

Your details

Name: [REDACTED]

Organisation (if applicable): The Consumers Health Forum of Australia

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

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- ☐ Yes, with my name
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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.

In consultation with our Members and through conducting a pulse survey (n=104) via Australia's Health Panel we found overwhelming support for the suggestion that doctors should be required to have some form of health check to ensure they were capable of providing quality and safe care. Many consumers noted that other professions such as pilots, drivers and judges had age related requirements to ensure there was no risk to performance through health and believed health care providers similarly performed a job that needed a health capacity requirement.

However consumers do have concerns about the implementation of such checks causing experienced health providers to prematurely fully retire and thus further worsen the gap between community healthcare needs and workforce capacity, along with future workforce training capacity.

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?

Yes, but potentially earlier.

In consultation with our Members and through our AHP pulse survey, there was no clear consensus about which age health checks should commence. On one hand the suggested age of 70 was accepted by the plurality of consumers (47%) in our survey as an appropriate age, noting the data in the consultation paper showing doctors above that age were more likely to be subjects of complaints. However a sizeable proportion thought it should be either an age younger than 70 (14%) or at whatever age the doctor starts practicing (26%).

As elaborated in question 3, we would advocate for a stepped system where at different stages of life/health varying health check requirements are applied to health providers.

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.

In consulting with our Members and consumers, again there was not a clear consensus as to whether Option 2 or Option 3 was the preferred level of health-requirement; nor if the proposed frequency of initially three years was sufficient.

On the nature of the health check requirement, consumers were split in our AHP survey between a general health check (48% support), a robust 'fitness to practice assessment' (57% support) and a cognitive assessment (54% support).

While on the frequency, 45% thought every three years as the consultation paper suggested was appropriate, but 37% thought that it should be more frequent than that.

When reviewing the qualitative responses to the survey and factoring in input from CHF Members, it is clear that a single binary system is not one consumers would support but rather a stepped system.

Specifically, health providers should start having general health checks every 3-5 years when they begin practicing but if the results of those general health checks indicate potential concerns (due to age or other factors) or some other concerns arise (e.g. a rise in complaints made by consumers); then the nature of the health checks (general vs rigorous), the content of the checks (e.g. including cognitive assessment or not) and their frequency (changing from 5 years to 3 years to one year for example) should change.

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?

Yes and no.

From discussions with CHF Members and consumers we would recommend that all health providers should undergo cognitive function screening to establish their baseline, so that if there is deterioration due to age or other factors the baseline is present for comparison.

Then, as noted in the response to Q3, a stepped approach should be taken where if the general health check produces concerning results or some other external factor (e.g. high number of complaints lodged by consumers); further cognitive testing to compare to that baseline either as a one off or as part of regular annual health review should be required.

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 and no.

From discussion with our Member network and the consumers responding to our AHP survey, we believe that the results of the health check should be confidential between the doctor and the assessing provider; unless the results of the health check reveal any concerns in which case they should be reported to the Board.

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?

Noting that we are not fully aware of what, if any, active roles the Board currently takes in this space we would agree that the Board should be taking an active leadership role to construct and enforce the requirements around ensuring doctors are healthy enough to be able to provide safe and quality healthcare in line with community expectations.

This could involve establishing and enforcing the standards, along with what testing tools are used and what results require further follow up.

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?

N/A- no comment at this time.

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

N/A- no comment at the time

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

None, beyond noting that the draft standard would need to be significantly revised in order to adopt the stepped approach articulated in our responses to previous questions.

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?

N/A- this is beyond the capacity and expertise of CHF to provide insight into at this time.

8.2. What changes would improve them?

N/A- this is beyond the capacity and expertise of CHF to provide insight into at this time.

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

N/A- this is beyond the capacity and expertise of CHF to provide insight into at this time.

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

N/A- this is beyond the capacity and expertise of CHF to provide insight into at this time.

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

N/A- this is beyond the capacity and expertise of CHF to provide insight into at this time.