

## .Your details

**Name:** DR Gregory T h Beak

**Organisation (if applicable):**

**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- ☐ No, do not publish my submission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?

Over 70 seems appropriate

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?

As above

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. This will provide no extra onus on practicing GPs. We already should all have our own GP for routine health checks and this should already include a check on our cognition and mental health and the other parameters mentioned so that if there was a serious concern regarding our ability to safely practice medicine then the onus is on our GP to notify the appropriate authority if the Dr concerned does not self identify.

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?

This should already be a part of our annual health assessment by our own GP as a part of best practice so I do not see the need to address this separately.

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?

# 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?

It appears to be so

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

Not in my opinion

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

YES .I am a member of the Australian Active Senior Doctors Association that has been lobbying for a change in law to introduce a category of registration that would allow us to volunteer our services,knowledge and expertise at no cost to the community.If we were allowed to practice within our field of knowledge where we do not interfere or compete with any preexisting service we would volunteer our services for free.ie the Govt. would need to change the law to introduce this category and cover medical indemnity.We would submit to this same assessment proposed annually.This would be a great help to many people in the bush with out existing services and would also use the wealth of talent and expertise that is going to waste.

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

yes

### 8.2. What changes would improve them?

No changes needed

### 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?**

yes

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

no