

Your details

Name: Mike Bosel

Organisation (if applicable): Brisbane South Primary Health Network

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- ☐ No, do not publish my submission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

No.

Regardless of age, all doctors should comply with registration standards and *Good medical practice: a code of conduct*. Any additional requirements should be based on individual risk, not age.

Selective imposition of either a health check or fitness to practice assessment adds unnecessary regulatory burden and signals to older doctors that they don't have the trust of their communities or regulatory bodies. Sending this signal at a time when the primary care workforce is already under strain carries clear risk, balanced with unsubstantiated claims of increased patient safety if such a system were implemented.

Even the impact analysis presented in the consultation paper recognises the introduction of a compulsory fitness to practice assessment as a high impact option.

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?

A health check or fitness to practice assessment should not be introduced based on age. Any assessment should be based on individual risk e.g. further assessments required for a practitioner of any age who is subject to a notification.

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

AHPRA's own impact analysis as presented in the consultation paper identifies Option 2 as a high impact option.

While Option 3 is assessed to have a lower financial impact, this does not adequately model the impact of repeated signals from Government and professional bodies on workforce retention. While implementation of Option 3 on its own is unlikely to trigger early retirement and subsequent loss of services, combined with other media coverage and other changes to regulatory requirements from professional bodies and government, unintended consequences will occur resulting in loss of services.

This would have a particularly acute impact in the primary care sector, where even in outer metropolitan areas provision of bulk billed services can hinge on relatively few providers. In the Brisbane South PHN region, many late career doctors are also the doctors providing care to older people in residential aged care homes; a population cohort that desperately need better access to regular GP care.

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?

No – no evidence presented of the impact of declining cognitive function on patient care and outcomes. Even if declining cognitive function is found (which is likely as a doctor ages) there is no clear relationship to what this decline means for quality of care or patient outcomes.

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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.

If the stated purpose of the introduction of mandatory health checks is to encourage access to preventive and other care by the doctor, then the results of any tests must stay confidential. The Board is not the employer of the doctor and it is unclear what right they would have to this information.

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?

No

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?

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

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?

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?