

Dr Joanna Flynn

Chair

Medical Board of Australia

GPO Box 9958

Melbourne

VIC 3001

7.7.11

Dear Dr Flynn,

Re: Non-practising retiring Doctors and non-clinical activities

I am a non-practising retired doctor who until recently was engaged in a limited amount of non-clinical work, mainly medical writing and medical education. The National Law, as explained in your recent Update, appears to have cut me off at the knees. Whichever way I look at the situation, it seems that I must give up this work, or return to full registration status which amounts to reversing my retirement.

This turn of events has caused me considerable angst and frustration, particularly because I can see no logic in the requirement that non-practising retired doctors must give up all activity which uses their skills and knowledge as a medical practitioner. Let me explain.

- (1) My specialty is chemical pathology/clinical biochemistry. How would maintenance of full registration in this field help me to be a good medical writer or medical educator? I submit that it would be far more appropriate that doctors wishing to work in these fields educate themselves in medical writing, e.g. by joining the Australasian Medical Writers Association, or do postgraduate study in medical education.
- (2) There is a dearth of medically trained medical writers in Australia, the profession consisting mainly of non-medical graduates trained in journalism and/or the sciences. Where is the logic in preventing retired doctors from doing medical writing while their non-medical colleagues continue to write unhindered on all sorts of topics, including clinical issues?
- (3) For retired doctors wishing to have some involvement in medicine without responsibility for patient care, medical teaching is an obvious choice. But this is no longer permissible. Meanwhile, there is a crying need for doctors to participate in all aspects of medical education, especially since the student body has been greatly enlarged by the recent proliferation of medical schools and expansion of some existing schools. And since problem-based teaching became the norm in the early years of our medical curricula, the teaching ranks have been swelled by non-medical teachers. I ask again, where is the logic in excluding retired doctors from medical teaching while allowing non-medical teachers to participate without question?

- (4) The claim that the National Law and the Medical Board are protecting patients by their restrictions may be true with regard to clinical practice, but does not hold water with respect to non-clinical activities, as I have shown.
- (5) We are constantly advised by medical authorities that retired people should remain active and engage in intellectual activity to maximise their chance of avoiding premature onset of dementia. These restrictions run counter to such recommendations.

I believe that steps must be taken to remedy this situation and to allow non-practising retired doctors to contribute to non-clinical activities such as those discussed. This could be accomplished by the re-establishment of the category of 'Limited Registration' for specific activities and introduction of appropriate training schemes. Only then could the Medical Board rightly claim that it was supporting and helping retired doctors to 'maintain high professional standards and individual responsibility,' as it aspires to do.

Yours sincerely

B. Shanley