Your details

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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?

Yes, we believe late career doctors should be required to have a fitness to practice assessment. According to Australian Institute of Health and Welfare, 1 in 12 Australians aged 65 and over are living with dementia, and this prevalence increase with age. It would be important place safeguards to ensure that doctors are cognitively competent to maintain the high standards of medical care in Australia.

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?

Dementia prevalence rate is 25 per 1000 in 65-69 year old group as well, as per AIHW (link below). This increases to 41 per 1000 in the ages of 70-74 and there is a significant jump in 75-79 group to 129 per 1000.

Given these prevalence rates, we believe that an assessment of some type is warranted at the age of 75. However, a careful examination to balance the cost and resource requirements of fitness to practice assessment vs risk management principles the Board utilizes, as well as work force considerations, to determine the age threshold for mandating the starting age of these assessments, and the threshold could be set lower. This should determine the frequency as well.

https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/population-health-impacts-of-dementia/prevalence-of-dementia#prev_age_sex

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.

In our opinion Option 2 is the best model. This directly assesses an individual doctor's competence to continue to practice safely. We also believe that an independent external assessor is the best system, and removes any potential bias in the system. In addition to occupational and environmental physician who may focus on physical aspects of clinical practice, we feel that an input from a neurologist/geriatrician and neuropsychologist with expertise in assessing and diagnosing cognitive impairments would be important to assess cognitive competence of late career doctors to practice safely.

There is already a similar model – Transport for NSW mandates an on road assessment at the age of 85 for an older driver to maintain unrestricted driver's license, with periodic review as determined on an individual basis, but no more than 2 years apart. If it is sufficiently important for a driver to have direct assessment of their capabilities and competency to drive, then we would propose that late career doctors should also have direct assessment of their competency to practice.

We do not believe Option 3 is a meaningful option – it is unclear what happens with the health check results. It also places the late career doctor's GP in an uncomfortable position of advising the late career doctor they are unable to work, which may detract, or even destroy the existing therapeutic relationship, resulting in a negative consequences for the late career doctor's general health. Also, it is unclear how certain components of the health check, such as height, weight and blood pressure would adversely impact on the late career doctor's ability to practice safely. Furthermore, as the Board also recognizes in Section C-3 – the screening tools utilized in these assessments are inadequate to detect even mild cognitive impairment.

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?

Broadly, we believe that this establishment of cognitive baseline – above and beyond establishing that an individual doctor is practicing safely - is not necessary, since 'safe practice' in itself is the baseline, and any evidence of failure below this would be an indication of decline in cognitive performance.

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.

We would advocate that the entirety of the general health check results should be confidential, out of principal that medical information is privileged and should be confidential except in exceptional circumstances.

Specific fitness to practice assessments results, since this is mandated by the Board and is directly pertinent to the Board's decision making process, the report should be provided to the Board.

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?

We believe that the board should commit to working with various stakeholders (e.g., AMA and specialist colleges, neuropsychologist and academic research units) to support development and validation of appropriate processes and tools for assessing fitness to practice of late career doctors.

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?

We believe that it is premature to discuss the draft registration standard, since this is exclusively based on Option 3, when we feel that Option 2 is more appropriate, and potentially only, solution to identifying late career doctors with cognitive impairment that would prevent them from practicing safely.

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

Same answer as above

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

Same answer as above

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?

We have no further comments, since we do not believe that Option 3 is the best option.

8.2. What changes would improve them?

We have no further comments, since we do not believe that Option 3 is the best option.

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

No. It has too much unnecessary and irrelevant detail.

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

No. It has too much unnecessary and irrelevant detail.

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

We have no further comments, since we do not believe that Option 3 is the best option.