

From: Graham Malouf [REDACTED]
Sent: Saturday, September 28, 2024 10:22 AM
To: medboardconsultation
Subject: Fwd: Update: Medical Board newsletter - September 2024

Correspondence forwarded to the newsletter email address just in case it "got lost"

I believe its content is self explanatory

Try stepping back into the real world before stuffing things up even further.

I have a genuine concern for the future of family medicine practiced by family doctors. This is what General Practice once was and with common sense direction can be once again

Dr Graham Malouf [REDACTED] A CAREER (early, mid, and late) DOCTOR

From: Graham Malouf [REDACTED]
Sent: Friday, September 27, 2024 12:46 PM
To: newsletters
Subject: Re: Update: Medical Board newsletter - September 2024

RE Dr Anne Tonkin; Chair's Message

Dear Dr Tonkin

I have never heard so much garbage in all my 50 years of medical practice as the following opening statement of your message in the September Newsletter

"We're keen to keep late-careers doctors in safe practice and are thinking about possible health checks for doctors from age 70. We want to be supportive, not punitive".

Of course we are all interested in "safe practice" however removing experienced medical practitioners. abruptly leaving patients without any medical care and in the face of the current GP shortage can hardly be called "safe" and informing experienced long term practitioners they can no longer practice because of they have now been classified as "late career doctors" (your words not mine) can hardly be described as "not punitive"

I have yet to notice ANY action at all performed by Ahpra that is NOT punitive.

Education for all of us is wonderful, however it also needs to be used to pursue the cause of both common sense and practicality. If it does not make sense or is impractical then it becomes education for its own sake only feeding the egos of the educators. This appears to me to be the case with both the Medical Board and Ahpra at the moment.

If the Medical Board along with the various colleges (the RACGP in particular) were indeed interested in maintaining experienced practitioners along with their accumulated knowledge base; then rather than telling us what we can't do and forcing us to walk away from the profession we love; tell us what we CAN do.

This could act as a step down both for our patients who often have been cared for by the current system for many years, including ourselves who would like to continue to contribute in a capacity

commensurate with our age for as long as we are able to provide a service based on our medical knowledge as well as our experience.

I believe your comments are totally out of step with the very essence of General Practice in as much as while every person is an individual it is the family unit that must be taken into account if indeed you aspire to be a "real family doctor" and not just the bloke next door who you go to for convenience.

Dr Graham Malouf