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23 May 2011

Submission to Senate Inquiry into AHPRA.

An appropriate category for the registration of Senior Active Doctors.

For more than ten years prior to 30 June 2010 medical practitioners registered in Queensland who had not received remuneration from medical practice during the previous twelve months had their registration renewal fees waived by the Medical Board of Queensland and remained on the register. They were able to write repeat prescriptions and referrals. During this period we know of no instances of malpractice or of danger to public safety by these doctors.

On 30 June 2010 the Medical Board of Australia (MBA) and AHPRA grandfathered these medical practitioners into a registration category of "Limited registration (public interest)". These doctors are able to write repeat prescriptions and referrals. They undertake no clinical management.

Medical practitioners who retired on or after 1 July 2010 are unable to register. The reason given by MBA and AHPRA is that this is in the interests of public safety. Many of these doctors want to stay involved in their profession in a reduced capacity as has always been the case with many doctors in their senior years. However the new classification system does not provide the step down provisions for a doctor to continue to contribute to the profession. It assumes that all doctors will either be fully engaged in medical practice, or totally retired from medical practice. This has never been the case. We need a registration category that reflects the nature of medical practice in Australia for doctors in their senior years. Under the current AHPRA arrangements doctors scaling down their practice cannot contribute to relieve the medical manpower shortage. AHPRA is dictating this at a time when the emphasis on all sides of politics is that everyone who is able to do so should contribute to the work force.

There is no recognition by AHPRA that, due to changes in their life circumstances, doctors may wish to stage their reduction in the amount of medical practice they perform. AHPRA has ordained that either a doctor is registered with full requirements of CPD and professional indemnity or cannot be registered at all. What I believe is required is that AHPRA should make provision for a doctor to decide on his/her own initiative how to stage withdrawal from full time medical practice. Senior doctors may decide to remain active in limited practice and suitable criteria for registration should be available to facilitate this decision.

On 20 May I received from AHPRA a notification dated 13 May that my registration in the category "Limited registration (public interest)" was due for renewal. It stated that the fee for renewal is \$313.00. I find it difficult to understand how AHPRA can justify this fee to register me to carry out an unremunerated limited contribution to the medical work force which does not include clinical management.

The Australian Doctors' Fund has formulated a "Proposal for Senior Active Doctors" which recognises the right of doctors to grade their level of practice by having access to graded categories of registration with appropriate criteria to be met to qualify for each grade of registration. I suggest that AHPRA and MBA should institute such categories for registration of Senior Active Doctors in the interests of maximising the contribution of practical experience, knowledge, wisdom and ability which Senior Active Doctors have to offer this nation.

I suggest also, in the interests of fairness and justice and the utilisation of the significant contribution to the workforce which they can contribute, that those doctors who were shuffled of by AHPRA as retired doctors after their retirement on or after 1 July 2010 should be given the opportunity to apply for registration in the category of registration of Senior Active Doctors appropriate to the level of practice at which they know they can contribute.

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