

## Your details

**Name:** Walker

**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- No, do not publish my submission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?**

No. The evidence of fitness to practice should be presented by ALL doctors of whatever age. The evidence provided in the accompanying document shows an increase in health issues over time without identifying what the underlying cause is, and they have NOT demonstrated a similar attention to health issues for younger doctors. There may well be a general decline in population health, of which doctors present a small subsection. The evidence is that, statistically, the research is flawed.

- 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?**

If ... then I would suggest at 45.

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 1

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. The tests of cognitive function have no objective cutoff point for determining if a decline of cognitive capacity is described as impacting on safe clinical practice. The testing is therefore NOT fit for purpose.

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.

Am I to understand that it has crossed the mind of AHPRA that doctors' health should NOT be subject to the same standards of privacy?

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. The role of the board is to assess the standards of medical competency have been established prior to entering the profession, and that those standards continue to be met. The board is NOT a body with clinical competency.

# 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?

Helpful and clear if the proposal is passed  
Relevant – doubtful – the proposal itself is academically flawed, even if there is merit in the question  
Workable – with force, anything is workable, so the question is irrelevant.

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

The draft registration standard should not be standard. If there is a question of competency, it must be addressed on an individual basis, NOT on an age-based standard

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

Completely opposed.

# 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?

Not applicable – this is a standard geriatric assessment

## 8.2. What changes would improve them?

The geriatric assessment is standard

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

For a geriatric assessment, yes

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

For a geriatric assessment, yes

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

Not unless you are suggesting the standard geriatric assessment is deficient. Are you?