

From: Pam Rachootin [REDACTED]
Sent: Tuesday, October 1, 2024 4:18 PM
To: medboardconsultation
Subject: Feedback on the draft registration standards for 70-year-old plus medical practitioners

Name: Dr Pamela Marie Rachootin
Organisation (if applicable):
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Please see my submissions below providing feedback on the consultation regulation impact statement.

6minutes

News

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How AHPRA's over-70s suspicions are 'sowing the seeds of destruction' for the entire health system

Dr Pam Rachootin says the watchdog's obsession with ageing sets up a vicious cycle that will lead to more burnout.

[Dr Pam Rachootin](#)

5 September 2024

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Dr Pam Rachootin.

AHPRA, which may need to be renamed the Australian Health Professional Retrenchment Agency, seems to be coming up with more and more ways of dismantling the medical workforce of Australia — as if things were not bad enough.

Its latest moves are all about attempting to manage a perceived risk — the inadequacy of senior doctors — as reflected in its bizarre interpretation of notification statistics.

I believe, in doing that, AHPRA may be creating a far greater risk that impacts directly on the medical workforce.

That risk encompasses workforce morale; concomitant reduced quality of performance; reduced length of service; cost to society in terms of unfulfilled years of service; increasing difficulty in accessing medical care; and delays in investigation, diagnosis and treatment of patients. All these would result in adverse consequences, including increased morbidity, mortality and, ironically enough, increased notifications to AHPRA.

There would also be increased rates of burnout and impaired performance among the remaining doctors forced to pick up the slack.

This vicious cycle is probably already operating.

So, in attempting to protect against possible negative health outcomes from the practice of a postulated small group of impaired senior doctors, AHPRA may actually be sowing the seeds for the destruction of the entire health system.

Unless a detailed cost-benefit analysis is planned beforehand, designed to measure indicators of the above possible sequelae of AHPRA's actions, the true costs of the program will not be recognised until the damage is irreparable.

If actions by a rogue foreign government or terrorist organisation were launched in a similar vein to what AHPRA is proposing, with such potential disastrous impacts on the state of healthcare in Australia, there would be a national uproar.

But our own government has given the organisation unlimited power to potentially destroy the access to healthcare that we have enjoyed in the past.

From anecdotal reports of colleagues, along with the numerous comments expressed in these pages, I surmise that, if the CPD debacle did not completely eradicate morale and encourage early exit from the profession, the fiendish proposal for medical and cognitive examination of elders will finish the job.

Somehow AHPRA fails to recognise that among the most important factors to improve quality of professional performance are respect for the workforce and belief in their ability, as professionals, to deliver the best healthcare possible.

It is amazing how well people perform when they feel valued instead of being treated like scumbags.

I was privileged to live and work in Denmark in my late 20s, where I experienced a dream job in the Department of Social Medicine at Odense University.

I kept the letter my boss-to-be sent to me before I arrived, outlining the research that was then currently being conducted and proposed at the institute.

He welcomed me and expressed excitement at my joining the team, inviting my ideas and optimistically predicting that we were going to do great things together.

And we did!

Encouraged to work to my highest ability in a supportive environment, I gave 200%.

One's quality of performance is impaired in a culture of fear and suspicion, a culture where one is constantly needing to prove oneself, overseen by an adversarial organisation that sees its function as one of hunting down and weeding out some imaginary faction of dangerous, demonic doctors. Perhaps it is projecting its own inadequacies onto the medical profession.

With as much non-existent evidence used to justify past AHPRA decisions, will its next imposition be routine surprise visits for drug and alcohol testing of the entire profession?

It seems AHPRA can never have too many suspicions about the nefarious lives of medicos.

I find the current degree of disrespect for our profession abysmal.

This lack of respect directly impinges on job satisfaction, and that has a bearing on physical and mental health, as well as productivity and quality of performance.

The negativity with which we are regarded becomes a self-fulfilling prophecy.

Breaking the spirit of your workforce by exercising uncontrolled and misguided authoritative power is counterproductive.

This lack of respect has already scarred a large number of doctors who have been subject to the manner in which AHPRA has mismanaged its complaints process in the past.

The medical workforce is in dire need of being nurtured.

AHPRA has some big lessons to learn to facilitate our personal growth and achievement.

Treating doctors as imbeciles in regard to requiring evidence of their everyday learning/reflections and now questioning their most basic capabilities is demeaning.

And forcing doctors to see a GP is paternalistic.

One is left wondering whether AHPRA is next going to check our dental records and flossing technique.

AHPRA's unbridled power needs to be overseen and periodically endorsed by a normal government system.

The undervaluing of the medical workforce — the health system's most valuable resource — needs to cease.

I have heard of newly qualified fellows of the RACGP who do not want to be GPs.

I read the Facebook pages of doctors desperately searching for alternative careers.

I hear feedback from specialists who cannot wait to get out of medicine.

I hear from my patients who winter in Queensland that they are having great difficulty finding specialists there, telling me that such practitioners are retiring early as they are feeling dissatisfied and unappreciated.

And apparently it is not just older doctors; it is doctors at all ages and stages.

Do we need a royal commission to investigate AHPRA's role in negatively impacting the health system?

We definitely need quality research conducted by an independent body to formally assess AHPRA's performance.

AHPRA has invited your comments on its latest proposal.

These are mine.

(The article received 33 comments, supportive of my views) Please check them out.

Medical Observer

Opinion

My poetic response to AHPRA's ageism

[Dr Pam Rachootin](#)

14 August 2024

Dr Pam Rachootin.

It is national poetry month, and AHPRA has generously [provided the inspiration](#) for my contribution to this worthy cause.

There is increasing evidence that poetry can decrease pain and depression, and ease loneliness.

Writing this poem has certainly done that for me.

And reading poetry can help you, too.

When You Are Old

(with apologies to William Butler Yeats)

When you are old and grey and deep in thought

And full of ire over AHPRA's plan

To make your age a reason it can ban

You from the patients you have helped and sought

To care for with the utmost skill and grace,

And love the job you do with all your heart,

But now are just considered an old fart,

With no respect for wisdom's wrinkled face

But need to prove that once again you're fit
And not a danger to a body sick
As AHPRA is, with yet another trick
To plunge the morale of doctors into shit.
As feedback, then, let AHPRA take this verse
Along with other comments they'll ignore
To make a system we will all deplore
Where chaos reigns, as GPs quit and curse.

Dr Pam Rachootin is a GP in Adelaide, SA.