

### Your details

Name:

Organisation (if applicable):

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- ☐ No, do not publish my submission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 fitness to practice assessment sounds ideal  
I have read the information and statistics provided regarding cognitive decline and neuropsychological testing of ageing population and it makes sense that doctors cannot be immune to this.  
The figures regarding complaints for older doctors are also compelling.  
The individual desires and aspirations of individual doctors are not more important than our responsibility to patients to regulate practicing doctors appropriately  
The discussions around judges and pilots age requirements are equally applicable to doctors.

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?

70 at the absolute latest .  
I would prefer 65.

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- I believe is the preferred option. The assessment would need to be of very high quality and done by experts in this field. The neurocognitive features would not be easily uncovered as part of a general health check. The neurocognitive deficits are the most important to pick up.

Option 3 - I feel a general health check is a terrible option as would be merely a box ticking exercise creating a lot of work for minimal gain.

Option 1 - I feel very concerned at this option. I work in a very high intensity clinical environment and am noticing that not retiring is an increasing phenomena - the problem is definitely going to be increasing over the next decade. The information provided suggests strongly that ageing is associated with losing insight - this is very concerning in terms of protecting doctors who may have had a fulfilling and productive career but more important the patients deserve protection .

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?

I do not feel strongly about this

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 information should be shared with the board to allow fair and comprehensive decisions to be made

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?

I feel that it would be preferred if the assessments were provided through the board as if choice of provider is left to the individual the providers who are deemed to be less strict will become preferred and financially benefit – very tricky. The provider of the assessment would have to have zero conflict of interest including financial remuneration from the individual. Negative assessments would lead to the Occupational physician being unable to secure further work.

I am unclear how medical assessments are provided when issues are raised I had experience of this in NZ with an impaired doctor – the mental health assessment was provided by a board appointed psychiatrist with zero conflicts of interest

## 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?

Yes – very helpful

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

Not that I have picked up on

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

I commend the board on tackling this extremely complex and thought provoking matter

## 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 very clear

### 8.2. What changes would improve them?

### 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?

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