

25 September 2024

Ms Gill Callister PSM
Chair
Australian Health Practitioner Regulation Agency (AHPRA)

Dear Ms Callister

Re: Consultation on Health Checks for Late-Career Doctors

The Royal Australasian College of Medical Administrators (RACMA) welcomes the opportunity to provide feedback on the proposed regulation regarding health checks for late-career doctors. This issue is of great importance to our members, and we appreciate the Medical Board's balanced consideration of both patient safety and the valuable contributions that late-career doctors continue to make in the healthcare system.

RACMA acknowledges the increasing focus on supporting healthy ageing within the medical workforce, and our feedback addresses key elements that we believe should inform the development of this framework.

The Value of Late-Career Doctors

Late-career doctors bring an invaluable wealth of experience and knowledge, often serving in mentorship, leadership, and teaching capacities. These roles, while sometimes less clinically demanding, are critical to the functioning and ongoing development of the healthcare system. Any health check framework must ensure it does not inadvertently force skilled doctors out of the workforce, but rather supports them in transitioning to roles where their expertise remains of value.

Key issue to address: Facilitating transitions into non-clinical roles should be supported through guidance, allowing these practitioners to continue contributing in advisory or mentoring positions.

Ensuring Fair and Supportive Risk Management

The introduction of health checks should not be perceived as punitive or ageist. It is important that the regulation avoids stigmatising older practitioners, and instead emphasises the need for all doctors to maintain their health for the benefit of patient safety. Late-career doctors should feel that these checks are supportive and part of a system that helps them continue practising safely.

Key issue to address: The language around these checks should be framed to reflect support for maintaining professional standards, with flexibility in terms of how and when checks are applied based on individual circumstances and practice settings.

Implementation and Access

There are practical concerns regarding the implementation of mandatory health checks including geographic access, health system capacity given our already overburdened health system including primary health, and costs. Access is particularly problematic for doctors practising in rural and remote, or solo, environments. It is essential to ensure that these cohorts are not disproportionately affected by this policy. Who will conduct the health checks given limited health system capacity, their cost and who will bear the cost create further complexities.

Key issue to address: RACMA suggests that a staged or flexible implementation approach could help address capacity constraints, and policies to minimise an individual doctor's costs explored. Telehealth consultations and other innovative approaches should also be explored to ease the burden in rural and remote areas.

Ensuring Confidentiality and Protecting Participation

Confidentiality must be at the forefront of any health check framework. Doctors must be assured that their participation in these checks will not lead to unwarranted regulatory consequences or public disclosures. The aim should be to protect both patient safety and the dignity of the practitioner.

Key issue to address: The Medical Board should establish strict confidentiality protocols to protect health data and ensure that results are shared only on a need-to-know basis.

Supporting Career Transitions

Where health checks identify issues that may impact clinical performance, doctors should be provided with clear pathways to transition to non-clinical roles. The framework should recognise the ongoing value that older doctors offer in areas such as leadership, mentoring, and policy advising, allowing them to continue contributing without the pressure of frontline clinical work.

Key issue to address: RACMA suggests the development of structured programs that help facilitate these transitions, ensuring late-career doctors feel supported and valued rather than pushed out of the workforce.

Conclusion

RACMA is committed to supporting the development of a framework that upholds both patient safety and the wellbeing of late-career doctors. We believe the above will help create a balanced, equitable approach to health checks, ensuring that doctors are supported through transitions while maintaining the highest standards of care.

If further consultation is required, RACMA and its members are ready to provide ongoing input into this critical matter.

Yours sincerely,

Dr Helen Parsons CSC FRACMA

President

Royal Australasian College of Medical Administrators

About RACMA

The Royal Australasian College of Medical Administrators – RACMA – is the only specialist medical college that trains doctors to become specialist medical leaders and managers. Our education programs, including our accredited flagship Fellowship Training Program, aim to equip doctors with the leadership and management skills needed to influence and lead Australasian healthcare systems with the explicit aim of improving health outcomes for all peoples of Australia and Aotearoa New Zealand.

RACMA has over 1500 Members across Australia, Aotearoa New Zealand, and Hong Kong. The strength of RACMA is its members, who, through the skills of system leadership, clinical governance and workforce management, strive to lead for change and ensure the delivery of safe and quality healthcare for all. The RACMA membership is a highly regarded medical leadership group as demonstrated by our members' roles and responsibilities within those health systems across the Public Service Sector, Private Health, Primary Health Care, Medical Insurance, Tertiary Sector, Military and beyond. Some of the pivotal roles carried out by our Members include Chief Executives, Chief Medical Officers, Medical Directors, Heads of Departments, Regulatory and Quality Assurance Body Executives and Chairs of key industry and research committees.

RACMA members occupy roles in the health system that consider whole-of-system delivery and are unique in their leadership of health and medical professionals, funding and financing, systems and processes. The impact of that leadership is demonstrated in all public and private settings, primary and tertiary settings, and system reform.