

Your details

Name: [REDACTED]

Organisation (if applicable): Canberra Sports Medicine

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- No, do not publish my submission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?

I do not believe that all late career doctors should be made to have a health check or fitness to practice assessment as a matter of routine. The concern about late career doctors is valid, but any intervention should be limited to those who are brought to the attention of the board. In other words, any Doctor above the age of 70 who has a complaint made against them should be required to undergo a fitness to practice assessment. This will allow a targeted approach to competency and health status of ageing clinicians. Applying a blanket approach is really a form of collective punishment targeting the innocent as much as the impaired.

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 threshold for assessment should be at the age of 70, but as noted above should be restricted to those against whom a complaint has been made.

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.

Combination of Option 1/3. As noted above, a mandatory general health check including a fitness to practice, should be conducted by the doctors normal GP, only if the doctor is brought to the attention of the board.

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?

As a corollary, on what evidence is the requirement for all late career doctors to have cognitive function screening based? If cognitive impairment is present it will manifest itself during the clinician's practice. A complaint is the appropriate means of identifying potential cognitive impairment, which should then be formally assessed. There are normative values for these assessments that should be used for comparison. The requirement for all late career doctors to have baseline cognitive function assessment is, in my opinion, punitive, expensive and unnecessary.

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.

If the health check/fitness to practice is restricted to doctors who are brought to the attention of the board, then the requirement for confidentiality does not exist. The health check would be the Board meeting its duty of care to the community and ensuring the practitioner is fit to continue practicing.

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?

Yes. As noted above, the board should mandate a health check/fitness to practice in aged practitioners who have been brought to the attention of the board. The board should not mandate global medical assessment requirements without an appropriate trigger or cause for concern.

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?

I don't believe option three is appropriate as it constitutes a form of collective punishment for late career doctors. It is yet another administrative and regulatory burden and should be restricted to those who have been brought to the attention of the board.

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

The draft should not proceed in its current form and should be restricted to those late career doctors who have been brought to the attention of the board.

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

As stated in 7.2.

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?

8.2. What changes would improve them?

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

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

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

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