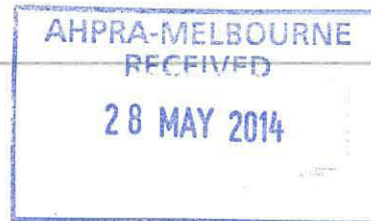


[REDACTED]

26/05/14

Dr Joanna Flynn AM
Chairman, Medical Board of Australia
GPO Box 9958, Melbourne, VIC 3001



Dear Dr Flynn,

Update Medical Board of Australia May 2014

I am responding to a request in Update May 2014 for feedback on registration standards for limited registration.

I have been a medical specialist (anaesthetist) since I obtained my higher degree [REDACTED]

I have worked as a clinician at the coalface, if I can put it that way, ever since that time, i.e. I am in my 46th year as a specialist. 26 of those years were spent as a full-time employee at [REDACTED]. Since leaving [REDACTED] I have practiced in [REDACTED]. I have a particular attachment to [REDACTED]

I turn [REDACTED] in August this year and am planning to retire from my formal sessions at the end of the year.

Following such retirement I would like to offer my availability to [REDACTED] for any *ad hoc* list for which cover cannot easily be found, or in the case of sickness or short notice absence on the part of another anaesthetist.

I would also like to offer availability for epidurals for pain relief during labour on occasions when another free anaesthetist cannot be found. I expect both services would not be offered for more than a few months or two years at the most, following my retirement from regular sessions.

As I see it, this will most likely not be possible because in order to do this I would need to be registered with AHPRA and to do this I would need to continue to satisfy ANZCA in relation to CPD requirements. As a retired person I would not be able to gain sufficient points to satisfy the latter.

Although, I would not stop keeping up to date in my specialty, I do not wish to be held to the sort of requirement with respect to CPD that has applied to me to date. I feel I am at the top of my profession as it is, and the services I am offering will not in any way be services that I cannot easily give at the highest professional level.

Epidural insertion for pain relief during labour is a service I have given for many years. The first epidural I put in, under supervision, was in [REDACTED]. My skills in relation to obstetric epidurals are of a high degree. Furthermore, these services are not easy for anaesthetists to fit into their schedules, as they are by nature haphazard in their timing and urgent when required.

In talking to colleagues of a similar age I have discovered a great deal of dissatisfaction of a like kind. [REDACTED]

In return I have always tried to give back something to the people of this State by spending my career here and by engaging in a full working life.

It now seems a shame that I will not be able to fulfil the useful role that I suggest above, because of policy and standards laid down in the legislation governing AHPRA and the Medical Board of Australia.

Kind regards
Yours sincerely,

[REDACTED]

[REDACTED]