

Your details

Name:

[REDACTED]

Organisation (if applicable):

[REDACTED]

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- ☐ No, do not publish my submission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 if the emphasis is on support rather than used as a punitive measure.
Should be required for all professionals registered by AHPRAH not just Doctors.
Also, staff in hospital practice settings might have equivalent checks incorporated as part of their yearly performance review.

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?

>75 yoa for fitness to practice

Some screening for ALL practitioners may be warranted. With improved online tools, cognitive screening may be possible for all.

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 as a screening tool – if issues are identified, move to Detailed screening as outlined in option 2

Senior staff in public/hospital practice settings already undergo yearly performance review – could this screen be incorporated

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?

If used at all, this baseline should be established for ALL practitioners

Would Web based screening be an option?. This latter could also include vision and hearing tests
Practitioners working in isolation might need more regular assessment than those in group practices or public hospital settings.

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 confidential health checks. If issues identified here, have formal fitness to practice. Compulsory notification only if practitioner found to be unfit.

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?

It should explore how some senior practitioners are already assessed such as yearly performance reviews for staff specialists. Maybe this is even better than simple screening tools. Also Colleges now are required to develop performance based CPDs – maybe these should be considered more useful than health checks?

Also should start to recognize the immense value that senior practitioners bring to education and mentoring of more junior staff. It should encourage Health departments to provide settings for safe practice for these practitioners. For example, the study of Anesthetists has shown that older specialists can function perfectly well in the day time hours and should therefore no longer be required to provide out of hours on-call. The same would be advisable for other critical care physicians and surgeons etc Also, there is a need to create funded senior medical educator roles.

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?

They are ok.... But I am not convinced that they really assess the professional performance required. Yearly performance reviews for public hospital specialists and performance based CPE indicators may be more useful

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

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

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?

C-5 flowchart is confusing

There should be a block for practitioners that have an issue but that is addressed so it does not pose a threat to patient safety: the Doctor should be registered without detailed notification to the board

8.2. What changes would improve them?

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

Not sure about Gyne-urinary??

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

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

Many people have difficulties accessing a GP as there is a significant undersupply.... Is this taking away from actual patient care. Can other screening tools be used – web based and checks only performed if positive screening is found?