



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

4 October 2024

Medical Board of Australia

Executive Officer

Via email: medboardconsultation@ahpra.gov.au

Dear Executive Officer,

Re: Consultation on Health checks for late career doctors

The [College of Intensive Care Medicine, Australia and New Zealand](#) (CICM or the College) thanks the Medical Board of Australia for the opportunity to review and provide feedback on the consultation on *Health checks for late career doctors*.

About CICM

The [CICM](#) is the body responsible for intensive care medicine specialist training and education in Australia and Aotearoa New Zealand. Bi-nationally, we have nearly over 1500 Fellows and approximately 1500 Trainees enrolled in our training program.

We set and maintain standards for intensive care units and provide continuing medical education, professional development, and advocate to governments and the community. We provide a high-quality training program, with supervision of clinical training, administration of assessments, and a range of workshops and courses.

Background

Older doctors are a valuable part of the medical workforce and play crucial roles in leading, training, and mentoring younger doctors and other health professionals. Age can be arbitrary in determining fitness to practice, considering that cognitive impairment can present at diverse range of ages. The focus of these health checks should be on supporting doctors, rather than as a punitive measure to be used against late-career doctors. The Medical Board of Australia (MBA) must strike and maintain a balance between protecting the public and avoiding age-based discrimination.

Late career intensivists

There are relatively few intensive care specialists still practising over the age of 70, due to the physical nature of the specialty. Nevertheless, we support the right of late career intensive care specialists to continue to practise if they are willing and able. Due to the collaborative nature of intensive care medicine, other intensivists and other members of the multi-disciplinary care team continuously observe intensivists. As such, an intensivist performing unsafely is more likely to be identified than other doctors, who tend to practice more independently (e.g. in private practice).

The College of Intensive Care Medicine acknowledges and pays respects to the traditional Custodians of the lands across Australia on which our members live and work, and to their Elders, past, present and future. We pay respect to the Wurundjeri Peoples as the Traditional Custodians of the land on which CICM's office stands. CICM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Notifications and the Regulation Impact Statement

The CICM is similarly concerned by the increase in notifications for late career doctors but would like more information from the Australian Health Practitioner Regulation Authority (Ahpra) about the specific detail of these complaints.

Additionally, there is a lack of clarity in the Regulation Impact Statement on what level of impairment would be considered as unacceptably impaired and therefore unfit to practice. The CICM would welcome greater clarity from the MBA on what its expectations in this area would be.

Consultation feedback

In principle, the College supports the introduction of general health checks for late career doctors. We acknowledge that cognitive decline in late-career doctors is an important issue that needs to be addressed sensitively and with appropriate planning. Nevertheless, the MBA must take a balanced approach to this issue and ensure that these health checks are fair, consistent, confidential and grounded in evidence, and should not pressure or compel doctors to retire prematurely.

When introducing these checks, the MBA should ensure no additional regulatory or compliance burdens on doctors. Additionally, the MBA should consider 'practice-specific' approaches to general health checks, considering the differing requirements each doctor would need to practice safely. For example, the requirements for an intensivist regularly involved in frontline resuscitation would be quite different from someone in a purely administrative, teaching, or other non-clinical or limited clinical role.

Given the above, the CICM advises that Option Three (*introduce general health checks with a GP for late career doctors aged 70 and older, to support early detection of concerns with the opportunity for management before the public is at risk*) is the most appropriate option. However, these checks should only apply to practitioners in a clinical patient-facing role.

Targeted education and awareness programs for older doctors should accompany these health checks. The MBA should also consider other pressures that incentivise doctors to practice longer than they should (i.e. financial and lack of workforce).

Lastly, we strongly advise against any moves towards a UK-style of revalidation.

Further suggestions:

The MBA should also consider whether mandating general health checks for all late-career doctors would increase the strain on GPs, who are already an overburdened workforce. Potentially aligning these checks with the [MBS Item for Older Person's Health Assessment provided for people aged 75 years](#) and older may help streamline this process.

The MBA should also consider implementing broader range of limited registration, allowing for more diverse forms of practice. This would allow for a more gradual, less-threatening transition to retirement, which may reduce incidences of doctors practicing their full clinical scope longer than is appropriate.

Late career doctors can also consider their use of the multi-source feedback (as part of the Continuing Professional Development - CPD) program when assessing their own abilities to continue working.

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Greater education and emphasis on career planning and transition to retirement is essential and a key role for all specialist medical colleges.

We hope that the information contained in our submission is helpful. Should you have any queries or comments regarding our feedback, please feel free to contact [REDACTED], General Manager, Policy and Strategy on ([REDACTED] or via [REDACTED]

Yours sincerely,



Assoc Prof Peter Kruger
President

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