Medical Board of Western Australia

2007 ANNUAL REPORT

30 June 2007

20th Annual Report of the

Medical Board of Western Australia

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15 January 2008

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

Dear Minister

20TH ANNUAL REPORT OF THE MEDICAL BOARD OF WESTERN AUSTRALIA

The Medical Board of Western Australia is pleased to submit this Annual report to the Minister for Health for the period 1 July 2006 to 30 June 2007. The report fulfills the requirements of Section 21G of the Medical Act 1894 (WA) (as amended).

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

Yours sincerely

Professor C Michael AO
PRESIDENT

1. PRESIDENT'S REPORT

I am pleased to provide an overview of the activities of the Medical Board of Western Australia for the year ending 30 June 2007.

Details of developments that occurred during the year as well as new initiatives implemented by the Board are summarised below:

National Health Registration

In July 2006, the Council of Australian Governments (COAG) announced a Health Reform Agenda that included the introduction of a single national scheme for health professional registration and accreditation. This scheme would cover nine health professions including medicine.

At its 13 April 2007 meeting, COAG announced that it would be proceeding with its plan to introduce the scheme. The communiqué of this meeting explained that national boards would be established for each of the nine health professions and that the individual professions would retain control over the setting of professional standards and of individual decisions concerning registration and accreditation matters.

The new scheme should deliver many benefits to Australian health consumers. National standards in the medical profession will mean stronger safety guarantees to the community as doctors will be registered against the same, high quality national professional standards.

COAG agrees that the new scheme should also support workforce responsiveness, sustainability and innovation. National registration will also mean that doctors will be able to practice across State and Territory borders without having to re-register. This will improve workforce mobility by allowing doctors to move easily to a new State or Territory to serve in times of emergency or provide locum services.

It is understood that within the new structure, the Health Ministers will be responsible for approving standards for each of the professions. A separate National Advisory Council will be established to provide broad policy advice to the Health Ministers and maintain general oversight of the scheme.

Responsibility for the development of standards and principles for both registration and accreditation will sit with the individual national professional boards. It is expected that the professional board membership will be appointed by the Health Ministers, and fifty percent of board membership, including the Chair, will be members of the relevant profession.

The national boards will be supported by a single agency management committee, resourced by a secretariat, with responsibility for providing ongoing policy support as well as general administrative services.

State based committees of the profession specific national boards will be responsible for carrying out day-to-day registration functions and decision making activities in accordance with the nationally consistent policies set by the Board.

The detail in respect of the structure, governance and administrative functions of the scheme will be made available after the Intergovernmental Agreement has been signed off by all States and Territories and the Commonwealth.

COAG International Medical Graduate (IMG) Assessment Project

When the COAG health registration reform initiatives were announced, they included a reference to a national assessment process for IMGs.

The main components of the COAG IMG assessment initiative include the following:

- Implementation of a model for fast tracking groups of IMGs who had satisfactorily completed assessments or accredited courses of designated Competent Authorities.
- Primary Source Verification of all IMGs.
- Compliance with national agreed English language proficiency standards.
- An expanded accreditation role for the Australian Medical Council (AMC), including:
    - Accreditation of a pre employment examination at Post Graduate Year (PGY) 1 for hospital positions and PGY2 for general practice positions.
    - accreditation of structured interviews and clinical skill assessment.
    - accreditation of mandatory orientation programs
- AMC participation in initiatives to streamline the assessment of overseas trained specialists, including the work of the Rapid Assessment Units.

The Commonwealth was given the responsibility for the carriage of these initiatives and would operate though an Implementation Committee, reporting to the Health Workforce Principals Committee (HWPC) and the Australian Health Ministers' Advisory Council (AHMAC).

At its June 2007 meeting, the Implementation Committee resolved to recommend to HWPC and AHMAC that the following four assessment pathways be developed for IMGs:

1. Competent Authority Pathway for IMGs who are seeking non-specialist registration who have completed training/assessment through an AMC approved authority.

2. Standard pathway (Workplace-based Assessment Pathway) for IMGs who are applying for non specialist positions but who do not qualify under the Competent Authority Pathway.

3. Standard Pathway (AMC examination) for IMGS seeking non-specialist registration in Australia who are not registered and working in clinical positions in Australia.

4. Specialist Pathway for overseas trained specialists who are assessed through the AMC/Specialist College Pathway.

All of these pathways are to have a number of common elements. These include the following:

- Primary Source Verification of Qualifications.
- English Language Proficiency Standards.
- Screening examination.
- Pre-employment Structured Clinical Interview.
- Workplace-based Assessment.
- Orientation.
- Continuing Professional Development.

The new processes are to be phased in from July 2007, and when fully implemented, the new national assessment process, regardless of the assessment pathway followed is intended to enable IMGs to proceed to general registration, or in the case of overseas trained specialists, to the relevant category of registration as a specialist in Australia.

Australian Index of Medical Practitioners (AIMP)

The AIMP is a network data interchange facility which will enable the coordination and exchange of information between the eight State and Territory Medical Board's computer systems. It will be a web based index that would also allow the community to access current and comprehensive information about medical practitioners.

The work on the AIMP is currently suspended while a Department of Health and Ageing Scoping Study to determine the requirements of the National Registration and Accreditation scheme is being progressed. This study will include assessment of the AIMP as an interim model for the national scheme pending the development of a national registration and accreditation data base.

Policies and Procedures

The Joint Medical Boards Advisory Committee (JMBAC), which represents all State and Territory Medical Board's, considered the developments in respect of the COAG reforms and put in place a number of national policies in order to assist with the implementation of these initiatives. The national policies adopted by the Board during 2006/2007 include:

- Issuance of Certificate of Registration Status - deals with information relating to a doctor's current and historical registration status.
- National English Language Proficiency requirements for International Medical Graduates - amendments were made in respect of testing requirements and exemptions.
- Flagging Policy - deals with the sharing of appropriate registration information between States and Territories.
- National Identification Validation Standard for Medical Registration Applicants - deals with the process for validating the authenticity of all applicants for medical registration.
- Technology Based Patient Consultations - deals with technologies that have been adopted as alternatives to face to face consultation with patients.

The Board also continued to develop its own policies which will be of assistance in providing guidance to all medical practitioners in achieving good medical practice. These policies can be viewed on the Board's website.

Amendments to the Medical Act 1894 and Medical Rules 1987

On 23 January 2007, amendments were made to the Medical Rules to adopt the recommendation of the Medical Act Review Working Party to prohibit certain advertising of services provided by registered medical practitioners, but otherwise discontinue the prescriptive restrictions on advertising found in the Rules.

An amendment was also made to Section 4(1a)(a) of the Medical Act 1894 which provides for the CEO of the Department of Health 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.

Regulation of Medical Practice

The Board, where appropriate, refers sufficiently serious disciplinary proceedings before the State Administrative Tribunal (SAT). This year 21 Board instituted matters were determined by the SAT. Details of the outcomes of these hearings are summarised in the "Proceedings Concluded" section of this Annual Report.

One issue which arose during the year was that of suppression orders. The SAT has jurisdiction to determine the issue of suppression orders in respect of disciplinary hearings. The Board, as part of its continuing practice of adapting to the SAT processes, was required to instruct its solicitors that where a request has been made by the SAT for a suppression order, a submission was to be made to enable the Board to communicate the full terms of the Orders of the Tribunal, to the medical registrations authorities, government authorities and other authorities or bodies, hospitals, clinics, other medical practitioners, and employers or potential employers of the practitioner on a confidential basis.

This year the Professional Standards Committee (PSC) experienced an increase in demand for its services with 11 PSC hearings being finalised.

As a result of this and the subsequent demands placed on Board members, the membership of the PSC panel was expanded to include a pool of non-Board members to be available to sit on the Committee.

PSC procedures were also reassessed and improvements were made to the Penalty Hearing process and the PSC information sheet.

Of considerable importance to the Board is to ensure that its practices in the handling of complaints are continually re-evaluated and enhanced. The Board has assisted medical practitioners and the public by improving the quality of information available on its website by updating the Frequently Asked Questions, complaints forms and information sheets as well as its document control and reporting procedures.

In closing I would like to take the opportunity to express my appreciation to my fellow board members for their efforts and dedication and bringing to the Board a wealth of experience and expertise. I also acknowledge the valuable contribution made by Dr Rosanna Capolingua and Mr Nicholas Mullany who retired from the Board during the year.

In addition and on behalf of the Board, I thank all the staff for their continued support and cooperation in enabling the Board achieve its objectives.

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

Ms Ann White

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) (until 31 December 2006)

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

Dr Rosanna Capolingua, MBBS (West Aust) (until 31 December 2006)

Dr Neale Fong, MBBS (West Aust) (until 15 April 2007)

Dr Michael McComish, MBBS (West Aust)

Ms Gail Archer, B.Juris, LLB, LLM (UWA) (from 1 January 2007)

Dr Steven Patchett, MBChB (University of Otago), MRANZCP, FRANZCP (from 1 January 2007)

Dr Pamela Burgar, MBBS (West Aust), DipRACOG (from 10 July 2006)

Dr Simon Towler, MBBS (Monash University), FFARACS, FFICANZCA. (from 16 April 2007)

3. BOARD MEMBERS' ATTENDANCES

Provided below is a summary of the Board Member attendances for the year ended 30 June 2007.

Member	Board Meetings	Executive and Sub-Committee Meetings	Special Meetings	Other Meetings	Board Proceedings	SAT Proceedings	PSC Full Day	PSC Half Day	PSC Part Day	AMC
Prof C Michael	11 (12)	20	1	59	1	1	0	3	4	12**
Ms P Giles	11 (12)	9	1	3	0	4	1	1	6	0
Dr F Jefferies	6 (12)	7	0	2	0	0	1	0	0	0
Prof B Stokes	11 (12)	25	1	8	1	0	1	0	2	0
Mr P Walker	9 (12)	3	0	1	0	2	1	1	4	0
Ms A White	11 (12)	16	1	28	1	0	0	3	0	0
Mr N Mullany	0 (6)	3	0	0	1	0	0	0	4	0
Dr P Wallace	11 (12)	10	1	1	0	3	0	2	0	0
Dr R Capolingua	3 (6)	7	0	2	0	0	0	0	0	0
Dr N Fong	0 (10)	0	0	0	0	0	0	0	0	0
Dr M McComish	12 (12)	10	1	0	0	3	0	3	0	0
Dr S Towler	1 (2)	1	0	0	0	0	0	0	0	0
Dr P Burgar	8 (12)	10	0	0	0	0	0	0	0	0
Ms G Archer	4 (6)	5	0	1	0	0	0	2	0	0
Dr S Patchett	3 (6)	4	0	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 THE REGISTRAR

Registrar

Mr Frank Fiorillo

Office

Level 8, London House
216 St Georges Terrace
PERTH WA 6000

Australian Business Number: 25 271 541 367

Website: www.wa.medicalboard.com.au

Solicitors for the Board

Dwyer Durack Lawyers 10th Floor, Dwyer Durack House 40 St George's Terrace PERTH WA 6000	Liscia & Tavelli PO Box 8193 Perth Business Centre PERTH WA 6849
Kott Gunning Lawyers Level 8, AMP Building 140 St Georges Terrace PERTH WA 6000	McCallum Donovan Sweeney 2nd Floor, Irwin Chambers 16 Irwin Street PERTH WA 6000
Redding and Associates Level 4 40 St Georges Terrace PERTH WA 6000	Sparke Helmore Level 12, The Quadrant 1 William Street PERTH WA 6000
Tottle Partners Level 40, BankWest Tower 108 St Georges Terrace PERTH WA 6000	Willers and Co Level 3, Centrepoint Tower 123 Colin Street WEST PERTH WA 6005

5. OVERVIEW OF OPERATIONS

REGISTRATION

Registration Sub-Committee

- Professor Bryant Stokes (Chairperson)
- Dr Felicity Jefferies
- Dr Peter Wallace
- Dr Pamela Burgar

OVERVIEW

A total of 8,101 individual medical practitioners were registered in Western Australia as at 30 June 2007.

	30 June 2007	30 June 2006	30 June 2005
General Registration	6,659	6,465	6,238

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 (WA)* (as amended) ("the Act").

Conditional Registration	30 June 2007	30 June 2006	30 June 2005
Internship	152	141	131
Supervised Clinical Practice	15	17	30
Postgraduate Training	44	54	64
Medical Teaching	4	3	2
Medical Research	3	7	4
Unmet Areas of Need	692	538	443
General Practice in Remote and Rural Western Australia	80	75	60
Recognised Specialist Qualifications and Experience	416	330	263
Foreign Specialist Qualifications and Experience – Further Training	13	2	8
Temporary Registration in the Public Interest	22	10	22
Special Continuing	1	1	1
TOTAL	**1442**	**1178**	**1028**
Other Registration			
Medical Call Services	2	3	3
Body Corporate	223	208	181

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 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 body corporate as a medical practitioner.

COMPLAINTS

Complaints Sub-Committee

- Ms Ann White (Chairperson)
- Professor Con Michael
- Dr Michael McComish
- Ms Penelope Giles (until 31 December 2006)
- Mr Nicholas Mullany (until 31 December 2006)
- Dr Rosanna Capolingua (until 31 December 2006)
- Dr Steven Patchett (from 1 January 2007)
- Ms Gail Archer (from 1 January 2007)

The Complaints Process

The Medical Board of Western Australia (the Board) is an independent statutory authority. The principal aim of the Board is to ensure that the people of Western Australia receive the highest possible standard of medical care through the fair and effective administration of the Act. This aim is achieved by ensuring that appropriate standards of entry onto the Medical Register are maintained, and that instances of misconduct, incompetence, or impairment are dealt with in a timely and appropriate manner.

In order to take action against a medical practitioner, pursuant to the Act, the Board must 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. 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. Board policy generally requires confirmation of the complaint by way of 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's office.

Where practicable, complainants are encouraged to resolve matters at the level of patient and practitioner. If that is not possible, complainants are advised that the Board may be able to deal with the complaint but it can only act on complaints that involve a breach of the Act. If a complaint fails to meet this threshold, the Board is unable to proceed with disciplinary action.

Where a complaint may not involve a breach of the Act, it may be referred to the Office of Health Review (OHR) which is an independent State Government agency. The OHR deals with complaints where a health provider has acted unreasonably in the provision of a health service has been provided, where a health service was not suitable or adequate for the users needs, or the health service provider acted unreasonably by denying or restricting the users access to records, breached confidentiality, charged an excessive fee or acted unreasonably about a fee, the OHR may investigate the matter.

A complainant can approach the OHR directly or ask the Board to refer their complaints to the OHR.

During the year under review, 236 new complaints were received by the Board, an increase of 16 from the preceding year.

The following is a summary of the status of the complaints considered as at 30 June 2007:

Statistics	30 June 2007	30 June 2006	30 June 2005
Total number of new complaints received by the Board	236	220	169
Complaints where insufficient grounds to proceed to inquiry or no further action	50	67	85
Complaints under investigation	153	117	65

The Disciplinary Process

The relevant provisions regarding inquiries into medical practitioners are set out in Section 13 of the Act. The Board makes resolutions to proceed with disciplinary action when it appears that a medical practitioner may be:

Section 13(1)(a) guilty of infamous or improper conduct in a professional respect;

Section 13(1)(b) affected by a dependence on alcohol or addiction to a deleterious drug;

Section 13(1)(c) guilty of gross carelessness or incompetency;

Section 13(1)(d) guilty of not complying with or contravening a condition or restriction imposed by the Board with respect to the practice of medicine by that practitioner;

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

When the Board is satisfied that the medical practitioner may have breached the Act, the Board can take one of the following actions:

- Refer the matter to the State Administrative Tribunal (SAT); or
- Refer the matter to the Professional Standards Committee (PSC).

SAT is an independent review tribunal that can hear disciplinary matters bought by the Board, against medical practitioners. Matters which may lead to a finding of removal or suspension of the medical practitioner shall be referred to the SAT.

The penalties the SAT may impose upon dealing with an allegation referred include any one or more of the following:

(i) order the removal of the name of the medical practitioner from the register;

(ii) order that the registration of the medical practitioner be suspended for such a period not exceeding 12 months as specified in the order;

(iii) impose a fine not exceeding $10,000;

(iv) reprimand the medical practitioner.

In dealing with an allegation where a medical practitioner is suffering from a physical or mental illness which would effect their ability to practice, the SAT may:

(i) order the removal of the name of the medical practitioner from the register;

(ii) order that the registration of the medical practitioner be suspended for such a period not exceeding 12 months as specified in the order;

(iii) impose restrictions or conditions or both on the practice of medicine by the medical practitioner.

Under some circumstances, the SAT may only require the doctor to give a written undertaking to the Board to be of good behaviour and to comply with certain restrictions relating to the practise of medicine.

If the Board is of the opinion that an activity of a medical practitioner, involves or will involve a risk of imminent injury or harm to the physical or mental health of any person the Board, pursuant to section 12BA of the Act, may without further inquiry, order the practitioner for a period of not more than 30 days, not practise medicine or carry on a particular activity. Within 14 days of the Board making the Order, the Board is required to make the allegation to the SAT or revoke the order.

The PSC is comprised of Board members and at times, independent PSC appointees. The PSC hears matters considered by the Board not to warrant a proceeding before the SAT.

However referring a matter to the PSC does not preclude the Board from referring the matter to the SAT if the PSC advises the Board to do so.

The PSC may make Orders as follows:

(i) reprimand;

(ii) that the medical practitioner pay to the Board a fine of an amount not exceeding $5,000 specified in the order;

(ii) that the Board impose restrictions or conditions or both on the practice of medicine by the medical practitioner.

Any medical practitioner who is aggrieved by any decision of the PSC may apply to the SAT for a review of the decision.

Board Hearings

Any medical practitioner whose name has been erased from the Register of Medical Practitioners ("the Register") may at intervals of 12 months, apply to the Board for restoration of their name to the Register.

Any person whose registration has been suspended, on the expiration of a period of suspension or registration, shall be deemed automatically to be restored to the Register, and his/her rights and privileges as a medical practitioner shall thereupon be revived.

Where the Board orders the restoration to the Register or the name of the person is deemed automatically to be restored to the Register, the Board may in either case impose any condition which it thinks necessary to protect the public interest. Such an Order may limit, qualify or affect the manner in or places at which the person may practice. The Board may from time to time, either of its own motions or on application by that person, vary or revoke any condition imposed.

Where the Board is satisfied that a person who is registered as a medical practitioner under the Act has been suspended or that his or her name has been erased from the register of medical practitioners under the laws of another State or Territory of the Commonwealth, the Board may, without further inquiry, suspend the medical practitioner or erase the name of the medical practitioner from the register, as the case may be.

The following is a summary of Board hearings and matters referred to the SAT and PSC as at 30 June 2007:

	30 June 2007	30 June 2006
PSC Hearings Completed	11	6
PSC Hearings Pending	32	25

	30 June 2007	30 June 2006
SAT Hearings Completed	20	4
SAT Hearings Pending	27	45

	30 June 2007	30 June 2006
Medical Board Proceedings:		
• Inquiries Completed	0	2
• Inquiries Pending	2	3
• Re-Registration Hearings Completed	0	3
• Review of Conditions Completed	1	2
• Re-training Applications Completed	1	0

The relevant sections of the Act as applicable to proceedings concluded are as follows:

Section	30 June 2007	30 June 2006	30 June 2005
Section 13 (1) (a)	15	4	10
Section 13 (1) (b)	0	1	1
Section 13 (1) (c)	12	3	9
Section 13 (1) (d)	1	1	1
Section 13 (1) (e)	3	2	4
Section 12BA	1	0	0
Section 13(2)	1	0	0

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

Section 19 of the Act states only medical practitioners shall be entitled to practice 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.

	2007	2006	2005
Section 19 prosecutions completed	0	0	1
Section 19 prosecutions pending	0	2	3

Monitoring of Conditions

During the year, 12 medical practitioners were subject to monitoring of conditions, following an Inquiry pursuant to Section 13 of the Act.

PROCEEDINGS CONCLUDED

Provided below is a summary of proceedings concluded during the year ended 30 June 2007.

Medical Board Hearings

Dr A: MBC/1852-103 & MBC/1763-94

Following a hearing in September 2003 pursuant to Section 13(1)(e) of the Medical Act, the Board imposed conditions on Dr A's practice of medicine for a period of three years. The Board ordered that the conditions be reviewed prior to September 2006. By Notice dated March 2004 it was alleged that Dr A may be guilty of improper conduct in a professional respect and/or gross carelessness and/or incompetency in the care of 4 separate patients in that Dr A:

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; and

5. failed to give instructions as to the proper care of a patient following surgery.

The hearing took place in March and May 2004. The Board delivered its decision on 26 April 2005 and found Dr A guilty of gross carelessness and improper conduct in the care of his patients. In May 2005 the Board delivered its decision as to penalty and costs and ordered that Dr A' registration be suspended for a period of 12 months commencing 25 May 2005. The Board also reprimanded Dr A, fined him $5000 and ordered that he pay the reasonable costs of the Inquiry.

In August 2006, following the expiration of the twelve month period of suspension, the Board re-listed the hearing to review the conditions imposed in September 2003. On 18 August 2006, the Board imposed conditions on Dr A's practice of medicine including inter-alia, limits on area of practice, supervision, auditing and review of practice. The conditions remain in place for a period of two years.

Dr Fiona Dyall: MBC/2307-207

On 20 December 2000, the Board held an Inquiry under Section 13 (1) (c) whereby it was found that Dr Dyall was guilty of gross carelessness. The Board ordered that she be suspended from practice for a period of six weeks and that upon completion of this period of suspension, her practice would be subject to the condition that she may not practice anaesthesia.

On 17 February 2006, Dr Dyall made an application to the Board for approval to undertake re-training as a specialist anaesthetist. On 25 October 2006, following consideration of the matter, the Board resolved to approve Dr Dyall's application to undertake re-training and the matter is to be reviewed again, once her training is completed.

State Administrative Tribunal Proceedings

Dr Ameen Bham *(deceased)*:
MBC/1796-100; VR 144 of 2005
MBC/2027-160; VR 142 & 143 of 2005

On 9 February 2005, the Board initiated proceedings in the Tribunal in VR 142, 143 and 144 of 2005 against Dr Bham.

The matter was heard on 10 January 2006 and the decision delivered on 11 July 2006.

1. In VR 143 of 2005, which involved an allegation that Dr Bham was unfit to practise by reason of his conviction under section 128A of the Health Insurance Act 1973 (Cth) the application was dismissed.

2. In VR 142 of 2005, in which it was alleged that Dr Bham knowingly or recklessly failed to disclose criminal convictions to the Board when applying for registration in Western Australia under the Mutual Recognition Act (Western Australia) 1995 (WA):
   (a) the Tribunal found the practitioner guilty of infamous conduct in a professional respect;
   (b) the Tribunal ordered that the registration of the practitioner be suspended for 12 months.

3. In VR 144 of 2005, in which it was alleged that Dr Bham lied to a fellow practitioner about the purpose of a $25,000 loan and a $10,000 loan, and failed to disclose to him that he was an undischarged bankrupt contrary to section 269(1)(a) of the Bankruptcy Act 1966 (Cth):
   (a) the Tribunal found the practitioner guilty of infamous conduct in a professional respect;

(b) the Tribunal ordered that the registration of the practitioner be suspended for a period of six months.

4. The periods of suspension in VR 142 and VR 143 of 2005 were ordered to run concurrently.

Dr Leonie Smith: MBC/1956-144; VR 206 of 2005

By proceedings commenced on 26 August 2004, it was alleged to the Board that Dr Smith may be guilty of infamous or improper conduct in a professional respect, in that she encouraged and/or permitted and was involved in a close personal relationship of an intimate and emotional nature with a patient, during which period she was registered as the patient's general practitioner.

On 22 March 2005, proceedings were commenced at the State Administrative Tribunal pursuant to Section 13(1)(a) of the Act, on the grounds that Dr Smith may be guilty of infamous or improper conduct in a professional respect, in that she encouraged and/or permitted and was involved in a close personal relationship of an intimate and emotional nature with a patient. On 8 August 2006, the Tribunal made the following orders:

1. The Tribunal finds Leonie Smith (the practitioner) guilty of infamous conduct in a professional respect in that she encouraged and/or permitted and was involved in a close personal relationship of an intimate and emotional nature with the patient during a period in which she was the patient's general practitioner.

2. The registration of the practitioner under the Medical Act 1894 (WA) be suspended for 12 months commencing from 1 September 2006.

3. The practitioner pay the costs of the Medical Board of Western Australia as agreed between the parties or failing agreement as fixed by the Tribunal.

Dr B: MBC/1702-146; VR 358 of 2005

On 23 August 2005, the Board resolved to refer this matter to the SAT, pursuant to Section 13(1)(a) of the Act, following an allegation of sexual misconduct against Dr B.

A hearing was held at the SAT on 5 July 2006, however, the matter was adjourned to 14 August 2006, with the SAT reserving its decision.

On 14 August 2006, the SAT found in favour of Dr B and dismissed all allegations against him. The SAT ordered that there be no order as to costs.

Dr Peter Petros: MBC/1962-152, 1961-151, 1959-149; VR304 of 2005

On 13 June 2005, the Board issued an application in the SAT, pursuant to sections 13(1)(a) and (1)(c) of the Act, alleging that the practitioner may be guilty of infamous or improper conduct, alternatively, gross carelessness or incompetency by reason that he failed to give certain warnings and provide certain information to four patients before they underwent intravaginal slingplasty procedures.

The practitioner applied to dismiss or stay the application for abuse of process on the grounds of the delay in bringing the complaints against him. The hearing was initially listed for 12 and 13 February 2006 and was adjourned when the practitioner successfully sought to remove Dr Louise Farrell from the panel of the Tribunal.

On advice of counsel, the Board withdrew its application for a finding that the practitioner was guilty of infamous and improper conduct in a professional respect and the allegations in relation to one of the patients on the grounds of her age and failing memory.

The practitioner's application to dismiss the Board's application on the grounds of abuse of process was heard on 16, 17 and 18 August 2006 and was dismissed by the SAT. At this time the three complainants also gave their evidence.

The Board's application was heard on 13 and 15 November 2006 The Tribunal found that while the practitioner may be criticised for the way in which he provided information to the patients in relation to some aspects of the procedure and its risks, his conduct did not amount to gross carelessness or incompetency. The Tribunal was satisfied that the practitioner was aware of his obligations to inform patients and that the allegations concerning his failure to do so were not made out by the evidence. Accordingly the Tribunal dismissed the Board's application.

The practitioner brought an application for costs against the Board which was heard on 23 July 2007 and which was dismissed.

Dr Ian Hewett *(deceased)*: MBC/2037-166; VR 259 & 260 of 2005

On 22 March 2005, the Board resolved to refer this matter to the SAT for hearing and determination, pursuant to Section 13(1)(a) and Section 13(1)(c) of the Act, by reason of his failure to adhere to basic infection control techniques and maintain good hygiene in medical practice, and for failure to clarify his own infectious illness or seek appropriate treatment for his illness, whilst continuing to treat patients.

At a SAT Directions Hearing held on 12 October 2006, Dr Hewett agreed to have his name removed from the Register of Medical Practitioners as of that date, due to his ill health and the SAT made orders for deregistration.

The practitioner passed away on 6 December 2006.

The practitioner's executors are pursuing a costs order made in favour of the practitioner arising from the adjournment on 20 February 2006.

Dr Behzad Alizadeh: MBC/2094-177; SAT VR 44 of 2006

By proceedings commenced in the Tribunal on 10 March 2006, pursuant to sections 13(1)(a) and 13(1)(c), it was alleged that Dr Alizadeh may be guilty of infamous or improper conduct in relation to his prescription of drugs of addiction specified in s 8 of the Poisons Act 1964 (WA) in contravention of the requirements of the Poisons Act 1964 and the Poisons Regulations 1965 (WA).

The Tribunal found the practitioner guilty of gross carelessness and imposed the following orders:

1. The respondent pay a fine in the sum of $10,000 within 28 days of the date of these reasons.

2. The respondent be reprimanded.

3. The respondent pay the applicant's reasonable costs to be agreed, or if not agreed, to be assessed by the Tribunal.

Dr Brian Molloy: MBC/2074-182; SAT VR 118 of 2006

By proceedings commenced in the Tribunal on 10 July 2006 it was alleged that Dr Molloy may be guilty of infamous or improper conduct contrary to s 13(1)(a) of the Act or alternatively gross carelessness or incompetence contrary to s 13(1)(c) of the Act in relation to the management of a patient in the period 20 September 2004 to 9 November 2004.

The Board alleged and Dr Molloy agreed that:

1. The practitioner's discussion and disclosure to the patient of the risks and potential morbidity of vaginal hysterectomy on 20 September 2004 was inadequate having regard to:
   (a) the patient's age and medical history;
   (b) the fact that vaginal hysterectomy was a more invasive procedure than that for which she had been referred to the practitioner; and
   (c) the nature of the written material provided to the patient, namely a pamphlet entitled "Sterilisation Information" and a pamphlet entitled "Hysterectomy Information", which mentioned the benefits of the

procedure but made little or no mention of the risks of that procedure (the written material).

2. In particular, it was insufficient to rely upon an oral discussion with the patient. The appropriate course would have been to provide her with written warnings to counterbalance the written material.

3. The practitioner failed to recognise in a timely fashion that the patient might have been experiencing a post-operative haemorrhage in that:
   (a) at 10:00 pm on 19 October 2004, he concluded that the patient's episodes of fainting and her tachycardia were not due to blood loss, but rather the after-effects of anaesthetic and narcotic analgesia; and
   (b) he failed to reappraise his conclusion on 20 and 21 October 2004, despite the continuation of the patient's tachycardia and signs of abdominal distension.

The Tribunal ordered that:

1. the practitioner was guilty of gross carelessness, within the meaning of s 13 of the Medical Act 1894, in respect of the inadequate discussion and disclosure of the risks of vaginal hysterectomy;

2. the practitioner was guilty of gross carelessness, within the meaning of s 13 of the Medical Act 1894, in respect of the failure to adequately recognise a post-operative haemorrhage prior to the morning of 22 October 2004;

3. the practitioner be reprimanded;

4. the practitioner be fined $10,000;

5. the practitioner pay the Board's costs of the matter, which were fixed at $17,000.

Dr Tony Kierath: MBC/1940-184: VR 71 of 2006

The Board commenced proceedings against this practitioner in May 2006, pursuant to section 13(1)(c) of the Act. On 12 December 2006, the parties resolved the application at a mediation before Senior Member Jill Toohey. The practitioner admitted that he had been guilty of gross carelessness in carrying out a brachyplasty on a patient on 10 March 2003 in that the practitioner removed an excessive amount of skin from the patient's left arm resulting in:

1. there being insufficient skin to enable the practitioner to directly close the wound without compromising circulation or skin viability; and

2. the patient being left, after the surgery, with a 10cm x 4cm granulating area midway down the medial left arm.

Senior Member Toohey ordered that the practitioner be reprimanded and fined $2,500. The practitioner was also ordered to provide the Board with a written undertaking that he would not operate on any patient to remove excess skin or to repair skin following weight loss until each of the following requirements was complied with or satisfied:

(a) for the next 10 episodes of Surgery ("Supervised Cases") the practitioner must not perform the Surgery without being supervised by a plastic surgeon nominated by the practitioner and approved in writing by the Board ("Supervising Surgeon");
(b) in respect of each of the Supervised Cases, the practitioner must ensure the Supervising Surgeon:
    (i) observes the practitioner's pre-operative marking in preparation for the Surgery; and
    (ii) reviews the patients after the Surgery;
(c) the practitioner must ensure that the Supervising Surgeon provides a written report ("the Report") to the Board regarding the practitioner's conduct of the Supervised Cases within 21 days of the Supervising Surgeon reviewing the last of the Supervised Cases; and
(d) the practitioner receives written notice from the Board that the Report is satisfactory to the Board.

The practitioner paid the Board's agreed costs in the sum of $11,801.50.

Dr C: MBC/2261-194; VR 379 & 381 of 2005

The respondent, a medical practitioner, had previously been the subject of disciplinary proceedings arising because of his misuse of certain drugs. His misconduct was attributable to a depressive illness. As a result of those proceedings, conditions were imposed on the respondent's right to practise.

The respondent breached the conditions and was involved in erratic behaviour, and the Medical Board imposed an interim suspension on his right to practise. It then sought an extension of that suspension by the Tribunal.

Both the respondent's treating psychiatrist and a psychiatrist appointed by the Medical Board agreed that, since his erratic behaviour in mid 2006, the respondent had complied with his medical treatment and made very successful progress in his rehabilitation. They agreed that he was capable of successful return to medical practice, subject to supervision, but disagreed whether the return should be immediate, or delayed for a further 6 months.

The Tribunal considered that the public interest would be best served by permitting an immediate return to practice, subject to strict conditions. It also considered that this was an appropriate case not to publish the respondent's name.

Dr D – MBC2262-195: VR74 of 2006

The Board issued an application in the SAT against the practitioner on the grounds that the practitioner may be guilty of infamous or improper conduct in a professional respect pursuant to Section 13(1)(a) of the Act. The Tribunal referred the matter to a mediation where it failed to settle. The matter was listed for hearing on 30 and 31 May 2007 and 1 June 2007.

Expert evidence was obtained on the practitioner's behalf and on the Board's behalf. The experts were in agreement that the practitioner suffered from bipolar disorder which was undiagnosed at the time of the conduct and which largely contributed to the conduct which was the subject of the application.

The matter was resolved on 29 May 2007, when the practitioner accepted the conditions which the Board sought to impose on the practitioner and accepted that his conduct amounted to improper conduct in a professional respect.

On 30 May 2007 the Tribunal made orders, with the consent of the parties, that:

1. any information that may enable the practitioner to be identified shall not be published save that the Registrar of the Medical Board shall be able to communicate the full terms of the orders of the Tribunal to the medical registration authorities, government authorities, other authorities or bodies, hospitals, clinics, other medical practitioners and employers or potential employers of the practitioner on a confidential basis;

2. the practitioner is guilty of improper conduct in a professional respect in that he attended Fremantle Hospital contrary to instructions that he not do so and conducted himself while on the premises in a manner which caused fear and distress to two colleagues, such conduct having been driven by bipolar affective disorder, which was undiagnosed and untreated at the time of the conduct;

3. in lieu of making an order under Section 13(3)(a) of the Medical Act 1894, the practitioner shall undertake in writing to the Board to be of good behaviour in that he agrees to comply with and be subject to restrictions and conditions on practice imposed on him.

Restrictions and conditions on practice were imposed on the practitioner.

Dr Craig White: MBC/2263-196: VR 13 of 2007

At a hearing of the State Administrative Tribunal on 30 April 2007 the SAT ordered that, pursuant to section 13(2):

1. by reason of his conviction in the District Court of Western Australia on 1 September 2006 of the offence, contrary to the Misuse of Drugs Act 1981 (WA), of the manufacture of Methylamphetamine, the practitioner is unfit to practise as a medical practitioner; and

2. the practitioner's name be removed from the Register.

The practitioner was also ordered to pay the reasonable costs of the Board in a sum to be agreed by the parties or failing agreement to be fixed by the President of the SAT.

Dr Sathiyapal Kulanayagam: MBC/2238-197; VR 94 of 2006

On 2 June 2006, the Board filed an application in the SAT against Dr Kulanayagam, alleging that he may be guilty of infamous or improper conduct in a professional respect, pursuant to Section 13(1)(a) of the *Medical Act 1894 (as amendd)*, on the grounds that he abused his position of trust by his conduct particularized in the application.

On the application, heard by way of Mediation on 20 July 2007, the SAT found Dr Kulanayagam guilty of infamous conduct in a professional respect and ordered that:

(a) his name be removed from the Register of Medical Practitioners; and

(b) he pay the costs of the Board, to be assessed if not agreed.

Payment of the sum of $12,450.30 in respect of the agreed costs of the Board was received by the Board on 28 June 2007.

Dr Behzad Alizadeh: MBC/2147-198; SAT VR 20 of 2006

By proceedings commenced in the Tribunal on 31 January 2006, pursuant to section 13(1)(a) of the Act, it was alleged that Dr Alizadeh may be guilty of infamous or improper conduct in an examination of a young female patient, conducted without proper consent and without clinical justification.

The matter was heard at the Tribunal on 16 and 17 November 2006 and the Tribunal's findings were delivered on 23 February 2007. The Tribunal determined that Dr Alizadeh was guilty of improper conduct in a professional respect and made the following orders:

1. The respondent pay a fine in the sum of $7,500 within 28 days.

2. The respondent be reprimanded.

3. The respondent pay the applicant's costs to be agreed, or if not agreed, to be assessed by the Tribunal.

Dr Lip, John Yoke-Kong: MBC/2067-206; VR 95 of 2006

On 2 February 2006, an application was made to the State Administrative Tribunal, pursuant to section 13(1)(c), alleging that Dr Lip was guilty of gross carelessness or incompetency, in inadequately diagnosing and treating a patient.

The matter was resolved at mediation and Dr Lip was issued a reprimand and ordered to pay costs of $5,000 to the Board and a fine of $10,000 to the SAT.

Dr E: MBC/2303-225; VR 131 of 2006

Acting pursuant to Section 13(1)(e) of the Act, the Board resolved to refer this matter to the SAT, alleging that Dr E may have been suffering from a physical or mental illness to such an extent that his ability to practice as a medical practitioner was or was likely to be affected in that he was suffering from Bipolar Affective Disorder.

On the application, heard by way of Mediation on 23 October 2006, the SAT ordered that conditions be placed on Dr E's practice for a period of twelve months, to be reviewed prior to October 2007 and that the Board be awarded costs in the amount of $6,000.

Dr F: MBC/2463-241; SAT VR 197 of 2006

On 6 November 2006 the Board received a report from a practitioner's treating psychiatrist, advising the Board that the practitioner had had a relapse of opioid misuse.

The practitioner had previously been affected by an addition to Pethidine and had until May 2006 been working under a supervised practise regime.

On 8 November 2006, the Board imposed an interim suspension of 30 days on the practitioner's practice, and referred the making of that order to the Tribunal, pursuant to sections 12BA(1)(a) and 13(1)(d).

The Tribunal, with the consent of the parties, imposed orders allowing the practitioner to return to practice on conditions which included random urine testing, limitation of hours of practice, supervision, ongoing psychiatric treatment and review, and attending a drug and alcohol treatment programme. The Tribunal considered that it was appropriate not to publish the practitioner's name.

Dr David Pate: MBC/2383-253; SAT VR 47 of 2007

The Board alleged to the State Administrative Tribunal that, pursuant to section 13(1)(c) of the Act, the practitioner was guilty of gross carelessness in his treatment of a patient in the Emergency Ward at the Derby Regional Hospital in September 2003 in that the practitioner:

1. failed to conduct a medical examination of the patient;

2. failed to take sufficient steps in his attempt to conduct a medical examination of the patient;

3. failed to ensure that the patient remained in the custody of the Emergency Department for an appropriate amount of time to ascertain the true medical status of the patient following a motor vehicle accident; and

4. allowed the patient to be discharged into police custody knowing that a medical examination had not been performed on the patient,

5. in circumstances where the practitioner knew:

6. the patient had been involved in a motor vehicle roll over accident;

7. the patient had been admitted to the Hospital for the purposes of a medical examination; and

8. ought to have known of the potential for motor vehicle accidents to cause serious and life threatening injuries.

The practitioner accepted that his conduct constituted gross carelessness in a professional respect. At a hearing on 29 May 2007, the SAT imposed a period of 2 months suspension of the registration of the practitioner from 29 May 2007. The SAT accepted the practitioner's conduct constituted an aberration to his normally exemplary behaviour. The SAT found that this was not a case where a suspension needed to be imposed in order to protect the public from an incompetent practitioner, but rather to let the public know that medical practitioners aim to uphold high standards. The SAT found that a penalty of suspension would transmit that message to members of the profession and to the public generally.

The SAT also ordered that the practitioner pay costs of the application fixed in the sum of $6,000.

Professional Standards Committee (PSC) Proceedings

Dr G: MBC/1819-109

It was alleged to the PSC that the practitioner was guilty of gross carelessness in a professional respect, pursuant to section 13(1)(c) of Dr G's treatment of a patient in July 2003 in that the practitioner:

1. diagnosed conjunctivitis in the patient's right eye without undertaking an adequate examination of the patient's eyes;

2. failed to diagnose the patient had suffered a corneal abrasion to the patient's right eye.

On the basis of written submissions filed by Counsel Assisting the Medical Board and the practitioner the PSC found the practitioner guilty of gross carelessness in a professional respect. On 20 December 2006, the PSC recognised that the conduct of the practitioner, whilst characterised as gross carelessness, was a single transgression in an otherwise unblemished career and ordered the Board reprimand the practitioner.

Dr H: MBC/1775-116

The Board issued a notice to the practitioner that she may have been guilty of gross carelessness or incompetency, pursuant to section 13(1)(c), by reason of the practitioner failing to:

1. refer a patient to a specialist in the field of spinal surgery or neurology, or alternatively, to discuss the patient's neurological impairment with a specialist in the field of spinal surgery or neurology;

2. transfer the patient to a facility where CT scanning and/or MRI scanning was available so that further investigations of the patient's spine could be performed;

3. arrange for careful medical follow-up in the days following the discharge of the patient in order to determine that any improvement of the neurological deficits and pain were sustained;

4. make arrangements for the monitoring of the patient's neurological progress by a medical practitioner familiar with her progress while in hospital, when she was discharged from hospital;

5. discuss the patient's condition with a specialist in the field of spinal surgery or neurology at the time of her discharge.

6. change or modify the plan of conservative treatment of rest, physiotherapy and analgesia when neurological indicators and the patient's medical history pointed to the need for further steps such as MRI or CT scans to be done to ascertain the need for surgical or other intervention.

7. discuss with a surgeon who specialises in disc prolapse and related disorders the neurological deficits and the observation of foot drop at the time these conditions were noted.

8. communicate promptly the details of the diagnosis and the treatment given to the patient during her stay in hospital, the neurological deficits noted and the need for close monitoring to the patient's doctor following her discharge from hospital.

The matter was resolved by agreement when the practitioner admitted all allegations against her and the PSC, at a penalty hearing, ordered that the practitioner be reprimanded.

Dr I: MBC/1879-123

It was alleged to the PSC that the practitioner, pursuant to section 13(1)(c), was guilty of gross carelessness in a professional respect in his management and treatment of a patient in February 2003.

The PSC determined that, on the facts agreed by the parties, that the deficiencies established, when viewed together and in their overall context, constitute gross carelessness in a professional respect.

The PSC Ordered that:

1. The Board reprimand the practitioner, and

2. The Board fine the practitioner $1,000, to be paid within 30 days of the date of the Order.

Dr J: MBC1993-146

The Board issued a notice to the practitioner arising from a number of alleged failures by the practitioner in her clinical practice raised by the State Coroner following the death of a patient. The practitioner was at the time a junior medical resident at Joondalup Health Campus.

The Board alleged that the practitioner may be guilty of gross carelessness or incompetency in that she:

1. failed to ensure that the treatment plan and orders devised by Dr XX following the review of the patient at 10.00am on 13 February 2003 were appropriately documented in the patient's integrated progress notes;

2. failed to clarify with Dr XX or Dr YY the treatment plan and orders devised by Dr XX following the review of the patient at 10.00am on 13 February 2003;

3. failed to ensure once it became known to the practitioner that Gentamicin and Flagyl should be administered to the patient, that those antibiotics were correctly prescribed on the patient's medication chart;

4. failed to ensure once the Gentamicin and Flagyl were prescribed by the practitioner on the patient's medication chart, that the nursing staff responsible for the care of the patient understood the immediacy of the administration of Gentamicin and Flagyl to the patient;

5. failed to obtain authorisation from the registrar, Dr YY, or the consultant Dr XX, or an appropriate senior practitioner in place of Dr YY, to prescribe broad spectrum antibiotics to the patient when the practitioner noted the bloodied urine upon insertion of the catheter;

6. failed to confer with or to consult the registrar, Dr YY, or the consultant Dr XX, or an appropriate senior practitioner in place of Dr YY, about the practitioner's assessment that broad spectrum antibiotics were required or the practitioner's decision to prescribe broad spectrum antibiotics at the time the practitioner prescribed the broad spectrum antibiotics;

7. failed to check once the practitioner became aware of the results of the patient's CT cystogram at or around 2.30pm on 13 February 2003 and following the practitioner's discussions with Dr YY on or around 3.00pm on 13 February 200, that the Gentamicin and Flagyl had been administered to the patient by the nursing staff responsible for the care of the patient; and

8. failed to insert promptly, or to arrange promptly for the insertion of, an indwelling catheter and to commence promptly, or to arrange promptly for the commencement of, intravenous fluids following the review of the patient, and in compliance with the instructions given, by Dr XX at 10.00am on 13 February 2003.

The PSC heard the matter on 12 October 2006 and found that the allegations were not supported by the evidence and accordingly dismissed the allegations against the practitioner.

Dr K: MBC/2057-171

It was alleged that Dr K may be guilty of improper conduct, pursuant to section 13(1)(a) of the Act, in that during a consultation of a child, the practitioner took a chequebook belonging to the patient's parents without permission, filled in a cheque for payment of the consultation and requested that the patient's father sign the cheque.

The PSC, at a hearing held on 11 August 2006, ordered that:

1. The Board reprimand the practitioner;

2. In the event that the practitioner applies for re-registration in Australia, he undergo a counselling/orientation process following registration and this should include supervision;

3. The Board write to WADEMS expressing concern at their orientation process and suggest that they be reviewed.

Dr L: MBC/2130-185

It was alleged that the practitioner, pursuant to Section 13 (1)(a) of the Act, may be guilty of improper conduct in a professional respect in that:

1. the practitioner disclosed alleged personal health information of a patient without her consent, to third parties in the form of a medical referral and a letter to the Family Court;

2. the practitioner disclosed alleged personal health information of a patient to the third parties, without any regard as to whether the information was accurate;

3. the practitioner disclosed alleged personal health information of a patient without having, at any time, diagnosed or treated the patient in respect of her psychiatric condition. This information was misleading and implied that the practitioner had treated the patient in respect of her psychiatric condition;

4. the practitioner disclosed the alleged personal health information when you knew or ought to have known that the information contained in the letter to the Family Court was likely to harm the patient;

5. the practitioner knew or ought to have known that the letter to the Family Court was likely to mislead the Family Court as to the practitioner's knowledge of the patient's psychiatric status.

The PSC found, on the facts agreed by the parties, that:

1. The procurement of patient information from a provider of pathology services in the particular circumstances of this matter constitutes improper conduct in a professional respect.

2. The practitioner is guilty of improper conduct in a professional respect.

The Professional Standards Committee ordered that the Board reprimand the practitioner.

Dr M: MBC/2129-191

It was alleged to the PSC that in about March 2005 the practitioner was guilty of improper conduct in relation to a pap smear undertaken on a patient in that the practitioner:

1. did not give any warning or reassurances prior to inserting the speculum;

2. did not take into account that the practitioner was causing the patient pain due to the roughness with which the practitioner undertook the procedure;

3. failed to show any respect or ensure that the practitioner spared the patient any indignity during the procedure; and

4. failed to have any regard for the patient's complaints of pain and the distressed caused to her during the procedure.

On 20 December 2006 the PSC determined the matter on the papers and found that the deficiencies established, when viewed together and in their overall context, improper conduct in a professional respect, pursuant to section 13(1)(a) of the Act. The PSC ordered that:

1. the Board reprimand the practitioner for her roughness and rudeness in consultation with the patient;

2. within 45 days of the date of the order the practitioner apologise in writing to the patient in a form to be approved; and

3. until further order of the Board the practitioner be restrained from conducting vaginal examinations and pap smears except in the presence of a chaperone.

Dr N: MBC/2187-200

It was alleged that the practitioner, pursuant to Section 13 (1)(a) of the Act, may be guilty of improper conduct in a professional respect in that the practitioner:

1. Attended upon and conducted a consultation with the patient at her home uninvited; four days following the death of her husband;

2. Sent her an account for the uninvited consultation for $87.75;

3. When challenged in respect of the account, you advised that the account had been sent in error.

At a hearing held on 11 August 2006, the PSC ordered that the practitioner was not guilty of improper conduct and the complaint and allegations be dismissed.

Dr O: MBC/2124-201

It was alleged that the practitioner, pursuant to Section 13 (1)(a) of the Act, may be guilty of improper conduct in a professional respect in that the practitioner:

1. Accessed the personal health records (the photographs) of the complainant without her consent;

2. Displayed at a public luncheon the personal information in the form of "before" and "after" photographs of the complainant; and

3. Following the complaint to the practitioner after the event, the practitioner did not immediately discontinue using the photographs for the promotion of their business in brochures and on the website.

At a hearing held on 11 August 2006, the PSC ordered that the practitioner was not guilty of improper conduct and the complaint and allegations be dismissed.

Dr P: MBC/2232-222

At a hearing on 27 April 2007 the PSC found the practitioner guilty of gross carelessness, pursuant to section 13(1)(c) of the Act, in relation to his treatment of a patient in January 2002.

The practitioner failed to perform a fine needle aspiration on a lesion in the patient's right breast or arranged for a fine needle aspiration to be performed on the lesion with the assistance of ultrasound in circumstances where, to the practitioner's knowledge, a radiologist had noted the appearance of the lesion on ultrasound was of concern and had recommended further examination of the lesion by fine needle aspiration.

The PSC ordered that the Board reprimand the practitioner. The PSC noted there was no intention of wrongdoing on the practitioner's part and that the practitioner had acted in what the practitioner believed to be the patient's interests.

Dr Q: MBC/2214-231

It is alleged that the practitioner, pursuant to Section 13 (1)(a) of the Act, may be guilty of improper conduct in a professional respect in that:

1. Between 30 December 2003 and 11 July 2005 the practitioner failed to respond to all requests (11 written and 4 telephonic) from an insurance company for an updated medical report on the practitioner's patient.

2. The practitioner only responded to the insurance company's request after receiving notification from the Board on 28 September 2005 that a complaint had been received concerning the practitioner's non compliance.

3. The practitioner's delay in responding caused the patient unnecessary delay in having her claim with the insurance company settled.

The PSC found, on the facts agreed by the parties, that:

1. The deficiencies established, when viewed together and in their overall context, constitute improper conduct in a professional respect, pursuant to Section 13(1)(a) of the Medical Act 1894 (WA) (as amended) .

The PSC ordered that the Board reprimand the practitioner.

Supreme Court Appeals

Dr Zelko Mustac: MBC/1822, 1907-141 and MBC/2036-164

By Notice of Appeal dated 31 July 2006, Dr Mustac sought for leave to appeal an interlocutory decision of the State Administrative Tribunal of Western Australia (SAT).

Proceedings have been commenced in the SAT alleging improper conduct in a professional respect by Dr Mustac in his application of the Test of Memory Malingering (TOMM test) in relation to 3 patients.

The Board sought to rely upon various findings made by Justice Simmonds in the Supreme Court decision of Mustac V Medical Board Western Australia [2004] WASCA 156 (Supreme Court Decision), in relation to the proper application of and use to be made of the TOMM test and its results.

The SAT (comprising Justice Barker as President) decided, relying on the principle of comity, to apply various findings made by Justice Simmonds in the Supreme Court Decision. The SAT decided that no principles of estoppel operated to hinder the findings that SAT could make at the final hearing.

The appeal was heard for half a day on 17 April 2007, with the Court of Appeal delivering its judgment on 21 June 2007.

The Court of Appeal (comprising Martin CJ, Wheeler & Buss JJ) held that the questions about Dr Mustac's application of the TOMM test were questions of fact and not amenable to applications of principles of comity or estoppel. The Court was of the view that to decide such questions before hearing all the evidence was not appropriate. The Court held that the SAT was a tribunal and not a court, and that therefore it could not apply principles of comity or estoppel.

On 21 June 2007 the Court of Appeal made orders allowing the appeal, and that SAT be differently constituted to hear the matter. The issue of legal costs is awaiting a determination from the Court.

FINANCE

Finance/Contract Management Sub-Committee:

- Professor Bryant Stokes (Chairperson)
- Professor Con Michael
- Ms Penelope Giles
- Dr Rosanna Capolingua (until 31 December 2006)
- Mr Patrick Walker (from 1 January 2007)

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

EXECUTIVE COMMITTEE

Executive Committee:

- Professor Con Michael (President)
- Professor Bryant Stokes (Chair of Registration and Finance Contract/Management Sub-Committee's
- Ms Ann White (Chair of Complaints Sub-Committee)
- Mr Nicholas Mullany

The Executive Committee's primary function is to deal with matters concerning non contentious administrative functions of the Board. The Executive Committee then forms a view for the Board to consider and endorse.

The Board resolved at its meeting held on 30 January 2007 to cancel the Executive Committee meetings for 2007 and reconvene as required.

6. RECORDS MANAGEMENT

The State Records Commission at its meeting held on 8 December 2005, approved the Board's Recordkeeping Plan (the Plan) for a period of three years.

Records management training is provided to all new staff as part of their induction program. This information forms part of the Board's procedures manual and identifies to staff, their roles and responsibilities under the Board's Recordkeeping 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 to be reviewed as required.

7. FREEDOM OF INFORMATION

The Medical Board of Western Australia received five valid applications during 2006/2007. During this time, four applications were finalised.

There were no internal reviews required during this period.

The table below includes statistics which were provided to the Office of the Information Commissioner as part of the Annual Statistical Return.

FOI APPLICATIONS	STATISTICS
Personal Information Requests	0
Non-Personal Information Requests	5
Amendment of Personal Information	0
Applications Transferred in Full	0
Total Applications Received	5
Applications Completed	4
Applications Withdrawn	0
Internal Reviews Completed	0

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367

FINANCIAL STATEMENTS
YEAR ENDED
30 JUNE 2007

CONTENTS

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367

STATEMENT BY BOARD MEMBERS
FOR THE YEAR ENDED 30 JUNE 2007

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 Statements are drawn up so as to fairly present the financial position of the Board as at 30 June 2007 and its financial performance for the year ended on that date;

b) At the date of this statement, there is 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: 15.1.08.

Prof B Stokes AM
Board Member

Perth, Western Australia
Date: 15-1-08

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367
BALANCE SHEET
AS AT 30 JUNE 2007

	Note	2007 $	2006 $
CURRENT ASSETS			
Cash and cash equivalents	4	2,662,201	1,992,322
Trade and other receivables	5	69,829	144,472
Other assets	6	39,645	38,920
TOTAL CURRENT ASSETS		2,771,675	2,175,714
TOTAL ASSETS		2,771,675	2,175,714
CURRENT LIABILITIES			
Trade and other payables	7	195,031	109,299
Other liabilities	8	640,883	598,707
TOTAL CURRENT LIABILITIES		835,914	708,006
TOTAL LIABILITIES		835,914	708,006
NET ASSETS		1,935,761	1,467,708
EQUITY			
Balance at beginning of year		1,467,708	1,256,782
Profit/(Loss) for the year		468,053	210,926
TOTAL EQUITY		1,935,761	1,467,708

The accompanying notes form an integral part of these Financial Statements

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2007

	2007 $	2006 $
REVENUE		
Non Practising Fee	49,069	58,634
Practising Fee	2,427,975	2,324,954
Registration Fees	162,477	137,922
Other Sundry Fees	23,093	37,380
Occasional Practice Fees	36,405	44,214
Interest Received	170,416	127,408
Fines	3,922	6,200
Inquiry Costs Recovered	56,734	142,465
	2,930,091	2,879,177
EXPENSES		
Accountancy	3,285	-
Advertising	-	128
Audit Fees	25,628	30,805
Australian Medical Council Inc	54,447	22,905
Bank Charges	12,635	13,057
Individual Board/Committee Members Fees	82,272	105,533
Catering	3,699	2,233
Complaints Investigator Expenditure	435,691	361,205
Conference Expenses	13,055	1,404
Courier	7,911	7,092
Database Expenses	1,310	2,507
General Expenses	2,639	557
Insurance	12,922	13,903
Inquiry Costs	1,090,787	928,867
Other Initiatives	340	-
Postage & Printing	128,280	115,140
Random Urine Drug Screen Initiative	2,400	2,400
Secretarial & Administration Costs	555,475	1,041,637
Storage – Archives	6,107	-
Superannuation Contributions	6,915	6,719
Telephone & Fax	9,489	8,723
Website	6,751	3,436
	2,462,038	2,668,251
PROFIT BEFORE INCOME TAX	468,053	210,926
Income Tax Expense	-	-
NET PROFIT ATTRIBUTABLE TO MEDICAL BOARD OF WESTERN AUSTRALIA	468,053	210,926

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 2007

	Note	2007 $	2006 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from Doctors		2,801,851	2,734,452
Payments to Suppliers		(2,279,910)	(2,822,213)
Interest Received		147,938	106,380
NET CASH FLOW FROM OPERATING ACTIVITIES	9	669,879	18,619
NET INCREASE (DECREASE) IN CASH HELD		669,879	18,619
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		1,992,322	1,973,703
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		2,662,201	1,992,322

The accompanying notes form an integral part of these Financial Statements

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367
STATEMENT OF RECOGNISED INCOME AND EXPENSES
FOR THE YEAR ENDED 30 JUNE 2007

	Retained Earnings $	Total Equity $
Balance at 1 July 2005	1,256,782	1,256,782
Profit for the period	210,926	210,926
Total Profit for the period	210,926	210,926
Balance at 30 June 2006	1,467,708	1,467,708
Balance at 1 July 2006	1,467,708	1,467,708
Profit for the period	468,053	468,053
Total Profit for the period	468,053	468,053
Balance at 30 June 2007	**1,935,761**	**1,935,761**

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2007

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) of Western Australia to prepare financial statements.

The accounting policies used in the preparation of this financial report, are in the opinion of the members of the Medical Board, appropriate to meet the requirements of the Medical Act 1894 (as amended) of Western Australia.

The requirements of Australian Accounting Standards do not have mandatory applicability to the Medical Board of Western Australia because it is not a reporting entity. The members of the Medical Board have determined that in order for the financial report to fairly present the Medical Board of Western Australia results, accounting standards relating to recognition, classification and measurement of assets, liabilities, revenues and expenses have been complied with. This includes the disclosure requirements of AASB 101 Presentation of Financial Statements and AASB 107 Cash Flow Statements.

The following Australian Accounting Standards have not been adopted;

AASB114:	Segment Reporting
AASB119:	Employee Benefits
AASB124:	Related Party Disclosures
AASB132:	Financial Instruments: Disclosure and Presentation

The financial report is prepared on an accruals basis and is based on the historical costs.

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.

Statement of Compliance

The financial report complies with the recognition, measurement and classification requirements of Australian Accounting Standards, which includes Australian equivalents to International Financial Reporting Standards (AIFRS) and the disclosure requirements of accounting standards AASB 101 Presentation of Financial Statements, AASB 107 Cash Flow Statements and AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors.

Going Concern

This financial report has been prepared on the going concern basis. The going concern basis has been implemented, as the Board Members believe that the cash flow projections are sustainable and the Board has a large surplus of cash on hand.

Revenue Recognition

Revenue is measured at the fair value of the consideration received or receivable. Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Medical Board and the revenue can be reliably measured.

(Note 1 cont.)

The following specific recognition criteria must also be met before revenue is recognised:
Fee Income
Fee income is recognised in the income statement from the commencement date, on a straight-line basis over the period of the fee service. The proportion of fee income received or receivable not earned in the income statements at the reporting date is recognised in the balance sheet as unearned revenue.
Interest
Interest is recognised when the Medical Board's right to receive the payment is established.

Payables
Trade payables and other payables are carried at cost and represent liabilities for goods and services provided to the Medical Board prior to the end of the financial year that are unpaid and arise when the Medical Board becomes obliged to make future payments in respect of the purchase of these goods and services.

Board Members Entitlements
Contributions are made to Board Members superannuation funds 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.

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 respect of Indian Ocean Territories have been disclosed.

Goods and Services Tax
Revenues, expenses and assets are recognised net of the amount of goods and services tax, except:
(i)Where the amount of GST incurred on a purchase of goods and services is not recoverable from the taxation authority, in which the case the amount of GST is recognised as part of the cost of the acquisition of the asset or as part of the expense items as applicable; and
(ii)Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable, or payable to, the taxation authority is included as part of receivables or payables in the balance sheet.
Cash flows are included in the Cash Flow Statement on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority are classified as operating activities.

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.

(Note 1 cont.)

Receivables
Trade and other receivables are recognised and carried at cost. An estimate for doubtful debts is made when collection of the full amount is no longer probable.

2. CONTINGENT ASSETS AND LIABILITIES

Contingent Liability
As at balance date the Medical Board has referred 76 matters relating to alleged breaches of the Medical Act to the State Administrative Tribunal (SAT) and the Professional Standards Committee (PSC), which have been reported to the Board for its consideration.

The Board is also defending appeals that are listed in the Supreme Court of Western Australia associated with previous inquiries.

The Board will incur significant future legal costs in undertaking these matters referred to the SAT, PSC and Supreme Court. Further, upon completion of these hearings it is highly probable that in certain instances the Board will pursue the applicable practitioner for a recovery of a portion of these costs.

It is not practicable for the Board to reliably estimate the future legal costs that will be incurred in undertaking these hearings and defending the appeals or the portion of the other costs incurred associated with these hearings that will be recovered from practitioners.

Accordingly, a provision for future legal costs that will ultimately be incurred by the Board in undertaking these hearings and defending these appeals has not been recognised in the 30 June 2007 financial statements, as it cannot be reliably estimated. The Board will only recognise a provision for legal costs when it is virtually certain that the obligation requires an outflow of funds.

Contingent Asset
As at balance date the Board has undertaken to seek the recovery of certain legal costs it has incurred in referring matters and defending appeals for breaches of the Medical Act 1894 (as amended) by certain practitioners.

It is not possible for the Board to reliably estimate the amount that will ultimately be recovered from the practitioners. Accordingly, a receivable for the potential recovery of these costs has not been recognised in the financial statements at 30 June 2007, as it cannot be reliably estimated. Contingent assets will be recognised when the inflow of funds is virtually certain.

3. ACTION AGAINST STAMFORD ADVISORS & CONSULTANTS PTY LTD

In July 2007 the Board commissioned a forensic examination of the Medical Board's financial records for the period 1 July 2005 to 30 June 2006.

The scope of work included:

1. To determine whether there was any improper use of Board funds.
2. To investigate allegations of improper accounting practices.
3. Investigate a prior period adjustment of $366,000.
4. Determine whether staff salaries, super and other entitlements have been paid.
5. Comment on GST charged and the proposal for repayment and
6. Comment on the general state of affairs.

	2007 $	2006 $

(Note 3 cont.)

It was concluded that Stamford Advisors & Consultants Pty Ltd (and/or related entities) were paid more than they were entitled to be paid.

These amounts are included as expenses in the income statement for the year ended 30 June 2006.

Legal proceedings commenced on the 12 October 2007 for recovery of $879,613 being the excess payments made to Stamford Advisors & Consultants Pty Ltd and seeking damages and equitable compensation. The likelihood of successful recovery is unknown. The Board will recognise legal expenses as incurred. A receivable for any potential recoveries will be recognised when recovery is virtually certain.

4. CASH AND CASH EQUIVALENTS

Cash on Hand	200	200
Cash at Bank – CBA	113,834	(10,640)
Deposits at call	2,537,488	1,992,083
Cash at bank – Indian Ocean Territories	10,679	10,679
	2,662,201	1,992,322

5. TRADE AND OTHER RECEIVABLES

CURRENT

GST Input Tax Credits	59,270	144,472
Sundry Debtor	10,559	
	69,829	144,472

6. OTHER ASSETS

CURRENT

Accrued Interest	21,753	21,028
Prepaid Expenses	17,892	17,892
	39,645	38,920

7. TRADE AND OTHER PAYABLES

CURRENT

Sundry Creditors and Accrued Charges	195,031	109,299
	195,031	109,299

8. OTHER LIABILITIES

CURRENT

Indian Ocean Territory Grant received in advance	10,679	10,679
Unearned revenue	630,204	588,028
	640,883	598,707

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2007

	2007 $	2006 $
9. **CASHFLOW RECONCILIATION OF PROFIT AFTER INCOME TAX TO NET CASHFLOW FROM OPERATING ACTIVITIES**		
Operating Profit/ (Loss) after Income Tax	468,053	210,926
Decrease (Increase) in Other Assets	(725)	(22,902)
Decrease (Increase) in Trade and Other Debtors	74,643	(102,315)
Increase (Decrease) in Creditors	85,732	(49,773)
Increase (Decrease) on Other Liabilities	42,176	(17,317)
NET CASH FROM OPERATING ACTIVITIES	**669,879**	**18,619**

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Independent auditor's report to the members of the Medical Board of Western Australia

We have audited the accompanying special purpose financial report of the Medical Board of Western Australia ('the Board'), which comprises the balance sheet as at 30 June 2007, and the income statement, statement of recognised income and expense and cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the Board's statement.

Board's Responsibility for the Financial Report
The Board is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the financial reporting requirements of the Medical Act 1894 (as amended) and are appropriate to meet the needs of the members. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. These policies do not require the application of all Accounting Standards and other mandatory financial reporting requirements in Australia.

Auditor's Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board as well as evaluating the overall presentation of the financial report.

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 1894 (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.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

ERNST & YOUNG

Independence
In conducting our audit we have met the independence requirements of the Australian professional accounting bodies.

Auditor's Opinion
In our opinion the financial report presents fairly, in all material respects, the financial position of the Medical Board of Western Australia as at 30 June 2007 and of its financial performance and its cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Ernst & Young

Ernst & Young
Perth
15 January 2008