

Your details

Name: Keturah Hoffman

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

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- ☒ Yes, with my name
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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?

I do not believe that the evidence on which the board has determined these health checks would improve public safety is sufficient, but I do believe that health checks for doctors is a good initiative.

An increased number of complaints against older doctors could be due to public bias (does how old the doctor appears as opposed to how old the doctor is affect the number of complaints? Are the complaints against older doctors involving doctors who attracted complaints when they were younger etc?) Published studies have shown that a very small percentage of doctors is responsible for the bulk of the complaints, and that the factors determining risk of complaints appear to be interdependent with no single factor as a strong predictor of a doctor's risk to the public.

However, we do know that doctors are more likely to neglect themselves than other professions so the notion that they might need encouragement to have health checks is sensible.

Given that doctors of any age could have some impairment, in particular burnout, and that good evidence that the age of the doctor is directly causative in complaints has not been produced, perhaps to mandate general health checks for all doctors (more often for older doctors) is a better strategy, which would not appear ageist.

Many workplaces have mandatory medicals for employees, even those who do not directly have the health of others in their hands.

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?

At whatever age health checks are introduced there will be incentive for that doctor to retire rather than go through an additional process.

70 is still not old and it would be a shame to lose good doctors too early. If the board selects the age of 70 as a concern then responsible doctors may feel that that is the time they should aim to step down. Doctors with less insight are more likely to press on and some who are unfit will manage to get through the testing regardless.

If the age for health checks were either older, to be more realistic, or set at a level that is too low to imply retirement is due, so that doctors get used to the idea of health checks and don't see it as an

implication it is time to stop working then the health checks themselves might not precipitate retirements.

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

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?

Although I have no evidence to show that health checks for older doctors would be unhelpful, I do not think the existing evidence shows that they would.

Health checks with the sole purpose of determining cognitive function have a negative implication and the stress caused by this may via performance anxiety increase the risk of a poor outcome. Equally a doctor with cognitive impairment will be harder to detect than a regular patient because they have experienced the testing before from the other side of the desk, so the accuracy of such testing may be lower.

I am concerned that the affront to older doctors from the implication that they are impaired may have more negative effects than the benefit of finding some who are not as sharp as before.

Again, burnout causes cognitive impairment and may cause more trouble than age.

If all older doctors are to have cognitive checks perhaps it would be better accepted by the profession if it started at an earlier age.

Furthermore some of the concerns raised in the consultation paper seem more relevant to whether doctors remain current and continue to stay within their scope.

CPD requirements should assist older doctors to stay up to date, and the 4 pillars should ensure doctors stay appropriate as times change.

A lot of the complaints against older doctors may not be related to their cognition, but rather their dated communication or greater experience leading to more succinct application of skills – this may appear to patients as dismissive.

Older doctors may be more confident to decline treatment when appropriate which may appear to the patient as obstructive.

One feels less inclined to explain oneself as experience increases.

It is important to maintain communication skills as well as medical acumen.

It would be interesting to see how many of the complaints relate to what aspect of the doctor's performance as health checks may not turn out to be the solution.

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.

Mandatory reporting requirements as they are will be enough.

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, I think that Colleges and workplaces could be responsible for reminding doctors to look after themselves. I am not sure what extra the board could do other than mandate health checks unless there are education programs the Board could offer for CPD points that would be about self care. GMP and all the pre and post vocational standards cover the need for self care.

The Board has many other responsibilities that take up resources and this one should be able to be delegated elsewhere.

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 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?

Yes

8.2. What changes would improve them?

They are extremely thorough and risk appearing intrusive.

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

Extremely thorough but appropriate as long as they are presented in the right way in order not to be offensive.

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

Again, extremely thorough

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

No