



# Medical Board of Western Australia

16th Annual Report 2003



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## 16th Annual Report of the Medical Board of Western Australia

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

Dear Minister

The Medical Board of Western Australia is pleased to submit this Annual Report to the Minister for Health for the period 1 July 2002 to 30 June 2003. The report fulfils 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



## President's Report

Once again the Medical Board has experienced an extremely active year. In addition to addressing its core business of managing registrations and handling complaints, the Board has taken a leading role in relation to many of the issues facing the medical profession today.

# President's Report

## 1. PRESIDENT'S REPORT

Once again the Medical Board has experienced an extremely active year. In addition to addressing its core business of managing registrations and handling complaints, the Board has taken a leading role in relation to many of the issues facing the medical profession today.

In comparison to 2001/2002, the year ending June 2003 saw a plateau in the number of complaints received concerning the conduct of medical practitioners, however the number of complaints that resulted in the matter being referred to Inquiry increased.

A number of the activities and initiatives that the Board has been actively involved with have carried through from last year, in addition to new matters that have arisen. These are summarised below.

### State Administrative Tribunal

Progress is continuing on the proposal to establish the State Administration Tribunal ('SAT'). The Board has been actively discussing the matter with representatives of the SAT Project Group and also key stakeholders throughout the medical profession.

It is pleasing to note that discussions with the SAT Project Group and with the Attorney General have confirmed that while the Inquiry functions of the Board will transfer to SAT, a Professional Standards Committee will be established and be responsible for Inquiries into complaints or matters of concern referred by the Medical Board in relation to the:

- competence; or
- professional conduct,

of registered medical practitioners.

This proposal is directed at establishing a less formal, expeditious and transparent process to deal with 'less serious' complaints that do not require the removal or suspension of registration.

The Board will continue close dialogue with the SAT Project Team to ensure a smooth transition of the matters that will now fall under the jurisdiction of the State Administrative Tribunal.

### English Language Testing

The Board has, along with registration bodies in other States, reviewed a range of registration requirements, in particular those set down for overseas trained doctors.

Of particular concern has been the variable English skills (both written and oral) for those doctors from non-English speaking backgrounds. At the Board meeting of May 2003 it was agreed in principle, subject to stakeholder feedback, to introduce a requirement that overseas trained doctors seeking registration in Western Australia would need to successfully complete the International English Language Training System (IELTS) proficiency exam or equivalent.

### Office of the Registrar

The secretariat supporting the Board has been extremely active throughout the year, continuing to assist the Board in its operations. Key activities include:

- Management Information Systems (MIS) – The Board is progressing the design of a comprehensive management information system that will supersede the current Access-based Medical Board Register. The system will provide a new range of functionality including the ability to lodge on-line applications for registration and greater access to the website.
- Record Keeping Plan – Under the State Records Act 2000 the Board is required to produce a detailed record keeping plan by March 2004. Significant progress has been made in this respect and it is anticipated this will be delivered within the required timeframe.
- Policies – During the year the Board issued policies to guide and assist medical practitioners on:
  - The Duties of a Medical Practitioner Registered with the Medical Board of Western Australia;
  - Sickness Certificates;
  - Mentoring Program;
  - Medical Practitioners and Blood Borne Viruses;
  - Medico-Legal and Other Independent Examinations;
  - Telemedicine; and
  - Urine Drug Screening.





#### **Renewal Agreement: Indian Ocean Territories**

The State Government assists the Commonwealth Government to meet its constitutional obligations in the Indian Ocean Territories through a range of Service Delivery Agreements (SDA).

The Medical Board has developed a new SDA with the Commonwealth for the delivery of Medical Board services to doctors working within the Christmas and Cocos Islands.

#### **Prevocational Training Advisory Committee (PTAC)**

A review of postgraduate medical education, with emphasis on the infrastructure support for the Prevocational Training and Accreditation Committee (PTAC) (being a sub-committee of the Medical Board) was carried out by Professor Teik E Oh in October 2002.

Two key recommendations of the review were that PTAC be restructured as the Postgraduate Medical Council of Western Australia and be accountable to the WA Minister for Health through the Department of Health.

PTAC, at its meeting in December 2002, endorsed these recommendations and the Board undertook to work towards a full transfer of the PTAC operations to the Department of Health effective as of 1 July 2003.

I am pleased to say that the transfer occurred with the Postgraduate Medical Council coming into operation on the required date.

The Board will continue to maintain an active presence on the newly formed Postgraduate Medical Council.

#### **Australian Medical Council (AMC)**

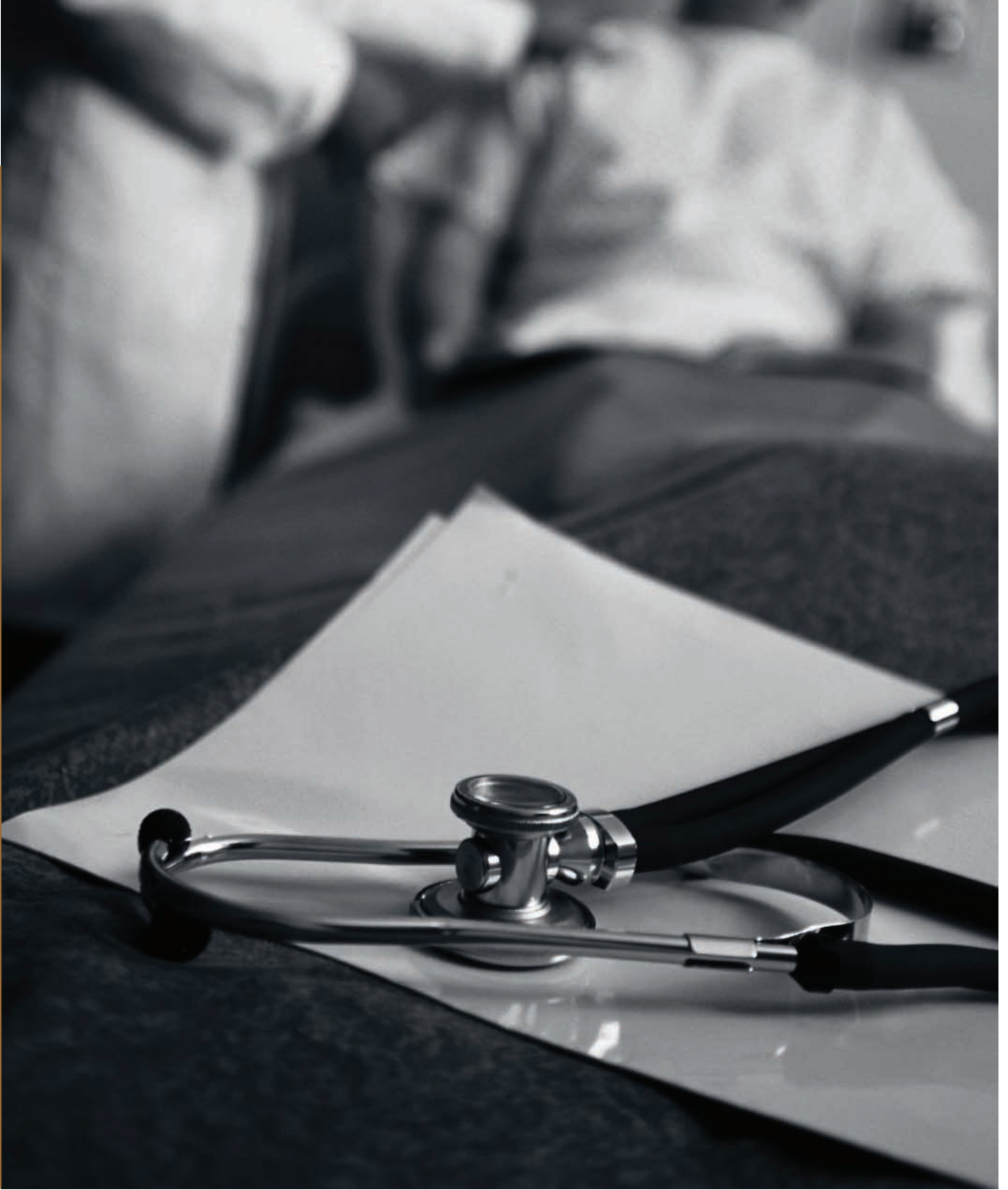
Considerable work is being undertaken through the Australian Health Minister's Advisory Council (AHMAC) working parties to develop a model for national portability of medical registration. It has been agreed that the following four principles will form the basis on which further development of a model will be undertaken:

- Improvement of current portability arrangements with a view to greater ease of movement of practitioners across jurisdictions;
- development of a nationally consistent approach to registration categories;
- continued registration of medical practitioners being dependant on them maintaining their competencies and updating of their skills; and
- consistent approach to public access to registered information.

Five expert working groups have been established to develop proposals and recommendations for consideration by AHMAC. The final report is due to be submitted to AHMAC in April 2004.

The Board continues to be serviced by the very dedicated and hard working members and I thank them for the time given to the Board. In 2002/03, the Board farewelled Dr J Lubich and Mr Michael Barker QC, and welcomed Mr N Mullany and Dr Peter Wallace OAM.

**PROFESSOR CON MICHAEL , AO**  
President



## Board Membership / Board Members' Attendances

## 2. BOARD MEMBERSHIP

**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.

**Dr Brian Lloyd**, MBBS (West Aust), FRACP, PhD, FACC.

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

**Dr Trevor Lord**, MBBS (West Aust), FRACGP, MRCS, LRCP DA.

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

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

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

**Mr Patrick Walker**, FLGMA, FAIM.

**Mrs Ann White**.

**Mr Nicholas Mullany**, LLB (Hons)(West Aust), BCL (Oxon) (Appointed 18 December 2002).

**Dr Peter Wallace**, OAM, MBChB (Edinburgh) (Appointed 1 May 2003).

**Dr Joe Lubich**, MBBS (Adel), FRACGP, D(Obs), RCOG (Term Expired 1 May 2003)

**Mr Michael Barker**, QC (Appointment ceased 12 August 2002).

## 3. BOARD MEMBERS' ATTENDANCES

Provided below is a summary of the Board Member attendances for the year ended 30 June 2003.

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

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

Member	Board Meetings	Sub-Committee	Special Meetings	Directions Hearings	Inquiries Full Day	Inquiries Half Day	Inquiries Part Day	AMC
Prof C Michael	12 (12)	15	82	8	23	8	6	10**
Ms P Giles	10 (12)	8	4	9	8	6	6	—
Dr F Jefferies	9 (12)	8	4	6	11	2	5	—
Mr M Barker QC	1 (1)	—	1	—	—	—	2	—
Prof L Landau	8 (12)	10	4	10	2	3	4	—
Dr B Lloyd	7 (12)	2	—	—	2	—	—	—
Dr T Lord	11 (12)	12	4	2	21	8	5	—
Dr J Lubich	9 (11)	4	—	3	2	1	4	—
A/Prof G Riley	9 (12)	10	1	2	10	2	5	—
Prof B Stokes	10 (12)	11	5	4	2	4	4	—
Mr P Walker	9 (12)	—	—	7	13	—	5	—
Ms Ann White	11 (12)	12	8	2	14	5	7	—
Mr N Mullany	5 (6)	2	—	3	13	3	1	—
DR P Wallace	1(2)	1	—	3	5	—	—	—





## Office of Registrar



**Registrar**

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

**Office**

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Perth Western Australia 6000

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PERTH WA 6000

**Liscia & Tavelli**

PO Box 8193

PERTH WA 6894

**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

**Sparke Helmore**

Level 12, The Quadrant

1 William Street

PERTH WA 6000



## Overview of Operations

Registration

Complaints

Overview of Other Medical Board Sub-Committees

**REGISTRATION SUB COMMITTEE**

Professor Bryant Stokes (Chairperson)

Professor Louis Landau

Dr Felicity Jefferies

Dr Peter Wallace

**5.1 REGISTRATION****Overview**

A total of 6,854 individual medical practitioners were registered in Western Australia as at 30 June 2003.

**General Registration**

	30 June 2003	30 June 2002	30 June 2001
General Registration	6,003	5,894	5,801

**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).

	30 June 2003	30 June 2002	30 June 2001
Conditional Registration			
Internship	116	126	122
Supervised Clinical Practice	17	27	22
Postgraduate Training	39	25	23
Medical Teaching	5	-	-
Medical Research	4	3	3
Unmet Area of Need	462	364	365
General Practice in Remote and Rural Western Australia	39	56	41
Recognised Specialist Qualifications and Experience	142	106	79
Foreign Specialist Qualifications and Experience – Further Training	15	11	13
Temporary Registration in the Public Interest	10	6	6
Special Continuing	2	2	2
Special Auxiliary Service	-	-	-
<b>TOTAL</b>	<b>851</b>	<b>726</b>	<b>676</b>
<b>Medical Call Services</b>	<b>3</b>	<b>3</b>	<b>3</b>



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 recognises 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.

#### **Recognised Specialist Qualifications and Experience**

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

#### **Foreign Specialist Qualifications and Experience – Further Training**

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

#### **Public Interest**

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

#### **Medical Call Service**

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

#### **Registration of Practice Names and Body Corporate**

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

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

Five (5) registrations of a practice name and thirty three (33) bodies corporate were approved for the 2002/2003 period.



# Complaints

## 5.2 COMPLAINTS

### Complaints Sub Committee

**Dr Trevor Lord (Chairperson)**

**Mr Nicholas Mullany**

**Ms Penelope Giles**

**Ms Ann White**

**Professor Con Michael**

**Associate Professor Geoff Riley**

**Representative from Office of Health Review**

### 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](http://www.wa.medicalboard.com.au) or from the Board office. Where practicable, complainants are encouraged to resolve matters at the level of patient and practitioner. Issues regarding complaints of a financial nature are often best served by the Office of Health Review.

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

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

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

**The Year Under Review**

During the year under review 160 new complaints were received by the Board, a decrease of 8 from the preceding year.

Complaints are classified according to the nature of the allegations in the complaint documentation. Often there is more than one allegation and each matter receives a classification.

Ref No.	Complaint Category	Count	Percent
(1.1)	Inadequate information about treatment options	4	1.89%
(1.2)	Inadequate information on services available	1	0.47%
(1.3)	Misinformation or failure in communication	13	6.13%
(1.4)	Failure to fulfil statutory obligations	1	0.47%
(1.8)	Certificate or report problem	13	6.13%
(1.9)	Possible impairment practitioner	9	4.25%
(2.1)	Failure to consent patient/client	1	0.47%
(2.2)	Consent not informed	4	1.89%
(2.3)	Consent not obtained	2	0.94%
(2.5)	Refusal to refer or assist to obtain a second opinion	5	2.36%
(3.1)	Inadequate diagnosis	29	13.68%
(3.2)	Inadequate treatment	21	9.91%
(3.3)	Rough treatment	4	1.89%
(3.4)	Incompetent treatment	2	0.94%
(3.5)	Negligent treatment	21	9.91%
(3.6)	Wrong treatment	9	4.25%
(4.1)	Inadequate treatment about costs	1	0.47%
(4.2)	Unsatisfactory billing practice	3	1.42%
(5.1)	Inconsiderate service/lack of courtesy	8	3.77%
(5.10)	Unprofessional conduct	19	8.96%
(5.2)	Absence of caring	10	4.72%
(5.3)	Failure to ensure privacy	2	0.94%
(5.4)	Breach of confidentiality	2	0.94%
(5.5)	Discrimination	1	0.47%
(5.7)	Sexual impropriety	12	5.66%
(6.1)	Administrative practice	1	0.47%
(6.3)	Fraud/illegal practice	5	2.36%
(6.4a)	Misleading claim (product/service)	3	1.42%
(6.4b)	Misleading (practitioner eg qualifications)	2	0.94%
(7.1)	Mentally disturbed complainant	4	1.89%
<b>Total</b>		<b>212</b>	



### Statistics

The following is a summary of the status of the complaints considered as at 30 June 2003:

Statistics	2003	2002	2001
Total number of new complaints received by the Board	160	168	184
Complaints where insufficient grounds to proceed to Inquiry or no further action	106	119	78
Where insufficient grounds to proceed to Inquiry but received counselling	N/A	N/A	2
Complaints still under preliminary enquiry	33	37	94*
Formal Inquiry completed	14	22	15
Inquiries pending (notices served) /commenced, incomplete	38	18	12
Still under investigation by legal counsel	4	2	23

\* 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)	7
Section 13 1(b)	5
Section 13 1(c)	3
Section 13 1(d)	1
Section 13 1(e)	1

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

### Monitoring of Conditions

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

**FORMAL INQUIRY PROCESS**

Provided below is a summary of the Inquiry outcomes concluded during the year ended 30 June 2003.

**DR GREGORY JAMES DUCK – INQUIRY NO: 1097-67**

On 17 September 2002, the Board's Inquiry pursuant to the Notice of Inquiry dated 4 January 2002 alleging breaches of condition imposed in August 2001 continued. This was a continuation of hearings held in February and May 2002 as reported in the 2002 Annual Report of the Board.

After hearing evidence as to Dr Duck's conduct and state of health during the preceding months, the Board ordered that the period of suspension be extended to November 2002 and ordered that no later than seven days prior to the adjourned hearing, Dr Duck submit to the Board for approval, a written plan for return to supervised practice. ("The Plan"). The Plan was to include:

- (a) A graduated return to work over a six month period with no more than four sessions per week.
- (b) Nomination of a suitably qualified supervisor willing to supervise Dr Duck.
- (c) Reports from Dr Duck's treating psychiatrist, on a monthly basis.
- (d) Reports from the Board's nominated psychiatrist every three months.
- (e) Three urine tests per week for opiates.
- (f) Procedures and conditions for safe handling of medications including access to Dr Duck's prescribing profile.
- (g) Notifications of any changes in residence.
- (h) Notification of any absence from the State for more than a week.

Due to Dr Duck's failure to provide the Board with an acceptable plan in compliance with the Board's orders, on 19 October 2002, the suspension was further extended to 1 January 2003.

Following receipt of a proposed Plan, the Board considered the Plan and other evidence relating to Dr Duck's conduct and state of health during the preceding months on 19 November 2002. The Board's orders of 15 October 2002 were then varied and the Board made orders imposing conditions and restriction on Dr Duck's return to practice.

The Board ordered:

1. Dr Duck be permitted to resume practice on conditions as set out in this order.
2. Dr Duck give a written undertaking to comply with conditions on his practice of medicine imposed herewith and from time to time pursuant to Section 13(9a) of the Medical Act.
3. Dr Duck work under the supervision, at all times, of a registered medical practitioner nominated by Dr Duck and approved by the Board. ("The Approved Supervisor").
4. Dr Warren Saint of the Bassendean Family Practice be approved as Dr Duck's Approved Supervisor.
5. Dr Duck obtain and provide to the Board (together with the written undertaking referred to above) a written undertaking from Dr Saint (in a form as required by the Board) confirming Dr Saint's willingness and ability to act as Approved Supervisor.
6. Dr Duck be permitted to practice under the supervision at all times of Dr Saint at the practice known as the Bassendean Family Practice.
7. Dr Duck's hours of work be restricted to not more than four sessions per week with a monthly increase of not more than one extra session per week over a six month period and in any event not more than 20 patients per session.
8. Dr Duck's practice be restricted to patients with non-drug related conditions.
9. Supervision of Dr Duck's practice by the Approved Supervisor to include but is not limited to:
  - (i) Daily monitoring of Dr Duck's daily working hours, caseload and variety of case material. Monitoring to include log of patients.
  - (ii) Weekly meetings of at least one hour duration between the Approved Supervisor and Dr Duck at which Dr Duck is to present formal case presentations on cases selected by Dr Duck and randomly selected by the Approved Supervisor.
  - (iii) Monthly reports by the Approved Supervisor to the Board every month in a form as required by the Board.
  - (iv) Immediate notification in writing to the Board of any changes in ability to supervise.

- (v) Procedures and conditions for safe handling of medications.
  - (vi) Prohibition of Dr Duck's access to narcotics.
  - (vii) Monitoring compliance with any conditions on Dr Duck's practice of medicine as may be imposed from time to time.
  - (ix) Immediate notification in writing to the Board of any breaches of conditions.
10. Dr Duck is to inform the Board immediately in writing of any proposal to nominate another practitioner for the role of Approved Supervisor.
  11. Dr Duck be prohibited from procuring, possessing, prescribing or using any drugs of addiction.
  12. Dr Duck continue attending Dr Hester (or a psychiatrist with similar expertise) for treatment, the regularity of the treatment to be determined by the treating psychiatrist.
  13. Progress reports from Dr Duck's treating psychiatrist be provided to the Medical Board monthly.
  14. Dr Duck attend Dr Chiu or a psychiatrist nominated by the Board every three months for a formal psychiatric review.
  15. Progress reports from the Board's nominated psychiatrist be provided to the Medical Board every 3 months.
  16. Dr Duck undergo urine testing for the presence of opiates (and other substances to be specified by the Board from time to time):
    - (a) three times per week;
    - (b) under a chain of custody approved by the Board;
    - (c) Dr Duck to authorise the results to be forwarded to Dr Saint directly after each testing; and
    - (d) At Dr Duck's cost.
  17. Dr Duck take all such steps as are necessary to authorise his Prescribing Profile to be made available to the Approved Supervisor on a monthly basis.
  18. Dr Duck notify the Board in writing of any intended change in residence at least 14 days prior to any change in residence.
  19. Dr Duck notify the Board in writing of any intended date of departure from the State not less than 14 days before the date of departure and notify the Board immediately in writing of his return to the State.

20. Dr Duck pay the costs of the inquiry.
21. Dr Duck suspension pursuant to Section 13(3)(b) of the Medical Act continue until the expiration of seven days from receipt of the written undertaking referred to above.
22. Pursuant to Section 13(9a) of the Medical Act the Board convene to review these conditions within six months of the making of this order.
23. If by 31 December 2002, Dr Duck fails to provide the written undertaking set out above, this inquiry will reconvene at the first available date thereafter.

On 12 December 2002, Dr Duck provided a written undertaking in the form required by the Board and returned to practice.

#### DR C – INQUIRY NO: 1699-73

This matter came before the Medical Board for hearing on 10 February and 4 April 2003.

At the hearing on 10 February 2002, Dr C attended in person and was not represented. Following application by Dr C, the Board made orders that the inquiry be held in camera.

This matter came before the Board pursuant to Section 13(1)(b) and (e) of the Medical Act which provides that where it appears to the Board that a medical practitioner registered under the Act, may be-

- (a) affected by a dependence on alcohol; or
- (b) suffering from mental illness to such an extent that his ability to practise as a medical practitioner is or is likely to be affected, the Board shall hold an inquiry into the matter.

Dr C was a Temporary Australian Resident and was practising in Western Australia under the Overseas Trained Doctor Scheme in conjunction with the AMA and the Western Australian Centre for Remote and Rural Medicine (WACRRM). Dr C held a Conditional Registration Certificate effective to 30 June 2003 with the AMA Locum Service as the sponsoring organisation.

The Board was made aware of concerns regarding Dr C's dependence on alcohol when, on 2 October 2002, Dr C voluntarily presented to the Board, and admitted that he was affected by a dependence on alcohol caused by anxiety. A Notice of Inquiry dated 31 December 2002 was issued to Dr C.

The grounds of inquiry were admitted by Dr C and the Board proceeded to deal with the question of penalty.



The Board ordered that Dr C be suspended for a period of eight weeks. The Inquiry was adjourned to a date to be set prior to the expiration of the eight week period for Dr C to obtain an updated report from his treating psychiatrist with a view to the Board then considering Dr C's return to practice with conditions.

Dr C ceased employment with the AMA Locum Service on 7 March 2003 and sponsorship by the AMA ceased accordingly. As such, Dr C's entitlement to practice in Western Australia ceased and his name was removed from the Register of Medical Practitioners under the Medical Act on 7 March 2003. Dr C left Western Australia shortly thereafter to return to his homeland.

The matter came before the Medical Board for further hearing on 4 April 2003.

Dr C did not attend and was not represented.

The Board considered further evidence including a report from Dr C's treating psychiatrist and correspondence from Dr C and the AMA.

The Board made orders imposing a condition that should Dr C return to Western Australia and make application to practice in Western Australia, Dr C undergo a formal psychiatric review by a practitioner appointed by the Board, to reassess his fitness to practice.

Dr C was ordered to pay the costs of the Inquiry.

#### DR IAN MCGREGOR – INQUIRY NO: 1376-3

On 22 April 2003 the Board reconvened to review the conduct of Dr Ian McGregor. This was a continuation of the hearing on 19 February 2002 at which time the Board made orders imposing conditions on the practice of medicine by Dr McGregor.

Following Dr McGregor's plea of guilty to gross carelessness on 19 February 2002, the Board ordered that:

- Dr McGregor be reprimanded.
- Dr McGregor give a written undertaking to be of good behaviour for two years and during that period to comply with the restrictions and conditions relating to the practice of medicine and training for that practice.
- 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 regards to any perceived need for further training, re-training or further education.

- 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.
- Dr McGregor appear at a further hearing of the Board at a date to be set in or about 12 months to report and to consider whether or to what extent the conditions should be varied or extended.
- The expenses of complying with the conditions shall be the responsibility of Dr McGregor.
- Dr McGregor pay the costs of this Inquiry to be agreed or fixed by the Registrar.

On 8 April 2002, Dr McGregor provided a written undertaking in the form ordered by the Board pursuant to the Orders.

Pursuant to the 2002 Orders, Dr Anthony Murphy was appointed by the Board to review Dr McGregor's practice and provide a report to the Board. Dr Murphy's report was positive as to Dr McGregor's rapport with patients, clinical judgments and use of ultrasound equipment in his practise.

The 2002 Orders also required Dr McGregor to achieve certification in obstetric ultrasonography. Dr McGregor provided to the Board a clinical assessment rating following testing conducted by the Royal Australian & New Zealand College of Obstetricians and Gynecologists. The assessment was carried out by Dr PJ Hugo with Dr R Roberts as the training supervisor. The assessment and report as to Dr McGregor's skills are positive.

On 22 April 2003, the Board made the following orders, namely:

1. The orders of the Board made on 19 February 2002 be varied so as to discharge the conditions imposed by Orders 4(a) and 4(b).
2. Prior to 19 February 2004 but not before 1 December 2003, Dr McGregor is to submit his obstetric practice to review by a practitioner to be approved by the Board, who shall be permitted full access to all his practice records and who shall report in writing to the Board after such review upon the nature, standard and quality of the practitioner's practice especially with regard to any perceived need for further training, re-training or further education.
3. The expenses of complying with the above conditions shall be paid by Dr McGregor.

4. Dr McGregor to pay the costs of this inquiry incurred since 19 February 2002 to be agreed, or failing agreement, to be fixed by the Board after receiving written submissions from Counsel.
5. Dr McGregor is to give a further written undertaking, effective until 19 February 2004, to comply with the above conditions.
6. The Registrar of the Board be instructed to contact the General Medical Council in London, England indicating the variations made to the Board's orders dated 19 February 2002 by this Inquiry held on 22 April 2003.

Dr McGregor has provided the written undertaking as ordered.

The Board will review this matter prior to February 2004.

#### DR LUCIEN LAGRANGE – INQUIRY NO: 1254-2

After holding an Inquiry on 8 and 9 July 2003, the Board found that Dr Lagrange was guilty of infamous conduct in a professional respect in that:

- (a) he examined a female patient at the request of her prospective employer ("the examination");
- (b) during the examination he:
  - (i) told the patient to remove her bra, which she did;
  - (ii) fondled and squeezed the patient's breasts;
 

when there was no legitimate clinical justification or requirement for the conduct specified in sub-paragraphs (i) and (ii); and
  - (iii) told the patient to urinate into a receptacle, whilst he was watching her, which she did, when either there was no requirement for the urine sample to be provided in the presence of a witness or if there was such a requirement, the urine sample should have been provided in the presence of a female chaperone.

As a consequence of those findings, on 5 November 2002 the Board ordered that the name of Dr Lucien Lagrange be removed from the Register and that he pay two thirds of the costs of the Inquiry.

#### DR MOHAMED ESSA RASOOL – INQUIRY NO: 1374-33

After holding an Inquiry on 8 August 2002, the Board found that Dr Rasool was guilty of gross carelessness in relation to his postoperative management of four babies on whom he had performed circumcisions.

As a consequence of those findings, the Board ordered that Dr Rasool be reprimanded and that he pay 60% of the costs of the Inquiry.

#### DR JOSEPH SCOPA – INQUIRY NO: 1472-14

After holding an Inquiry on 9 September 2002, the Board found that Dr Scopa was guilty of improper conduct in a professional respect in that he prescribed drugs specified in schedule 8 of the Poisons Act 1964 (WA) to a female patient, a person with whom he had a personal relationship.

As a consequence of those findings the Board ordered that Dr Scopa be reprimanded and ordered that he pay the costs of the Inquiry.

#### DR LUCIEN LAGRANGE – INQUIRY NO: 1369-32

After holding an Inquiry on 3 December 2002, the Board found that Dr Lagrange was guilty of infamous conduct in a professional respect in that:

1. He arranged for the delivery of drugs specified in schedule 8 of the Poisons Act 1964 (WA) to a person in West Perth with the intention of providing the drugs to a patient when the drugs were not prescribed by him and he had no lawful excuse or authority for doing so.
2. He arranged for and effected the delivery of drugs specified in schedule 8 of the Poisons Act 1964 (WA) to the patient who was then an inpatient at a hospital when the drugs were not prescribed by him and he had no lawful excuse or authority for doing so and he had been told by a representative of the Health Department that the patient had been reported to the department for Pethidine seeking behaviour.
3. After receiving the advice from the representative of the Health Department he continued to prescribe schedule 8 drugs to the patient.

As Dr Lagrange's name had been removed from the Register by an earlier order of the Board. The Board ordered that Dr Lagrange pay the reasonable costs of the Inquiry.

**DR NAKKEERAN SUBRAMANIAM – INQUIRY NO: 1430-52**

After holding an Inquiry on 6 January 2003, the Board found that Dr Subramaniam was guilty of incompetency in respect of the performance of his duties and responsibilities as resident medical officer including:

- (a) an inability to properly and consistently record admission details and daily progress in the medical record, writing drug charge and discharge summaries; and
- (b) an inability to recognise that a clinical situation required assistance from a more senior medical staff.

As a consequence of those findings the Board ordered that Dr Subramaniam be reprimanded and that he pay 50% of the reasonable costs of Inquiry.

**DR BARRY LEONARD – INQUIRY NO: 1708-72**

At a hearing on 24 January 2003, allegations of misconduct made against Dr Leonard were dismissed by the Board.

**DR REX HOOD – INQUIRY NO: 1637/1657-50**

After holding an Inquiry on 29 April 2003, the Medical Board found that:

- (a) Dr Hood was guilty of improper conduct in a professional respect contrary to section 13(1)(a) of the Medical Act 1894 in that on 18 April 2002 he swore repeatedly in the course of a consultation with a male patient.
- (b) Dr Hood was guilty of infamous conduct in a professional respect contrary to section 13(1)(a) of the Medical Act 1894 in that having been made aware of a complaint by a male patient to the Medical Board, on 22 August 2002 Dr Hood visited the patient at his home and sought to coerce him into withdrawing the complaint.
- (c) Dr Hood was guilty of improper conduct in a professional respect contrary to section 13(1)(a) of the Medical Act 1894 in that on 6 May 2002 during the course of a consultation with a mother and her two sons he behaved in a manner that was aggressive, insensitive and likely to humiliate and embarrass the woman and her two sons and had no regard for their dignity.

As a consequence of those findings, the Medical Board ordered that Dr Hood:

- (d) be fined \$5,000;
- (e) be suspended from practice for 12 months; and
- (f) pay 85% of the costs of the inquiry.

**DR BRIAN DARE – INQUIRY NO: 1623-56**

After holding an Inquiry on 7 April 2003, in which Dr Dare admitted the allegations in the Notice of Inquiry, the Medical Board found that Dr Dare was guilty of improper conduct in a professional respect contrary to section 13(1)(a) of the Medical Act 1894 in that on various occasions between mid 1998 and February 2000 he obtained various drugs specified in schedule 8 of the Poisons Act 1964 (WA) for the purposes of self administration by writing various false prescriptions for the drugs and procuring various pharmacies to fill the prescriptions.

As a consequence of those findings, the Medical Board ordered that Dr Dare:

- (a) be reprimanded;
- (b) provide the Medical Board with undertakings and comply with restrictions and conditions relating to the practice of medicine; and
- (c) pay the costs of the inquiry.

**DR A – INQUIRY NO: 1598-35**

The Medical Board became aware that Dr A who although not practising was registered to practise and may be affected by an addiction to a deleterious drug or alternatively may be suffering from a physical or mental illness to such an extent that his or her ability to practise as a medical practitioner was or was likely to be affected.

A Notice of Inquiry was issued and a hearing convened in September 2002.

Following undertakings by the Doctor not to undertake any clinical practice the matter was adjourned to obtain various reports.

The matter was reconvened in January 2003 when it was found that Dr A had failed to submit to an examination within the time specified by the Board and by force of section 13 (6h) of the Medical Act 1894 the registration of the medical practitioner was suspended and the matter was adjourned to be reconvened at a later date.



**DR B – INQUIRY No: 1648-104**

The Medical Board became aware that Dr B may be affected by a dependence on alcohol and a Notice of Inquiry was issued and a hearing convened in September 2002.

At that hearing it was agreed that Dr B would undergo a course of treatment which Dr B had already started and Dr B's registration as a Medical Practitioner would be suspended for a period of three months while Dr B underwent such treatment.

The matter was reconvened in December 2002 when the Board received reports on the Doctor's treatment together with a strategy from the Doctor's prospective employer outlining an ongoing testing procedure once the Doctor returned to work.

Following submissions the Board made orders restoring the Doctor's name to the Register subject to conditions to which the medical practitioner and the prospective employer both agreed.

**DR NORMAN JOSEPH VAN DORT – INQUIRY NO: 1384-13**

By a notice of inquiry dated 17 October 2001, it was alleged that Dr Van Dort was guilty of infamous or improper conduct in a professional respect in that:

1. on or about 7 October 2000 in the course of examining Patient A he placed his hand fully over the patient's right breast;
2. in the course of the same examination he carried out an internal vaginal examination without wearing a glove on his hand;
3. in the course of the same examination he put his face between the patient's legs to smell if there was an odour from her genital area.

Dr Van Dort denied the allegations and an inquiry was held on 6 May and 22 July 2002. At the commencement of the inquiry, the Medical Board made an order suppressing from publication the name and details of the complainant.

On 22 January 2003, the Medical Board delivered its reserved decision finding Dr Van Dort guilty of improper conduct in a professional respect in that the Board was satisfied that:

1. in the course of examining the patient, he placed his hand fully over the patient's right breast without justification;
2. in the course of the same examination, he put his face between the patient's legs to smell if there was an odour from her genital area.

The other allegation regarding the failure to use a glove during an internal examination was dismissed as unproven.

By way of penalty, the Board made an order suspending Dr Van Dort from practice for a period of 2 months commencing on 1 February 2003, issued a reprimand and ordered that he pay the Board's costs of the inquiry.

# Overview of other Medical Board Sub-Committees

## 5.3 OVERVIEW OF OTHER MEDICAL BOARD SUB-COMMITTEES

### Finance Sub-Committee

**Mr Patrick Walker** (Chair) (Resigned December 2002)

**Professor Con Michael**

**Dr Brian Lloyd**

**Professor Bryant Stokes** (Acting Chair: appointed February 2003)

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**

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 (PTAC)

**Dr Mary Surveyor** (Chairperson) (to May 2003)

**Dr Antonia Bagshawe** (from May 2003)

**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**

**Mr Simon Hood**

#### Plus DCT's:

**Dr Donna Mak** (to May 2003)

**Dr Jacki Mein** (from May 2003)

#### Plus Junior Doctor(s):

**Dr Lisa Friederich**

**Dr Rebecca Cresp**

**Dr Corinne Bennett-Law**

**Dr Mark De Cruz**

**Dr Emma Peters**

**Dr Anand Senth**

#### Executive Officer

**Ms Kaye Harnwell**

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



## Financial Statements

Medical Board of Western Australia  
ABN 25 271 541 367  
30 June 2003

# Statement of Financial Performance

FOR THE YEAR ENDED 30 JUNE 2003

	Note	2003 \$	2002 \$
REVENUE			
Non Practice Fee		44,517	35,138
Practising Fee		1,622,693	1,228,880
Registration Fees		127,804	96,010
Other Sundry Fees		21,342	20,679
Occasional Practice Fees		28,507	20,396
Company Registration		1,815	4,942
Interest Received		109,259	74,811
Fines		–	18,300
Indian Ocean Territories Revenue		920	348
Inquiry Costs Recovered		213,818	180,167
OTD Additional Registration Fees		–	2,040
Other Revenue		768	10
		<b>2,171,443</b>	<b>1,681,721</b>
EXPENDITURE			
Advertising		1,969	421
Audit Fees		8,500	8,750
Australian Medical Council Inc		40,797	40,798
Bank Charges		13,196	5,542
Individual Board/Committee Members Fees		304,875	205,450
Catering		3,781	2,831
Computer Expenses		23,260	43,198
Conference Expenses		1,116	13,486
Courier		11,133	3,739
Credit Card Charges		–	4,023
Board Members' Expenses		4,939	6,724
General Expenses		1,312	1,413
Indian Ocean Territories		837	8
Insurance		8,796	–
Inquiry Costs		834,726	532,263
Legal Costs – General		–	338
Other Initiatives		41,678	18,683
Postage, Printing & Stationery		81,440	79,950
Quality Assurance		2,767	3,000
Secretarial & Administration Costs		720,787	640,557
Seminar – Profession		–	5,844
Sponsorship		5,000	2,500
Superannuation Contributions		13,165	13,396
Telephone and Fax		9,527	9,729
Website		2,935	10,718
		<b>2,136,536</b>	<b>1,653,361</b>
PROFIT FROM ORDINARY ACTIVITIES BEFORE INCOME TAX EXPENSE		34,907	28,360
Income Tax Expense		–	–
<b>PROFIT FROM ORDINARY ACTIVITIES AFTER INCOME TAX</b>		<b>34,907</b>	<b>28,360</b>

The accompanying notes form an integral part of these Financial Statements



# Statement of Financial Position

FOR THE YEAR ENDED 30 JUNE 2003

	Note	2003 \$	2002 \$
CURRENT ASSETS			
Cash Assets	2	2,235,634	1,848,944
Receivables	3	75,350	36,617
Other	4	12,065	23,201
<b>TOTAL CURRENT ASSETS</b>		<b>2,323,049</b>	<b>1,908,762</b>
NON-CURRENT ASSETS			
Property, plant and equipment	5	–	–
<b>TOTAL NON-CURRENT ASSETS</b>		<b>–</b>	<b>–</b>
<b>TOTAL ASSETS</b>		<b>2,323,049</b>	<b>1,908,762</b>
CURRENT LIABILITIES			
Payables	6	453,140	72,810
Other	7	10,679	11,629
<b>TOTAL CURRENT LIABILITY</b>		<b>463,819</b>	<b>84,439</b>
<b>TOTAL LIABILITIES</b>		<b>463,819</b>	<b>84,439</b>
<b>NET ASSETS (LIABILITIES)</b>		<b>1,859,230</b>	<b>1,824,323</b>
EQUITY			
Balance at Beginning of Year		1,824,323	1,795,963
Retained Income		34,907	28,360
<b>TOTAL EQUITY</b>		<b>1,859,230</b>	<b>1,824,323</b>

The accompanying notes form an integral part of these Financial Statements

# Statement of Cash Flow

FOR THE YEAR ENDED 30 JUNE 2003

	Note	2003 \$	2002 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from Doctors		2,062,184	1,606,562
Payments to Suppliers/Payables		(1,082,724)	(1,218,687)
GST Paid (net)		(38,733)	(3,798)
Inquiry Costs Paid		(674,432)	(527,263)
Interest Received		120,395	51,610
<b>NET OPERATING CASH FLOW BEING</b>	<b>8</b>	<b>386,690</b>	<b>(91,576)</b>
<b>NET INCREASE (DECREASE) IN CASH HELD</b>		<b>386,690</b>	<b>(91,576)</b>
<b>CASH AT THE BEGINNING OF THE YEAR</b>		<b>1,848,944</b>	<b>1,940,520</b>
<b>CASH AT THE END OF THE YEAR</b>		<b>2,235,634</b>	<b>1,848,944</b>

The accompanying notes form an integral part of these Financial Statements

# Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2003

## 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 incurred.

### 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.

### Goods and Services Tax

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

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

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

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

### Cash

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

# Notes to the Financial Statements cont.

FOR THE YEAR ENDED 30 JUNE 2003

	2003 \$	2002 \$
<b>2 CASH</b>		
Cash on Hand	200	200
Cash at Bank – CBA	88,836	67,862
Security Investments	2,135,919	1,769,253
Cash at Bank – Indian Ocean Territories	10,679	11,629
	<b>2,235,634</b>	<b>1,848,944</b>
<b>3 RECEIVABLES</b>		
CURRENT		
GST Input Tax Credits	75,350	36,617
	<b>75,350</b>	<b>36,617</b>
<b>4 OTHER ASSETS</b>		
CURRENT		
Accrued Interest	<b>12,065</b>	<b>23,201</b>
<b>5 PROPERTY, PLANT AND EQUIPMENT</b>		
Fixed Assets	320	320
Less: Accumulated Depreciation	320	320
	–	–
Professional Library	131	131
Less: Accumulated Depreciation	131	131
	–	–
<b>6 PAYABLES</b>		
CURRENT		
Sundry Creditors and Accrued Charges	330,151	72,810
Unpresented Cheques	122,989	–
	<b>453,140</b>	<b>72,810</b>
<b>7 OTHER LIABILITIES</b>		
CURRENT		
Indian Ocean Territory Grant received in advance	<b>10,679</b>	<b>11,629</b>
<b>8 CASHFLOW RECONCILIATION OF PROFIT FROM</b>		
ORDINARY ACTIVITIES AFTER INCOME TAX TO NET		
CASHFLOW FROM ORDINARY ACTIVITIES		
Operating Profit after Income Tax	34,907	28,360
Decrease (Increase) in Debtors	11,136	(23,201)
Decrease/(Increase) in Other Assets	(38,733)	(3,798)
Increase (Decrease) in Creditors	380,330	(66,831)
Increase (Decrease) in Other Liabilities	(950)	(26,106)
<b>NET CASH FROM OPERATING ACTIVITIES</b>	<b>386,690</b>	<b>(91,576)</b>



# 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 2003 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



**Prof B Stokes**

Board Member

Perth, Western Australia

# Independent Audit Report

## to the Members of the Medical Board of Western Australia



■ **Central Park**  
152 St Georges Terrace  
Perth WA 6000  
Australia

GPO Box M939  
Perth WA 6843

■ Tel 61 8 9429 2222  
Fax 61 8 9429 2436

### Scope

#### *The financial report and the Medical Board of Western Australia's responsibility*

The financial report is a special purpose financial report and comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements, and the Medical Board of Western Australia's ('the Board') declaration for the year ended 30 June 2003.

The Board is responsible for preparing a financial report that presents fairly the financial position and performance of the Board. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report. The Board has determined that the accounting policies used and described in Note 1 to the financial statements are consistent with the financial reporting requirements of the Medical Act 1894 and the Board's constitution and are appropriate to meet the needs of the members. These policies do not require the application of all Accounting Standards and other mandatory financial reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

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

#### *Audit approach*

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

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with our understanding of the Board's financial position, and of its performance as represented by the results of its operations and cash flows.

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

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

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

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

# Independent Audit Report

to the Members of the Medical Board of Western Australia cont.



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GPO Box M939  
Perth WA 6843

## Independence

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

## Audit opinion

In our opinion, the financial report of the Medical Board of Western Australia presents fairly, in accordance with the accounting policies described in Note 1 to the financial statements, a view which is consistent with our understanding of the Board's financial position as at 30 June 2003, and of its financial performance as represented by the results of its operations and cash flows for the year then ended.

A handwritten signature in black ink that reads 'Ernst &amp; Young'.

Ernst & Young

A handwritten signature in black ink that reads 'G A Buckingham'.

**G A Buckingham**

Partner  
Perth

26 September 2003



**Medical Board of Western Australia**

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