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24 November 2022

Dear Colleagues,

After nearly 34 years of service to the public hospital system I am planning to permanently reduce my commitment from 1st July 2023.

The following outlines my intentions:-

I have requested a “zero hours” contract from the Northern NSW Local Health District (NNSWLHD) once my current quinquennial appointment is completed in June 2023. This will mean I do not have any regular operating lists nor any formal commitment to the Surgical On-Call Roster. I will therefore not be able to add any patients to the Lismore Base Hospital public waiting list and if I am to be involved in cases assisting my colleagues then they will primarily be responsible for the patient’s care. Due to the events of the last few years, there is still a backlog of less urgent (Category B and C) cases on my waiting list that I am committed to completing, even after the conclusion of the quinquennium if necessary. To make this possible I will take up additional operating time at the Lismore Base Hospital, as it becomes available, until my current waiting list is completed.

I have offered to remain involved in the Department of Surgery in a preceptor role to assist and mentor my colleagues, when needed and requested, with cases that relate to my sub-specialty interests of breast, neck dissections and endocrine surgery. I have also indicated my willingness to be an additional backup for the acute Surgical On-Call Roster in times of need. I will still be involved in teaching through all levels from medical students up.

Despite multiple attempts to confirm these proposed arrangements with NNSWLHD, since I first approached them in April 2022, I do not have a formal acceptance nor commitment from them at this stage. Notwithstanding this lack of response from the administration, the time has now come to responsibly withdraw my services to allow for the smoothest possible transition in the middle of next year. **I will therefore not be accepting any referrals for patients who are intending to have their treatment entirely through the public hospital system after the 31st December 2022.**

Any public referral received after 31st December will be redirected to a colleague or returned to the referrer to seek an alternative surgeon to assist in management. There will be an arrangement where if I need to be involved in the preceptor capacity I will then receive a referral from the treating surgeon.

I will continue to follow-up all my existing public patients through my consulting rooms, but if inpatient surgical intervention is required, I will then need to refer them to a colleague. I apologise for any inconvenience this may cause to both the patients and yourselves.

I have received almost unanimous overt support for the proposal from my colleagues and there have been no colleagues who have indicated dissatisfaction with these plans.

I will continue to work at St Vincent's Hospital for privately insured and self-insured patients.

It has been both my privilege and pleasure to assist in the management of public patients for well over 30 years and I would like to take this opportunity to thank you all for your incredible support and help in managing all the patients whose care we have shared.

Please feel free to contact me to clarify the contents of this letter.

Yours sincerely,



Dr Rob Simon

