cumpston

Organisation (if applicable): Solo Private Practice

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- No, do not publish my submission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?

I have reviewed the causes of complaints detailed in "Medical-Board---Consultation-Regulation-Impact-Statement--Late-career-doctors---August-2024.pdf" (p24). The majority of complaints do not have a clear causal relation to the health of the late career doctor. Many could easily be explained by altered perceptions of behavior on the part of younger patients. Health screening will not change that. While the case has been made for improving health of late career doctors, the cost of implementing such a system is not trivial. Introducing any change into a biological system will inevitably have unforeseen consequences. I don't believe that all potential consequences have been identified.

- 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?**

Three score years and ten has biblical authority.

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 is most likely to improve the health of some late career doctors, but I suspect many will simply change their registration status to 'non practicing' leading to loss of expertise and poorer community care.

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?

The cost is prohibitive and unless a specific test is recommended, the results will vary and be A requirement to carry out a self-assessment may be more practical using (something like the Open ExpressO Moca test → <https://portal.mocacognition.com>)

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. Unless the Board requires and pays for the test, it would be unethical for the assessing doctor to provide that information.

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 – see my answer to question 1.

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?

I don't think it should be required for those practitioners not seeing patients but wish to retain registration while conducting research, acting in medical administration, providing expert opinion. It is up to the relevant Colleges and their CPD programs to ensure they remain competent in these areas

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

I don't think so

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

See question 1.

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?

Screening for cognitive function is problematic.

8.2. What changes would improve them?

Self screening for cognitive function.

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?

Respiratory examination superficial. Abdominal examination fails to include per rectal examination.

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

ECG (but would need to be reintroduced for GP exam under Medicare), Respiratory function test (FEV1.FVC), Hearing and vision.