

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- ☐ No, do not publish my submission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

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?

I think 70 is reasonable

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.

I would support option 3 as generally the doctor's GP knows them well and is best placed to assess their ability to work at a high level and any changes over time. However only GPs who are trained in this assessment and who have known the doctor for a minimum time eg 2+ years should be eligible – otherwise option 2 may be better in this circumstance. I am inherently, 'suspicious' of external consultants who may have minimal understanding and/or appreciation of what really happens in a doctor's day to day practice.

I'm not sure why weight, height and BP are relevant.

Most relevant are an overall test of their cognitive function using assessments which are relevant to patient care (eg short term memory may not an optimal test), ability to communicate effectively orally and in writing (this may include some role play and external assessment of the doctor's letters) and whether the doctor is up to date in their particular specialty... this could be covered by their CPD +/- an anonymised letter from their peers.

The GP report should be shared with the doctor after its preparation.

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?

Yes, but as above it has to be a test relevant to what is required for their job.

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.

I think in the interests of transparency it should be shared with the Board. The information shared should NOT, however, include highly personal medical data which is irrelevant. It needs to be very clear what will trigger a response from the Board ie what constitutes an unsatisfactory response and what happens after that.

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?

As described above.

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?

I've had a quick look. My concern is that a population-based cognitive assessment may not be the optimal test in assessing how a doctor can interact with a patient, which is far more complex and nuanced. Are there any more specific tests which focus on communication skills, as above?

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?

No; said my piece

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?