Dear AHPRA, see below my proposals for the practice category of 'senior active' doctor.

Retirement and medical registration

At the moment the Medical Board of Australia mandates that a doctor must go from full registration to full retirement – with no intermediate step despite this being unhealthy and a waste of medical resources for the community. I propose a 'Senior active' registration category intermediate between full registration and full retirement. This category would have no direct clinical responsibilities, but other paid or voluntary medical-related roles would be possible - and the discretion of writing of repeat scripts only and the ability to refer individuals would be retained, along with a focused CPD requirement, and reduced medical registration and indemnity insurance fees.

Prof P. Morris

Dear Colleague,

We have a concerning situation regarding older doctors who wish to give up full time practice but who want to continue to contribute to the profession as 'senior active' doctors. I have written a proposal below that addresses this issue. I would be very grateful for your support for this proposal, or if it is not acceptable in its current form, I would appreciate you suggesting changes that would meet with your approval.

Medical careers, like the human life cycle, have a start, a middle phase, and a finish. Following a prolonged gestation of training, practitioners move on to their general practice or specialist disciplines and provide clinical care to patients, education and training to junior colleagues, and administrative support to hospitals and other medical organizations over decades of hard work. At some stage the doctor starts to think of slowing down, or contemplates full retirement. These days we know that moving from full time practice to full retirement in one step is not a good thing – for the practitioner's physical health and mental health, and not for the profession either. Government policy is to encourage older workers and professionals to stay in the workforce longer, beyond current retirement age if possible.

Yet, despite this encouragement for older professionals to remain active in their field, in the medical arena we have a situation that is hostile to this happening. The new Medical Board of Australia (MBA) has no appropriate registration category that allows older doctors to remain registered after giving up full time general or specialist practice. Older doctors are forced to go straight into full retirement. They are prevented from continuing to practice in a limited capacity as a doctor. This situation denies senior doctors the advantages of a graduated progression to retirement. It also means that these doctors cannot use their accumulated medical knowledge, skills and wisdom for suitable work such as teaching, examining, mentoring, tutoring, assisting with tribunals, and advising government, non-government, voluntary and private/business organizations on medical matters, as well as being a body of registered practitioners available to assist in times of local, state and national disasters. This denies the community a precious medical resource that otherwise would be available.

It is time this gap was filled. A new category of medical registration – termed 'senior active' – needs to be developed by the MBA.

I propose the following model for the 'senior active' category. The description is based on the MBA Limited Registration – Public Interest category (MBA Registration Transitional Plan – Medical Practitioners – Item 17, 30.6.10).

1. Senior active registration would be a limited class of registration, but it would have unlimited duration.

2. The doctor would remain on the register of medical practitioners.

3. The doctor could participate in activities (either remunerated or as a volunteer) that use his or her medical knowledge, skills or wisdom outside the care of individual patients such as teaching, examining, mentoring, tutoring, assisting with tribunals, and advising government, non-government, voluntary and private/business organizations on medical matters, as well as being available to assist in times of local, state and national disasters.

4. The registrant may, without fee or reward, refer an individual to another medical practitioner (in fully registered medical practice) for the purposes of providing health care. The registrant may, without fee or

reward, prescribe a therapeutic substance in extenuating or emergency situations under the following conditions: (a) the prescription involves the renewal of a prescription provided by another medical practitioner (in fully registered medical practice) within the previous period of six months and does not relate to a drug of addiction within the meaning of the relevant Poisons act, or (b) the prescription is provided to an individual who requires temporary relief or first-aid pending attendance on that individual by another medical practitioner (in fully registered medical practice), and (c) if the registrant undertakes limited prescribing as outlined in (a) and (b) above, the registrant must, within a 12-month period preceding the date on which the prescription is prescribed, have undertaken professional education activities relating to the prescribing of therapeutic substances.

5. Maintenance of this category of limited practice would require an annual medical check by a general practitioner for registrants over the age of 80 years.

A category of this nature would allow senior doctors to continue to contribute to the profession after leaving full time general or specialist practice. This would be good for senior doctors, the profession, and the community.

This category allows doctors the limited capacity to refer individuals to other medical practitioners, and a limited capacity to prescribe therapeutic substances. It is possible that the doctor could exercise discretion and use this limited capacity to prescribe for him or herself, or for immediate family. This level of discretion is available to all doctors in fully registered medical practice despite the general advice from the AMA and medical boards that doctors should not treat themselves or their immediate family except in emergency or extenuating circumstances. Given the limited nature of referral and prescribing allowed in the senior active category, and the requirement to undertake relevant professional educational activities in prescribing, I cannot see any reason to deny this discretion to senior active doctors. To do so would raise the question of age discrimination.

In my view the success of the category will depend on how restrictive the practice definition is and how much it will cost doctors to be registered in this category. The three major costs for this category will be the medical board registration fee, the indemnity insurance fee, and professional education expenses. If the total of these can be kept within reason (say

well below $500pa) then the category may be an attractive place for senior doctors to maintain their registration after leaving full registration status in their discipline and before moving to full retirement.

Prof P. Morris.