

## Public consultation - Submission

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### Health checks for late career doctors

7 August 2024

The Medical Board of Australia is now consulting on a proposal to introduce health checks for late career doctors.

The Consultation Regulation Impact Statement (CRIS) released by the Board seeks feedback on whether additional safeguards are needed for late career doctors (aged 70 years and older) to manage their health, including whether late career doctors should be required to have regular health checks so they can make informed decisions about their health and practice and manage the related risk to patients. The CRIS provides a summary of the Board's assessment of the impact and costs and benefits of each option.

This submission form is intended for organisations, registered health practitioners, patients and consumers.

The consultation paper, including the supporting documents, is available on the [Board's website](#).

Submissions can be emailed to [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au).

The closing date for submissions is 4 October 2024.

#### **Publication of submissions**

Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested.

## Your details

**Name:** Dr Scott Ma, ANZCA Professional Affairs Executive Committee (PAEC) Chair

**Organisation (if applicable):** Australian and New Zealand College of Anaesthetists (ANZCA)

### 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- No, do not publish my submission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?

ANZCA already proactively manages the effects of ageing on performance in the specialities of anaesthesia and pain medicine.

ANZCA recognises the physiological changes due to age. ANZCA provides many opportunities to support and guide clinicians' health and wellbeing throughout all stages of their career, not only in their late career component. ANZCA acknowledges that healthy doctors are essential for a sustainable workforce that provides best patient care.

Although not mandating an age requirement or specific health tests, ANZCA's professional document (which outline professional and clinical standards on particular practicing areas) on practitioner health: *PG49(G) Guideline on the health of specialists, specialist international medical graduates and trainees 2022* (accessed at: <https://www.anzca.edu.au/resources/professional-documents/guidelines/ps49-guideline-on-the-health-of-specialists,-speci.pdf>), strongly recommends that all medical practitioners should have a therapeutic relationship with a GP and, at a minimum, have a review every 5 years.

Further advice for the individual practitioner on the maintenance of high clinical standards throughout a professional career can be found in ANZCA's *Promoting good practice and managing poor performance in anaesthesia and pain medicine* document, accessed at: <https://www.anzca.edu.au/getattachment/626ea9d8-8ead-430a-ac1a-61757f196f71/Promoting-good-practice-and-managing-poor-performance-in-anaesthesia-and-pain-medicine>, including:

- Participating in CPD.
- Engaging in practice review - asking for open, honest and frank evaluation.
- Having a mentor and colleague to discuss clinical and life challenges.
- Having a retirement plan that includes more than financial security.
- Being involved in teaching.
- Maintaining an association with a department of anaesthesia or pain medicine.

ANZCA, through the wellbeing special interest group (SIG), also have documents that have been previously developed (and due to be updated), such as:

- RD 01 Personal Health Strategies
- RD 04 Retirement
- RD 09 Why don't you have your own GP?

## 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?

ANZCA statistics indicate that only 2.4% (or just over 130) of Australian fellows in clinical practice are aged 70 years or over (assume to be a fairly consistent figure each year). The number of

Australian anaesthetist specialists aged 75 years or over significantly decreases by nearly two-thirds to 0.7%, which is an even smaller proportion practicing late in their career.

As there aren't a significant number of specialist anaesthetists practicing beyond age 70, this policy is not likely to impact a large proportion or majority of ANZCA's membership base. ANZCA does not have a position of the appropriateness of any age cut-off.

ANZCA acknowledges that while it doesn't affect many anaesthetists now - with increased healthy ageing, cost of living and likely decreased anaesthetists per population in the future there is potential for this to become more relevant over time.

**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.

As a general position, ANZCA considers option 2 as unnecessary and option 3 as preferred, with the purpose to help the doctor reflect on their physical and cognitive ability to practice.

Whatever is decided, unintended consequences should be considered in detail, such as:

- The financial impact on the late career doctor and its impact on out-of-pocket expenses to their patients as the costs are passed on.
- The attrition of practitioners because of earlier retirement leading to skills shortages.

ANZCA recommends that if a change is implemented, there should be a process of monitoring and evaluation to determine the impact on notifications / complications / adverse events.

**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?**

The indication for cognitive function screening should be based on indications beyond age.

As explained in the draft guidance C-3, there is heterogeneity in the presence, rate and type of cognitive function decline, it would not be an effective approach. ANZCA strongly encourages clinicians to undertake practice evaluation activities (reviewing performance and monitoring outcomes) whereby issues related to performance can be raised and managed, such as cognitive function decline. ANZCA's position is so strong that it has successfully advocated for it to be a high-level requirement for specialist anaesthetists and specialist pain medicine physicians.

**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.**

As described in the MBA's Good Medical Practice, a good doctor-patient partnership requires a protection of the patient's privacy and right to confidentiality, unless release of information is required or permitted by law.

If mandatory checks are implemented, the details of the assessments must remain confidential between the late career doctor and their assessing/treating doctor unless there is a reason for mandatory notification as currently required by the National Law.

**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?**

As a general position, this is considered unnecessary.

# 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?

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

It would be important to state that the Board has strong evidence that late career doctors are more at risk of complaints and complications; including the data that supports this. This could be done as part of the summary or an accompanying background paper.

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

Could the Medical Board please provide guidance as to the ideal timeline of health check before registration renewal – 1 month? 2 months? Or not more than 3 or 6 months?  
Is there scope for a pilot of resources and supports within a group of volunteers across different craft groups?

# 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?

Resources to support implementation are well developed.

## 8.2. What changes would improve them?

Would be helpful to provide the following in addition:

- Conversation guide for the doctor's GP about how to have a supportive conversation about reducing risk exposure for the patient and the practitioner if cognitive or physical decline is found. For many doctors, their whole identity is caught up in their practice.
- Email or text reminder system that alerts the doctor to book in for a health check in the lead-up months before registration renewal.

## 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?

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