RACGP
Royal Australian College of General Practitioners

Healthy Profession. Healthy Australia.

15 October 2024

Australian Health Practitioner Regulation Agency (Ahpra)
The Medical Board of Australia
Level 9, 222 Lonsdale Street
Melbourne VIC 3000
Via email: medboardconsultation@ahpra.gov.au

Dear Medical Board of Australia,

Re: Health checks for late career doctors: Consultation Regulation Impact Statement.

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Board of Australia and Ahpra for the opportunity to provide comment on the *Health checks for late career doctors: Consultation Regulation Impact Statement* (the Statement). This letter includes the specific concerns we have regarding the Statement, with answers to the consultation questions in **Attachment 1**.

Each year, almost nine in 10 Australians visit a general practitioner (GP), with more than 22 million Australians visiting their GP in 2022.[1] Patients continue to rate the care they receive from their GP highly. Over 90% of patients report their GP always or often spent enough time with them, showed respect and listened carefully.[1]

From the options presented in the Consultation Regulation Impact Statement, the RACGP supports:
Option 1 - Rely on existing guidance, including Good medical practice: a code of conduct for doctors in Australia (Status quo).

Our primary concern is patient safety and quality health care. The Statement does not present any evidence that health checks will reduce notifications against late career doctors. This would be another regulatory burden unnecessarily imposed on the general practice profession without evidence to support effectiveness. We are also concerned mandated health checks on older doctors would have broader impacts on the Australian health system, including workforce capacity as GPs will retire early rather than face increased administration and red tape to practice.

Should Option 1 be rejected, the RACGP proposes the best approach is for Ahpra to work with the profession to ensure:

- cultural and structural change can be implemented to support and encourage self-care for not just doctors, but all health professionals, of all ages
- appropriate support is provided to GPs who are placed under registration conditions or are being audited by the Medical Board
- appropriate health checks for all health professionals are consistent with recommendations in the RACGP Guidelines for preventive activities in general practice (10th edition) (the Red book).

The current age distribution of the GP workforce

The current general practice workforce is aging. GPs over the age of 65 comprise over 15% of the full time equivalent (FTE) workforce, while GPs aged 39 years and younger represent just over 17% of this workforce.[1] The current shortage of GPs will become more challenging as an increasing number plan to retire or scale back their time practicing, and it is expected that almost three in 10 GPs (29%) will retire in the next five years.[1]

Late career GPs are highly valued, bringing a wealth of knowledge, experience and mentorship. Additionally, late career GPs often perform other leadership and voluntary roles within the profession.

Specific feedback and concerns with the Statement in its current form

1.1 Evidence is required to show that mandatory fitness to practice assessments for doctors over a certain age will directly benefit patient care and reduce notifications

The Statement shows a higher incidence of notifications for older doctors. However, no evidence is provided to demonstrate the effectiveness of mandatory health checks in reducing patient harms and notifications. It is unclear if notifications received by Aphra were specifically related to the physical or cognitive decline of the doctor, or the age of the doctor, and could be avoided with a mandatory health check based on the doctor's age.

According to Ahpra's Annual Report 22-23,[2] 17.3% of complaints related to health impairment were made against paramedics, 14.2% of nurses, 2.9% of medical radiation practitioners. By comparison, the Statement reports 2.5806 notifications per 1,000 doctors over 70 are for health impairment (0.25%).

In an inclusive and diverse society, there is no place for ageism, and we have serious concerns that this proposed policy is ageist.

Issues such as burnout, lack of support, increasing administrative complexity, increasing health care fragmentation, time pressure and fewer medical students choosing general practice as a specialty have been identified as issues that impact GPs of all ages.[1] This is why cultural and systemic change is needed to better support GPs and all health professionals.

1.2 Self-care should be encouraged for all health professionals who work with patients (including students), not just doctors

Depression, anxiety and burnout increased among front line health professionals during the COVID-19 pandemic and have remained at high levels.[3]

Fostering a culture that encourages and supports doctors to take good care of their own health and wellbeing is important. This includes encouraging all health professionals to have a regular GP, and to keep up-to-date with recommended health checks, as advised in the RACGP's Red book.

Mandatory reporting laws do not help build this culture. Fear of mandatory reporting leads health professionals to avoid getting the help they need. The RACGP has advocated for state and territory governments to follow the lead of Western Australia and remove mandatory notification laws, which require doctors to report a fellow GP if they have a "reasonable belief" that their health condition puts the public at risk.[4]

As many GPs are not salaried workers, they do not receive sick, carer, long service or parental leave and may not take sufficient time to care for themselves. Policy changes are required to ensure the health and wellbeing of GPs of all ages.

Cultural and structural changes across the health system will ensure patients continue to receive high quality care. Being in good health enables health professionals to work into older age should they wish to.

1.3 Further information needs to be provided as to what indicates a health check 'pass' or 'fail'

The pass/fail criteria needs further clarification. For example, *C-5 Stages of the Health check* states 'Does the late career doctor have health issues that detrimentally affects, or is likely to detrimentally affect their capacity to practise medicine?' Ahpra needs to make it clear that any older doctors who have a disability and/or family history of certain conditions will not be unjustly impacted.

1.4 Clarification of the legal position of the assessing doctor

Further information needs to be provided as to the medicolegal position of any assessing doctor. For example, if an assessing doctor has concluded a health professional is fit to practice, but Ahpra determines a notification or suspension is required.

1.5 Health system capacity for extra checks, with impacts on rural and remote doctors and patients

The broader impacts on the Australian health system for such health checks should be considered, particularly if doctors are required to be referred for specialist assessment. Option 2 in the Statement indicates doctors will be required to see a specialist occupational and environmental physician for assessment. According to Aphra's Annual Report 22-23, there are only 294 occupational and environmental physicians in Australia.[2] At present, there are no criteria to gain the understanding of where a doctor requires specialist assessment and what happens to their ability to practice if they are placed on a waitlist for the assessment.

Doctors working in remote and rural areas may need to travel significant distances for specialist appointments. Many GPs are not salaried doctors, so they will be required to pay the cost of a specialist appointment, and potentially take time out of their practice (reducing their income) to attend the appointment.

1.6 Screening should be evidence-based

Items on any health check should be evidence-based and consistent with the RACGP's Red book. The Red book supports evidence-based screening, case finding and preventive activities in primary care, covering primary (preventing the initial occurrence of a disorder) and secondary (preventive early detection and intervention) activities.

Health checks for Aboriginal and Torres Strait Islander people should be consistent with the *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* (the National guide), developed by the RACGP and National Aboriginal Community Controlled Health Organisation (NACCHO). The new edition of this guide will be released in late November 2024.

1.6.1 Cognitive function and dementia

The Statement includes guidance for screening for cognitive function in late career doctors. The RACGP would like further clarification about the nature and type of cognitive screening that is being proposed. The RACGP's Red book **does not recommend screening for dementia in the general population**. A case finding approach to dementia is recommended, being alert to risk factors, signs and symptoms of dementia[5] with the best time to identify dementia risk factors earlier in life. It is important to include culturally appropriate resources. The Red book recommends the use of the Kimberley Indigenous Cognitive Assessment-Cog (KICA-Cog) or modified KICA-Cog for Aboriginal and Torres Strait Islander patients, and the Rowland Universal Dementia Assessment Scale (RUDAS) for culturally and linguistically diverse (CALD) communities.

1.6.2 The Red book lifecycle chart

The RACGP Red book lifecycle chart provides an overview of what screening and case finding activities are recommended at certain age intervals. This includes ages 70-74, 75-80 and over 80 years.

The RACGP would welcome the opportunity to work with Aphra to ensure appropriate health checks for all health professionals are consistent with our recommendations.

If you have any questions regarding our submission, please contact Mr Stephan Groombridge, National Manager, e-health, Quality Care & Standards at stephan.groombridge@racgp.org.au or 03 8699 0544.

Yours sincerely

Dr Nicole Higgins
RACGP President

References

1. The Royal Australian College of General Practitioners. General practice health of the nation. RACGP, 2023. Available at: https://www.racgp.org.au/general-practice-health-of-the-nation-2023
2. The Australian Health Practitioner Regulation Agency. Annual report 2022/23. Ahpra, 2023. Available at: https://www.ahpra.gov.au/Publications/Annual-reports/Annual-report-2023.aspx
3. Smallwood N, Karimi L, Bismark M, et al. High levels of psychosocial distress among Australian frontline healthcare workers during the COVID-19 pandemic: a cross-sectional survey. Gen Psychiatr. 2021; 34(5): e100577. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8423519/
4. The Royal Australian College of General Practitioners. RACGP: Give GPs a break on health notifications. RACGP, 2023. Available at: https://www.racgp.org.au/gp-news/media-releases/2023-media-releases/may-2023/racgp-give-gps-a-break-on-health-notifications
5. The Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice 10th ed. RACGP, 2024. Available at: https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/preventive-activities-in-general-practice/about-the-red-book

Attachment 1

RACGP response to relevant questions

Health checks for late career doctors: Consultation Regulation Impact Statement.

n.b. There is discussion below that cross references to evidence provided in the letter and which refers to the RACGP's specific concerns.

Question 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?

RACGP Response: Based on the information provided in the Statement, the RACGP does not support mandatory fitness-to-practice assessments for late career doctors. We instead acknowledge the importance for all doctors to take care of their physical and mental health. Healthy GPs can provide better quality care to their patients.[1] The RACGP encourages all members to take care of their health and wellbeing, and ensure they have a regular GP themselves.[1]

Patient safety and avoiding harm, and supporting GPs is a high priority for the RACGP. The RACGP has set and upheld quality and safety standards for education and practice. In addition to GP training and Continuing Professional Development (CPD), two key components of Australia's general practice quality and safety infrastructure are the RACGP's Standards for general practices and general practice clinical guidelines.[2] The RACGP's CPD program includes a self-assessment of performance and reflective practice. We provide remediation assistance to our members, including support and advice on issues of return to practice, meeting Ahpra requirements when conditions have been placed on registrations, or when they are being audited by the Medical Board.

We propose working with Ahpra to find an evidence-based solution that prioritises both patient care, and the health and wellbeing of doctors of all ages.

Question 2: If a health check or fitness to practice assessment is introduced for late career doctors, should the check commence at 70 years of age or another age?

RACGP Response: As per section 1.2, and our response to Question 1, the RACGP does not support health checks or fitness to practice assessments based specifically on age, but instead encourage all health professionals to look after their health.

Question 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.*

RACGP Response: The RACGP only supports Option 1 and welcomes the opportunity to work closely with Ahpra to support a broader cultural and structural change to encourage self-care for all health professionals.

Question 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?

RACGP Response: As per section 1.6.1, any cognitive function screening should align with the recommendations in the RACGP's Red book.

Question 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.

RACGP Response: Based on the information provided in the Statement, only impairments that have been formally diagnosed and with potential to detrimentally affect a doctor's ability to practise medicine safely should be reported to the Board.

Question 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?

RACGP Response: No. The RACGP does not support a more active role for the Board in health check/fitness to practice assessments.

Question 7.1: Is the content and structure of the draft Registration standard: health checks for late career doctors helpful, clear, relevant, and workable?

RACGP Response: Please refer to our comments under Question 1.

Question 7.2: Is there anything missing that needs to be added to the draft registration standard?

No comment.

Question 7.3: Do you have any other comments on the draft registration standard?

No comment.

Question 8.1: Are the proposed supporting documents and resources (Appendix C-1 to C-5) clear and relevant?
Question 8.2: What changes would improve them?
Question 8.3: Is the information required in the medical history (C-1) appropriate?
Question 8.4: Are the proposed examinations and tools listed in the examination guide (C-2) appropriate?
Question 8.5: Are there other resources needed to support the health checks?

For responses to these questions please refer to comments under Question 1 on the evidence-base for the supporting documents and resources.

References

1. The Royal Australian College of General Practitioners. 2022 RACGP curriculum and syllabus for Australian general practice. RACGP, 2022. Available at: https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home
2. The Royal Australian College of General Practitioners. RACGP 2024-2025 Advocacy Plan. RACGP, 2024. Available at: https://www.racgp.org.au/advocacy/racgp-2024-25-advocacy-plan