

Your details

Name: [REDACTED]

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- No, do not publish my submission

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 – all should be assessed.
However, it shouldn't just be the individuals health that is being assessed, but their knowledge base and whether or not their practice has kept up to date.

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?

If the data suggest an upturn in complaints amongst practitioners 70 years of age and older then it makes sense to consider 70 as the latest age by which assessments should commence. However, if the complaints are due to an underlying medical condition e.g. a dementia type condition, then it might be wise to consider starting health checks earlier than 70 – this way any subtle conditions may be detected earlier, before an incident occurs resulting in a complaint being laid.

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 2 would be my preferred choice – Option one is the current model and does not seem to be preventing complaints from occurring. Option 3 is worth considering where it may be difficult to access a Specialist Occupational and Environmental Physician, but should be undertaken by a Physician who is not related in any way to the practicing doctor being assessed (to avoid a conflict of interest).

There should also be some form of assessment of practice as well – is the doctor in question practicing up to date medicine?

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 – this is important information. The doctor themselves should be aware of any cognitive problems developing within themselves, their employees deserve to know that their staff are practicing safely, and patients need to know that their doctor is competent to practice.

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.

The Board needs to know about those who are deemed to be cognitively impaired – to avoid doctors moving interstate or between countries and continuing practice, and to ensure that the assessor has escalated their findings to the proper regulatory authorities.

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 oversee the process – from notifying a practitioner that they are required to be assessed, to nominating who may assess them, to reviewing the final report.

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?

Shouldn't all health care practitioners over the age of 70 be having yearly health checks anyway? A 'General' assessment does not seem to be detailed enough to meet public scrutiny – both the Public and the Board need to know that the aging doctor still has the cognitive ability to perform their role, **and** is practicing up to date medicine. Having read the draft supporting documents and resources perhaps a change in the word 'General' would be appropriate? This assessment does appear to be quite detailed, and the title 'General' at face value does appear to poorly describe it.

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

Detailed cognitive assessment – if Doctors start with a higher cognitive baseline, then it may well be easier to hide the earlier signs of cognitive impairment from someone who is either not qualified to assess cognitive performance, or, who does not have the correct assessment tools to hand to use.

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

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?

Ensuring the cognitive assessments were undertaken by a qualified person.
Ensuring the Board receives a copy of the final assessment.

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?

They seem to be.

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

Unsure