

From: [REDACTED]

Sent: Friday, September 27, 2024 2:26 PM

To: newsletters

Subject: Check-ups for Drs over 70

Dear MBA.

Yet another example of the Board's over-reach, which bad legislation allows. (I looked it up, again).

The same can of worms that was opened decades ago when Supreme court judges had to retire at 70 years.

That legal precedent gives this move by the MBA a legal authority that it not otherwise have.

It could be challenged, never-the-less.

So, that the Board's corporate mind is likely made up is my suspicion.

A corollary being that the consultation will have been a sham. I have read the template. My device will not let me sign in to edit/submit a response. The questions are ill wrought.

The MBA is an arm of Government.

Governments do not consult. They deploy and defend. The consultation will be a smokescreen.

The questions indicate a serious bias, and confirm my suspicion that the decision has been made, if not yet formally recorded.

The data that the MBS allege exists needs to be readily available, not squirrelled away in some arcane repository.

To the point.

Since ceasing work 21 July 2021, I maintained full, then non-practising registration, thinking a return to work was possible.

Seeing that the poorly justified "medical and cognitive checks in over 70s drs" was a goer, I allowed my registration to lapse.

I cannot be the only Dr to abandon all notions of return to work.

I had been, for most of my life, a procedural rural GP and worked in full-time Anesthesia (in practical terms at near consultant level) for the last 5 years. That requires a lot of work, training and continual updating to achieve.

Surely, the simplest thing to do would to allow the Colleges to continue their "360 degree" multi format assessments, types of which are already part of the process towards recurrent registration.

Or, just contact a dozen professional colleagues... eg. drs and nurses, and a selection of relevant patients.

My experience over 40 years had been that poor practice, poor knowledge, poor judgement, cognitive diminution, and bad interpersonal skills are NOT age dependent.

Drs are at least as prone to poor health, substance misuse, sleep deprivation and mental health disorders as any other group in society.... at all ages.

Our peers, surely can be allowed to give reasoned judgements as to the fitness if individuals to practice.

My medical and nursing colleagues, three years later, still express their disappointment in my retirement with the loss to the community of 40 years of experience, teaching and commitment to complex clinical services, at all hours (1:2--1:4 on call for decades).

In GP, anesthesia, obstetrics, resuscitation, aeromedical and remote consulting.

It wore me out. Perhaps I should have taken 6 months off, before ceasing work.

The State and Feds handling of the non-event that people call Covid did not help.

Nor did the deliberate demotion of GP, and progressive underfunding of Medicare.

Burnout.

That's what the MBA should be addressing.

What the MBA states, and what it actually does indicates a need to control the profession, not to protect a community that frankly does not really care.

This is a community that wants everything; immediately; for everybody; no matter how pointless; but is not prepared to pay for these services, nor support them.

When I read the old Medicare , and the various tribunal reports on the behaviour of miscreants, it seemed to me that the MBA will beating up the whole profession to see what falls out.

Yes. Find and manage the idiots, sociopaths, criminals, miscreants, pedophiles, scammers, frauds con-artists and nasty people.

They exist in all age bands.

The Board's role is hamstrung by the odd ideology hidden in its enabling legislation.

Bad law. Poor results.

Sick of it all.

I should have become a tradie.

Stephen P Ballard. (MBBS Adel... you cant take that postnomial way)

Retired.

