

## Public consultation - Submission

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### Health checks for late career doctors

7 August 2024

The Medical Board of Australia is now consulting on a proposal to introduce health checks for late career doctors.

The Consultation Regulation Impact Statement (CRIS) released by the Board seeks feedback on whether additional safeguards are needed for late career doctors (aged 70 years and older) to manage their health, including whether late career doctors should be required to have regular health checks so they can make informed decisions about their health and practice and manage the related risk to patients. The CRIS provides a summary of the Board's assessment of the impact and costs and benefits of each option.

This submission form is intended for organisations, registered health practitioners, patients and consumers.

The consultation paper, including the supporting documents, is available on the [Board's website](#).

Submissions can be emailed to [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au).

The closing date for submissions is 4 October 2024.

### Publication of submissions

Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

## Your details

Name: [REDACTED]

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- ☐ No, do not publish my submission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?

70 years

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 3. Evidence as presented in the "Health checks for late career doctors Consultation Regulation Impact Statement".

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. Up to the age of 75 years old, this should be the prerogative of the late career doctor's regular GP. The regular GP knows the late career doctor well and would be able to detect signs of cognitive decline during the Health Checks. This could trigger a formal cognitive assessment.

It is reasonable to perform cognitive function screening test from age 75 onwards.

Evidence as presented by the CRIS:

- 1) "In a US study of doctors across the career cycle and specialties, average scores on most domains of cognitive function declined by the age of 75",
- 2) "Some doctors have difficulty recognising limitations of their standards of care, particularly as their sustained attention, reaction time, visual learning and memory decreases markedly after 75 years of age",
- 3) "It is difficult to relate the precise degree of neurocognitive loss to doctors' competence because the actual levels of cognitive impairment that preclude safe practice have not been determined.

There are no agreed guidelines to help medical boards decide what level of cognitive impairment in a doctor may put the public at risk.

4) "The major cost is likely to be the social or emotional cost to some late career doctors who may feel offended and that their professionalism is undermined if they are required to undergo mandatory regular health check". In particular, compulsory cognitive testing would be strongly felt as a assault on senior members of the profession and unfair age discrimination.

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.

Yes, it should be confidential between the late career doctor and their assessing/treating doctor/s and not shared with the Board.

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.

## 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.

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

No.

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

No.

## 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.

### 8.2. What changes would improve them?

None.

### 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?

Yes.

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

No.