

From: [REDACTED]
Sent: Wednesday, 25 June 2014 3:56 PM
To: medboardconsultation
Subject: Consultation - Core registration

I am concerned about the suggestion to have minimum working hours for doctors, and very much opposed to it. It is not possible to stop doctors working because of age, but this seems to be a sneaky way of doing exactly that. At a recent RACGP conference I met several doctors who had physical impairment, and had not practised for some years, but were very keen to stay registered possibly for some time in the future, and that is understandable as that is what they have done many years of training for.

If your plan was implemented, there are a number of questions that you need to be looked at. Firstly, what do you hope to achieve? Do you want to reduce the number of doctors working, or are you saying that fewer working hours mean a doctor has no skills? If the latter, where is the proof of that (doctors use evidence based medicine)? Continuing education is required whether a doctor does 2 or 80 hours a week.

Why do you choose 4 hours a week? Why not 2, why not 5 hours? It seems like the slogan of "every K over..." but it's never stated over what, it is a variable number.

How can a doctor prove they work 4 hours? In my case, where I see nursing home patients only, as my practice slows, I usually spend more than usual time with each resident, but seldom charge medicare for the full time. You could check on me by talking to the patients, but many have a degree of dementia and would be unable to help you. I mostly see the patients on my own, nurses are busy doing their own work, they do not check on me, only ask if there are any changes. A lot of time is spent on scripts and other paperwork, phone calls, which is not chargeable. So, how can the number of hours worked be verified? It can't. I write notes in the charts, but sometimes there is not much to write, even for a long consultation.

I am a senior medical practitioner and value my medical education and skills, I enjoy my patients and my work, but I don't wish to work harder. My plan is to not accept new patients, and to remain registered so I can write scripts or referrals for self or family, if needed, which I have always done. It saves an enormous amount of our time and effort. I could take on more work, and I will if I have to, but it need not be, and will achieve nothing.

Please carefully consider my submission. I have seen lots of changes mooted over the years, including making it an offence to use the title "doctor" after one is no longer registered, that seem punitive, and I always wonder why the goal posts keep changing for our profession.

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