

## Your details

**Name:** KAR CHAN, WAN

**Organisation (if applicable):** privaten consultant occupational physician

### Are you making a submission as?

- ☐ An organisation
- X ☒ 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?

- ☒ X 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- ☐ No, do not publish my submission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?**

The answer to this question is NO because the current requirement for declaring medical condition/s that impair medical practice is adequate. The medical board can arrange for a medical exam by a medical assessor relevant to the doctor's practice at the cost of the medical board. Instead of the general medical exam proposed in options 2 and 3 that makes the unsubstantiated assumption that all doctors over 79 could be medically unfit to practice.

- 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?**

The answer to this question is NO because there is no medical evidence to show that doctors older than 70 pose a risk to the public.

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.

The medical board should adopt option 1 because options 2 and 3 are age discriminatory and not based on sound medical evidence instead of paper based on out of date statistical data from ten years ago. Decision making and policy development should be based on up to date information and sound medical advice contained in the submissions from doctors who have knowledge, experience and medical expertise in fitness for duty assessments such as the submission by ANZSOM (Australian New Zealand Society of Occupational Medicine)

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?

The answer to this question is NO because cognitive screening to determine fitness for medical practice is unworkable and flawed as explained in the submission by ANZSOM.

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 answer to this question is NO because medical fitness to practice cannot be adequately assessed by a general medical examination so it is a waste of time and money to do this.

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?

**Refer to my answer to question 1 which is as follows:**

The answer to this question is NO because the current requirement for declaring medical condition/s that impair medical practice is adequate. The medical board can arrange for a medical exam by a medical assessor relevant to the doctor's practice at the cost of the medical board. Instead of the general medical exam proposed in options 2 and 3.that makes the unsubstantiated assumption that all doctors over 79 could be medically unfit to practice.

# 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?

The draft has not been based on sound medical evidence , not cost effective and will create more problems as it is unworkable in practice

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

The draft registration standard is unrealistic and not based on facts.

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

The medical board should NOT t proceed with the proposed mandatory madeical exams

## 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?

NO

### 8.2. What changes would improve them?

The documentation should be based on facts and not unsubstantiated assumptions.

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

Totally inappropriate and breach of medical confidentiality and privacy.

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

NO

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

YES,  
Supporting up to date information and reliable medical evidence are necessary.