

## Your details

**Name:** Professor John Marley

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- ☐ No, do not publish my submission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

A literature search shows that there are no studies that show that any of these proposed checks will have an effect on reducing complaints. This is akin to mass medicating a population with a medication for which there are no clinical trials.

If there are prospective studies in the literature that a search hasn't revealed, the Medical Board should disclose them.

- 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?**

Should doctors at any age who have depression, anxiety, other problems that can affect health and cognition be required to have health checks. The cur point of 70 seems to be randomly chosen using a continuous variable as dichotomous. What is the evidence for 70 as opposed to 69 or 72?

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.

Rely on the status quo. As yet there isn't any evidence that introducing health checks will have an effect over and above the status quo but at the price of introducing a considerable burden and cost.

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?

First provide the evidence with a prospective study that this will have an effect on reducing notifications.

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, personal health should be confidential otherwise doctors will not disclose to the treating doctor important conditions. What would the Medical Board do with all this information anyway?

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 – not unless it can provide prospective studies that show evidence of benefit.

# 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?

It is, but there isn't evidence that these components will result in fewer notifications. There's also a large danger in having blood tests that aren't clinically indicated and that may result in positives that are meaningless but lead to further testing. Tests should only be done in relation to a clinical hypothesis unless a screening test supported by evidence; there are few of these.

## 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?

Many older doctors are working in remote areas. They're there not because they need the money, or because they really want to keep practicing. They're there because increasingly there aren't any others and they get pleaded with to work in these locations where younger doctors are conspicuously absent (as by the way are Australian graduates). If the Medical Board really wants to turn these locations into catastrophic medical deserts, then introduce these standards. Older doctors will simply not bother and simply walk away.

## 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 of 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?

Clear, but unsupported by any prospective studies or randomized trials.

### 8.2. What changes would improve them?

Prospective evidence.

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

Without prospective evidence / clinical trials, it's impossible to say.

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

Without prospective evidence / clinical trials, it's impossible to say.

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

Evidence of benefit.