

Your details

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Are you making a submission as?

- ☒ An organisation
- ☐ An individual medical practitioner
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- ☐ Other, please specify:
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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?

Healthed has surveyed approximately 1,700 GPs on this question. The results are shown in the charts below.

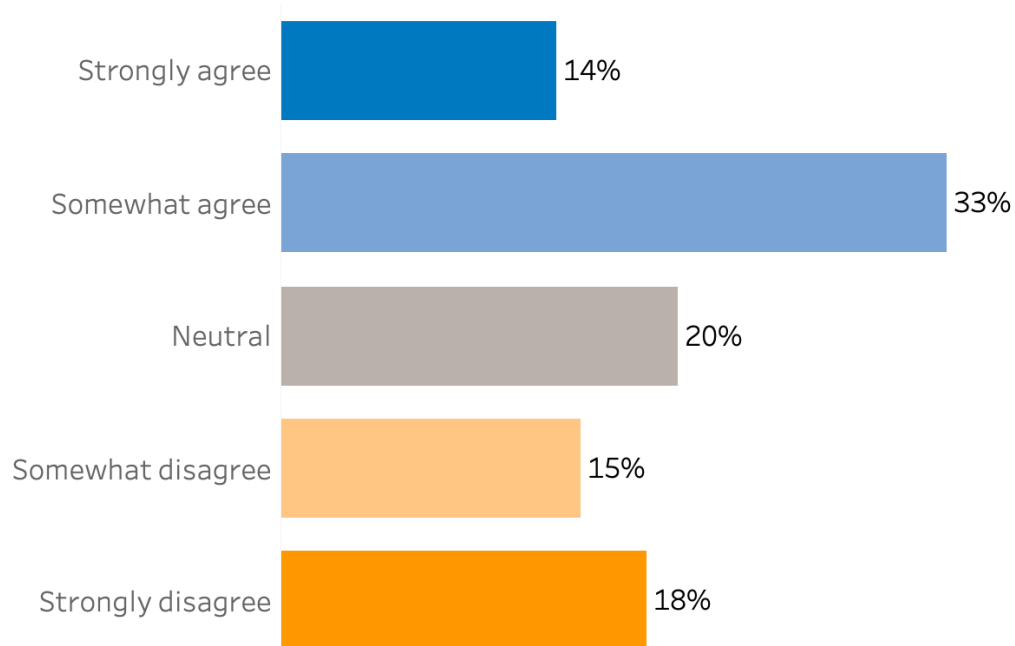
The first chart demonstrates that GP opinions are mixed on this question, with 47% of GPs agreeing, and 33% of GPs disagreeing.

Opinions are clearer when the results are segregated based on the age of each responding GP, as demonstrated in the second chart.

Younger GPs are more likely to agree that a health check should be required for late career GPs, though there are still a significant portion of each cohort that does not agree with this proposal. It is worth noting that the under 35 cohort and the 75+ cohort have very few respondents, so these results could be unrepresentative of broader sentiment.

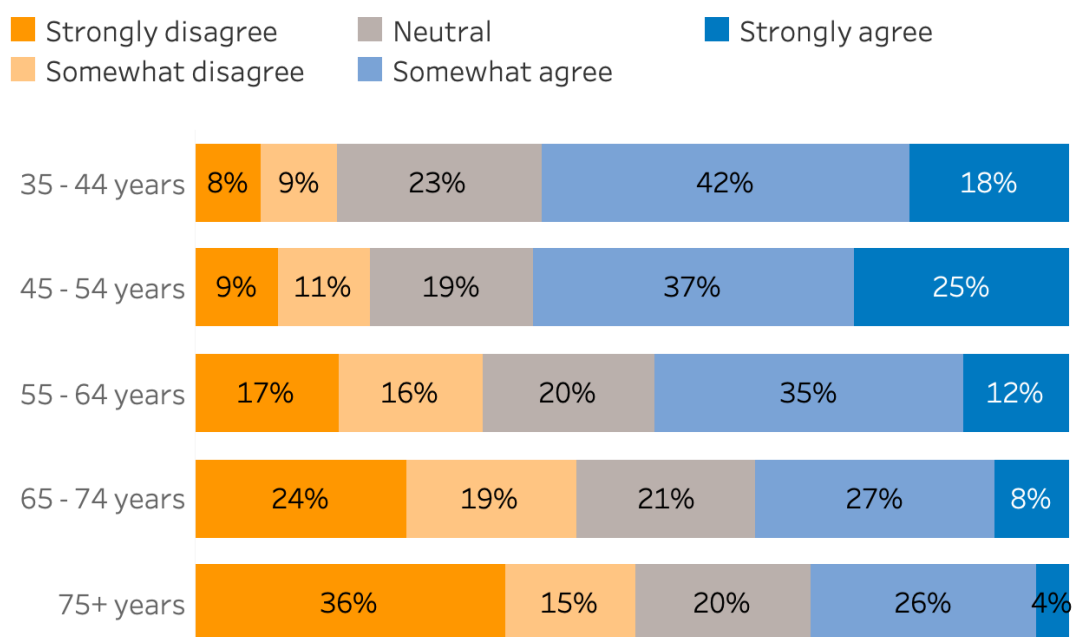
If desired, the original survey data from GPs can be provided.

How strongly do you agree or disagree with the proposal to require general health checks for doctors aged 70 and older?



Healthed webcast survey, 20 August 2024 (1,681 GPs responded)

How strongly do you agree or disagree with the proposal to require general health checks for doctors aged 70 and older?



Healthed webcast survey, 20 August 2024 (1,638 GPs responded)

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?

No response.

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.

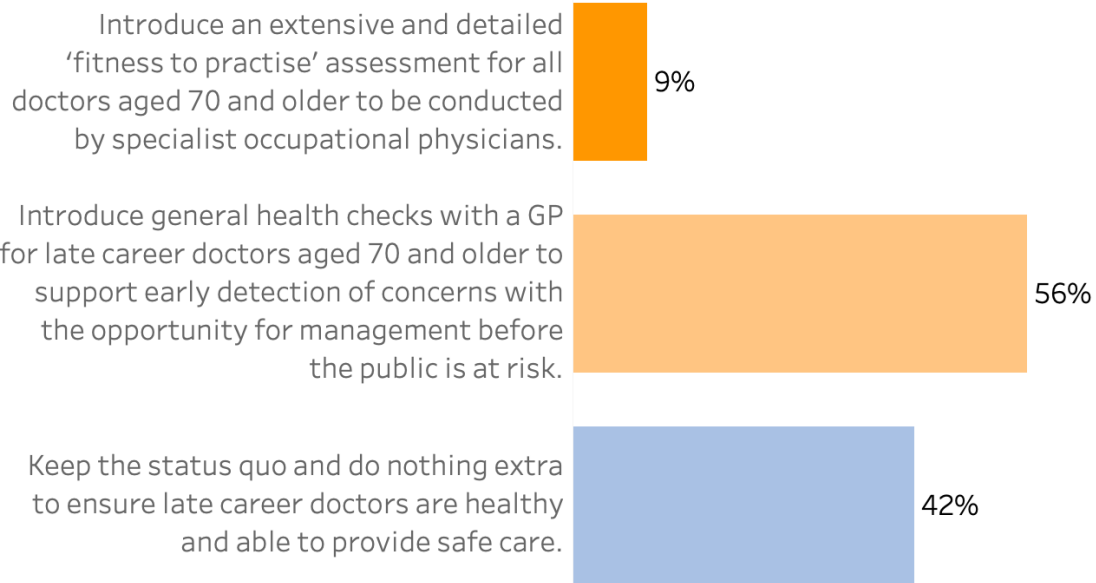
Option 3 Require general health checks for late career doctors aged 70 years and older every three years for doctors from the age of 70 and annually for doctors from the age of 80.

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.

Healthed has surveyed approximately 2,400 GPs across 3 surveys on this question. The results are shown in the chart below.

This demonstrates that GP opinions are mixed on this question. Very few GPs support an extensive 'fitness to practice' assessment (9%), while the remaining GPs are split between those who prefer the status quo (42%) and those in favour of a health check (56%).

Which of the following do you think is most appropriate for late career doctors (aged over 70), for whom the Medical Board is considering regulatory changes?



Healthed webcast surveys: 20 August, 3 September, 17 September 2024. 2,399 GPs responded across 3 surveys. 175 GPs gave different responses in different surveys and therefore have been counted twice.

GPs could provide additional comments to elaborate on their response to this question. Healthed has summarised the key themes of these responses (with AI assistance), after excluding all “no”, “null”, “no comment” and similar responses.

The largest group of responses centred around the age at which additional health checks should be required for general practitioners. There is no consensus on a specific age, but 70, 75 and 80 were all suggested. There is also discussion about whether age is an appropriate discriminator for the need for additional health checks.

A significant number of responses focused on the role and responsibilities of other doctors, particularly GPs, in managing the health of their colleagues. This includes discussions about the potential for conflicts of interest and the impact on professional relationships.

Some responses directly mentioned health checks, with suggestions for the types of assessments that might be appropriate. These include cognitive function testing, neurocognitive assessment, and general health checks.

A smaller number of responses highlighted the value of experience and the potential impact on the workforce if older doctors are required to retire or reduce their hours. This theme emphasises the importance of retaining experienced practitioners, particularly in areas with doctor shortages.

Some respondents expressed concerns about the potential for complaints and the impact on the reputation of doctors. This theme reflects a degree of mistrust and apprehension towards the regulatory process.

There were also suggestions for alternative approaches, such as providing education and support for doctors to manage their own health, and a focus on evidence-based solutions. These themes highlight the desire for a more proactive and supportive approach to managing the health of senior doctors.

Overall, the responses reflect a diversity of opinions on the proposed health checks for late-career doctors. While there is some support for the concept, there are also concerns about the appropriateness of age as a discriminator, the potential impact on the workforce, and the need for a fair and transparent process.

If desired, the original survey data from GPs can be provided.

Healthed also asked the following two questions:

- If older GPs are required to have a health check with a GP to reduce risk to the public, how do you think this should be practically implemented?
- What do you think should be done to support late career doctors (i.e. those aged over 70) to stay safe in practice?

Some of the responses to these questions included themes already discussed above, such as the concern about conflict of interest and the potential for complaints. The majority of the responses included diverse ideas which are difficult to summarise into themes. Healthed can provide the original text responses if desired.

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 response.

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.

No response.

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 response.

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?