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ASADA AUSTRALIAN SENIOR ACTIVE DOCTORS ASSOCIATION

AMA QUEENSLAND

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Hon Yvette D'Ath
Minister for Health and Ambulance Services
1 William Street
BRISBANE QLD 4000

By email: [redacted]

Dear Minister,

AMA Queensland and the Australian Senior Active Doctors Association (ASADA) are writing to you today to support the re-establishment of a Limited Registration Category for senior doctors in Queensland through modification of the Health Practitioner Regulation National Law (Queensland, 1 March 2020, Section 273) or other appropriate legislative means. The registration category we propose would enable doctors who are retiring or stepping down from regular practice to engage in voluntary, occasional practice in the public interest and provide pro bono services that benefit the heath of Queenslanders.

The COVID-19 pandemic has seen health systems across Australia come under strain. While temporary registration provisions have allowed retired doctors to support the COVID-19 response (albeit by applying for jobs rather than being quickly deployed), by necessity this approach has been ad hoc and unplanned and, unfortunately, the expertise of senior and retired doctors has not been fully utilised. A more proactive approach to current and future public health challenges is the establishment of an enduring volunteer medical reserve which is well-trained and capable of immediate deployment as is the case in France, many regions of the United States, and being piloted in the UK.

An ongoing reserve of volunteer doctors would be of major benefit to Queensland communities facing challenges related to pandemics, natural disasters, emergencies, and vulnerabilities associated with location (e.g., rural and remote) and demography (e.g., first nations, elderly, and homeless people).

Every year in Queensland around 300 doctors, representing over 12,000 years of medical experience, forgo their registration and cease practising. Reasons for this include winding down practices, competing demands such as family carer roles, and changes to the nature of employment and practice. Queensland is losing both GP and non-GP specialists (e.g., anaesthetists, intensivists, surgeons, physicians, and psychiatrists). A number of these will have been heads of hospital departments and specialist units during their careers and have many years of clinical leadership and experience. Many wish to continue contributing their services to their communities through voluntary practice targeted at areas of public health need. They are unable to do this under the current system of registration which makes it difficult for senior

doctors to effectively scale down their practice from full-time to occasional practice whilst maintaining and volunteering their expertise for the public good. The re-establishment of a form of limited registration in the public interest (Senior Active Doctor) would overcome this barrier and provide the basis for the establishment of a medical reserve.

The move to a single National Registration and Accreditation Scheme (NRAS) on July 1, 2010 was a significant milestone in that it unified and harmonised a variety of regulatory regimes. However, these new arrangements removed the possibility for Queensland's highly experienced senior doctors to step down into occasional practice registration as the category that enabled this (Limited Registration Public Interest – Occasional Practice) was abolished. As a result, senior doctors now have only one registration option to practice medicine as defined by AHPRA. They must be fully registered. If they move to non-practicing registration or give up registration, they are unable to practice medicine and cannot volunteer their services. This contrasts with retired lawyers who are actively encouraged to undertake pro bono work with free practising certificates.

In the decade since the implementation of the NRAS and the abolition of limited registration for senior doctors, the public health landscape has changed considerably. There has been increasing pressure on the public health system, health workforce shortages in some areas of Queensland, and increasing disease burden in the community. There is also need for surge capacity during pandemics and state-wide disasters (such as those related to climate change, including fires and floods). These changes necessitate more innovative approaches to service delivery including the effective channelling of senior doctors' knowledge and expertise. As demonstrated in other countries, forms of limited registration in the public interest enable volunteer senior doctors to successfully assist in a range of public health areas and help reduce the demands on public health resources.

AMA Queensland, in the 2020 submission to the Qld Health Reform Planning group, recommended that the Queensland Government support the Senior Active Doctor registration category. Subsequently, AMA Queensland established a Senior Active Doctor Working Group which, in collaboration with ASADA, has identified a model of registration (attached). This model delivers a solution that provides additional public health benefits to the original limited registration category and is consistent with the approaches that have been adopted by overseas governments who recognise the value of keeping senior doctors in their health systems through various forms of ongoing, limited and volunteer registration.

The proposed registration category facilitates an ongoing reserve of doctors that is replenished each year by those who choose to step-down from full registration and volunteer their services for community benefit. These doctors would complete continuing professional development (CPD) in identified areas of public need and would be deployed in public-safe ways, such as through engagement in team-based service delivery and working in conjunction with fully registered practitioners.

AMA Queensland is committed to supporting a volunteer reserve of doctors through several initiatives including; the establishment of an education hub to ensure ongoing maintenance of expertise through accredited, targeted, high-quality CPD

programs; identification and coordination of appropriate credentialling; and negotiation of appropriate levels of indemnity insurance for Senior Active Doctors.

The proposed registration category would enable two categories of doctors – those who are currently registered but are transitioning towards retirement, and those who are currently on the pandemic sub-registers - to volunteer their services to improve and contribute to the health of Queenslanders as a reserve medical workforce providing surge capacity where and when required.

By enabling doctors who are transitioning towards retirement to step-down their registration, the reserve would capture senior doctors with recency of practice and a high level of expertise and knowledge of the Queensland health system. Around 680 doctors were on the pandemic sub-register in Queensland in 2020. More have been added recently with the inclusion of doctors who retired in the past two years (2021 sub-register). With up to 300 Queensland doctors stepping down annually to limited registration in the public interest, the reserve would see rapid expansion in a short time period with opportunities for doctors to volunteer their services across the state.

This is an opportune time to reassure the Queensland community that the Queensland Government is taking innovative steps to maintain a highly experienced and qualified volunteer reserve medical workforce ready to assist in the current pandemic as well as with ongoing and future public health challenges. We believe that the Queensland Government has the opportunity to take the national lead in this innovative way to utilise the medical experience that is currently being lost to the State.

We hope to meet with you at the earliest possible convenience so that the benefits of our proposal to the health of Queenslanders can be discussed in detail.

Yours sincerely,

[redacted]

Professor Chris Perry
President, AMA Queensland

Associate Professor Geoffrey Hawson
President, ASADA

cc:
Dr John Wakefield, Director-General, Queensland Health:
[redacted]
Mr Nick Steele, A/Deputy Director-General, Clinical Excellence Queensland and Deputy Director-General, Healthcare Purchasing and System Performance Division:
[redacted]

AMA Queensland
Senior Active Doctor Registration Model

1. Rationale

1.1 Public Health Challenges

The Chief Health Officer's Report for 2020 (Queensland Health, 2020) identifies a range of health challenges facing Queenslanders and Queensland Health services. They include providing adequate health care to medically underserved Queenslanders who live in regions distanced from urban centres of health care delivery, and higher rates of mortality and disease burden amongst Aboriginal and Torres Strait Islander people. Many Queenslanders living in rural and remote settings, of lower socio-economic status, and of vulnerable age (younger, older) do not experience timely and adequate health care in their communities leading to potentially preventable hospitalisations (PPHs), as well as deaths. Chronic conditions coupled with an ageing population have seen an increase in those living longer with poor health and wellbeing.

Emergencies, natural disasters (floods, fires, cyclones), and pandemics can place an unplanned strain on health resources. During the COVID-19 pandemic, state and federal governments have put in place a surge workforce through mechanisms such as the pandemic sub-register. Maintaining an ongoing register of senior doctors as a medical reserve to assist in times of pandemic and other disasters, and to assist when there are strains on the health system is a proven strategy in countries such as the United States and France and is now being piloted in the United Kingdom.

1.2 Loss of Senior Doctors as a Public Health Resource

Each year, in Australia, approximately 1,850 doctors relinquish their medical registration. For the six years from 2013 to 2018, 11,136 doctors didn't renew their registration, including 1,728 doctors in Queensland (AMA Health workforce data). Based on an average career span of around 40 to 45 years for doctors, this represents a loss of over 70,000 years of medical experience and expertise in Queensland alone. Doctors who forgo their registration have expertise in a broad range of medical specialty areas and general practice. They have held positions as Eminent/Pre-eminent specialists with Qld Health, served as Clinical Leads and Department Heads of hospitals and care units, held research and teaching positions with university medical schools, served on Queensland Health, national, and international advisory committees, mentored medical students, taught Grand Rounds, educated nurses and other health practitioners, and engaged in planning and overseeing medical and health service delivery. This loss has an enormous cost to health services and systems as when doctors retire, health services lose their experience, knowledge and support.

Doctors often surrender their registration because they are unable to meet full registration requirements as they reduce their practices or transition to retirement. Continuing professional development (CPD) and recency of practice requirements, and the ongoing costs associated with running a clinical practice are identified as barriers for many medical practitioners aiming to reduce their work hours and scope of practice as they transition to retirement. Many senior

doctors wish to continue contributing to their communities and profession but are frustrated at how this can be achieved under the current system of registration.

1.3 Solutions

Acknowledgement of the vast expertise and experience of senior doctors and the need for flexible approaches to doctors' work practices as they transition to retirement is evident in schemes and registration (licensing) requirements in other countries. In the **United Kingdom**, senior doctors are encouraged to stay on through flexible work practices and invited to return to the workforce after retirement through schemes such as 'retire and return'. CPD requirements and revalidation processes are being reassessed to support senior doctors in their roles. In the **United States**, step-down registration options include **Emeritus, Active-Retired and Volunteer Licenses**. These options enable senior doctors to step down from full, active practice then continue their services to their communities through voluntary, public health-focused activities. For example, senior doctors with volunteer licenses can sign up to the **Medical Reserve Corps** which aims to strengthen public health, improve emergency response capabilities, and build community resiliency. Senior doctors provide services in areas of unmet and underserved medical and health needs, and during emergencies, natural disasters, and pandemics.

During the pandemic, countries around the globe (including the US, UK, France, Belgium, Bosnia and Herzegovina, Denmark, Germany, Iceland, Italy, Malta, The Netherlands, Norway, and Poland) reactivated retired and inactive medical licenses and deployed senior doctors in a range of surge workforce roles. The '**medical care reserve**' in **France** was mobilised as was the Medical Reserve Corps in various regions of the United States where senior and retired doctors engaged in contact tracing and vaccination.

Future pandemics are considered inevitable, given increasing urbanisation, deforestation and climate change enabling new and novel contact between animals and humans (Carlson et al., 2021). The World Health Organisation (WHO) argues that a well-trained health workforce in sufficient numbers, with the possibility for increasing capacity, is critical for an effective pandemic response. Maintaining a well-trained pool of reserve senior doctors available to assist if the usual medical staff are required elsewhere is proactive and prudent, particularly when emergencies and pandemics rarely offer significant lead-time warning to rely on reactive and ad hoc measures.

A coordinated approach to utilising the services of retired medical practitioners has enormous community benefit and avoids the costs of inertia and delayed action when governments are faced with high rates of medical volunteerism (as documented across the globe during COVID-19) but have no plan as to how to effectively deploy such volunteers. This realisation has seen the introduction in November 2020 of a member's bill in the UK parliament to establish an NHS Reserve Staff that has multi-member support including the Secretary of State for Health and Social Care (responsible for the NHS). NHS England is currently piloting models for an NHS Reserve across seven regions.

In the decade since the implementation of the National Registration and Accreditation Scheme (NRAS, 2010) and the abolition of limited registration for doctors stepping down from regular practice, the public health landscape has changed considerably. There has been increasing pressure on the public health system and an increasing need for innovative approaches to deliver surge capacity during times of national and state-wide disasters (such as those related to climate change, including fires and floods), pandemics and emergencies. A form of limited registration would enable senior doctors to assist in a range of designated public health needs areas. As

demonstrated by the medical reserve units in the United States and France, coordinated volunteer programmes and clinics in the United States, and the proposed model of the NHS Reserve in the UK, the contributions that Queensland Senior Active Doctors can make to their communities and their profession are extensive, both in terms of clinical and non-clinical practice.

2. Proposal for Senior Active Doctor Registration

The proposed registration model builds on the Limited Registration Public Interest – Occasional Practice (LRPI-OP) category which was in existence across a number of states during the establishment of the National Registration and Accreditation Scheme in 2010 (Health Practitioner Regulation National Law (Queensland) Section 273) but was extinguished in 2013. It is comparable to Volunteer and Emeritus Licenses available to retired and senior medical practitioners in various regions of the United States and serves the purpose of enabling and maintaining a reserve and surge medical workforce as established in countries such as the United States and France and being piloted in the United Kingdom.

2.1 Purposes of Senior Active Doctor Registration

- To retain high levels of advanced medical expertise and experience for community benefit.

- To enable Senior Active Doctors to contribute their experience and expertise for the improvement of the health and wellbeing of Queenslanders.

- To establish a mechanism by which Senior Active Doctors can transition from full registration to limited registration enabling them to voluntarily assist in the provision of services in times of disaster, emergency and pandemic, in areas of shortage, and when deemed necessary in the public interest.

- To provide a 'trained and ready', reserve medical workforce (RMW) (e.g., medical reserve, surge workforce) to help meet emergent public health and disaster management challenges facing Queenslanders.

- To provide a supplementary volunteer workforce where and when required. Senior doctors registered in the Senior Active Doctor category would supplement, not supplant, fully registered doctors. Senior doctors in clinical roles would not replace salaried staff, except on a temporary-needs basis, for example, in times of disaster, pandemic, and workforce shortage.

- To provide a public-safe option through mechanisms put in place to ensure appropriate practice with a focus on team-based care (for those engaging in clinical practice) and maintenance of skills and expertise through accredited, targeted, high-quality continuing professional development programs.

2.2 Guiding Principles

1. As with the previous LRPI-OP category, registration in the Senior Active Doctor category would be **voluntary and opt-in**. Senior doctors could also choose to fully retire from practice by forgoing registration or choosing non-practising registration as is the case now.
2. The opt-in choice would be available at the time of renewal of registration for doctors who had **been fully registered and had met their registration requirements** prior to taking up the limited registration option.
3. Doctors who have **retired in the three years prior** to the limited registration category becoming available would be eligible to register, **including those on the Queensland Pandemic sub-register.**
4. In alignment with AHPRA's definition of practice for registration, senior doctors under a Senior Active Doctor Limited Registration category would be able to engage in limited (see 8 below) **clinical practice**, **non-clinical practice, or a combination of these**.
5. Doctors would be **retired from regular practice**.
6. Practice would be **occasional** and determined by public interest.
7. Practice would be **voluntary**. Doctors could be compensated for costs incurred in providing care.
8. Practice would be **limited to referral, prescribing and medical service in the public interest as determined by the doctor's previous experience and the public health needs to be met.**

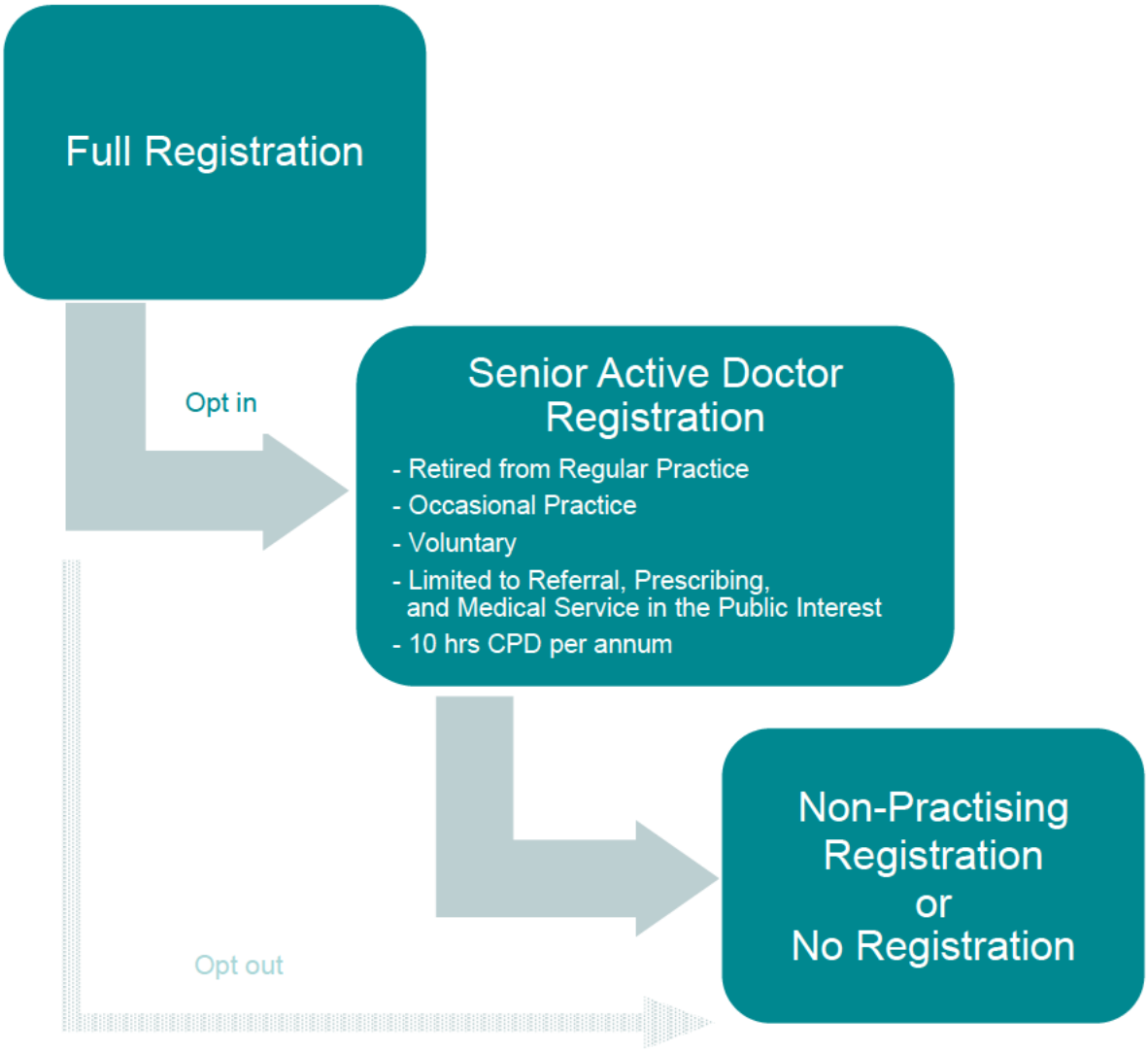
2.3 Proposed Registration Category

It is proposed that the registration category (Limited Registration Public Interest– Senior Active Doctor) be a revised version of the LRPI-OP registration category and offer a step down from full registration to limited registration (see Figure1).

Table 1: Proposed Registration Category

Limited Registration Public Interest – Senior Active Doctor
The doctor has retired from regular practice.
The doctor intends to practise only on an occasional basis determined by public interest.
Practice is voluntary.
Practice is limited to refer, prescribe, and medical service in the public interest as determined by the doctor's previous experience and the public health needs to be met.

Figure 1: Proposed Model of Senior Active Doctor Registration



2.4 Scope of Practice

In the proposed limited registration category (Table 1), practice would encompass prescribing, referring and medical service in the public interest as determined by the doctor's previous experience and the public health needs to be met.

2.5 Continuity of Care

Senior Active Doctors under the proposed registration category would follow the continuity of care practices that are in place in the agencies and contexts in which the services are delivered, including the use of medical records and uploading to My Health Record, if required. Continuity of patients' medical records would be assured.

2.6 Continuing Professional Development (CPD) Registration Standard

In 2010, The Medical Board of Australia CPD Registration Standard for LRPI-OP specified the following CPD requirements:

> "Those who hold limited registration in the public interest for occasional practice, prescribing and referral must complete a minimum of 10 hours CPD per year focused on the particular nature of their practice; for example, therapeutics."

It is proposed that the new registration standard be modelled on this prior standard.

> "Those who hold limited registration in the public interest (Senior Active Doctor) for occasional practice, prescribing, referral and medical service in the public interest must complete a minimum of 10 hours CPD per year focused on the particular nature of their practice and on areas of medical service in the public interest."

2.7 Targeted and Centralised Provision of CPD

The content of CPD would be targeted and based on stakeholder discussions of the areas in which senior doctors could volunteer their services to most effect. For example, modules might include epidemiology, contact tracing, vaccination, emergency management systems, mental health preparedness, bioterrorism response, first aid, CPR, mass fatality response, public health issues, therapeutics, burns and wounds, respiratory conditions (fires and hazards).

It is proposed that CPD offerings be centralised through AMA Queensland as the association has the resources to coordinate and deliver the required CPD training in multiple formats (face-to-face, zoom, online, Doctor Portal Learning). This would ensure accredited, targeted, high-quality CPD programs. It is proposed that CPD be user-pays with appropriate fee structures set by AMA Queensland.

2.8 Professional Indemnity Insurance

Professional indemnity requirements would be identified by individuals and organisations who engage senior doctors in voluntary capacities.

It is proposed that AMA Queensland assist with negotiating appropriate liability coverage for their Senior Active Doctor members through their brokerage options.

2.9 Credentialing

Credentialing is:

"… the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health clinicians for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health services within specific organisational environments" (Australian Commission on Safety and Quality in Health Care, 2020, p.37).

Credentialing is a requirement in situations where doctors are employed to provide services of a certain nature or, if in private practice, provide services in health facilities owned by others (e.g., private and public hospitals). Credentialing processes are at the discretion of employing bodies. They are linked to the services being offered and are aimed at ensuring public safety. Guidelines for the credentialing process are provided by Qld Health and the Australian Commission on Safety and Quality in Health Care, as well as individual organisations.

The services offered by volunteer Senior Active Doctors under limited registration are likely to be part of targeted, public health programs, incorporated under the services offered by public and volunteer organisations, and involve assisting or team-based services with guidance or oversight by fully registered practitioners.

"Credentials can be confirmed centrally and scope of clinical practice applied across different facilities and mutual recognition of credentials across health service organisations. Jurisdiction-wide credentialing may be offered for 'services operating across district or network borders, such as retrieval or statewide services' (Australian Commission on Safety and Quality in Health Care, 2015).

It is proposed that AMA Queensland assume a lead role in determining with Queensland Health and any other relevant stakeholders appropriate credentialing processes for Senior Active Doctors including the possibility of multi-facility, mutual recognition and jurisdiction-wide approaches.

2.10 Public-Safe Practice

As Senior Active Doctors' clinical practice would be voluntary, services engaging doctors would determine the capacities and capabilities of the doctors they require (based on the doctor's previous experience and the public health needs to be met). Under the registration standard proposed, Senior Active Doctors are unlikely to engage in isolated or solo practice, unless directed. Senior Active Doctors are not defined by age, but rather by expertise and experience, and are likely to encompass a broad range of ages.

Many of the clinical practice types engaged in by senior doctors in other countries, such as the United States, incorporate safeguards through a focus on

- Coordinated, team-based practice addressing identified areas of public health need (e.g., medical reserve).
- Targeted CPD/training to maintain expertise in identified areas.
- Practice in conjunction with other registered medical practitioners.
- Collegial and guided clinical practice designed to address public health issues.

These forms of practice and training have been identified as facilitators of ongoing doctor competence and public safety. The practice safeguards that are recommended for all registered doctors in Australia would apply to Senior Active Doctors.

Associate Professor Geoffrey Hawson
Chair, AMA Queensland Senior Active Doctors Working Group
September 2021