Your details

Name: Paul Beaumont

Organisation (if applicable): NA

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- ☐ No, do not publish my submission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

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?

I do not have the data to analyze the optimum age. I suspect it is likely to be 75 as per RMS regulations

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.

Australia has a shortage of doctors, particularly in rural areas. Even if medical schools increase enrolment—it will not be sufficient to meet future demand. I assume about 10% of doctors are older than 70 years. How do we make sure we get rid of the ones who are a risk to the public and not put an unnecessarily onerous burden on the good older doctors we want to keep in the workforce?

Your newsletter states, " complaints relating to physical illness or cognitive decline 15.5 times higher for older doctors" Is this responsible for the majority of the 81% increase in notifications? If we remove these doctors from the workforce, will it result in more adverse consequences due to doctor shortages than it prevents? The answer to that question of course is where we put the definition of the level unacceptable physical and or cognitive decline. This will be difficult as the difference between a good doctor and bad is not necessarily knowledge. It is attitude and insight . More is missed by not looking than not knowing.

Society demands that we act to prevent avoidable risks. No medical practitioner group has zero risk of causing harm to patients. The notion that there is some level of risk that everyone will find acceptable is a difficult idea to reconcile or to measure.

The aims of the Medical Board is to enable doctors to address any emerging health issues and continue to practise safely, controlling the later stages of their career is laudable. The Medical Board proposes three options.

1. keep the status quo and do nothing extra to ensure late-career doctors are healthy and able to provide safe care
2. introduce an extensive and detailed 'fitness to practise' assessment for all doctors aged 70 and older, to be conducted by specialist occupational physicians, or
3. 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.

The first option will not achieve this aim and should be dismissed.

The second option raises the issue as to where we put the definition of the level unacceptable physical and or cognitive decline. . The issue of procedural fairness would have to apply and create fodder for litigation. This does little to enable doctors to address health issues so they can provide safe care. There are 274 specialist occupational physicians in Australia and I would estimate there will soon be 13,000 older doctors. There should not be a problem from a workforce issue as each specialist would only have an extra 47 patients to see each year. There will be a problem with the distribution of these specialists which would disadvantage doctors

The third option 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 my preference. Older doctors should have a regular check with their GP. They already have to do this once they are 75 to get a licence to drive. The GP should be central to the management of any of the older doctor's health issues.

Declaration of conflict of interest.

I am 80 years of age. I see my GP at least twice a hear. I have no health issues. I work at least 50 hours a week, about 30 hours of patient work and 20 of CPD and administration activities. I intend to work till I am cognitively impaired or disabled.

Thanks you for taking my views on this issue.

Your sincerely

Paul Beaumont

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?

I do not have the data to enable me to answer this question.

What cognitive function test is proposed? What is its validity? What is a day-to-day variation in the test?

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.

This sounds reasonable but may not work as the main problem with an impaired doctor is often his or her lack of insight. Ongoing assessment would provide data to show if this works.

Doctors conducting the health checks (assessing/treating doctor) may need to provide information (notification) to Ahpra if they have a reasonable belief that the late career doctor is placing the public at substantial risk of harm by practising the profession while the practitioner has an impairment. This would provide a safety net.

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?

I would stick to what is proposed above and reassess if it is necessary after evaluating the change in regulations.

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?

yes

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?

no

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?

They are clear

8.2. What changes would improve them?

No comment.

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

Hugely excessive. The document needs to be more targeted. I would like to see the evidence-based assessment of the utility of each part of the document.

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

I think they are excessive. Hugely excessive. The document needs to be more targeted. I would like to see the evidence-based assessment of the utility of each part of the document. I don't know any GP who conducts many of these tests. The RACGP should provide what they think is reasonable.

The RMS form that must be filled out for a driving licence is a good guide

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