From: [redacted]
Sent: Tuesday, October 1, 2024 9:55 PM
To: medboardconsultation
Subject: Late career Doctors submission

As an aside the submission template does not download to smart phone or tablet, hence this email.
At the outset I disclose that I am a member of the 70 plus cohort being discussed.
I have carefully read the 93 page document attached to the AHPRA email and the Australian references.
It would be helpful to see some data and or research which attempts to stratify the level or seriousness of the notifications in each category.
Perhaps this could be classified retrospectively by correlating the disciplinary or other action taken in relation to them.
I believe that it is fair to say that many of our colleagues do not perceive the board in a positive light.
The use of potentially coercive powers may do little to mitigate this perception.
Of the first of the four proposed alternatives I agree that doing nothing will not have any impact, although doing nothing could provide an ideal opportunity for further research into those issues underlying the increases in notifications and enable a teasing out of strategies to address effective preventive and remediation strategies.
What I would like to propose is an additional alternative that, instead of utilising sa coercive approach incentivises cognitive and health checks in the cohort of doctors being targeted.
As we know, as a condition of registration renewal, the board requires completion of several categories of continued professional development.
By assigning extra weight to, say, the review of performance categories, the board, in conjunction with the relevant CPD homes could allow doctors who voluntarily have the health checks to claim extra hours in this category. Speaking from a personal perspective I can assure the board that with travel time, waiting room time and appropriate tests and review a minimum of 4 hours is not unrealistic.
It might even be reasonable to “desensitise” practitioners from some point before 70 by allowing them to claim these hours progressively to avoid the sudden cut off shock once 70 plus is attained.
This suggestion could be run on a trial basis, would potentially provide valuable research and may well be a world first.
Perhaps a survey of doctors in the cohort could give an indication of the likely uptake of such a scheme?
What I have noticed in aging, is a natural reduction in stamina which can make reduction in hours worked and use of online CP useful.
Finally I would like to mention my strategy for addressing my possible decline in performance and how to decide when to cease practising medicine. That involves asking a non medical coworker manager whose objectivity and frankness I respect to tell me when and if my performance has declined. As I work primarily as an anaesthetist, I am more or less in full view. Having told him that I will accept his recommendation without question, he has agree to that proposal, in fact, it is a relief to him as he has had great difficulty in the past in persuading reluctant practitioners who lack insight, to retire.
In fact, my personal observation has been that those practitioners who refuse to believe they have a problem are the very people who should retire and the practitioners who question their performance are usually quite safe to continue, but often retire anyway. That is a shame because they often have a great deal to offer as mentors and educators.
Yours sincerely Dr John Griffiths