

Your details

Name: Dr Lynne Coulson Barr OAM

Organisation (if applicable): Office of the Health Ombudsman

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
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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?

Yes.

Some of the key objectives of the Office of the Health Ombudsman (OHO) are to protect public health and safety and to promote professional, safe and competent practice by health practitioners and to maintain public confidence in managing complaints and other matters relating to providing services. Noting this, and the role of the National Registration and Accreditation Scheme (NRAS), the OHO supports any actions the Board proposes to ensure only regulated health professionals are registered against consistent, high-quality, national professional standards.

The data outlined in the report, particularly for those aged 70 years or older, is concerning. It shows that further steps must be taken, in addition to practitioners self-identifying issues or concerns with their own health and wellbeing — in accordance with their obligations under the Code of Conduct to safeguard the public.

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?

Yes. The data and references contained in the CRIS support the age of 70 years. The data indicates a significant increase in notifications received once a practitioner reaches 70 years of age.

Additionally, we note the data in the CRIS shows that doctors aged over 70 are represented disproportionately in highest areas of potential risk to patients, such as clinical care, pharmacy/medications, boundary violations and behaviour. Therefore, the OHO suggests the Board hone its efforts to prevent late career doctors from being a risk to patients, in the areas mentioned 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.

The OHO supports Option 3, as this appears to strike a balance between maintaining the status quo and the very costly Option 2. The benefits outlined in Option 3 in the CRIS outweigh the costs.

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?

Yes. Establishing a baseline allows for ongoing monitoring and early identification of any potential cognitive decline that might affect the practitioner's ability to provide safe and effective health services. This approach may assist in ensuring that issues can be addressed proactively, maintaining high standards whilst also supporting the practitioner to continue their practice.

Cognitive screening processes should be sensitive and respectful. They should consider individual differences and privacy concerns.

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, a declaration made in an annual registration renewal that a late career doctor has completed the appropriate health check/fitness to practice assessment and declare whether they have an impairment that may detrimentally affect their ability to practise medicine safely would be appropriate. An exception to this would be mandatory reporting obligations existing for practitioners who may pose a serious risk because of a potential health impairment.

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 can ensure that standards are consistently applied, and they can provide oversight to maintain integrity of the process. The Board's role can include setting the guidelines for assessments, overseeing implementation and handling matters where health issues might impact a practitioner's ability to practice safely. This active involvement helps ensure both patient safety and the rights of the practitioner are upheld.

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 OHO is supportive of the proposed registration standard.

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

No.

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

No.

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?

Yes.

8.2. What changes would improve them?

None.

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?

Yes, depending on the option that is progressed.