

[REDACTED]

Dear Sir / Ma'am,

I am writing this in response to the Medical Board of Australia's public consultation on Health Checks for Late Career Doctors, of which I am one. This however is not a submission indicating my preference for the various options proposed by the Board; rather, it is an example of the potential problems that can be experienced by an elderly Doctor who is trying to act responsibly.

I am a 77-year-old General Physician who is the Senior Staff Specialist Physician at the [REDACTED] in [REDACTED], where I have been for the last 43 years. In 2018, having turned 71, I began planning for my transition to retirement which included reducing my clinical workload. Being aware that my "fluid intelligence" was not as good as it used to be, I felt that in the interests of patient safety and outcomes, I should give up looking after acutely ill inpatients, especially as we do not have senior Medical Registrars to assist us. I therefore wrote to the then Hospital Administration suggesting that I cease looking after inpatients but continue my outpatient clinics, teaching and other non-clinical activities, and in so doing reduce my employment to 0.5 FTE, (i.e. half-time). The Administration was supportive of my request, and in July 2020, I went off the inpatient roster, became part-time, and was replaced on the roster by a newly appointed Physician.

In 2022, the Hospital received a new General Manager and a new Director of Medical Services, who, in November of that year, told me that I was to cease my outpatient clinics and return to managing acutely ill inpatients. As I believed this directive to be unethical and morally wrong, I approached the Australian Salaried Medical Officers Federation (ASMOF) for help. When its advocacy on my behalf was rejected, it took the matter to the NSW Industrial Commission where, despite four hearings, the Hospital has refused to alter its position. The matter is now going to Arbitration in two weeks time.

My current position is as follows:

- I am 77 and not as quick and smart as I used to be.
- I have not looked after acutely ill inpatients for over four years.
- I believe, as do my colleagues, that I am quite able to conduct my outpatient clinics
- I have been directed by my Hospital's Administration to cease looking after the "worried well" (i.e. outpatients) and return to managing very unwell inpatients.

I believe that, in view of my age, I am trying to act responsibly and in accordance with the outcomes desired by the Medical Board, but I am being prevented from so doing by a Government instrumentality. Perhaps the Board could address the obligations and responsibilities of the employer when it comes to dealing with the older Doctor.

Yours faithfully,

John Flynn
[REDACTED]