

## **Submission to the Australian Medical Board Health Checks for Late Career Doctors October 2024**

### **Introduction:**

Doctors' Health NSW wishes to express both our concerns and recommendations regarding the Australian Medical Board's proposal to introduce mandatory health assessments for doctors aged 70 and older (Options 2 and 3 of the Consultation Regulation Impact Statement OBPR 21-01302). While we acknowledge the importance of patient safety and understand the intent to protect patients, we have significant concerns that the current proposal would not achieve its intended goal of ensuring fitness to practise. Instead, it may have unintended consequences that could undermine both patient care and doctor well-being. In response, we propose a constructive alternative to the status quo that promotes a more evidence-based, supportive approach to managing doctors' health throughout their careers.

### **Why We Have Expertise to Comment:**

Doctors' Health NSW (DHNSW) is an independent, not-for-profit organisation that supports the health and well-being of doctors and medical students in New South Wales. We provide confidential advice, support, and educational resources aimed at promoting doctors' physical and mental health throughout their careers. Our work ensures that doctors remain healthy, which is crucial to delivering high-quality patient care.

DHNSW has a deep understanding of the challenges doctors face, particularly in the later stages of their careers. We routinely assist doctors in managing their health, stress, and work environments, giving us first-hand insight into how these factors affect their ability to practise safely. Through our confidential support services, we also recognise doctors' concerns about mandatory health checks and the fear of regulatory consequences that may discourage them from seeking help. Given our role and experience, DHNSW is well-placed to provide informed commentary on policies affecting doctors' health and well-being.

### **Concerns About the Current Proposal:**

The proposal to introduce a mandatory health assessment for doctors over 70 oversimplifies the complex issues surrounding fitness to practise by relying solely on age as a trigger for assessment. This approach fails to recognise that age alone is not a reliable indicator of impairment or reduced performance. Medical competence involves a range of skills, including clinical judgement and decision-making, which cannot be adequately evaluated through a standard health assessment or basic cognitive tests.

Furthermore, targeting late-career doctors as the sole group requiring increased scrutiny is not supported by reliable evidence. An increased number of notifications is not a valid measure of decreased fitness to practise, and external factors such as stress and challenging work environments may contribute to higher notification rates for doctors in senior positions, particularly in rural areas. By focusing on age, the proposal risks reinforcing ageism and overlooks the broader context of medical practice.

The idea that all late-career doctors could access a detailed health assessment of their fitness to practise by a specialist occupational and environmental physician (Option 2) is unrealistic in light of the number of practitioners required to complete these assessments. The cost would also be prohibitive.

There is a lack of independent evidence to indicate that the introduction of the proposed mandatory health checks (Option 3) will prevent harm or reduce the number of doctors working while impaired. Without sound evidence to support the proposal, it is feared that introducing general health checks as a proxy measure for fitness to practise may ultimately cause more harm than good.

### **Impact on Individual Doctors:**

At a stage in life when doctors are likely to need a strong, confidential therapeutic relationship with their General Practitioner (GP), the proposed mandatory health checks may discourage them from seeking necessary medical help. The fear of regulatory consequences could prevent doctors from openly discussing health concerns with their GP, even over many decades prior to the regulatory assessment, eroding the benefits of a safe and trusted environment for managing their health.

The proposal includes a very broad health check, which encompasses elements that have no obvious relevance to fitness to practise. This is likely to further alarm doctors, making them hesitant to disclose even minor health concerns for fear that such disclosures will be included in a regulatory process.

Mandatory health checks for doctors over 70 are likely to provoke unnecessary stress and anxiety, particularly when they include cognitive tests, which may be seen as punitive or stigmatising. Requiring cognitive testing, such as the MMSE or MOCA, implies decreased fitness to practise based solely on age, which is not evidence-based and is likely to feel demeaning to experienced practitioners. Their public association with potential cognitive decline carries societal stigma, potentially damaging their personal and professional reputations. The process feels punitive, invoking fear of negative outcomes, such as forced retirement or reduced duties.

Basic cognitive tests such as the MMSE or MOCA are insufficient for assessing a doctor's overall fitness to practise. These tests primarily measure general cognitive function and are not designed to capture the complexities of medical practice. While they may detect signs of cognitive impairment, they do not assess critical skills required for effective medical care, such as clinical judgement, decision-making, and problem-solving abilities. Cognitive tests can also produce false positives due to factors like stress or anxiety, leading to unnecessary regulatory action. Furthermore, these tests do not account for a doctor's experience, adaptability, or the support systems they may have in place to compensate for minor cognitive changes. There is insufficient evidence that such tests improve patient outcomes or reduce harm, making them an inadequate tool for assessing fitness to practise.

### **Impact on the Medical Workforce:**

The medical workforce is likely to suffer from the premature loss of experienced practitioners as a result of the implementation of this proposal. Older doctors often play pivotal roles in maintaining continuity of care, particularly in rural and remote areas, while also providing mentorship to junior colleagues. Losing these valuable practitioners could weaken the overall healthcare system and create service gaps, especially in under-served regions.

The proposal also introduces an added burden on the practitioners charged with performing these assessments, many of whom are already facing significant workforce pressures. The potential for a large cohort of senior, experienced doctors to leave the workforce early would exacerbate the existing shortages and ultimately have a negative impact on access to healthcare for large numbers of patients this proposal is intended to protect.

### **Cost and Practicality Concerns:**

The proposed health checks present additional cost and practicality concerns. Occupational health assessments (Option 2), particularly those that include cognitive tests, are more complex and time-consuming than routine health checks. Without Medicare rebates, the financial burden would fall on doctors. It is unlikely that sufficient specialist practitioners would be available to ensure that these assessments can be completed in a timely manner for this large cohort requiring testing.

If Option 3 were selected, many GPs may not have the requisite training or resources to conduct these assessments, adding further complexity and cost.

### **A Positive Alternative – Normalising Health Checks Throughout a Doctor's Career:**

Rather than implementing age-specific mandatory checks, we propose a model that integrates regular health assessments throughout a doctor's career. These assessments would occur within the confidential GP-patient relationship, encouraging proactive health management without regulatory stigma. By normalising health checks for all doctors, regardless of age, this approach fosters a culture of self-care and peer support throughout the profession.

This alternative reduces the stress of age-based checks while ensuring that health concerns are addressed in a supportive, confidential environment. It follows the evidence that healthier doctors provide better care to their patients, at all stages of their career. Regular follow-ups between assessments would ensure that any health issues are managed effectively, allowing doctors to continue practising safely.

### **Suggested Approach:**

#### **1. Encourage Regular Health Assessments for All Doctors:**

Implement confidential health assessments at intervals throughout a doctor's career, by normalising this as a requirement of professionalism and Good Medical Practice. Doctors at all stages of life would benefit from a review within the context of a normal "check-up" with their chosen GP, without the requirement for a formal report to the regulator. Doctors could simply be asked to indicate that this had occurred as part of the annual disclosure. This ensures doctors feel supported in managing their health without fear of regulatory consequences. Normal notification processes would apply if a treating GP had concerns about impairment and patient safety.

#### **2. Regular GP Follow-up:**

Between assessments, all doctors should be encouraged to maintain regular check-ups with their GP. This fosters early identification and management of health issues, promoting long-term well-being and professional longevity.

#### **3. Mentorship and Advisory Roles for Older Doctors:**

Provide education and encouragement for older doctors to transition into mentorship or advisory roles, allowing them to contribute expertise while managing their workload and health as they age.

### **Conclusion:**

While we recognise the Medical Board's commitment to patient safety, mandatory health assessments for doctors over 70 could lead to unintended and harmful outcomes. A more inclusive, supportive approach—normalising health checks across a doctor's career—would be more effective in promoting doctor well-being and patient safety. Embedding these checks within the trusted GP-patient relationship ensures that doctors can manage their health proactively without fear of negative regulatory consequences.

We urge the Medical Board to consider this alternative, which offers a positive, constructive way to support doctors throughout their careers while safeguarding patient care.