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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
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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?

NOT all registered "late career doctors" should be required to have a health check and particularly **not** a fitness to practice assessment.

1. It should be incumbent on the profession itself to determine a doctor's fitness to practice based on health. Colleagues and peers should bring to the notice of the individual practitioner and any organization where he/she is accredited, that their health may be contributing to adverse patient care.
2. Mandatory carte blanche testing would be age discrimination based upon the Federal Age Discrimination Act 2004. https://www.legislation.gov.au/C2004A01302/2020-09-06/text
3. The Board considers mandatory testing of "late career doctors" who make up 6.2% of the 136,742 total registered practitioners but has no plans for health testing (psychiatric/psychological in particular) of the remaining 93.8% of practitioners age less than 70, some of whom contribute to the 9938 Australia wide notifications involving a total of 7761practitioners.
4. Who will be expected to meet the costs of these mandatory health checks or fitness to practice assessments? Currently "late career doctors" who choose to practice part-time (a considerable proportion I suspect), are already disadvantaged by the unfair costs of full registration payments to AHPRA, as well as considerable costs for mandated CPD requirements. Payment for these health checks (fitness to practice assessment would, no doubt, be quite expensive) and time away from practice would only place a further impost upon the practitioner.
5. The mandated proposal takes no account of those practitioners who currently have a nominated General Practitioner they attend on a regular basis for their healthcare needs. There needs to be some recognition of those practitioners who voluntarily attend a General Practitioner on a regular basis.

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?

Mandatory health checks or fitness to practice assessments should only be considered for those "late career doctors" who have raised a "red flag" such as an adverse event notification, referral from a well-respected colleague or organization responsible for credentialling of said practitioner. In fact, consideration should be given to the above checks and/or assessments for all doctors who meet these criteria.

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 1. Should be the preferred option relying upon the profession to manage colleagues they see as unsafe/unsuitable for ongoing practice by frank discussion or a "tap on the shoulder" with the relevant doctor. Failing this further referral could take place to AHPRA on a confidential basis or to a body responsible for accrediting the doctor's ongoing practice, who could then take further action.
Option 2. This option is likely to be expensive and extremely time consuming as it would require a detailed assessment and the positive "strike rate" relatively low. The only persons likely to benefit from this option are the specialist occupational and environmental physicians who would, not doubt, set their own fees. This option should only be reserved for those "late career doctors" who have been brought to the notice of AHPRA and found to be deficient in their practice.
Option 3. Many "late career doctors" and other doctors already have a regular GP whom they attend on a regular (often 6 monthly) basis. This option would potentially duplicate referrals and contribute to cost and wait times in an already overburdened healthcare environment. Some of the elements mentioned such as height and weight are irrelevant and amounting to discriminatory.

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?

Cognitive functioning ability varies in many areas of medical practice especially areas that several "late career doctors" may choose to practice towards the end of their careers. As an example, Surgical Assisting may be adopted as a long-term career by some but become a late career option by a Surgeon approaching the end of his career who can offer his colleagues not only physical assistance but contribute years of experience that can be invaluable in a difficult circumstance. There are other areas where high level thought processing such as in neurosurgery or cardiology as examples are not as critical – Immunization Medicine, Medical Administration etc.
Cognitive function screening can be time consuming, costly and sometimes inaccurate.
A colleague who works regularly with a practitioner usually has a very good understanding if said practitioner's cognitive function is on the decline and likely to be detrimental.

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.

Confidentiality is an absolute must.

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?

The Board should be considering the assessment of all practitioners irrespective of age who are brought before the authorities for irregularities in their practice and found to be "guilty".

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?

The draft standard contains a lengthy and rigorous pre-check questionnaire that includes questions that may be considered irrelevant in considering the doctors health status and fitness to practice:

1. Some aspects of social history
2. Family history
3. Lifestyle.

The physical examination is extensive and would take considerable time to perform with attention to detail. Some aspects seem unrelated to fitness for practice eg.

1. Urinalysis and genital examination
2. Neurological and musculoskeletal – currently there are doctors in all age groups with paraplegia and other neuro and MS conditions including arthritis and rheumatism currently consider fit to practice.
3. Height, weight and BMI could be considered discriminatory in certain circumstances.

The requirement for further investigation including blood studies, ECG, FOB, Cervical screening, prostate assessment, Mammogram, Radiology, Audiology, Dental and Skin check is not clearly stated although obviously guided by history and examination. These investigations are time consuming, and not without cost.

There is no mention of who bears the cost for these examinations and possible further investigation. A complete fitness to practice assessment could cost anywhere upwards of $500 or more, especially if further investigations are required. If performed by a recognized occupational or environmental physician, they are likely to benefit financially if fees are not set accordingly.
Currently there is no Medicare rebate for "health examination for occupational purposes" except for the unemployed. The current fee for health assessment for an Australian Visa is $350.
Will the "late career doctor" be forced to suffer another financial burden, will AHPRA/Medical Board cover the costs and if so, will Registration fees be increased at a further unreasonable rate?

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

No comment

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

No comment

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 or 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. Is the guidance in the draft Advertising Guidelines appropriate? Are the proposed supporting documents and resources (Appendix C-1 to C-5) clear and relevant?

8.2. What changes would improve them?

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

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

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