**Patient safety and the voice of community must be central to the Medical Board of Australia’s proposed health checks for practitioners aged over 70**

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CHF is aware of the Medical Board of Australia’s proposal to impose mandatory health checks once medical practitioner’s reach 70.

“It’s an interesting issue for consumers to deal with because we all obviously want to ensure that every doctor is safe to remain practicing, but we also believe the measures to keep them safely practicing shouldn’t be discriminatory either,” said CHF CEO Dr Elizabeth Deveny.

“We are still working through the details of the proposal, but we can see both sides of the argument. On the one hand you have the Medical Board saying that practitioners over 70 are 81% more likely to face a complaint against them then their colleagues under 70 and then on the other hand you have the doctor’s groups, who are rightly saying that any rule imposed by the board must be based in evidence, fair and non-discriminatory. I think this is a case where two things can be right at the same time.”

The Board has proposed three options for reform including maintaining the status quo, which the Board has said is not a viable option, option two proposes clinicians undergo a detailed health assessment to determine their fitness to practice once they turn 70, conducted by a specialist health professional. Option three, which is the Board's preferred option, proposes a general health check-up by the clinician's own GP. The health check would need to be done once every three years and then annually once they turn 80.

I suspect the general sentiment of consumers will fall somewhere in the middle, on option three which is the Board’s preference. I do wonder though if there are other avenues, through CPD and other ongoing professional practice improvements that could address some of these issues before we go straight to a health check model,” said Dr Deveny.

CHF wants to see the Medical Board of Australia fully engage with the community on this important issue. The Board must be very inclusive of the wider community view and that will mean them going outside their traditional model of asking people to review the proposal document and send in a lengthy written submission. A process like that in itself can skew the outcome somewhat.

“The voice of community cannot get lost as part of this consultation. We know that the practitioners and their peak bodies will have a loud voice in this issue but the voice of consumers and keeping the public safe must be paramount,” said Dr Deveny.

CHF wants to see any mitigation put in place by the Medical Board of Australia resolving a problem consumers have identified.

“We know from the information provided by the Medical Board that this proposal is being driven by complaints against practitioners. This is a nuanced issue and I don’t believe it is as simple as someone being competent or not just due to their age.

What we want to see is what best practice for clinicians continuing to practice safely over 70 looks like and how consumers can help shape that. It could be health checks, but it could be other things too. The voice of consumers needs to be front and centre as the Board looks to create systemic reform,” said Dr Deveny.

CHF and other consumer health organisations are ready to consult their communities and share their voices and concerns with this proposal, but the sector needs clear and simple engagement pathways and funding to fully participate.

“At the end of the day, the safety of the community must come first and be the priority. I think all interested parties here have that as a common goal.”

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