



THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Cammeraygal Country

Level 6, 33 Chandos Street, St Leonards NSW 2065 Australia

T: +61 2 8765 0242 | E: admin@dermcoll.edu.au | W: www.dermcoll.edu.au

19 September 2024

Dr Anne Tonkin AO
Chair
Medical Board of Australia
GPO Box 9958
Melbourne VIC 3001

Email: medboardconsultation@ahpra.gov.au

Dear Dr Tonkin,

RE: Health checks for late career doctors – Response to public consultation

On behalf of the Australasian College of Dermatologists (ACD), thank you for the opportunity to provide feedback on the proposal to introduce health checks for late career doctors as outlined in the consultation regulatory impact statement (CRIS), namely

1. Keep the status quo
2. Introduce an extensive and detailed 'fitness to practise' assessment for all doctors aged 70 and older, to be conducted by specialist occupational physicians, or
3. Introduce general health checks with a GP for late career doctors aged 70 and older.

Patient safety is paramount, and we have carefully considered these proposals. However, we are unable to support either of the proposed, in either Option 2 or 3 because in our view, what is proposed will *not* achieve the intended outcome of addressing decline in individual performance or improving patient safety and outcomes.

Any regulatory measures must be evidence-based, fair and consistent and must be based on competency and not discriminate against any group. Without information on the volume of complaints that were substantiated and where health impairment was the root cause, there is insufficient evidence to justify the regulatory intervention of introducing mandatory health checks.

In our view, having considered the data provided in the CRIS, targeted/data driven educational interventions in the key areas of concern (e.g. prescribing and communication) and for those doctors who are the subject of a substantiated complaint, would be a far more effective driver of improved patient outcomes and safety than a mandatory health assessment for all based on age. Such targeted measures are an important complement to the mandatory CPD now required of all practising doctors including those over 70.

The proposals in Option 2 and 3 are being seen as unjustified and discriminatory, and there is a risk that their introduction may lead some medical practitioners to leave the profession prematurely. For dermatology, as a workforce in significant national undersupply, this would be extremely detrimental to service delivery capacity, and to training and mentoring of our future workforce particularly in regional and rural areas. It has the potential to have negative impact on patient outcomes rather than the positive impact that these proposals are trying to achieve.

To genuinely improve outcomes for both patients and doctors, the focus of health checks must be on supporting doctors. In our view the most important consideration therefore is that *all* doctors, especially those over 60, have their own GP whom they see on a regular basis. We consider a more proportionate and constructive response would be to:

- Increase education to *all* doctors to see their GP on a regular basis and for those reaching the age of 65 that they can avail themselves of the existing Medicare-funded Over-65 health check.
- Strengthen recommendations that doctors over 70 to have a nominated GP whom they see on an annual basis. This would enable a GP to undertake a check on a regular basis tailored to the individual possibly also completing a brief checklist, without the need for a more expensive, formal and bureaucratic check that risks overburdening our stretched GP workforce.

In addition to providing much needed services to patients and communities, our late career dermatologists bring a wealth of experience, knowledge, mentorship and often perform many other roles, in leadership, in voluntary roles within our profession. We cannot afford to jeopardise those contributions by introducing regulatory requirements that we do not feel will solve the problem they are intended to address. A more proportionate response is needed focused on the health and wellbeing of all doctors and thus in the meantime, ACD supports Option 1. If, as a result of the consultation, health checks are mandated, these should be by a patient's chosen GP who has access to the doctors' healthcare and medical records.

Thank you again for the opportunity to provide feedback. If you have any questions in relation to this response, please do not hesitate to contact [REDACTED], Director, Policy, Advocacy and Engagement at [REDACTED]

Kind regards,

[REDACTED]

Dr Adriene Lee, BSc(Med) MBBS (Hons) FACD GAICD
President