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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?

No, definitely not.

"The Medical Board must play the game not the person".

My question is: Should all doctors have their competence assessed?

Anyone of any age may not be fit.

Perhaps those who have had a valid, substantiated complaint made against them should have their work and health checked irrespective of age and gender.

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?

We need the details of any complaints made against late career doctors and the specialty in which they are practicing, made available to us for us to be able to judge.

How many late career doctors are there?

Arbitrary age should not be a determinant of professional competence.

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 until a valid, substantiated, genuine complaint occurs.

Then the professional work of the doctor can be evaluated

Now that the annual CPD requirement has been extended and is comprehensive and cumbersome, one needs to allow a response to that education to become apparent.

Any assessment should be performed by the doctor's GP only.

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?

It is a challenge to doctors, demeaning and threatening, to have such an assessment to evaluate their professional competence.

It would impair their confidence immensely.

Cognitive testing tools like MoCA reflect how good one is at completing these tests and how experienced one is at completing tests of this nature. It does not reflect one's capacity as a medical practitioner.

Investigations by AHPRA of complaints which are clearly frivolous but have still been pursued have been to the great detriment of the doctors involved.

An assessment could be performed for any GP who has a significant, substantiated complaint made against them.

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.

Of course.
Every person including every doctor has a fundamental right to confidentiality of his/her health information.
To do otherwise would be a major breach of confidentiality and a violation of their basic rights.
Why was it even considered as a possibility?

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.

The board should respond to the complaint in hand only.

Any and every assessment is a matter for the doctor and his/her GP, not for the medical board.

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?

Far, far too detailed.

The question should be about the capability of the doctor, not whether he/she has gout, has allergies or needs dentures.
Nor if his/her mother had cancer.

Do you need to know if a female has had a Cervical Screening Test?
How does that relate to her professional capacity?

Once one is registered as a medical practitioner is one's country of birth relevant? Is that racist?

An assessment initiated and completed by the doctor's GP is to care for the doctor's health.

The Medical Board would only sanction a doctor.

There is a young, female doctor with advanced Parkinson's disease who is still working as a doctor - and she is lauded and hailed as a hero!!!

There is a young, quadriplegic doctor also, in active practice who is described as inspirational.

And there will be many more examples!

Why is there so much emphasis on illness of older doctors which is to be used to exclude them from working professionally?

This assessment is clearly ageist.

We are taught that patients cannot be judged by their age. Each one has a different capability.

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

No
Much of it should be removed

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

It appears that the medical board is determined to make doctors more than 70 years of age redundant.

It's approach is ageist, discriminatory and threatening.

The attention should be directed to the work they produce not on their personal life and health.

All this while there are moves to bring doctors from overseas who have different training, an emphasis on a different disease spectrum and who are unfamiliar with the Australian health system.

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?

Not relevant because health checks are inappropriate.

8.2. What changes would improve them?

Delete the health checks altogether

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

No, it asks far too much personal detail that is confidential and not pertinent.

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

NOT AT ALL.
MoCA is irrelevant to clinical capability.
IQ tests indicate one is good at IQ tests only and reflect one's familiarity with these tests.

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

Health checks should be abandoned.

I hope doctors will not sacrifice the privacy and confidentiality of their health information and their self esteem and confidence for a bureaucracy.