ANZSGM

ANZSGM Response
Health checks for late career doctors

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Contact

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The Australian and New Zealand Society for Geriatric Medicine

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) is the peak professional body for geriatricians and other medical practitioners who wish to advance equitable access to the highest quality care and foster excellence in health care of older persons in Australia and New Zealand.

We support the needs of geriatricians in Australia and New Zealand to help them provide the best possible care to older people. Our focus is on policy development and education. We advocate to government for improvement and innovation in aged care medical services and for the professional needs of geriatricians. ANZSGM members represent the organisation on committees and advisory groups whose purpose is to shape the future of care for older people across Australia and New Zealand.

We set, promote and continuously improve the standards of clinical practice in geriatrics throughout Australia and New Zealand. The Society is the chief advocacy group for medical specialists in aged care and aims to facilitate training and professional development to improve medical practice to enhance the quality of care for our patients.

ANZSGM response

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) welcomes the opportunity to provide feedback to the Medical Board of Australia on a proposal to introduce health checks for late career doctors.

The Board's Consultation Regulation Impact Statement (CRIS) was circulated to our colleagues – several who are themselves late career doctors – and asked them to examine whether additional safeguards are needed for late career doctors to manage their health, including the proposed requirement to have regular health checks.

Colleagues considered the three options presented:

- Option 1
  Rely on existing guidance (Status quo).

- Option 2
  Require a detailed health assessment of the 'fitness to practise' of doctors aged 70 years and older. 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.

Colleagues broadly agreed with the Board's favoured choice of Option 3, requiring doctors from the age of 70 years to undergo general health checks with their GP or another doctor every three years and yearly from 80 years of age. ANZSGM agrees that this option supports both the safety of patients and allows doctors to remain in control of their careers as they age.

ANZSGM also recognises that any routine screening of older doctors in Australia must balance patient safety with costs and benefits and respects the needs of all doctors through a fair process.

ANZSGM is well placed to contribute to the design of these health checks, including education and support for training of GPs in this area and welcomes any further request for advice and consultation.

Further considerations

1. A person-centred approach

   ANZSGM advocates for a positive, person-centred approach for late career doctor health checks, focusing on the welfare of doctors. We must look at ways to support late career doctors to continue working safely and productively or support a timely transition to retirement. This approach covers a broader biopsychosocial spectrum beyond simply medical diagnoses.

   As acknowledged in the CRIS, doctors are often reluctant patients and do not always seek the care they need, a particular concern for late career doctors given that health challenges escalate with age. Health checks that single out only a small number of older doctors can present a hurdle for ongoing practice and can cause anxiety or be resisted. ANZSGM supports a wholistic approach to health checks that encourages all doctors to have their own GP, so that issues can be addressed as they arise throughout their career.

2. Transition to retirement

   Advanced career planning should be facilitated and encouraged. This could be supported through mentorship - providing advice and monitoring health related performance. Annual performance reviews in the workplace could also play a role in addressing issues as they arise.

   Consideration should be made for doctors who are aware of their declining abilities but are unable to retire from practice because of issues that are not necessarily detected in a medical checkup. Examples could include:

   - a doctor working in an isolated location who continues to work because there is no-one to replace them;

   - a doctor forced to work due to financial needs and a doctor who continues to work because it provides meaning and purpose to their life that they would not otherwise have, e.g. after loss of a life partner.

   This suggestion could bring together multiple players such as doctor's health programs (e.g. Victorian Doctor's Health Program), general practitioners, psychologists and financial advisors together with a range of transition options for doctors in non-clinical roles such as teaching, mentoring and recreational options.

   Advance career planning discussions should be encouraged. Consideration should be given to older doctors who may have a valuable role but need to modify their workload

or practice. Appointing a trusted mentor to give advice and monitor health related performance can be helpful for colleagues with progressive health issues.

3. An objective assessment process

   The objectivity of the assessment process must be ensured. An experienced practitioner is likely to know which of their colleagues will set a high bar, and who will set a low one. An impartial and fair assessment process must be followed by all GPs conducting the assessment and they must be aware of their responsibilities in notifying the Medical Board of illnesses that will impact on performance at all ages. A supportive and rehabilitative response from the Medical Board must also be ensured. A process for review or appeals to be made by the medical practitioner must also be in place to allow transparency and fairness.

   The CRIS very helpfully outlines the recommended assessment process including the clinical content, resources for the health check, and the evidence for requiring a health check. We acknowledge that formalising this process will thereby normalise it and bring about a positive cultural shift. Over time we hope that these regular health checks for older doctors are no longer viewed with reluctance and fear but rather as a standard process that allows doctors to seek the care they need that will support them in their work and, if required, in transitioning to retirement.

Conclusion

After reviewing the Medical Board of Australia's Consultation Regulation Impact Statement (CRIS) the ANZSGM provides in principle support for the proposal to introduce health checks for late-career doctors. Through consultation with our members, including late-career geriatricians, the Society endorsed the third option outlined, requiring general health checks for doctors starting at age 70, conducted every three years, and annually from age 80.

ANZSGM believes this approach balances patient safety and doctors' autonomy and would welcome the opportunity to contribute to the design, education, and support needed for implementing these health checks.