

**MEDICAL BOARD
OF
WESTERN AUSTRALIA**



2005 ANNUAL REPORT

30 JUNE 2005



18th Annual Report of the

Medical Board of Western Australia

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18th Annual Report of the

Medical Board of Western Australia

The Hon Jim McGinty, MLA
Minister for Health
30th Floor, Allendale Square
77 St Georges Terrace
PERTH WA 6000

Dear Minister

The Medical Board of Western Australia is pleased to submit this Annual Report to the Minister for Health for the period 1 July 2004 to 30 June 2005. The report fulfills the requirements of Section 21G of the Medical Act 1894 (WA).

Forming part of the Report are the audited financial statements of the Board.

Prof. Michael

PROFESSOR C MICHAEL AO
President



1. PRESIDENT'S REPORT

The period covered by this 18th Annual Report is one which reflects significant changes in the regulatory landscape of the Medical Board of Western Australia.

The enactment of the State Administrative Tribunal Act 2004 and amendments to the Medical Act 1894 have provided for the creation of "informal" and "formal" mechanism for dealing with disciplinary matters. These processes are:

- A Professional Standards Committee appointed by the Medical Board to hear and determine less serious breaches of the Medical Act; and
- An independent State Administrative Tribunal to determine serious matters which would be likely to necessitate suspension or deregistration.

Details of these and other developments that have occurred during the year under review are summarised below.

The State Administrative Tribunal

The State Administrative Tribunal ("the SAT") became operational on 1 January 2005 as an independent review tribunal for number of administrative tribunals and courts, including the Medical Board of Western Australia.

The introduction of the SAT has separated the disciplinary function of the Board from its regulatory and complaint handling and investigatory functions.

The SAT has two primary sources of jurisdiction:

- (a) The State Administrative Tribunal Act 2004 ("the SAT Act") which sets out matters relevant to the SAT's jurisdiction; and
- (b) The State Administrative Tribunal (Conferral of Jurisdiction) Amendment & Repeal Act 2004 ("the Conferral Act") which enables Medical Board matters and jurisdiction to be referred to the SAT.

The penalties the SAT may impose upon dealing with an allegation referred by the Board include the removal of the name of the practitioner from the Register, suspension for a period not exceeding 12 months, impose a fine not exceeding \$10,000 or reprimanding the practitioner.



Amendments to the Medical Act 1894 (WA)

The Conferral of Jurisdiction Act has made extensive amendments of a far reaching nature to the Medical Act 1894 (WA).

The most significant of these amendments include:

1. The creation of a Professional Standards Committee. The Board is empowered to appoint persons to be members of a committee to be known as the Professional Standards Committee ("the PSC"). These appointees need not be members of the Board nor do they need to be a medical practitioner. If the Board is of the opinion that a disciplinary matter does not warrant the holding of an inquiry to be conducted before the State Administrative Tribunal it may refer the matter to the PSC. The PSC may itself refer the matter to SAT, but if it does not, and provided that the PSC has given the practitioner the option of having the matter dealt with by SAT and has given the practitioner the option to make submissions, in an appropriate case the PSC may reprimand the practitioner, fine the practitioner in an amount not exceeding \$5,000 and impose restrictions or conditions upon the practitioner's practice.
2. The Board will no longer conduct disciplinary hearings. These will be conducted by the SAT. For this purpose the SAT will be constituted by four members being the President or one of the Deputy Presidents of SAT, two persons who are medical practitioners and one person who is not a medical practitioner but who is familiar with the interests of medical practitioners and has knowledge and experience enabling the understanding of those interests. In appropriate cases, the President may direct that the Tribunal is to be constituted by five members by the co-option either of another lawyer or another lay person.
3. The Board is empowered to make orders on a summary basis for a period of not more than 30 days where it is of the opinion that an activity of a medical practitioner involves or will involve a risk of imminent injury to the physical or mental health of any person. Such orders are to be reviewed by the SAT, and the Board is obliged to refer the conduct which it has relied upon for the making of the order to the SAT within 14 days after the date of the order, or alternatively to revoke the order.



4. The Board has power to appoint a person to investigate any matter relevant to the exercise of the Board's functions. An investigator so appointed has extensive powers. These powers are as extensive as police powers. For example, an investigator may obtain a search warrant from a Magistrate to enter and inspect premises. The investigator may also require the production of any document or other thing relevant to the investigation and may compel a person to answer questions, although both powers are qualified by certain conditions.
5. Section 167 of the State Administrative Tribunal Act deals with the transfer of jurisdiction from the Board to SAT. The Conferral Act provides for the making of regulations dealing with the transfer of jurisdiction to SAT. Relevantly, it appears if any inquiry is partly or fully heard before the Board but not determined, the Board will deal with the matter unless the Board determines that it will be more practicable for the matter to continue before the Tribunal, (for example where although a hearing has nominally commenced no evidence has been taken). The Board is required to transfer such a matter to SAT if the matter cannot be or is unlikely to be determined within 6 months after the transfer day or the President of the SAT so directs.

Australian Index of Medical Practitioners – Memorandum of Understanding

The State and Territory Medical Board's have committed to the joint development of the Australian Index of Medical Practitioners ("AIMP") – a networked interchange system to enable the coordination and exchange of information between the various Board's computer systems. The objective is to ensure that an accurate index of practitioners registered to practice medicine in Australia is maintained.

A Memorandum of Understanding has been prepared to cover governance matters relating to the development and operations of the AIMP legal entity. It identifies the rules agreed to by the Boards, the decision making processes an outline of the business plan required by the Boards of the AIMP operating entity

The Board considered the MOU and has agreed in principle to commit to the MOU for the development of common information/data standards, common processes and other relevant common initiatives.

Medical Board Information Technology System

The Australian Health Ministers Advisory Committee (AHMAC) Working Party's recommendation for a national consistent approach to medical registration will require an upgrade of the Board's IT system to a higher level of functionality.



A number of the smaller jurisdictions, being Western Australia, South Australia, Tasmania, Northern Territory and the Australian Capital Territory have agreed to be part of a feasibility study of undertaking a collaboration approach to help smaller Medical Boards access technologies required.

The option for system upgrades available for these jurisdictions include:

- Upgrade the functionality of their existing IT system;
- Develop a new specification independently and commission a provider to develop/install the system;
- Access a system developed for a similar jurisdiction and adopt/customize this; and
- Form a cluster of jurisdictions to jointly develop/ access a common system.

The study will assist the Board identify:

- The gap between smaller Board systems and future requirements;
- The suitability (or gap) between smaller Board requirements and systems which exist (or being developed by) the larger Boards;
- A business model which will support the services needs, autonomy and controls required by participating Boards; and
- Approximate costings.

Appointments

On 22 December 2004 Dr Neale Fong, Director General of Health, became the designated Department of Health appointee to the Medical Board pursuant to section 4(1a)(a) of the Medical Act 1894.

Dr Brian Lloyd and Dr Andrew Robertson were the Health Department nominees of the Board, until Dr Fong's appointment.

Currently section 4(1a)(a) provides that if the Chief Executive Officer (CEO) is a medical practitioner that he or she must sit on the Medical Board. If the CEO is not a medical practitioner he or she is able to nominate a medical practitioner to sit on the Board, however, there is no flexibility provided if the CEO is a medical practitioner.



An amendment to the Medical Act 1894 will be sought to adopt the 2001 Medical Act Review Working Party recommendation made to the Minister for Health which provides for the CEO to nominate a person who is a medical practitioner employed within the Public Service or a salaried officer of a public authority who is a medical practitioner to sit on the Board.

Finally I would also like to take the opportunity to acknowledge the work and commitment by Board members and secretariat staff in meeting the Board's goals and challenges throughout the year.

Con. Michael

PROFESSOR CON MICHAEL AO
President



2. BOARD MEMBERSHIP AND OFFICE

Professor Con Michael, (President), AO. MD, MBBS (West Aust), FRCOG, FRANZCOG, DDU, M.AcMed (Hon) Malaysia, F.AcMed (Hon) Singapore.

Mr Patrick Walker, FIMM, FAIM.

Associate Professor Geoff Riley, MBBS (West Aust), MRC Psych, FRACGP, FRANZCP.

Ms Ann White.

Professor Louis Landau, AO, MBBS (Melb), FRACP; MD (Melb).

Professor Bryant Stokes, AM, RFD, MBBS (West Aust), FRACS, FRCS.

Dr Felicity Jefferies, MBBS (West Aust), FACRRM.

Ms Penelope Giles BA LLB (Hons).

Mr Nicholas Mullany, LLB (Hons) (West Aust), BCL (Oxon)

Dr Peter Wallace, OAM, MBChB (Edinburgh) FRACGP, FACRRM, Dip Obst RCOG.

Dr Rosanna Capolingua, MBBS (West Aust)

Dr Brian Lloyd, MBBS(West Aust), FRACP, PhD, FACC. (to 23 August 2004)

Dr Andrew Robertson, MBBS (Sydney); MPH; MHSM (from 24 August 2004 to 21 December 2004)

Dr Neale Fong, MBBS (West Aust) (from 22 December 2004)



3. BOARD MEMBERS' ATTENDANCES

Provided below is a summary of the Board Member attendances for the year ended 30 June 2005.

Member	Board Meetings	Sub-Committee	Special Meetings	Directions Hearings	Inquiries Full Day	Inquiries Half Day	Inquiries Part Day	AMC
Prof C Michael	11 (12)	19	3	0	15	5	6	6**
Ms P Giles	11 (12)	14	3	0	11	1	6	0
Dr B Lloyd	0 (1)	0	0	0	0	0	0	0
Prof L Landau	6 (10)	5	3	0	2	0	1	0
Dr F Jefferies	8 (12)	10	0	0	2	2	2	0
A/Prof G Riley	11 (12)	12	3	9	7	4	4	0
Prof B Stokes	11 (12)	19	2	0	12	4	5	0
Mr P Walker	8 (12)	0	2	0	9	3	7	0
Ms Ann White	12 (12)	12	3	0	8	1	4	0
Mr N Mullany	9 (12)	10	1	9	9	5	4	0
Dr P Wallace	11 (12)	7	3	0	11	3	5	0
Dr R Capolingua	11 (12)	16	2	0	7	2	3	0
Dr A Robertson	4 (5)	0	0	0	2	0	1	0
Dr N Fong	0 (6)	0	0	0	0	0	0	0

Figures in brackets represent possible number of Board Meeting attendances.

*** Includes attendance at National Medical Board's Seminar.*



4. OFFICE OF REGISTRAR

REGISTRAR

Mr Frank Fiorillo (appointed 1 June 2005)
Professor Bryant Stokes (8 April 2005 to 31 May 2005)
Mr Simon Hood (to 7 April 2005)

OFFICE

Level 8, London House, 216 St Georges Terrace, Perth, Western Australia 6000.

Australian Business Number
25 271 541 367

Website: www.wa.medicalboard.com.au

SOLICITORS FOR THE BOARD

Liscia & Tavelli Legal Consultants
PO Box 8193, Perth Business Centre
PERTH WA 6849

Mullins Handcock Lawyers
Level 13, Citibank House
37 St George's Terrace
PERTH WA 6000

Sparke Helmore Lawyers
Level 12, The Quadrant
1 William Street
PERTH WA 6000

Tottle Partners Lawyers
Level 1, 181 St Georges Terrace
PERTH WA 6000

McCallum Donovan Sweeney
2nd Floor, Irwin Chambers
16 Irwin Street,
PERTH WA 6000



5. OVERVIEW OF OPERATIONS

REGISTRATION SUB COMMITTEE

Professor Bryant Stokes (Chairperson)
 Professor Louis Landau
 Dr Felicity Jefferies
 Dr Peter Wallace

5.1 Registration

OVERVIEW

A total of 7,266 individual medical practitioners were registered in Western Australia as at 30 June 2005.

GENERAL REGISTRATION

	30 June 2005	30 June 2004	30 June 2003
General Registration	6,238	6,107	6,003

CONDITIONAL REGISTRATION

Conditional registration is granted to applicants who do not meet all the requirements of general registration under Section 11 of the Medical Act 1894 (As amended).

Conditional Registration	30 June 2005	30 June 2004	30 June 2003
Internship	131	137	116
Supervised Clinical Practice	30	33	17
Postgraduate Training	64	61	39
Medical Teaching	2	5	5
Medical Research	4	4	4
Unmet Areas of Need	443	429	462
General Practice in Remote and Rural Western Australia	60	70	39
Recognised Specialist Qualifications and Experience	263	198	142
Foreign Specialist Qualifications and Experience – Further Training	8	14	15
Temporary Registration in the Public Interest	22	6	10
Special Continuing	1	1	2
TOTAL	1028	958	851
Other Registration			
Medical Call Services	3	3	3
Body Corporate	181	141	-



The categories of conditional registration are defined as follows:

INTERNS

A graduate from an accredited Australian or New Zealand University who has been offered an Internship position in a Teaching Hospital is eligible for registration for the purpose of completing the twelve month period of internship.

SUPERVISED CLINICAL PRACTICE

A medical practitioner who has successfully completed both the multiple choice questionnaire and clinical component of the Australian Medical Council examinations is eligible for registration pursuant to this category. Registration will be granted for a period of twelve months, following which and subject to satisfactory performance, the medical practitioner is eligible for transfer to general (unconditional) registration.

POSTGRADUATE TRAINING

A medical practitioner whose primary medical degree was not obtained from an accredited Australian or New Zealand Medical School may be eligible for registration for the purpose of undertaking postgraduate training in Western Australia. Ongoing registration is subject to annual satisfactory performance reports to the conclusion of the postgraduate training program.

MEDICAL TEACHING

A medical practitioner may be eligible for conditional registration for the purposes of undertaking a medical teaching position in Western Australia if he or she has qualifications that the Board recognises for that purpose. Registration is generally limited to visiting overseas specialists who require short periods of registration

MEDICAL RESEARCH

A medical practitioner may be eligible for conditional registration for the purposes of undertaking a medical research position if he or she has qualifications that the Board recognizes for that purpose. Registration is generally restricted to short periods.

UNMET AREAS OF NEED

An overseas trained medical practitioner working in a position for a limited period of time in an area having been declared an Unmet Areas of Need by the Minister for Health and approved by the Board.



GENERAL PRACTICE IN REMOTE AND RURAL WESTERN AUSTRALIA

A medical practitioner who has qualifications and experience obtained overseas but is otherwise competent to practise as a general practitioner and undertakes to abide by the conditions in Section 11AG(2) of the Medical Act may be eligible for registration in this category. The conditions are:

person can only practise as a General Practitioner;
person must practise in remote and rural WA for five years after registration; and
must become a fellow of the Royal Australian College of General Practitioners within two years of registration.

RECOGNISED SPECIALIST QUALIFICATIONS AND EXPERIENCE

An overseas-trained specialist who has been awarded Fellowship (or be deemed equivalent to an Australian trained specialist) to a recognised Australian Medical College.

FOREIGN SPECIALIST QUALIFICATIONS AND EXPERIENCE – FURTHER TRAINING

A medical practitioner, whose specialist qualifications and experience were obtained outside Australia, may be eligible for registration in this category for the purpose of undertaking further specialist training or examination in order to achieve Fellowship to a recognised Australian Medical College.

PUBLIC INTEREST

Registration is granted at the Board's discretion on a temporary basis if it is deemed in the public interest to do so.

MEDICAL CALL SERVICE

A locum service primarily providing after hours and short-term locum appointments.

REGISTRATION OF PRACTICE NAMES AND BODY CORPORATE

A medical practitioner intending to advertise his/her medical practice by a name other than that by which the practitioner is registered must have that practice name approved by the Board.

A medical practitioner who provides services through a company is required to make application to the Board for registration of the Medical body corporate as a medical practitioner.



5.2 Complaints

COMPLAINTS SUB COMMITTEE

Ms Ann White (Chairperson)
Professor Con Michael
Ms Penelope Giles
Associate Professor Geoff Riley
Mr Nicholas Mullany
Dr Rosanna Capolingua

THE COMPLAINTS PROCESS

The Medical Board of Western Australia ('the Board') is an independent statutory authority.

The Board's powers under the Medical Act 1894 (WA) ('the Act') are limited to investigating allegations of infamous or improper conduct in a professional respect, professional misconduct or gross carelessness or incompetence. In order to take action against a medical practitioner pursuant to the Act, the Board must be able to resolve that, on the evidence available, a breach of the Act has occurred.

The complaints process need not be initiated by a patient. Complaints are sometimes made by a family member or other interested party. Board policy generally requires confirmation of the complaint by way of a completed Complaints Form. Particulars of the complaints process and the Complaints Form can be obtained from the Medical Board Website www.wa.medicalboard.com.au or from the Board office. Where practicable, complainants are encouraged to resolve matters at the level of patient and practitioner. Issues regarding complaints of a financial nature are often best served by the Office of Health Review.

Certain categories of complaints are referred to the Medical Board from the Office of Health Review for further investigation. These categories include:

complaints that raise issues of public interest or professional standards; and
complaints that do not fall within the Office of Health Review's jurisdiction.

Complaints made by one practitioner against another, which do not involve a health service provided to the complainant, can also be investigated by the Board.



THE YEAR UNDER REVIEW

During the year under review 169 new complaints were received by the Board, a decrease of 16 from the preceding year.

STATISTICS

The following is a summary of the status of the complaints considered as at 30 June 2005:

Statistics	30 June 2005	30 June 2004	30 June 2003
Total number of new complaints received by the Board	169	185	160
Complaints where insufficient grounds to proceed to Inquiry or no further action	85	120	106
Outstanding Complaints	65	27	33
Inquiries completed	22	23	14
Inquiries pending	3	56	42
SAT hearings completed	3	n/a	n/a
SAT hearings pending	24	n/a	n/a
PSC hearings completed	0	n/a	n/a
PSC hearings pending	26	n/a	n/a

The relevant provisions regarding inquiries into medical practitioners are set out in section 13 of the *Medical Act 1894*.

The Board may allege to the State Administrative Tribunal ("the SAT") that disciplinary action should be taken against a medical practitioner, not being a body corporate, where it appears to the Board the medical practitioner may be:

- s. 13 (1)(a) guilty of infamous or improper conduct in a professional respect;
 - s. 13 (1)(b) affected by a dependence on alcohol or addiction to any deleterious drug;
 - s. 13 (1)(c) guilty of gross carelessness or incompetency;
 - s. 13 (1)(d) guilty of not complying with or contravening a condition or restriction imposed by the Board with respect to the practise of medicine by that practitioner;
- or



s. 13 (1)(e) suffering from a physical or mental illness to such an extent that his or her ability to practise as a medical practitioner is or is likely to be affected

s. 13 (2) where it appears to the Board that a medical practitioner, or a person who is a member of a body corporate that is registered as a medical practitioner under this Act, has been convicted of an offence in this State or elsewhere that in the opinion of the Board renders that person, or would, if that person were a medical practitioner, render that person, unfit to practise as a medical practitioner the Board may allege to the State Administrative Tribunal that disciplinary action should be taken against the medical practitioner for that reason.

The relevant sections of the *Medical Act 1894* as applicable to the Inquiries concluded are as follows:

Section	2005	2004	2003
Section 13 (1)(a)	10	8	7
Section 13 (1)(b)	1	1	5
Section 13 (1)(c)	9	5	3
Section 13 (1)(d)	1	1	1
Section 13 (1)(e)	4	8	1
Section 13 (2)	0	2	0

A single Inquiry may cover more than one section of the Medical Act.

In dealing with allegations outlined above, the SAT may, under section 13 (3) of the *Medical Act 1894*:

- (i) order the removal of the name of the medical practitioner from the register;
- (ii) order the registration of the medical practitioner be suspended for such period not exceeding 12 months;
- (iii) impose a fine not exceeding \$10,000;
- (iv) reprimand the practitioner; or
- (v) impose restrictions or conditions or both on the practice of medicine by the medical practitioner.

Instead of making an allegation to the SAT, if the Board is of the opinion that the nature of the matter might not warrant a proceeding before the SAT, the Board may refer the matter to the



Professional Standards Committee ("the PSC"). This does not however prevent the Board from making the allegation to the SAT if the PSC advises the Board to do so.

The PSC, under section 13(6) of the *Medical Act 1894* has the power to impose the following orders:

- (i) a fine up to a maximum of \$5,000;
- (ii) a reprimand;
- (iii) restrictions or conditions on the practice of medicine;
- (iv) a combination of the penalties in (i), (ii) and (iii).

Section 19 of the *Medical Act 1894* states only medical practitioners shall be entitled to practise or profess to practice medicine. Any person found guilty of an offence under this section shall be fined \$1,000 for the first offence and \$5,000 for a subsequent offence.

	2005	2004
Section 19 prosecutions completed	1	1
Section 19 prosecutions pending	3	

MONITORING OF CONDITIONS

During the year, twelve medical practitioners were subject to monitoring of conditions, following an Inquiry pursuant to Section 13 of the *Medical Act 1894* (WA).



FORMAL INQUIRY PROCESS

Provided below is a summary of Inquiry and State Administrative Tribunal outcomes concluded during the year ended 30 June 2005.

Dr Douglas McKenzie: MBC/1501-7

After holding an inquiry on 4, 5, 22, 25, 26 and 27 August 2003, the Board found Dr McKenzie guilty of gross carelessness in that he failed to examine a patient and take an adequate history from the patient.

The Board found that arrangements made by Dr McKenzie for the patient to be examined by a consultant psychiatrist, referral by Dr McKenzie of the patient to the consultant psychiatrist in the absence of any symptoms which justified the referral and the writing by Dr McKenzie of a letter to the consultant psychologist, constituted improper conduct.

Further, the Board found Dr McKenzie guilty of improper conduct in that he acted in a manner that was not open, not in the best interests of the patient and inconsistent with the trust and confidence the patient was entitled to repose in him.

As a consequence of those findings, on 19 August 2004 the Board ordered that the practitioner be reprimanded, fined \$10,000 and pay 75% of the costs of the inquiry.

Dr A: MBC/1613-22

After holding an inquiry on 2 October 2003, the Board found the practitioner guilty of improper conduct in a professional respect in that he self administered the drugs pethidine and benzodiazepine without lawful excuse or authority.

As a consequence of those findings, the Board ordered, inter alia, that the practitioner be suspended from the Register for 12 months and that he pay the costs of the inquiry.

The Board reconvened on 26 July 2004 to consider the practitioner's fitness to practise.

The Board ordered that the practitioner be at liberty from 26 July 2004 to resume the practice of medicine, subject to extensive conditions, including limiting his hours of practice and providing for a drug testing regime, ongoing psychiatric consultation and reporting, mentorship and the monitoring of his prescribing. The practitioner was ordered to pay the Board's costs of the second hearing.



Dr Ian Gregory: MBC/0528-27

Following the hearing of this inquiry on 26 July 2003 the Board made the following findings. Pursuant to Section 13(1)(a) of the Medical Act 1894 (WA) ("the Act), the Board found Dr Gregory guilty of improper conduct in a professional respect as alleged, in that in or about May 1990 Dr Gregory:

- (a) to obtain informed consent from his patient to preparation of a report as to the patient's then medical diagnosis. (the "Report")
- (b) to obtain informed consent from his patient to the release of the Report to the patient's then husband.
- (c) the Report to the patient's husband without the patient's consent.

Pursuant to Section 13(1)(c) of the Act, the Board found Dr Gregory may be guilty of incompetence in the care of his patient, in that in or about May 1990,

Dr Gregory:

- (a) Prepared the Report without proper examination of his patient..
- (b) Reached a diagnosis in his Report without proper examination of his patient.

As at May 1990, Dr Gregory practiced as a general practitioner at the Perth Medical Centre and was registered as a medical practitioner under the Act. At the time of the hearing and at the time of this report, Dr Gregory was not currently registered in Western Australia or any other State of Australia and was not currently resident in Western Australia or any State of Australia.

On 3 September 2004, the Board made orders that:

1. Dr Gregory pay a fine of \$7500.
2. Dr Gregory be reprimanded for his conduct in writing and releasing the report concerning his patient.
3. Dr Gregory pay the reasonable costs of the inquiry."

Dr James Neale Douglas: MBC/1370-51

After holding an inquiry on 5 and 8 December 2003, the Board, on 12 November 2004, dismissed allegations of misconduct made against Dr Douglas.



Dr John Booth: MBC/1705-77

After holding an inquiry on 27 and 28 October and 12 December 2003 the Board found that Dr Booth was guilty of improper conduct and gross carelessness, in that he acted in a manner that was likely to humiliate and embarrass a patient in making insensitive and flippant remarks about her sexual relationship with her husband, which remarks had no regard for her dignity as a patient, and guilty of gross carelessness in prescribing psychiatric medication to the patient.

As a consequence of those findings, on 23 September 2004 the Board ordered that Dr Booth be reprimanded, fined \$3,500, suspended for a period of four months and pay the costs of the inquiry.

Dr B: MBC/0037-78

After holding an inquiry on 2 October 2003, the Board found that the practitioner was suffering from a mental illness to such an extent that his mental ability to practice as a medical practitioner was or was likely to be affected.

As a consequence of those findings the Practitioner was suspended for 12 months and the Board ordered that the inquiry be otherwise adjourned to a date in 2004.

The Board reconvened on 26 July 2004 to consider the practitioner's fitness to practice and ordered that the registration of the practitioner be suspended until 2 October 2005.

Dr Brian Roberman: MBC/1611-86, SAT No VR141 of 2005

After hearing evidence on 21 and 22 February and 8 and 10 March 2005, the State Administrative Tribunal Board ("the SAT), on 3 May 2005, found that Dr Roberman was guilty of gross carelessness in a professional respect in relation to the care of a patient on 11 October 1997 in that he knew that a consultant obstetrician, senior registrar or registrar should attend the patient urgently to assess whether the patient's child should be delivered by caesarean section and he did not arrange for another consultant obstetrician, senior registrar or registrar to attend for that purpose.

The SAT reprimanded Dr Roberman and ordered that he give a written undertaking to the Medical Board to be of good behaviour for a period of 12 months and during that period not to practise obstetrics without first obtaining the approval of the Medical Board and on such restrictions and conditions as the Medical Board may impose. Dr Roberman was ordered to pay one third of the Board's costs.



Dr John Vujcich: MBC/1717-87

After holding an inquiry on 31 March 2004, 1 and 2 April 2004, the Board on 2 April 2004 found Dr Vujcich guilty of gross carelessness in the performance of a hysterectomy where he failed to appropriately advise or warn the patient.

The Board found Dr Vujcich guilty of incompetency in the performance of a bilateral wedge resection of the patient's ovaries where there was no evidence that the patient had any symptoms related to polycystic ovarian disease.

The Board found Dr Vujcich also guilty of gross carelessness in the performance of a left oophorectomy in circumstances where conservative treatment may have been more appropriate.

On 2 April 2004, the Board ordered that Dr Vujcich be reprimanded and fined \$10,000. The Board also ordered that for a period of two years commencing on 2 April 2004, all patients under the age of 35 years where Dr John Vujcich considers a hysterectomy is required, or where a hysterectomy is indicated, be referred for a second gynaecological opinion and for psychological assessment and counselling.

Dr Vujcich is responsible for 75% of the costs of the inquiry.

Dr C: MBC/0627-89

After holding an inquiry, the Board reviewed the conditions that had been imposed upon Dr C as a result of the state of Dr C's health.

As a consequence of this review, the Board varied the conditions previously imposed on Dr C by discharging the conditions and imposing conditions requiring that he be assessed by a psychiatrist and physician within six months of the date of order and to pay the Board's costs fixed at \$600.

Dr C's conditions are to be further reviewed in December 2005.

Dr Robert Bryan Thomas: MBC/1954-94

By Amended Notice of Inquiry dated 12 March 2004 ("the Notice") it was alleged that Dr Thomas may be guilty of improper conduct in a professional respect and/or gross carelessness and/or incompetency in the care of four separate patients.

The Amended Notice alleged inter-alia, that Dr Thomas:



1. Was un-contactable when staff caring for patients attempted to contact him;
2. Failed to attend and make a personal assessment of his patients' condition;
3. Failed to personally review a patient and CT scans in relation to the patient.
4. Failed to review patients after surgery or prior to discharge;
5. Failed to give instructions as to the proper care of a patient following surgery.

The hearing took place on 11,12,18,30 March 2004 and 25 May 2004.

The Board delivered its decision on 26 April 2005 and found Dr Thomas guilty of gross carelessness and improper conduct in the care of his patients.

On 9 May 2005 the Board delivered its decision as to penalty and costs and ordered that Dr Thomas' registration be suspended for a period of 12 months commencing 25 May 2005. The Board also reprimanded Dr Thomas, fined him \$5000 and ordered that he pay the reasonable costs of the inquiry.

The hearing was adjourned to a date to be fixed before the expiration of the 12 month period of suspension to allow the Board to determine whether any restrictions and/or conditions should be imposed on Dr Thomas' practice upon expiration of the period of suspension.

On 30 May 2005, Dr Thomas lodged a Notice of Appeal in the Supreme Court of Western Australia against the penalty imposed by the Board. No challenge to the Board's findings of fact is included in the Notice of Appeal. As at 30 June 2005 the Appeal was yet to be heard.

Dr D: MBC/1837- 95

After holding an inquiry on 6 April 2004, the Board, on 22 October 2004, found the practitioner guilty of gross carelessness in that during the course of his therapeutic relationship with a patient, he continued to manage the patient's primary health care when he knew or ought to have known that his clinical judgment in relation to the patient was impaired or was likely to be impaired; and in or about May 2003 he permitted the patient to reside at his home and whilst resident in his home, he administered intramuscular pethidine and antibiotics to the patient in circumstances in which the patient was sufficiently ill to warrant her admission to hospital as an inpatient.



The Board found the practitioner guilty of infamous conduct in that he encouraged, alternatively permitted, the development of a close personal relationship of an emotionally and romantic nature with the patient after the therapeutic relationship with the patient (in the course of which he had managed, amongst other things, the patient's psychological or psychiatric disorders) had ceased, but at a time when he ought to have appreciated that there was a risk that the patient's feelings for him were influenced by the fact that he had been her doctor.

On 7 December 2004, the Board ordered that the practitioner be reprimanded and suspended for 12 months, pay fines totalling \$10,000 and pay the costs of the Inquiry.

The practitioner has filed an appeal in the Supreme Court of Western Australia.

Dr E: MBC/1837- 95

On 27 August 2003, the Board issued a notice of inquiry alleging that the practitioner may be suffering from a mental illness to such an extent that his ability to practise as a medical practitioner was or was likely to be affected.

The Board met on 7 April 2004 to inquire into the matters set out in the notice of inquiry and determined that the facts alleged in the notice of inquiry were not proved.

Dr Gary Hastwell: MBC/1760-99

After holding an inquiry from 19 to 21 July 2004, the Board, on 27 June 2005 found Dr Gary Hastwell guilty of gross carelessness in attempting to surgically repair a vesico-vaginal fistula without the assistance of an uro-gynaecologist or urologist experienced in the repair of a vesico-vaginal fistula.

On 30 June 2005, the Board ordered Dr Gary Hastwell be reprimanded, be fined \$6,000 and provide the following undertakings:

- (i) To be good behaviour for a period of two years;
- (ii) Save where an emergency arises intra operatively which necessitates the immediate repair of damage to the bladder, bowel or ureter of a patient in the interests of her health, he shall not perform or attempt to perform any resection of, or repair of damage to, the bladder, bowel or ureter, including vesico-vaginal fistula unless:
 - He has obtained an opinion from a urologist or surgeon that he is capable of performing or attempting to perform the procedure unaided; or



- He has obtained an opinion from a urologist or surgeon that he is capable of performing or attempting to perform the procedure with the assistance of an urologist or surgeon and that assistance had been provided.

Dr Gary Hastwell was also ordered to pay 50% of the reasonable costs of the inquiry.

Dr Michael Douglas Hawkins: MBC/1788-108

By Amended Notice dated 15 November 2004 it was alleged inter-alia that Dr Hawkins may be guilty of infamous or improper conduct in a professional respect in the management and treatment of his patient.

On or about 2 April 2003, after being informed that the patient was in her car in the car park of Dr Hawkins' surgery, was having trouble breathing and could not talk or move it was alleged that Dr Hawkins had ignored an urgent request from the patient's husband through the practice receptionist to examine the patient and that he had failed to attend and personally examine the patient on an emergency basis or at all.

Dr Hawkins alleged that he was familiar with the patient's medical history, was seeing other patients at the time and did not view the situation as an emergency.

The patient was not examined by Dr Hawkins but was eventually reviewed by a St John of God Ambulance officer called to the scene and allowed to return to her home.

After conducting an inquiry on 15 November 2004 and 11 March 2005 the Board found Dr Hawkins guilty of improper conduct as alleged.

The Board was of the view that Dr Hawkins was obliged in all the circumstances to satisfy himself that his patient was not at risk. That obligation could only be discharged by his attendance on and examination of her in the car park. The Board's concern in this case was that Dr Hawkins relied solely on his knowledge of the medical history of his patient in deciding not to attend her in the circumstances reported to him. The fact that it transpired that the patient had not been at risk and that, as suspected, she had been suffering a panic attack was found to be immaterial to the determination of whether the response of the practitioner was adequate in the circumstances as he understood them to be at the time.

The Board ordered that Dr Hawkins be reprimanded and pay the reasonable costs of the inquiry.



Dr F: MBC/1860-110

By Notice of Inquiry dated 27 November 2003 it was alleged that the practitioner may be suffering from a mental illness to such an extent that her ability to practise as a medical practitioner is or is likely to be affected pursuant to section 13(e) of the Medical Act 1894 (as Amended).

The practitioner accepted that while she suffered from a bipolar disorder, she denied that the disorder would prevent her from practising as a medical practitioner.

The inquiry was held on 6 August 2004 "*in camera*" and the Board ordered that the name of the practitioner be released only at the discretion of the Registrar of the Board if it may be necessary for other Medical Boards to be informed of the issues forming the basis of the inquiry.

The Board delivered its decision on 6 August 2004 and found that Dr F was suffering from a mental disorder to such an extent that her ability to practise as a medical practitioner is or is likely to be affected. However, the Board ordered that Dr F be allowed to continue to practise as a medical practitioner subject to certain conditions, including:

- 1 Dr F is to continue to attend her treating psychiatrist at least once a month.
- 2 Dr F is to continue to be compliant with any medication prescribed by her treating psychiatrist.
- 3 Dr F's treating psychiatrist is to provide written reports to the Board at six monthly intervals for a period of three years, or until otherwise directed by the Board.
- 4 Dr F is to have general, specialty training and employment mentorship to assist with the development, maintenance and monitoring of her career as a medical practitioner in a manner that accommodates her illness.
- 5 Dr F is to advise the Board in writing each time there is a change in her general, specialty training or employment mentorship.
- 6 Dr F is to advise the Board in writing if she changes employers.
- 7 Dr F is not to practise medicine other than in a hospital, unless she complies with the conditions imposed by the Board.

Dr Jacobus de Bruyn: MBC/1865-111, SAT No VR126 of 2005

By Notice of Inquiry dated 22 October 2004 it was alleged that Dr Jacobus de Bruyn may be affected by an addiction to a deleterious drug pursuant to section 13(b) of the Medical Act 1984 (As Amended).



On 9 November 2004 Dr Jacobus de Bruyn conceded that as at 22 September 2003 he had an addiction to pethidine.

On 1 February 2005 the Board referred the Notice of Inquiry to the State Administrative Tribunal pursuant to section 167(4) of the State Administrative Tribunal Act 2004 for determination.

On 24 February 2005 the SAT ordered that Dr Jacobus de Bruyn be permitted to continue to practise as a medical practitioner subject to a number of conditions, namely:

- (i) Dr de Bruyn is to continue to attend his treating psychiatrist at three monthly intervals whilst his treating psychiatrist is of the opinion that treatment is necessary to manage his depressive illness.
- (ii) Dr de Bruyn is to continue to be compliant with any medications prescribed by his treating psychiatrist.
- (iii) Dr de Bruyn's treating psychiatrist is to provide written reports to the Board at three monthly intervals for a period of eighteen months.
- (iv) Dr de Bruyn is to undergo random urine sampling for two years from 1 March 2005 according to Group 4 and Group 5 of the Board's policy for urine drug screening.
- (v) Dr de Bruyn is to consult a Board nominated psychiatrist at six monthly intervals for a period of two years.
- (vi) The Board may at any time make an allegation to the State Administrative Tribunal in regard to sections 13(1)(b) or (d) if it is concerned by reason of the written reports that Dr de Bruyn is not meeting these conditions or that Dr de Bruyn's ability to practise as a medical practitioner is affected by depressive illness/substance abuse.
- (vii) There is to be agreement between the parties in regard to costs.

Dr Mark Allan: MBC/1700-114, SAT No 125 of 2005

By Amended Notice of Inquiry dated 20 December 2004 it was alleged that Dr Mark Allan may be guilty pursuant to section 13(1)(d) of the Medical Act 1894 (As Amended) ("the Act") of not complying with or contravening a condition or restriction imposed by the Board with respect to the practise of medicine.



On 4 January 2005 the Board received a written report from a Board appointed psychiatrist which gave rise to a concern that Dr Allan was using narcotics to a degree that, in the opinion of the Board, would pose a risk to Dr Allan's patients.

On 18 January 2005 the Board appointed an investigator pursuant to section 12C of the Act. Following the provision of the investigator's report, the Board convened a special meeting on 27 January 2005 and ordered that Dr Allan was not to practise medicine for a period of 30 days from the date of service of the written order pursuant to section 12BA(1)(a) of the Act.

On 31 January 2005 the Board made an application to the State Administrative Tribunal pursuant to section 12BB(1)(a) of the Act.

On 17 February 2005 the State Administrative Tribunal ordered pursuant to section 13(3a) of the Act that Dr Mark Allan's registration as a medical practitioner be suspended until 28 January 2007.

Dr Matthew Shaw: MBC/1851-118

After holding an Inquiry on 23 September 2004, the Board found Dr Shaw guilty of gross carelessness in prescribing a course of bio-identical hormone replacement therapy for a patient without personally:

- examining;
- speaking or counselling;
- obtaining and verifying a medical history;
- explaining the nature, scope and effect of the treatment; and
- obtaining informed medical consent to the treatment from the patient.

Dr Shaw relied upon information obtained by a nurse from the patient in prescribing the treatment. At no time did he personally meet or speak to the patient.

Dr Shaw accepted that his behaviour amounted to gross carelessness and addressed the Board on the issue of penalty.

As a consequence of this finding, the Board ordered that Dr Shaw be reprimanded, be fined the sum of \$5,000, give a written undertaking to be of good behaviour for a period of 5 years, and pay the reasonable costs of the inquiry.



Dr G: MBC/0922-122

On 2 August 2004 that Board made orders that the conditions imposed by the Board on 22 July 1997 on Dr G's practice of medicine continue until further review by the Board or upon application by Dr G.

Dr H: MBC/1948-130

After holding an inquiry on 19 August 2004, the Board found that the practitioner was suffering from a mental illness such that she was unable to practice medicine. Dr H was removed from the register of medical practitioners.

Dr Fook Kong Wong: MBC/1963-133

After holding an inquiry on 25 October 2004, the Medical Board, on 25 October 2004, dismissed allegations of misconduct made against Dr Wong.

Dr Jerzy Cias: MBC/1945-136

After holding an inquiry on 21 December 2004, the Board found Dr Jerzy Cias guilty of improper conduct in a professional respect by reason of compromising the professional relationship between himself and four junior medical staff; and inappropriately using hospital computer facilities to view sexually explicit websites.

The Board ordered that Dr Jerzy Cias be reprimanded; undertake to be of good behaviour for 24 months, such undertaking to commence once Dr Jerzy Cias obtains employment as a medical practitioner; and pay 75% of the Board's costs of the inquiry.

Dr Edmund Koleits: MBC/1950-137

After holding an inquiry on 20 August 2004, the Board found that Dr Koleits was guilty of improper conduct in a professional respect in that he made comments to a patient that were insensitive and likely to humiliate and embarrass her and in doing so had no regard for her dignity as a patient.

As a consequence of those findings, the Board ordered that Dr Koleits be reprimanded and pay a fine of \$5,000. The Board also ordered that in the event that Dr Koleits decides to return to practice (having retired in 2004) he is to provide the Board with a written undertaking to be of good behaviour for a period of 12 months after his registration.



Dr Adam Nuttall: MBC/1987-138

After holding an inquiry on 26 October 2004 and 17 June 2005, the Board found that Dr Nuttall was guilty of infamous conduct in a professional respect in that he entered into a close personal relationship of an emotional and romantic nature with a patient while he was treating the patient and her son.

As a consequence of those findings, the Board ordered that Dr Nuttall's name be removed from the Register and that he pay the costs of the inquiry.

Dr Ameen Ahmed Bham: MBC/1998 - 139

After holding an inquiry on 17 August 2004, the Board, on 24 June 2005, found that Dr Bham was guilty of improper conduct in a professional respect in that he permitted his lawyer to attend before the Board on 25 June 2004 and represent to the Board that Dr Bham was too unwell to attend a Board hearing and that his condition required opiate analgesia, when Dr Bham knew that both of these representations were false.

Orders as to possible sanction have yet to be made.

Dr Geoffrey James Crawford: MBC/2002-142

After holding an inquiry on 18 November 2004, the Board, on 14 March 2005, found Dr Geoffrey Crawford not guilty of infamous or improper conduct in a professional respect, namely that there was insufficient evidence to find that he made unwanted approaches and suggestions to one of his patients.

The Board dismissed the complaint.



PROSECUTION PURSUANT TO SECTION 19 OF *THE MEDICAL ACT 1894 (WA)*

Mr Azad Markarian: MBC/1431

The trial of Mr Markarian pursuant to section 19 of the Medical Act 1894 commenced in the Court of Petty Sessions in Perth on 8 November 2004. Mr Markarian was convicted on that date of five counts of contravention of section 19(3) of the Medical Act 1894.

On 10 December 2004, Mr Markarian was fined a global penalty of \$1,000 for the first three counts and \$750 each for the fourth and fifth count, making a total of \$2,500. Mr Markarian was ordered to pay the Board's costs of \$2,640.50.



5.3 Overview of Other Medical Board Sub-Committees

FINANCE / CONTRACT MANAGEMENT SUB-COMMITTEE

Professor Bryant Stokes (Chair)

Professor Con Michael

Ms Penelope Giles

Dr Rosanna Capolingua

This Sub-Committee's primary function is to ensure accountability for the Board's financial affairs.

OVERSEAS PSYCHIATRIC QUALIFICATIONS COMMITTEE

Associate Professor Geoff Riley (Chair)

Dr Aaron Groves

Dr Helen Slattery

Dr Oleh Kay

The Committee assists the Board in assessing the experience and qualifications of overseas trained psychiatrists:

- So as to ensure suitability for the employment position under Conditional Registration – Unmet Areas of Need;
- Determine whether the practitioner is entitled to be registered as a recognised psychiatrist for the purpose of Section 17(2) of the Mental Health Act 1996; and
- Determine the suitability of the practitioner for a position in the RANZCP training program.

5.4 Records Management

In accordance with Principle 6 of the State Records Act 2000, the Board is required to report its compliance with the Act.

Records management training is provided to new staff as part of their induction program. The training identifies to staff, their roles and responsibilities under the Board's Record Keeping Plan.

The efficiency and effectiveness of the Board's record keeping system is to be evaluated not less than every five years and the training program is reviewed as required.



6. FINANCIAL STATEMENT

Year Ended 30 June 2005

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Statement of Financial Position

Statement of Financial Performance

Statement of Cash Flow

Notes to the Financial Statements

Independent Audit Report

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367


STATEMENT BY BOARD MEMBERS

The financial statements attached are intended solely to meet the requirements of the Medical Board of Western Australia ("the Board")

In the opinion of the Board Members:


- a) The Financial Report is drawn up so as to give a true and fair view of the financial position of the Board as at 30 June 2005 and its financial performance for the year ended on that date;
- b) At the date of this statement, there are reasonable grounds to believe that the Board will be able to pay its debts as and when they fall due; and
- c) The Board is not a reporting entity. The financial statements have been prepared as a special purpose financial report in accordance with the accounting policies described in Note 1 to the financial statements, solely to meet the requirements of the Medical Act 1894 (as amended) to prepare financial statements.

For and on behalf of the Board



Prof C Michael AO
President

Perth, Western Australia
Date: 22/12/05



Prof B Stokes AM
Board Member

Perth, Western Australia
Date: 22/12/05

MEDICAL BOARD OF WESTERN AUSTRALIA

ABN 25 271 541 367

STATEMENT OF FINANCIAL POSITION**FOR THE YEAR ENDED 30 JUNE 2005**

	Note	2005 \$	2004 \$
CURRENT ASSETS			
Cash Assets	3	1,973,704	925,953
Receivables	4	42,158	67,536
Other	5	16,018	3,692
TOTAL CURRENT ASSETS		<u>2,031,880</u>	<u>997,181</u>
NON-CURRENT ASSETS			
Property, plant and equipment	6	-	-
TOTAL NON-CURRENT ASSETS		<u>-</u>	<u>-</u>
TOTAL ASSETS		<u>2,031,880</u>	<u>997,181</u>
CURRENT LIABILITIES			
Payables	7	159,073	220,926
Other	8	616,025	436,563
TOTAL CURRENT LIABILITIES		<u>775,098</u>	<u>657,489</u>
TOTAL LIABILITIES		<u>775,098</u>	<u>657,489</u>
NET ASSETS		<u>1,256,782</u>	<u>339,692</u>
EQUITY			
Balance at Beginning of Year		339,692	1,859,230
Profit/(Loss) for the year		917,090	(1,519,538)
TOTAL EQUITY		<u>1,256,782</u>	<u>339,692</u>

The accompanying notes form an integral part of these Financial Statements

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2005

Note	2005 \$	2004 \$
REVENUE FROM ORDINARY ACTIVITIES		
Non Practice Fee	56,032	46,301
Practising Fee	2,009,516	1,623,074
Registration Fees	128,265	187,705
Other Sundry Fees	25,123	36,529
Occasional Practice Fees	38,977	32,427
Company Registration	250	1,000
Interest Received	96,177	84,310
Fines	56,000	7,700
Inquiry Costs Recovered	450,449	70,849
	<u>2,860,789</u>	<u>2,089,895</u>
EXPENDITURE FROM ORDINARY ACTIVITIES		
Advertising	679	7,207
Audit Fees	7,850	8,700
Australian Medical Council Inc	40,797	41,168
Bank Charges	12,462	14,641
Individual Board/Committee Members Fees	192,157	547,298
Catering	2,878	5,411
Database Expenses	8,668	11,374
Complaints Investigator Expenditure	76,232	-
Conference Expenses	4,733	5,811
Consultancy Fees	-	34,590
Courier	7,989	13,046
Board Members' Expenses	3,398	6,825
General Expenses	443	4,604
Insurance	8,845	10,270
Inquiry Costs	816,535	1,456,070
Other Initiatives	688	117,983
Postage, Printing & Stationery	82,307	96,743
Random Urine Drug Screening Initiative	4,800	-
Secretarial & Administration Costs	649,320	764,880
Seminar - Profession	-	1,736
Superannuation Contributions	11,059	20,620
Telephone and Fax	8,136	10,745
Website	3,723	3,826
	<u>1,943,699</u>	<u>3,183,548</u>
PROFIT/(LOSS) FROM ORDINARY ACTIVITIES BEFORE INCOME TAX EXPENSE AND CHANGE IN ACCOUNTING POLICY	917,090	(1,093,653)
Income Tax Expense	-	-
Accumulative Effect of change in Accounting Policy	-	(425,885)
PROFIT/(LOSS) FROM ORDINARY ACTIVITIES AFTER INCOME TAX EXPENSE AND CHANGE IN ACCOUNTING POLICY	<u>917,090</u>	<u>(1,519,538)</u>

The accompanying notes form an integral part of these Financial Statements

MEDICAL BOARD OF WESTERN AUSTRALIA**ABN 25 271 541 367****STATEMENT OF CASH FLOW
FOR THE YEAR ENDED 30 JUNE 2005**

	Note	2005 \$	2004 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from Doctors		2,944,072	2,005,585
Payments to Suppliers/Payables		(1,188,043)	(1,892,666)
GST Paid (net)		25,378	7,814
Inquiry Costs Paid		(817,508)	(1,523,097)
Interest Received		83,851	92,683
NET OPERATING CASH FLOW BEING	11	1,047,750	(1,309,681)
 NET INCREASE (DECREASE) IN CASH HELD		1,047,750	(1,309,681)
 CASH AT THE BEGINNING OF THE YEAR		925,953	2,235,634
 CASH AT THE END OF THE YEAR		1,973,704	925,953

The accompanying notes form an integral part of these Financial Statements

MEDICAL BOARD OF WESTERN AUSTRALIAN
ABN 25 271 541 367
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the requirements of the Medical Act 1894 (as amended) to prepare financial statements.

The financial statements have been prepared in accordance with Accounting Standards applicable to general purpose financial statements with the following exceptions.

AAS 16 - Financial Reporting Segments

AAS 22 - Related Party Disclosures

AAS 33 - Presentation and Disclosure of Financial Instruments

AAS 36 - Statement of Financial Position (disclosure requirements only)

AAS 37 - Financial Report Presentation and Disclosures

The financial report is also prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

Property, Plant and Equipment

Property, plant and equipment are carried at cost or independent valuation. Depreciation rates have been determined in accordance with estimated useful lives of the property, plant and equipment.

Member Entitlements

Contributions are made to member's superannuation fund and are charged as expenses when incurred.

Income Tax

As both a not-for-profit and statutory body, there is no obligations to pay income tax.

MEDICAL BOARD OF WESTERN AUSTRALIAN
ABN 25 271 541 367
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005

(Note 1 Cont.)

Indian Ocean Territories

The accounts include all amounts received and paid on behalf of Indian Ocean Territories on whose behalf the Medical Board of Western Australia acts as agent as directed in the Service Delivery Arrangement between the Commonwealth and the Medical Board of Western Australia. All amounts in behalf the Medical Board of Western Australia acts as agent as directed in the Service Delivery Arrangement between the Commonwealth and the Medical Board of Western Australia. All amounts in respect of Indian Ocean Territories have been disclosed.

Goods and Services Tax

In accordance with Urgent Issues (UIG) Abstract 31, Accounting For The Goods and Services Tax:

- a) Revenues, expenses and assets have been recognised net of the amount of GST

In cases where the amount incurred by the purchaser is not recoverable from the Australian Taxation Office, the GST is to be included as part of the cost of acquisition of an asset or as part of an item of expense.

- b) Receivables and payables have been stated with the amount of GST included.

Cash

Cash is defined as cash on hand and cash equivalents, including highly liquid assets which have a maturity of less than three months from Balance Date.

MEDICAL BOARD OF WESTERN AUSTRALIAN
ABN 25 271 541 367
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2005

2 ADOPTION OF AUSTRALIAN EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS

The Medical Board of Western Australia ("the Board") is adopting international accounting standards in compliance with AASB 1 *First-time Adoption of Australian Equivalents to International Financial Reporting Standards* (IFRS).

AASB 1 requires an opening balance under IFRS to be stated as at 1 July 2004 and the restatement of the financial statements for the reporting period to 30 June 2005 on an IFRS basis. These financial statements will be presented as comparatives in the first annual financial reporting standards prepared on an IFRS basis for the period ending 30 June 2006.

AASB 1047 *Disclosing the Impacts of Adopting Australian Equivalents to International Financial Reporting Standards* requires financial reports for periods ending on or after 30 June 2004 to disclose:

1. How the transition to Australian equivalents to IFRS is being managed

The Board has not considered it necessary to establish a project team or Steering Committee due to the low impact of IFRS upon its accounting policies. Instead the Registrar has been assessing and monitoring the impact of IFRS and has also engaged a consultant from Stamfords Advisors and Consultants to review the effect of IFRS upon the date of each IFRS milestone.

As at the first milestone of 1 July 2004, it has been confirmed that the Board has adequate Accounting Information Systems to collect the necessary information to comply with IFRS and in particular, to establish opening balances under IFRS as at 1 July 2004. The results of this external review have concluded that the impact is minimal.

2. Key differences in accounting policies expected to arise from adopting Australian equivalents to IFRS

No key differences in accounting policies are expected to arise from adopting Australian Equivalents to IFRS.

MEDICAL BOARD OF WESTERN AUSTRALIA

ABN 25 271 541 367

NOTES TO THE FINANCIAL STATEMENTS (Cont)

FOR THE YEAR ENDED 30 JUNE 2005

	2005	2004
	\$	\$
3 CASH		
Cash on Hand	200	200
Cash at Bank - CBA	115,089	50,838
Security Investments	1,847,736	864,236
Cash at Bank - Indian Ocean Territories	10,679	10,679
	<u>1,973,704</u>	<u>925,953</u>
4 RECEIVABLES		
CURRENT		
GST Input Tax Credits	42,158	67,536
	<u>42,158</u>	<u>67,536</u>
5 OTHER ASSETS		
CURRENT		
Accrued Interest	<u>16,018</u>	<u>3,692</u>
6 PROPERTY, PLANT AND EQUIPMENT		
Fixed Assets	320	320
Less: Accumulated Depreciation	320	320
	<u>-</u>	<u>-</u>
Professional Library	<u>131</u>	<u>131</u>
Less: Accumulated Depreciation	<u>131</u>	<u>131</u>
	<u>-</u>	<u>-</u>
7 PAYABLES		
CURRENT		
Sundry Creditors and Accrued Charges	<u>159,073</u>	<u>220,926</u>
	<u>159,073</u>	<u>220,926</u>
8 OTHER LIABILITIES		
CURRENT		
Indian Ocean Territory Grant received in advance	10,679	10,679
Unearned Revenue	605,346	425,884
	<u>616,025</u>	<u>436,563</u>
9 CASHFLOW RECONCILIATION OF PROFIT/(LOSS) FROM ORDINARY ACTIVITIES AFTER INCOME TAX TO NET CASHFLOW FROM ORDINARY ACTIVITIES		
Operating Profit/(Loss) after Income Tax	917,090	(1,519,538)
Decrease (Increase) in Debtors	(12,326)	8,373
Decrease/(Increase) in Other Assets	25,377	7,814
Increase (Decrease) in Creditors	(61,853)	(232,215)
Increase (Decrease) in Other Liabilities	179,462	425,885
NET CASH FROM OPERATING ACTIVITIES	<u><u>1,047,750</u></u>	<u><u>(1,309,681)</u></u>

Independent audit report to members of the Medical Board of Western Australia

Scope

The financial report and board's responsibility

The financial report is a special purpose financial report and comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements, and the Board's declaration for the Medical Board of Western Australia (the Medical Board), for the year ended 30 June 2005.

The Board is responsible for preparing a financial report that presents fairly the financial position and performance of the Medical Board. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report. The Board has determined that the accounting policies used and described in Note 1 to the financial statements are consistent with the financial reporting requirements of the Medical Act 1984 (as amended) and are appropriate to meet the needs of the members. These policies do not require the application of all Accounting Standards and other mandatory financial reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for distribution to the members for the purpose of fulfilling the Board's financial reporting requirements under the Medical Act 1984 (as amended). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Audit approach

We conducted an independent audit of the financial report in order to express an opinion on it to the members of the Medical Board. Our audit was conducted in accordance with Australian Auditing Standards in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies in Note 1 to the financial statements, a view which is consistent with our understanding of the Medical Board's financial position, and of its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the disclosures used and the reasonableness of significant accounting estimates made by the committee of management.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

We performed procedures to assess whether the substance of business transactions was accurately reflected in the financial report. These and our other procedures did not include consideration or judgement of the appropriateness or reasonableness of the business plans or strategies adopted by the Board.

Independence

We are independent of the association, and have met the independence requirements of Australian professional ethical pronouncements.

Audit opinion

In our opinion, the financial report of the Medical Board of Western Australia presents fairly, in accordance with the accounting policies described in Note 1 to the financial statements, a view which is consistent with our understanding of the Medical Board's financial position as at 30 June 2005, and of its financial performance as represented by the results of its operations and cash flows for the year then ended.

Ernst & Young

Ernst & Young

A handwritten signature in black ink, appearing to be 'G Lotter', written over a faint circular stamp or logo.

G Lotter

Partner

Perth

29 December 2005