

MEDICAL BOARD OF WESTERN AUSTRALIA



2002 ANNUAL REPORT

30 JUNE 2002



15th Annual Report of the

Medical Board of Western Australia

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15th Annual Report of the Medical Board of Western Australia

The Hon R C Kucera, APM, MLA
Minister for Health
13th Floor
Dumas House
2 Havelock Street
WEST PERTH WA 6005

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 2001 to 30 June 2002. The report fulfills the requirements of Section 21G of the Medical Act 1894 (As amended).

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

PROFESSOR C MICHAEL, AO
President



1. PRESIDENT'S REPORT

The period covered by this Annual Report is one which reflects a significant increase in the number of activities undertaken by the Board, primarily in the areas of complaint handling and registration. In comparison to the previous year, the year ended 30 June 2002 saw the following increase in activities compared to the previous year:

- Number of Inquiries conducted by the Medical Board increased approximately 38%.
- Number of conditionally registered Medical Practitioners as at year end increased by 7%.

The overall number of Inquiries conducted represents a significant increase in both the financial and human resource requirements of the Board. The upward trend in the number of Inquiries to be conducted is likely to continue in the forthcoming year.

Developments occurring during the year under review and new initiatives implemented by the Medical Board are summarised below:

Nationally Consistent Approach to Medical Registration

The Australian Health Ministers Advisory Council has established a working party to consider a nationally consistent approach to medical registration. The Medical Board of Western Australia, through the Joint Medical Board Advisory Committee of the Australian Medical Council, has been progressing certain aspects of the initiatives to achieve a more nationally consistent approach to registration throughout Australia.

In general, the initiatives include:

- Improved portability of registration through enhancement of mutual recognition;
- National consistency on categories of registration and provisions for dealing with specialists;
- Broad recognition of the need to ensure continuing competence to practice; and
- Improving the ability of consumers to access relevant and appropriate information on medical practitioners.

To this end, the Board has been developing, with its Eastern State counterparts, consistent registration documentation which will ultimately enable online applications to be received by the Medical Board(s) to facilitate access and streamlining of registration requirements throughout Australia.

State Administrative Tribunal

The State Government released in May 2002 a report on a proposal to establish a civil and administrative review tribunal. It is proposed that the Tribunal will assume the civil or administrative functions of a number of administrative tribunals and courts, including breaches of discipline of a serious nature by medical practitioners. The Review proposes the establishment of the State Administrative Tribunal. The Tribunal would achieve the objective of separating the disciplinary functions of registration boards (including the Medical Board) from that of the regulatory and investigatory functions.



The Medical Board would remain responsible for:

- licensing (registration) activities;
- the setting of regulations that govern the conduct of registered practitioners;
- the publication of guidelines to govern desirable conduct;
- encouragement of good education and training practices; and
- complaints handling and investigations.

Matters involving only a minor breach of discipline would be referred to the Medical Board's Professional Standards Committee, which could hear and determine the complaint summarily.

The Medical Board notes that the Medical Act would require amendment to reflect the proposed activities of the State Administrative Tribunal. Accordingly, the implementation of the new Medical Act is a prerequisite to the establishment of a State Administrative Tribunal.

The Medical Board will be liaising with government to clarify the procedural and funding requirements placed upon the Medical Board which is associated with the establishment of the State Administrative Tribunal.

Access to Information by Medical Practitioners and the Public

During the year the Medical Board developed a website which provides the following information/documents:

- information on the categories of registration, including registration forms;
- information on the complaints handling procedure of the Board including the ability to download a Complaint Form;
- the extract of Medical Board Register which enables an online search to be conducted of the registration particulars of medical practitioners; and
- recently released Board policies.

Board Newsletter

The Medical Board commenced the release of a newsletter ('Insight') to medical practitioners on a quarterly basis. The newsletter provides relevant information concerning guidance notes, Board policies, developments within the regulation of the medical profession and the ability for medical practitioners to submit questions in the editorial section of the newsletter.



International Association of Medical Regulatory Authorities

The Medical Board of Western Australia became a member of the International Association of Medical Regulatory Authorities. The objectives of the Association are to facilitate the exchange of information between medical practitioner licensing authorities so as to assist in ensuring only appropriately qualified and trained practitioners of good standing achieve registration. A key outcome will be to ensure that licensing authorities, such as the Medical Board of Western Australia, have ready access to pertinent information from overseas licensing authorities to streamline the registration process for overseas-trained doctors.

To this end, the Medical Board will continue to liaise with the Association to progress the initiatives so as to achieve the aforementioned outcomes. The Medical Board is cognisant of the increasing reliance that Western Australia places on the recruitment of overseas trained doctors for employment within the public health system. The increase in the number of overseas trained doctors who now obtain registration requires the Board to be ever diligent to ensure only medical practitioners of good standing and with appropriate qualifications are registered.

Board Policies

The Medical Board continues to develop policies which will be of assistance to medical practitioners. The policies are designed to provide guidance to assist practitioners in achieving good medical practice. Medical practitioners can view the policies via the Medical Board website.

In summary, the year in review has been an extremely busy one and I would like to thank my fellow Board Members for their commitment and the time provided to the Board and accordingly to the profession. The Board farewelled Ms Narelle Johnson QC, Dr Mary Surveyor, Dr Michael McCall and Justice Eric Heenan and welcomed new Board Members being Dr Brian Lloyd, Ms Penelope Giles, Mr Michael Barker QC and Dr Felicity Jefferies.

I am also grateful to the Registrar and the secretariat for providing the very necessary support services required to allow the Board to discharge its responsibilities.

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.

Ms Penelope Giles, BA/LLB (Appointed 19 February 2002).

Mr Michael Barker, QC (Appointed 29 April 2002).

Dr Brian Lloyd, MBBS(West Aust), FRACP, PhD, FACC (Appointed Ex-Officio 12 April 2002).

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

Dr Trevor Lord, MBBS (West Aust), FRACGP.

Dr Joe Lubich, MBBS (Adel), FRACGP, D(Obs), RCOG.

Dr Felicity Jefferies, MBBS(West Aust) (Appointed 10 December 2001).

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

Professor Bryant Stokes, AM, RFD, MBBS (West Aust), FRACS, FRCS (Ceased as Ex-Officio appointment on 9 November 2001, re-appointed 10 December 2001 pursuant to Section 4 (1a) (b) of the Medical Act).

Mr Patrick Walker, FLGMA, FAIM (Ex-Officio).

Mrs Ann White.

Dr Mary Surveyor, (Term expired 30 November 2001).

Dr Michael McCall, (Term expired 30 November 2001).

Ms Narelle Johnson QC, (Appointment ceased 28 December 2001).

Mr Eric Heenan QC, (Appointment ceased 4 April 2002).



REGISTRAR

Mr Simon Hood, CA, MICM, B. Comm.

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

Metaxas & Vernon
Level 5
37 St George's Terrace
PERTH WA 6000

Liscia & Tavelli
85 First Avenue
MT LAWLEY WA 6050

Tottle Christensen
Level 1
181 St Georges Terrace
PERTH WA 6000

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



3. MEMBERSHIP OF MEDICAL BOARD SUB-COMMITTEES

The Board has five permanent Sub-Committees:

REGISTRATION SUB-COMMITTEE

Professor Bryant Stokes (Chair)

Dr Felicity Jefferies

Professor Lou Landau

Dr Joe Lubich

The role of the Sub-Committee is to review registration applications and related matters and to provide recommendations to the Board concerning the suitability of the qualifications and experience of applicants to the respective employment position. The Sub-Committee normally meets on a monthly basis.

COMPLAINTS SUB-COMMITTEE

Dr Trevor Lord (Chair)

Professor Con Michael

Ms Ann White

Ms Penelope Giles

Associate Professor Geoff Riley

A representative from the Office of Health Review also attends the Sub-Committee monthly meetings.

This Sub-Committee reviews all complaints and responses received from practitioners and provides a recommendation to the Board.

FINANCE SUB-COMMITTEE

Mr Patrick Walker (Chair)

Professor Con Michael

Dr Brian Lloyd

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 Rowan Davidson

Dr Helen Slattery

Dr Oleh Kay (Appointed 21 August 2001)

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 Area 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.

PREVOCATIONAL TRAINING AND ACCREDITATION COMMITTEE

Dr Mary Surveyor (Chair)

Dr Antonia Bagshawe

Dr Greg Down

Dr Peter Maguire

Dr Philip Montgomery

Professor Lou Landau

Professor Con Michael

Dr Brian Lloyd

Dr Margaret Sturdy

Dr Richard Tarala

Dr Patrick Hertnon

Professor Richard Vaughan

Plus DCT:

Dr Donna Mark



Plus Junior Doctor(s):

Dr Lisa Friederich

Dr Rebecca Cresp

Dr Corinne Bennett-Law

Dr Mark De Cruz

Executive Officer

Ms Kaye Harnwell

PTAC is responsible for coordinating, planning and accrediting the training of prevocational Hospital Medical Officers in Western Australia.



4. BOARD MEMBERS' ATTENDANCES

Provided below is a summary of the Board Member attendances for the year ended 30 June 2002.

Member	Board * Meetings	Sub-Committee	Special Meetings	Directions Hearings	Inquiries Full Day	Inquiries Half Day	Inquiries Part Day	Pract. Counsel	AMC
Prof C Michael	12 (12)	16	29	16	18.25	4	7	1	13
Ms P Giles	3 (4)	3	5	2	8				
Mr E Heenan QC	9 (9)	3	5	10	17.5	3	6		
Dr F Jefferies	6 (7)	4		3	11.5				
Mr M Barker QC	2 (2)			4	3.5				
Prof L Landau	9 (12)	5	2	3	2.25				
Dr B Lloyd	4 (6)	2		3	1.0				
Dr T Lord	10 (12)	10	11		7.25		1		
Dr J Lubich	12 (12)	5	3	9	15.25	3	5		
Dr M Surveyor	5 (5)	6	3	1	13	5	8		
A/Prof G Riley	10 (12)	15	8	7	6.5	3	5		3
Prof B Stokes	8 (12)	9	6	5	14				
Dr M McCall	3 (5)		3		8				
Mr P Walker	10 (12)	2	3	4	15.25	2	3		
Ms Ann White	12 (12)	12	9	12	8.5	2	6		
Mrs N Johnson QC	4 (7)				1	2	3		

* Figures in brackets represent possible number of Board Meeting attendances.



5. REGISTRATION

OVERVIEW

A total of 6,620 individual medical practitioners were registered in Western Australia as at 30 June 2002.

GENERAL REGISTRATION

	30 June 2002	30 June 2001	30 June 2000
General Registration	5894	5,801	5,849

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 2002	30 June 2001	30 June 2000
Internship	126	122	108
Supervised Clinical Practice	27	22	9
Postgraduate Training	25	23	47
Medical Teaching	-	-	0
Medical Research	3	3	2
Unmet Area of Need	364	365	370
General Practice in Remote and Rural Western Australia	56	41	30
Recognised Specialist Qualifications and Experience	106	79	60
Foreign Specialist Qualifications and Experience – Further Training	11	13	15
Temporary Registration in the Public Interest	6	6	12
Special Continuing	2	2	2
Special Auxiliary Service	-	-	2
TOTAL	726	676	657

Medical Call Services	3	3	3
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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 AREA 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 Area 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:

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

RECOGNIZED SPECIALIST QUALIFICATIONS AND EXPERIENCE

An overseas-trained specialist who has been awarded Fellowship 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.

One (1) registration of a practice name and nineteen (19) bodies corporate were approved for the 2001/2002 period.

6. 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 (as amended) ('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.

In response to the increase in the total number of new complaints received by the Board, together with the approach of the Board to provide detailed reasons for the Boards decisions in regards to the outcome of an investigation, the Board has appointed three contract medical practitioners to assist in the review of complaints and collation of information for consideration by the Complaints Sub-Committee.

The appointment of the contract medical practitioners has also enabled the Office of the Registrar to enhance the monitoring of conditions applied to medical practitioners who have been subject of a Medical Board Inquiry. The monitoring activities include:

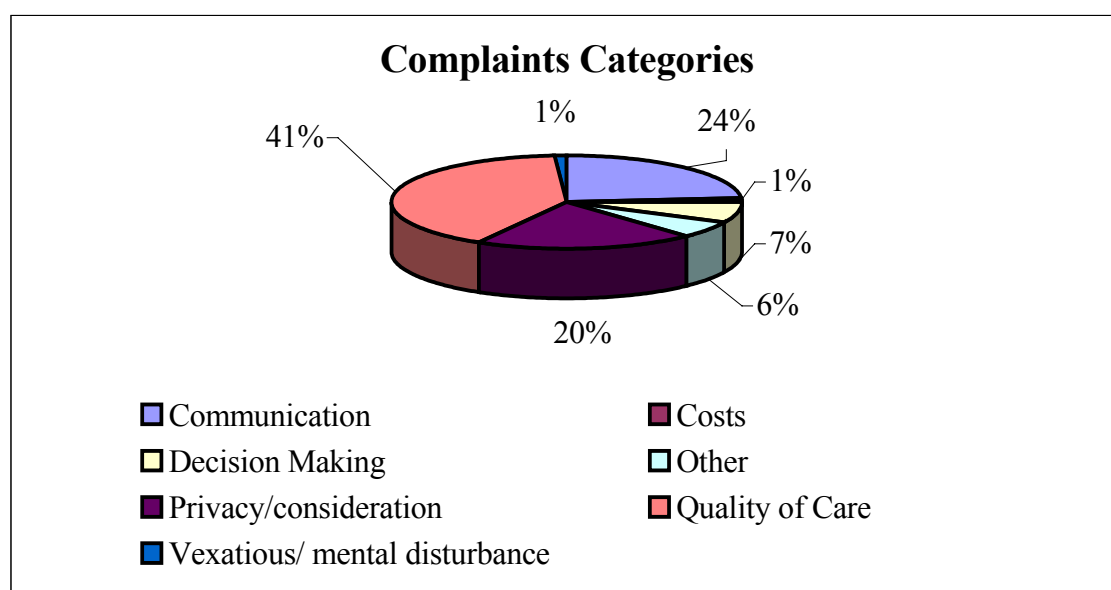
- liaising with practitioners in relation to drug screening results and discussing any concerns arising;
- liaising with mentors and treating independent practitioners with regard to the provision of regular reports; and
- providing reports to the Board on matters associated with the compliance with conditions imposed by the Board on a medical practitioner.

THE YEAR UNDER REVIEW

During the year under review, 168 new complaints were received by the Board, a decrease of 16 since the proceeding year.

Complaints are classified according to the nature of the issues raised in the complaint documentation. Many have more than one issue and receive additional classification.

Nature of Issues in Complaint	Number	Percentage %
Communication	70	24
Costs	4	1
Decision Making	21	7
Privacy – Boundary Issues	60	20
Quality of Care	120	41
Vexatious or demonstrating likely mental disturbance to the extent that it renders action inappropriate.	3	1
Other	17	6





DEFINITION OF THE CLASSIFICATION OF COMPLAINTS

COMMUNICATION

Refers to the quality and quantity of information provided about treatment, risks and outcomes; for example certificate or report problem, access to records.

QUALITY OF CARE

Refers to the diagnosis, treatment, testing, medication and other therapies provided; for example inadequate diagnosis, negative treatment.

PRIVACY/BOUNDARY ISSUES

Refers to the patient's entitlement to respect for privacy, to receive a professional service, confidentiality when dealing with medical practitioners; for example breach of confidentiality, unprofessional conduct.

DECISION MAKING

Refers to the consultation with the patient in the decision making process; for example consent not obtained or informed.

OTHER

Relates to administrative practices, facilities, security, and fraud/illegal practice, advertising (product or service), individuals holding themselves out to be a medical practitioner when they are not registered.

STATISTICS

The following is a summary of the status of the complaints considered as at 30 June 2002:

Statistics	2002	2001	2000
Total number of new complaints received by the Board	168	184	133
Complaints where insufficient grounds to proceed to Inquiry or no further action	119	78	64
Where insufficient grounds to proceed to Inquiry but received counselling	N/A	2	3
Complaints still under preliminary enquiry	37	94*	58*
Formal Inquiry completed	22	15	8
Inquiries pending (notices served) /commenced, incomplete	18	12	10
Still under investigation by legal counsel	2	23	4

**Including carry over from previous year*



The Medical Act states that the Board shall hold an Inquiry where it appears that a 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
- 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

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

Section 13 1(a)	8
Section 13 1(a),(c)	3
Section 13 1(c)	4
Section 13 1(d)	2
Section 13 1(e)	3
Section 13 (2)	2

MONITORING OF CONDITIONS

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

7. FORMAL INQUIRY PROCESS

Summary of the Inquiries conducted during the year ending 30 June 2002 are as follows:

Dr Gregory James Duck

On 21 August 2001 the Medical Board held an Inquiry into the conduct of Dr Gregory James Duck pursuant to section 13(1)(d) of the Act and as set out in a Notice of Inquiry dated 8 June 2001.

Following an earlier hearing in April 2000, the Board obtained from Dr Duck an undertaking of good behaviour for a period of three years and imposed conditions on Dr Duck's practice of medicine, including conditions as to:

1. Supervised practice including monitoring of work hours and workload.
2. Continuing psychiatric treatment and obtaining of regular reports from Dr Duck's treating psychiatrist.
3. Weekly urine testing for the presence of opiates and other substances.
4. Prohibition and restrictions on rights to procure prescribe or administer pethidine and drugs of addiction.

The allegations were that Dr Duck had not complied with or had contravened conditions imposed by the Board in April 2000 with respect to his practice of medicine.

Dr Duck pleaded guilty to the allegations as set out in the Notice of Inquiry dated 8 June 2001 and the Board accepted his plea.

The Board ordered that:

1. Dr Duck give an undertaking to be of good behaviour for a period of three years and to comply during that period with conditions in relation to his practice of medicine as set out below.
2. Subject to any orders in paragraphs 3 and 4 below, Dr Duck continue to comply with the conditions in relation to his practice of medicine imposed by the Board on 18 April 2001 following an inquiry on 18 December 1999.
3. For general practice, Dr Duck work under the supervision at all times of another medical practitioner nominated by the Medical Board and is to meet monthly with the nominated supervisor.
4. Dr Duck pay the costs of the Inquiry of 18 December 1998 and 9 December 1999 by instalments of \$200 per calendar month.
5. Dr Duck pay the costs of the Inquiry of 21 August 2001 to be agreed or fixed by the Registrar.

Dr David Kennedy

On 16 October 2001 the Medical Board held an Inquiry into the conduct of Dr David Kennedy pursuant to section 13(1)(c) of the Act and as set out in a Notice of Inquiry dated 21 June 2001.

The allegations were that Dr Kennedy may be guilty of gross carelessness or incompetence in the performance of a procedure known as ball diathermy ("the Procedure") upon a number of his patients. It was alleged that in undertaking the procedure, Dr Kennedy had used the ball electrode (being part of the procedure) in a technically inappropriate and excessive and prolonged manner such as was likely to cause thermal damage to the patients' articular cartilage layer and long term chondral and other damage.

Dr Kennedy pleaded guilty to the allegations as set out in the Notice of Inquiry dated 21 June 2001 and the Board accepted his plea.

The Board ordered that Dr Kennedy 's registration as a medical practitioner be suspended for a period of 14 days and that after expiration of the period of suspension and restoration of Dr Kennedy's name to the Register, Dr Kennedy's practice be subject to a condition that he not perform any surgical procedure or operative intervention (not including injection of joints).

Dr Ian McGregor

On 19 February 2002 the Medical Board held an Inquiry into the conduct of Dr Ian McGregor pursuant to section 13(1)(c) of the Act as set out in the Notice of Inquiry dated 21 June 2001.

The allegations were that Dr McGregor may be guilty of gross carelessness or incompetence in the care of an obstetric patient in his care during the period from 18 September 1998 to 15 February 1999. It was alleged that while managing the patient's pregnancy, Dr McGregor:

- (a) failed to keep adequate notes of his management of the pregnancy and findings of his examination of the patient.
- (b) In monitoring the pregnancy, failed to carry out a proper clinical examination and assessment of fundal height and foetal movements.
- (c) In monitoring the pregnancy, failed to carry out proper ultrasound examination and assessment of serial ultrasound measurements of the progress of the pregnancy, such as growth of foetal head to abdominal girth, liquor volume or breathing movements.
- (d) failed to take any or any proper consideration of serial ultrasound measurements of the progress of the pregnancy, other than foetal girth.

Dr McGregor pleaded guilty to the allegations in (a) (b) and (d) above. Allegation (d) was dismissed.

The Board ordered that:

1. Dr McGregor be reprimanded.
2. Pursuant to Section 13(4) of the Medical Act, Dr McGregor be required to give a written undertaking to be of good behaviour for a period of two years and during that period to comply with restrictions and conditions relating to the practice of medicine and training for that practice, namely that:
 - a) Dr McGregor's obstetric practice be submitted to review at quarterly intervals by a practitioner to be approved by the Board who shall be permitted full access to all Dr McGregor's practice records and who shall report in writing to the Board after each review on the nature, standard and quality of Dr McGregor's practice especially with regard to any perceived need for further training, re-training or further education.
 - b) Dr McGregor complete, to the satisfaction of the Board, an ultrasound training programme at King Edward Memorial Hospital and achieve certification of proficiency in obstetric ultrasonography.
 - c) Dr McGregor appear at a further hearing of the Board at a date to be set in or about 12 months from the date of the Inquiry to report and to consider whether or to what extent these conditions should be varied or extended.
3. The expenses of complying with these conditions shall be the responsibility of Dr McGregor.
4. Dr McGregor pay the costs of this Inquiry to be agreed or fixed by the Registrar.

Dr Gregory James Duck

On 22 February 2002 the Medical Board held an Inquiry into the conduct of Dr Gregory James Duck pursuant to section 13(1)(d) of the Act as set out in the Notice of Inquiry dated 4 January 2002.

The allegations were that Dr Duck had not complied with or had contravened conditions imposed by the Board in August 2001 with respect to his practice of medicine.

On 22 August 2001 the Board ordered that:

1. Dr Duck give an undertaking to be of good behaviour for a period of three years and to comply during that period with conditions in relation to his practice of medicine as set out below.
2. Subject to any orders in paragraphs 3 and 4 below, Dr Duck continue to comply with the conditions in relation to his practice of medicine imposed by the Board on 18 April 2001 following an inquiry on 18 December 1999.
3. For general practice, Dr Duck work under the supervision at all times of another medical practitioner nominated by the Medical Board and is to meet monthly with the nominated supervisor.
4. Dr Duck pay the costs of the inquiry of 18 December 1998 and 9 December 1999 by instalments of \$200 per calendar month.
5. Dr Duck pay the costs of the inquiry of 21 August 2001 to be agreed or fixed by the Registrar.



Dr Duck pleaded guilty to the allegations as set out in the Notice of Inquiry dated 4 January 2002 and the Board accepted his plea.

The Board ordered that Dr Duck be suspended from practice for a period of three months and that the hearing be adjourned to a date to be fixed in May 2002 to consider and have regard to the conduct and state of health of Dr Duck during the period of suspension.

The Inquiry was relisted for further hearing in May 2002 at which time after hearing evidence as to Dr Duck's conduct and state of health during the preceding months, the Board ordered the period of suspension be extend to September 2002.

The Inquiry is to be relisted in September 2002 for further review of Dr Duck's conduct and state of health and for further consideration by the Board.

Dr Peter Konstantin Panegyres

An Inquiry was convened before the Medical Board over 10 days from 26 February to 1 March 2001 and from 24 July to 1 August 2001, pursuant to Sections 13(1)(a) and 13(1)(c) to determine whether or not Dr Panegyres was guilty of improper conduct in a professional respect or gross carelessness or incompetency in his management of 7 patients with neurological disorders or diseases. The allegations questioned the accuracy of the diagnoses made, the propriety of the treatment plans undertaken, the suitability of the medication prescribed by Dr Panegyres, and his ability to recognise adverse side effects alleged to have been caused by the medication.

It was also alleged that Dr Panegyres may be guilty of improper conduct by reason of:

- (a) his refusal to provide the subsequent treating consultant with the test results and clinical notes of 2 of the patients;
- (b) failing to obtain the informed consent of one of the patients for a program of medication;
- (c) failing to take adequate case histories and maintain adequate clinical notes for each of the 7 patients.

On 30 November 2001, the Board delivered written reasons for its decision finding Dr Panegyres guilty of one allegation of gross carelessness in the treatment of a named patient in making no attempt to review the treatment regime notwithstanding that there was no improvement in the patient's symptoms or conditions and the further deterioration in her condition. All of the remaining allegations of improper conduct in a professional respect and gross carelessness or incompetency were dismissed.

The Board heard evidence from a number of eminent neurological specialists which illustrated the difficulty of assessing the correctness or the adequacy and accuracy of a particular practitioner's diagnostic process. The Inquiry also served to highlight the need for an expansion of the Board's powers to allow a clinical audit of a practitioner's patients or reference to a peer accreditation process to properly determine general levels of competency.



The Board imposed the following penalties on Dr Panegyres:

1. a fine of \$7,000;
2. payment of 10% of the Board's legal costs of the Inquiry.

Dr Charles Russell-Smith

An Inquiry was convened before the Medical Board over 8 days from 25 to 29 June 2001 and 27 to 29 August 2001 pursuant to Sections 13(1)(a) and 13(1)(c) to determine whether or not Dr Russell-Smith was guilty of infamous or improper conduct in a professional respect or gross carelessness or incompetency in:

- (a) prescribing Morphine in the amounts and frequencies specified in the Notice of Inquiry to 12 patients from January 1998 to May 1999;
- (b) prescribing Morphine to each of the named patients knowing each patient to be a drug addict as defined in Regulation 51A of the Poisons Regulations 1951;
- (c) failing to keep any or any sufficient notes in respect of each of the patients.

On 28 November 2001 the Board delivered written reasons for its decision and found Dr Russell-Smith guilty of the following allegations in respect of the 12 patients named in the Notice of Inquiry:

- (a) 8 charges of improper conduct in a professional respect;
- (b) 3 charges of gross carelessness and improper conduct in a professional respect;
- (c) 1 charge of gross carelessness.

In its findings, the Board noted that Dr Russell-Smith's conduct occurred in the management of a relatively small number of very difficult patients and therefore may have involved uncharacteristic misconduct.

The Board imposed the following penalties on Dr Russell-Smith:

1. a fine of \$400 on each of the 8 charges of improper conduct;
2. a fine of \$500 on each of the 3 charges of gross carelessness and improper conduct;
3. a fine of \$100 on the single charge of gross carelessness;
4. a reprimand;
5. payment of the Board's legal costs of the Inquiry.

Dr Craig White

On 1 August 2001 Dr Craig White pleaded guilty in the Perth Court of Petty Sessions to 116 charges of fraud pursuant to Section 409(1)(a) of the Criminal Code in respect of prescribing Prolodone and Panadeine Forte in the names of other persons for his own use without authority or justification from 2 September 2000 to 9 April 2001.

On 18 September 2001, the Board exercised its powers under Section 13(2) of the Medical Act to deregister Dr Craig White on the basis that where a medical practitioner has been convicted of a criminal offence which renders that person unfit to practice medicine, the Board may, without an Inquiry, deregister that practitioner.

Dr A

At an Inquiry held on 21 September 2001 the Medical Board accepted the practitioner's plea of guilty to allegations of infamous or improper conduct in a professional respect by:

- (a) prescribing Schedule 8 drugs on several occasions without lawful authority from the Department of Health of Western Australia;
- (b) practising medicine by prescribing Schedule 8 drugs whilst suspended from the Register of Medical Practitioners by an order of the Board dated 12 April 2000;
- (c) practising medicine by prescribing Schedule 8 drugs to the patients named in the prescriptions without any or any sufficient clinical justification to do so.

The Board ordered that:

- 1. the name of Dr A be removed from the Register of Medical Practitioners forthwith;
- 2. Dr A pay the Board's costs of the Inquiry to be pursued only on the express authority of the Board;
- 3. the Inquiry be conducted in camera so as to preclude publication of the practitioner's name, but with notification of the outcome of the inquiry to be provided to the Health Department of Western Australia and other appropriate authorities.

Mr Frank Macri

An Inquiry was convened on 24 September 2001 pursuant to Section 13(1)(a) and 13(1)(c) of the Medical Act to determine whether or not Mr Macri was guilty of infamous or improper conduct in a professional respect or gross carelessness or incompetency in:

- (a) prescribing Morphine for 10 patients between May 1998 and July 1999;

- (b) did so knowing those named patients to be drug addicts as defined in Regulation 51A of the Poisons Regulations 1965.

On 15 November 2001, the Medical Board delivered written reasons for its decision finding Mr Macri guilty:

1. of improper conduct in a professional respect by reason of his failure to make any or any sufficient notes in respect of each of the patients named in the Notice of Inquiry;
2. gross carelessness and incompetency in respect of each of the allegations in the Notice of Inquiry;
3. improper conduct in a professional respect in relation to his management of all but one of the patients named in the Notice of Inquiry.

In its reasons for decision, the Board, although mindful of the difficulties encountered by medical practitioners who treat drug dependent patients, expressed serious concern that Mr Macri had failed to comply with legal requirements for the prescription of Schedule 8 drugs. Mr Macri had treated patients known by him to be drug dependent with inappropriate doses and amounts of Morphine, kept wholly inadequate records of his treatment and was unable to describe or enforce any appropriate treatment plan for each patient.

Although Mr Macri had already been deregistered as a result of a previous inquiry, the Board took the view that the course of conduct reflected in this Inquiry was extremely serious and made the following orders:

1. Mr Macri's name be removed from the Register of Medical Practitioners;
2. Mr Macri pay the Board's legal costs of the Inquiry.

Dr Norman Joseph Van Dort

On 18 December 2001 the Medical Board convened an Inquiry into allegations that Dr Van Dort may be guilty of infamous or improper conduct in a professional respect pursuant to Section 13(1)(a) of the Medical Act arising from a physical examination of a named patient in or about June 2001. Specifically, it was alleged that Dr Van Dort had touched the patient's breasts and behaved inappropriately during the examination.

On 2 April 2002, the Board found Dr Van Dort guilty of improper conduct in a professional respect in that he:

- (a) in the course of examining the named patient, placed his hand inside her clothing and bra, rubbed and squeezed her breasts whilst using a stethoscope;
- (b) in the course of the same examination, requested the patient to breathe in and out deeply to which he responded by also breathing heavily whilst feeling the patient's breasts.

In its reasons for decision, the Board found that the examination was needlessly uncomfortable and intrusive and involved an excessive degree of manipulation of the patient's breasts which inevitably caused distress and which represented behaviour which no doctor should undertake.

The Board imposed the following penalties on Dr Van Dort:

1. a reprimand;
2. a fine of \$3,000;
3. a condition requiring him to receive instructions from a general medical practitioner supervisor in the proper practice to be adopted in the conduct of chest examinations of female patients;
4. payment of the Board's legal costs of the Inquiry.

In light of the sensitive nature of the allegations, the Board made an order that there be no disclosure or publication of the patient's name or details.

Dr Wasily Sakalo

A patient died following surgery at Joondalup Health Campus on 8 March 2000. An Inquest was held on 17 to 19 July 2001.

Following publication of the Record of Investigation of Death, the Deputy State Coroner referred the matter to the Medical Board to investigate Dr Sakalo's conduct in relation to particular issues.

The Board issued a Substituted Notice of Inquiry which alleged that Dr Sakalo "being a medical practitioner registered under the Medical Act 1894 may be guilty of infamous or improper conduct in a professional respect in that:

- (a) As to the operation at Joondalup Health Campus on 8 March 2000 Dr Sakalo kept inadequate intra-operative notes;
- (b) Dr Sakalo made a report to the Coroner which report failed to identify material features of the events leading to the patient's death; and
- (c) Dr Sakalo failed to supplement his report to the Coroner."

Following a hearing on 28 March 2002, the Board found that Dr Sakalo had failed to keep adequate intra-operative notes and that his report to the Coroner failed to identify material features of the events leading to the patient's death and such conduct constituted improper conduct in a professional respect pursuant to the Act.

The Board found that the allegation regarding Dr Sakalo's failure to supplement his report, was not made out.

On 22 April 2002, the Board made the following orders:

1. That Dr Sakalo be suspended from practice for a period of three months commencing from the date of the orders;
2. That Dr Sakalo be fined an amount of \$10,000; to be paid to the Medical Board within 28 days of the orders;
3. That the Board reprimand Dr Sakalo for having failed to make adequate intra-operative notes, and for having failed to report adequately and comprehensively to the Coroner;
4. That Dr Sakalo pay the costs of the Inquiry;

Dr Sakalo appealed the Medical Board's findings and applied to the Supreme Court for a stay of his suspension pending his appeal. Dr Sakalo's application for a stay was refused and Dr Sakalo was ordered to pay the Board's costs of that application.

Dr Sakalo's appeal proceeded before the Supreme Court on 14 June 2002 with Reasons delivered on 27 June 2002.

The Appeal was allowed in part only. The Court did not uphold any of the grounds of appeal which dealt with findings of fact made by the Board. However the three month suspension was overturned but all other penalties were left in place.

Dr Sakalo was ordered to pay 60% of the Board's costs of the Appeal.

Dr B

On 3 May 2001 the Medical Board convened an Inquiry into this matter pursuant to section 13(1)(e) of the Medical Act 1894 (as amended). Upon Dr B's plea of guilty the Inquiry was held in camera. The Board was satisfied that Dr B was a medical practitioner guilty of improper conduct in a professional respect in that at different times between approximately February 2000 and February 2001 he self administered opioids without lawful excuse or authority.

In lieu of punishment referred to in sections 13(2) or 13(3)(a) or (b) of the Medical Act, pursuant to section 13(4) of the Act, the Board required Dr B to give an undertaking to comply with the following conditions:

1. to be of good behaviour for a period of 5 years;
2. to undertake regular urine drug testing for 24 months (with full chain of custody requirements);
3. to consult a psychiatrist on an ongoing basis for treatment of depression and drug and alcohol use, the regularity of the treatment to be determined by the treating psychiatrist;
4. to provide the Board with progress report from the consulting psychiatrist every 3 months;

5. to undergo formal psychiatric review every 6 months by a medical practitioner appointed by the Board to reassess his depression and drug and alcohol use;
6. to notify the Registrar of the Board of any travel arrangements that may interfere with drug testing and of any proposed change in place of practice;
7. to undertake medical practice only with the supervision of a mentor and to provide the Board with reports from the mentor every 3 months;
8. in the event of a positive urine test to comply with the undertakings given for period of 5 years from the date of the positive urine test.

Dr C

On 30 August 2001 the Medical Board convened an Inquiry pursuant to section 13(1)(e) of the Medical Act. Upon Dr C's plead of guilty the inquiry was held in camera and, the Board was satisfied that Dr C was a medical practitioner guilty of improper conduct in a professional respect in that between December 2000 and March 2001 he had:

- (a) removed, without lawful excuse or authority, 4 ampoules of the drug Anexate from a clinic; and
- (b) falsified the records of 5 patients in an attempt to cover up the removal of those ampoules.

In lieu of imposing a penalty referred to in section 13(3)(a) or (b) of the Medical Act, pursuant to section 13(4) of the Medical Act, the Board ordered that:

1. Dr C be reprimanded;
2. he provide an undertaking to the Board:
 - i. to be of good behaviour for 2 years;
 - ii. until 31 August 2003 he will continue to obtain treatment for his depression from his psychologist, the regularity of that treatment to be determined by the psychologist and to provide to the Board progress report every 3 months;
 - iii. until 31 August 2003 he will undertake a psychiatric review every 6 months by a medical practitioner appointed by the Board; and
 - iv. Dr C to pay the costs of the Inquiry.

Dr Gary Beckhurst

An Inquiry was convened on 18 September 2001 in this matter pursuant to section 13(1)(a) of the Medical Act.

After a hearing, the Board found Dr Beckhurst guilty of improper conduct. The improper conduct related to a sexual and close personal relationship with a patient. The Board found that the patient was a patient exposed to the risk that any vulnerabilities or susceptibilities arising from her condition and from her position generally as the practitioner's patient might be exploited.

The Board imposed the following penalty:

1. suspension from practice for 4 months;
2. payment of the Board's costs of the Inquiry.

Dr Anthony Kierath

On 22 October 2001 the Medical Board convened an Inquiry into this matter pursuant to section 13(1)(a) of the Medical Act. The Board found that Dr Kierath had been guilty of improper conduct in a professional respect in that he:

- (a) without the consent of his patient, disclosed this patient's identity and the procedure he had performed on the patient; and
- (b) attempted to persuade a patient to retract a complaint to the Office of Health Review by offering to pay her money.

In relation to the finding in paragraph (a), the penalty imposed by the Board was a reprimand and a fine of \$5,000.

In relation to the findings outlined in paragraph (ii)(b) the Board imposed a penalty of a reprimand and a fine of \$2,000 and recommended to Dr Kierath that he undertake a communication course. Dr Kierath was ordered to pay the cost of the Inquiry.

Dr Denys Butcher

On 18 February 2002, the Medical Board convened an Inquiry pursuant to section 13(1) of the Medical Act to determine whether or not Dr Denys Butcher was guilty of improper conduct in a professional respect in relation to allegations that:

- (a) he assaulted a patient's 3 year old child; or alternatively
- (b) behaved towards that patient and his family and, in particular, the son in a manner which was aggressive, rough and likely to cause undue distress to the patient and his family.

After a hearing, the Board concluded that a finding of improper conduct in a professional respect should be made on both counts.

The Board ordered that the practitioner:

1. pay a fine of \$1,000;
2. be reprimanded; and
3. pay the costs of the Inquiry.

Dr Lucien La Grange (No. 1)

On 16 April 2002, the Medical Board convened an Inquiry into this matter pursuant to section 13(1)(a) of the Medical Act 1894 (as amended).

The Board found Dr La Grange guilty of improper conduct in a professional respect in that he conducted 2 examinations of the complainant in such a manner as to:

- (a) disregard the patient's feeling of embarrassment;
- (b) where he knew or ought to have known that the patient would be humiliated;
- (c) cause unnecessary hurt and distress to the patient.

The question of penalty was been deferred until 23 July 2002, to enable the Board to take psychiatric and psychological evidence with respect to Dr La Grange.

Dr La Grange gave an undertaking to the Board not to practice until the Board reconvene to consider penalty.

Dr Lucien La Grange (No. 2)

The Notice of Inquiry in this matter was issued on 21 March 2002. The matter came on for hearing before the Board on 9 May 2002 and was convened pursuant section 13(1)(a) of the Medical Act.

Following a hearing, the Board found Dr La Grange guilty of improper conduct in a professional respect in that he conducted his consultation with the complainant in an inappropriate manner in circumstances in which he:

- (a) knew or ought to have known his patient would be humiliated;
- (b) caused his patient unnecessary hurt and distress;
- (c) evinced a gross disregard for her dignity; and
- (d) exploited her vulnerability and abused the trust she was entitled to repose in him.

The question of penalty was deferred until 23 July 2002 to enable the Board to take evidence from consulting psychiatrists and clinical psychologists with respect to Dr La Grange.

Dr La Grange gave an undertaking to the Board not to practice until the Board reconvene to consider penalty.

Dr Andy Eu-Jin Teh

An Inquiry was convened pursuant to section 13(2) of the Medical Act on 9 April 2002 to consider the conviction of this registered medical practitioner on 2 counts of sexual penetration and one count of indecent assault in the District Court of Western Australia on 2 April 2002.

The Board was not obliged to conduct a full Inquiry into the circumstances of this matter, but under section 13(2) of the Medical Act, the Board needed to be satisfied that the medical practitioner had been convicted of an offence and that the offence was such that in the opinion of the Board it rendered the medical practitioner unfit to practise.

The Board found pursuant to section 13(2) of the Medical Act that the offence committed by Dr Teh rendered him unfit to practise as a medical practitioner. Having considered Dr Teh's submission to the Board, the opinion of his psychiatrist and character references tendered on his behalf, the Medical Board ordered that his name be removed from the Medical Register from the date of the Inquiry.

Dr Chris Gunnell

An Inquiry was held pursuant to section 13(1)(c) of the Medical Act on 17, 18 and 19 April 2002, into the conduct of Dr Gunnell to determine whether he was guilty of gross carelessness or incompetency in attending the labour of a patient on 3 April 1996. The Board dismissed the allegations made against Dr Gunnell.

Dr D

An Inquiry was held in camera on 8 May 2002 pursuant to section 13(1)(e) of the Medical Act. Upon Dr D's plea of guilty, the Board was satisfied that Dr D was a medical practitioner guilty of improper conduct in a professional respect in that he did on at least 12 occasions self-administer the drug pethidine without lawful excuse or authority and was affected by the use of deleterious drugs between October 2001 and February 2002.

In lieu of a punishment referred to in section 13(2) or section 13(3)(a) or (b) of the Medical Act, pursuant to section 13(4) of the Medical Act, the Board required Dr D to give an undertaking to comply with the following conditions:

1. to be of good behaviour for a period of 5 years;
2. to undergo regular urine drug testing for 24 months (subject to a specific review at 12 months with full chain of custody requirements);
3. to undertake formal psychiatric review every 3 months and to provide the Board with progress reports from that psychiatrist every 3 months;

4. to undertake medical practice with the supervision of a mentor and to provide the Board with reports from the mentor every 3 months.
5. to notify the Registrar of the Board of any travel arrangements that may interfere with drug testing and of any proposed change of place of practice;
6. to pay the costs of the Inquiry.

Dr Rajamany Sinnappu

On 23 May 2002 the Medical Board convened an Inquiry into this matter pursuant to section 13(1)(c) of the Medical Act.

Following the practitioner's plea of guilty, the Board made findings that she was guilty of gross carelessness or alternatively incompetence in a professional respect in her failure to properly investigate or refer for diagnostic investigation or to a specialist or other competent medical practitioner a patient demonstrating signs of ectopic pregnancy.

The Board ordered that Dr Sinnappu be reprimanded and that she pay the costs of the hearing.



8. FINANCIAL STATEMENTS



MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367

30 June 2002

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Notes to and Forming Part of the Financial Statements
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MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2002

	Note	2002 \$	2001 \$
REVENUE			
Non Practice Fee		35,138	30,120
Practising Fee		1,228,880	991,060
Registration Fees		96,010	70,670
Other Sundry Fees		20,679	24,850
Occasional Practice Fees		20,396	17,450
Company Registration		4,942	3,700
Interns		-	19,070
Seminars		-	535
Medical Board Dinner Recoupments		-	85
Interest Received		74,811	134,030
Fines		18,300	12,400
Indian Ocean Territories Revenue		348	6,003
Inquiry Costs Recovered		180,167	118,471
OTD Additional Registration Fees		2,040	3,120
Other Revenue		10	1,970
		<u>1,681,721</u>	<u>1,433,534</u>
EXPENDITURE			
Advertising		421	1,552
Audit Fees		8,750	7,400
Australian Medical Council Inc		40,798	40,800
Bank Charges		5,542	4,279
Individual Board/Committee Members Fees		205,450	195,968
Catering		2,831	1,992
Computer Expenses		43,198	37,085
Conference Expenses		13,486	27,808
Courier		3,739	-
Credit Card Charges		4,023	5,641
Board Members' Expenses		6,724	6,352
General Expenses		1,413	762
Indian Ocean Territories		8	6,003
Inquiry Costs		532,263	362,664
Legal Costs - General		338	-
MBSA Contributions		-	900
Other Initiatives		18,683	981
Postage, Printing & Stationery		79,950	72,902
Quality Assurance		3,000	2,805
Repairs & Maintenance		-	110
Secretarial & Administration Costs		640,557	526,399
Seminar - Profession		5,844	-
Sponsorship		2,500	-
Superannuation Contributions		13,396	7,497
Telephone and Fax		9,729	9,218
Website		10,718	1,459
		<u>1,653,361</u>	<u>1,320,577</u>
PROFIT FROM ORDINARY ACTIVITIES BEFORE INCOM TAX EXPENSE		28,360	112,957
Income Tax Expense		-	-
PROFIT FROM ORDINARY ACTIVITIES AFTER INCOME TAX		<u>28,360</u>	<u>112,957</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 POSITION

FOR THE YEAR ENDED 30 JUNE 2002

	Note	2002 \$	2001 \$
CURRENT ASSETS			
Cash Assets	2	1,848,944	1,940,520
Receivables	3	36,617	26,253
Other	4	23,201	-
TOTAL CURRENT ASSETS		1,908,762	1,966,773
NON-CURRENT ASSETS			
Property, plant and equipment	5	-	-
TOTAL NON-CURRENT ASSETS		-	-
TOTAL ASSETS		1,908,762	1,966,773
CURRENT LIABILITIES			
Payables	6	72,810	158,833
Other	7	11,629	11,977
TOTAL CURRENT LIABILITY		84,439	170,810
TOTAL LIABILITIES		84,439	170,810
NET ASSETS (LIABILITIES)		1,824,323	1,795,963
EQUITY			
Balance at Beginning of Year		1,795,963	1,683,006
Retained Income		28,360	112,957
TOTAL EQUITY		1,824,323	1,795,963

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 2002**

	Note	2002 \$	2001 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from Doctors		1,606,562	1,311,481
Payments to Suppliers/Payables		-1,218,687	-897,172
GST Paid (net)		-3,798	-24,693
Inquiry Costs Paid		-527,263	-321,840
Interest Received		51,610	144,293
NET OPERATING CASH FLOW BEING	8	-91,576	212,069
NET INCREASE (DECREASE) IN CASH HELD			
		-91,576	212,069
CASH AT THE BEGINNING OF THE YEAR			
		1,940,520	1,728,451
CASH AT THE END OF THE YEAR		1,848,944	1,940,520

The accompanying notes form an integral part of these Financial Statements

MEDICAL BOARD OF WESTERN AUSTRALIA
ABN 25 271 541 367
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2002

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 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.

Employee Entitlements

Contributions are made to an employee superannuation fund and are charged as expenses when

Income Tax

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

Revenue Recognition

Doctor receipts are recognised on receipt of funds.

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.

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 AUSTRALIA

ABN 25 271 541 367

NOTES TO THE FINANCIAL STATEMENTS (Cont)

FOR THE YEAR ENDED 30 JUNE 2002

	2002	2001
	\$	\$
2 CASH		
Cash on Hand	200	200
Cash at Bank - CBA	67,862	-
Term Deposit	-	1,400,000
Security Investments	1,769,253	528,693
Cash at Bank - Indian Ocean Territories	<u>11,629</u>	<u>11,627</u>
	1,848,944	1,940,520
	<u> </u>	<u> </u>
3 RECEIVABLES		
CURRENT		
GST Input Tax Credits	36,617	-
Other Debtors	<u>-</u>	<u>26,253</u>
	36,617	26,253
	<u> </u>	<u> </u>
4 OTHER ASSETS		
CURRENT		
Accrued Interest	<u>23,201</u>	<u>-</u>
5 PROPERTY, PLANT AND EQUIPMENT		
Fixed Assets	320	320
Less: Accumulated Depreciation	<u>320</u>	<u>320</u>
	-	-
Professional Library	131	131
Less: Accumulated Depreciation	<u>131</u>	<u>131</u>
	-	-
	<u> </u>	<u> </u>
6 PAYABLES		
CURRENT		
Sundry Creditors and Accrued Charges	72,810	158,833
	<u>72,810</u>	<u>158,833</u>
	<u> </u>	<u> </u>
7 OTHER LIABILITIES		
CURRENT		
Indian Ocean Territory Grant received in advance	<u>11,629</u>	<u>11,977</u>
8 CASHFLOW RECONCILIATION OF PROFIT FROM ORDINARY ACTIVITIES AFTER INCOME TAX TO NET CASHFLOW FROM ORDINARY ACTIVITIES		
Operating Profit after Income Tax	28,360	112,957
Decrease (Increase) in Debtors	-23,201	-26,253
Decrease/(Increase) in Other Assets	-3,798	10,263
Increase (Decrease) in Creditors	-66,831	103,125
Increase (Decrease) in Other Liabilities	<u>-26,106</u>	<u>11,977</u>
NET CASH FROM OPERATING ACTIVITIES	<u><u>-91,576</u></u>	<u><u>212,069</u></u>

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 2002 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
President

Perth, Western Australia
7 October 2002



Mr P Walker
Board Member

Perth, Western Australia
8 October 2002

Independent Audit Report

To the Members of The Medical Board of Western Australia

Scope

We have audited the attached special purpose financial report of The Medical Board of Western Australia ("the Medical Board") for the year ended 30 June 2002, as set out in pages 1 to 6. The Board members of the Medical Board are responsible for the financial report and have determined that the accounting policies described in Note 1 to the financial statements are consistent with the financial reporting requirements of the Medical Act 1894 and are appropriate to meet the needs of the members of the Medical Board. We have conducted an independent audit of the financial report in order to express an opinion on it to the members of the Medical Board. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

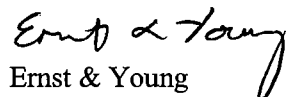
The financial report has been prepared for distribution to the members for the purpose of fulfilling the Medical Board's financial reporting requirements under the Medical Act 1894. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates, to any person other than the members of the Medical Board, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion as to whether in all material respects the financial report is presented fairly in accordance with the basis of accounting described in Note 1 to the financial statements. These policies do not require the application of all Accounting Standards and other professional reporting requirements in Australia.


The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In our opinion the financial report presents fairly in accordance with the accounting policies described in Note 1 to the financial report, the financial position of the Medical Board at 30 June 2002 and the results of its operations and its cash flows for the year then ended.



Ernst & Young



G A Buckingham
Partner
Perth

Date: 8 October 2002