There is a compelling argument for an ongoing limited registration category, with appropriate protocols and safeguards, to ensure our health system can continue to benefit from the experience and knowledge of senior doctors.  

*The Hon. Peter Dutton MP  
13/8/2012*

“The Greens NSW thus strongly support the objective of creating opportunities for older medical practitioners to continue to participate in health care after formal retirement.  There are particular benefits for rural and regional areas that are struggling to find qualified medical personnel. While accepting the need to maintain the highest possible standards, there are many functions that would be well suited to post retirement doctors, including assisting in emergencies and providing basic referrals and prescriptions. I therefore encourage AHPRA to give consideration to the ADF’s proposal.”  

*The Hon John Kaye, Health spokesman, NSW Greens, 28.6.2011*

The Australian Senior Active Doctors Association calls on the State and Territory Health Ministers to enter into direct negotiations with ASADA for the introduction of a separate medical registration category for Senior Active Doctors.

Given the current situation with potential national emergencies such as terrorism and outbreaks of Ebola, the blatant disregard for maintaining the contribution of Australian senior doctors is not in the public interest.

Under the current system, senior doctors who want to continue to contribute to their profession must maintain their place on the general or specialist register with full CPD and registration fees and recency of practice equivalent requirements – one size fits all.

Furthermore, given the definition of medical practice, a doctor not staying on the register is breaking the law if he/she even discusses any aspect of medical care.¹

Prior to 2009, senior doctors in some states were able to maintain the ability to write scripts, refer patients and order tests under certain conditions and under the guidance of state medical boards. These categories of registration have now been abolished by AHPRA with no offer of any limited registration category for senior doctors.

It is imperative on all legislators that the review of the National Registration and Accreditation Scheme (NRAS) incorporate the need to create a registration category for senior doctors who have left full-time medical practice but who have the desire to continue to contribute to the welfare of Australians through the ongoing supply of their professional expertise if and when required.

¹ The definition of ‘practice’ being “any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in the direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.”
ASADA has detailed proposals as to how this is structured to ensure that public safety is maintained.

Suffice to say that a step-down category for senior doctors would maintain the need for self-directed CPD, staying on the register, medical indemnity and the payment of a modest registration fee.

ASADA maintains that with the establishment of this category, there would be no lessening of public safety. To the contrary, the welfare of all Australians would be enhanced by the provision of a proper professional exit strategy for senior doctors.

Dr Stuart Boland AM  
President  
Australian Senior Active Doctors Association

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