Consumers Health Forum of Australia

SUBMISSION

Medical Board of Australia consultation on heath checks for late career doctors

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Consumers Health Forum of Australia (2024)
Submission to Medical Board of Australia consultation on heath checks for late career doctors.
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Overview & background

Early intervention is a key element of good healthcare. By identifying and addressing problems early, we aim to avoid more serious impacts later. This principle underpins the Medical Board of Australia's (the Board) approach to doctors' health. However, doctors have a reputation as reluctant patients, and the Board is concerned that doctors do not always seek the care they need. This is a particular issue for late career doctors (those aged 70 years and older), given that health challenges escalate with age. There is also strong evidence that there is a decline in performance and patient outcomes with increasing practitioner age, even when the practitioner is highly experienced.

The Board seeks feedback from stakeholders on the effectiveness of current requirements for late career doctors to manage their health, whether additional safeguards are needed and 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 Board has reviewed available research, consulted key stakeholders (including jurisdictions, specialist medical colleges, medical associations, professional indemnity insurance providers and consumers), and considered a range of options. It is now consulting on the following options:

- Option 1- Rely on existing guidance (Status quo).
- Option 2- Require a detailed health assessment of the 'fitness to practise' of doctors aged 70 years and older. 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.

The Board recognises that any process that routinely screens older doctors in Australia needs to balance the responsibility to protect patients from harm from undetected poor performance, with the costs and benefits. It must be fair to all doctors, including those who have no performance concerns, and avoid unnecessary loss of workforce

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health consumer affairs, including health-based research. Our nearly 150 members reflect a broad spectrum of organisations including state-based consumer peaks, condition-specific groups, volunteer patient groups, professional associations, Primary Health Networks (PHNs) and the research community.

CHF is pleased to make this submission to the consultation and thanks the Board for the opportunity.

Note that this consultation was administered as an online survey and this document has been adapted from the CHF submission to that survey.

CHF Responses to Consultation Questions

Q1- 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 prematurely fully retiring experienced health providers and thus further worsening the gap between community healthcare needs and workforce capacity, along with future workforce training capacity.

Q2- 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.

Q3- Which of the three 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?

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.

Q4- 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.

Q5- 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?

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.

Q6- Do you think the Board should have a more active role in the health checks/fitness to practice assessments?

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.

Q7.1- 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.

Q7.2- Is there anything missing that needs to be added to the draft registration standard?.

N/A- no comment at this time.

Q7.3- 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.

Q8.1- 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.

Q8.2- What changes would improve them?

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

Q8.3- 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.

Q8.4- 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.

Q8.5- 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.