

Your details

Name: David Chapman

Organisation (if applicable): [REDACTED]

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☐ No, do not publish my submission

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?

“Our complaints data shows there is a problem to solve. Complaints about doctors aged 70 and over increase sharply, and adverse outcomes are more common for this group.”

Doctors are not a homogeneous group and the physical and cognitive demands of each medical discipline vary widely; hence this statement is meaningless. What is “increases sharply”, and “are more common”? - for what medical disciplines and age ranges, and why are the increases any more concerning than for comparison groups?

Further: “registered late career doctors” does not include the rapidly increasing number of late entry practitioners, who may not even begin their careers until 40s or 50s. The excitement, fascination and sense of achievement amongst such doctors will compensate for a wide range of age related physical and cognitive declines. This then relates to the assertion about complaints and adverse outcomes: what evidence is there that either of these are attributable to age related declines?

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?

The age is, in itself, not the point: what is the point is whether health and fitness checks are applied uniformly and fairly across ALL those involved in decisions in health. This means from Ministers of Health through Heads of Health Departments to all the myriad of levels of bureaucrats who make decisions affecting health service delivery (usually without any real grasp of what is involved in doctoring or nursing). To do otherwise is unjustifiable discrimination.

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.

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?

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.

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?

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.

- 1. Is the content and structure of the draft Registration standard: health checks for late career doctors helpful, clear, relevant, and workable?**

- 2. Is there anything missing that needs to be added to the draft registration standard?**

- 3. Do you have any other comments on the draft registration standard?**

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.

- 1. Are the proposed supporting documents and resources (Appendix C-1 to C-5) clear and relevant?**

- 2. What changes would improve them?**

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

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

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