

MEDICAL TRIBUNAL OF NSW

Deputy Chairperson: Judge A. Balla

Members Dr P Tucker
Dr V Sutton
Ms A Deveson, AO

Matter no: 40035 of 2009

Complainant: Health Care Complaints Commission

Respondent: Dr Ray Woods

**Counsel for the
Complainant:** Ms S McNaughton

Respondent: Mr J R Young

Judgment Date: 15 October 2010



PURSUANT TO CLAUSE 6 OF SCHEDULE 2 TO THE MEDICAL PRACTICE ACT 1992, THE TRIBUNAL HAS MADE A NON PUBLICATION ORDER IN RESPECT OF THE NAME OF ANY PATIENT OR ANY MATERIAL WHICH MAY IDENTIFY ANY PATIENT.

The Health Care Complaints Commission asserts that Dr Woods has been guilty of:

1. Unsatisfactory professional conduct; and
2. Professional misconduct.

The Complaint falls into four categories:

1. Failing to ensure that prescriptions for Di-gesic, Panadeine Forte, temazepam, diazepam, Endone and Pethidine included the names and addresses of the patient between February 2006 and August 2007.
2. Deficiencies in record keeping in relation to Di-gesic, Panadeine Forte, temazepam, diazepam, Endone and Pethidine between February 2006 and August 2007.
3. Using Endone for a period in excess of 7 days between February 2006 and August 2007.
4. Failing to make contemporaneous records of his treatment of patients in accordance with the relevant Regulation between February 2006 and August 2007.

Personal History

Dr Woods has been registered as a medical practitioner since 1983. In 2006 he was working as a general practitioner with his sister, who is also a general practitioner, in Moorebank. After they had a falling out he moved and opened a sole practice in Dulwich Hill in early 2007. In both practices Dr Woods specialised in hair transplants.

History of the Complaint

In April 2007 the Pharmaceutical Services Branch was informed that Dr Woods was presenting prescriptions for Endone, Panadeine Forte and Di-gesic in his own name and taking possession of the medications.

The investigator attended at pharmacies and sighted prescriptions with the doctor or the surgery nominated as the patient. He was told by two pharmacists that the medications had been collected by the doctor or very occasionally by a staff member of his practice. Dr Woods had told one

pharmacist that he was treating high profile patients who did not want their names on the prescriptions.

The investigator was concerned at the quantities of Schedule 8 drugs and strong analgesics that had been given to the doctor and the pattern of use, which suggested self administration.

On 7 August 2007 the investigator then interviewed Dr Woods. Dr Woods admitted that he had taken possession of all of the medication that had been written in his name. He had used the medication on the patients undergoing hair transplants. He had written the prescriptions in his own name to maintain the anonymity of his patients. During the procedure he would use a local anaesthetic and Pethidine but on occasions would also use Endone for breakthrough pain. He would also give the patient Endone and/or Panadeine Forte tablets to take home. On occasions he provided the tablets in an unlabelled envelope with verbal instructions.

Dr Woods admitted that he had not maintained a drug register for approximately two years although he was aware of the need to do so. He had not recorded any of the Pethidine, Endone, Panadeine Forte or Di-gesic that he had administered or supplied to patients in the patient notes in the same period.

Dr Woods said that since he had started using a new machine to administer the anaesthetic (the "Wand") in September/October 2006, the need to use Pethidine had declined.

Dr Woods also admitted to self administration of Endone. He had in the past undergone two operations on his hands and after performing a hair transplant procedure he would suffer from considerable pain in the evening. On those days he would take two tablets at night. He denied self administration of Pethidine.

Dr Woods relinquished his authority to possess, supply, administer and prescribe Schedule 8 drugs. Endone is a Schedule 8 drug.

The report was considered by a Health Committee delegate who recommended assessment by a Board-nominated psychiatrist.

Dr Woods was assessed by Dr Andrew Pethebridge on 13 September 2007. Dr Woods told him that he had successfully modified the equipment he had been using and in the month prior to his attendance on Dr Pethebridge he had had no pain and his use of Endone had stopped. Dr Pethebridge concluded that Dr Woods was not an impaired doctor as defined in the Medical

Practice Act 1992. He was of the opinion that Dr Woods had narcissistic personality traits being a grandiose sense of his self importance leading him to a pattern of behaviour that had resulted in the conduct.

The Health Committee then asked Dr Woods to attend at an informal interview which took place on 11 February 2008. He was counselled.

At some stage the matter came to the attention of the Health Care Complaints Commission. They asked for an opinion from Dr Michael Baldwin a plastic and reconstructive surgeon. Dr Baldwin said:

- Self prescription of Endone for pain was inappropriate. While the legislation permits self administration, it must be for the purpose of medical treatment and for not more than 7 days.
- The failure to keep an accurate S8 register was inappropriate.
- The failure to record the administration or supply of S8 medication to patients was inappropriate.
- The writing of prescriptions for patients in his own name was inappropriate.

Dr Baldwin described all of the conduct as significantly below what was reasonably expected and inviting strong criticism.

There are in evidence a number of letters from Dr Woods to the Medical Board and the Health Care Complaints Commission providing further details of the explanation he initially offered to the Pharmaceutical Services Branch. In his letter received on 22 August 2007 he explained that he had developed and introduced to the world a new concept in hair transplantation, Follicular Unit Extraction, being a microsurgical art form which had resulted in the doctor gaining international recognition as providing the most precise, natural and minimally invasive hair transplant in the world.

In his letter dated 7 July 2008, Dr Woods informed the Health Care Complaints Commission that he had three staff members including a clinical consultant, bookkeeper and cleaner. He was not an isolated practitioner because he was internationally recognised and respected as an expert and the inventor of Follicular Unit Extraction and body hair to scalp transplants, with doctors seeking his advice.

In a further letter to the Health Care Complaints Commission dated 26 February 2009 Dr Woods expressed his sincere regret for failing to comply with the law and standards required by medical practitioners, said he now had a register for S4 drugs and all patient records were documented at the time of the procedure.

The Particulars of the Complaint

Inadequacy of Prescriptions

2. Between approximately February 2006 and August 2007, the practitioner contravened Clause 34(4) of the Poisons and Therapeutic Goods Regulation 2002, in that he failed to ensure that the prescriptions he issued for restricted substances (as defined by section 4(1) of the *Poisons and Therapeutic Goods Act 1966*), namely Di-gesic, Panadeine Forte, temazepam and diazepam, complied with the requirements prescribed by Clause 34(1) of the Poisons and Therapeutic Goods Regulation 2002 in particular, but not limited to, ensuring that the prescription included the name and address of the patient.

This particular relates to Dr Woods' conduct in issuing prescriptions in either his name or the name of the surgery when he should have made them out in the name of the patient. Every prescription should include the patient's address.

This is admitted by Dr Woods.

The explanations which have been provided by Dr Woods are not completely consistent. Initially Dr Woods told the investigator from the Pharmaceutical Services Branch that he had been told by a pharmacist that if he wanted medication for use in the surgery he should write the prescription in a patient's name so he had assumed his own name was acceptable. The investigator gave evidence but was not cross examined in relation to this information in his report.

In his letter received on 22 August 2007 Dr Woods told the Board that he had known the pharmacist at Moorebank for 20 years and she and her staff had known the medication was used for hair transplant patients. She had reassured him that his prescriptions were appropriate. He trusted without question that everything was legitimate. He was shocked and embarrassed to find that this was not the correct procedure.

In a further undated letter received by the Board on 10 September 2007 Dr Woods said that the pharmacist had told him to put his name on the prescription as it would be assumed the medication was for surgery use. He had been reassured it was all legitimate.

In his letter dated 7 July 2008 Dr Woods again said he acted on the advice from the pharmacist in writing the prescriptions in his own name. He had completely trusted the pharmacist.

In these proceedings Dr Woods said in his statement that he had written the prescriptions in the name of the surgery to protect the privacy of his patients until he was told by the pharmacist that the prescriptions should have a name on them and that a prescription in his name would be treated as obtaining supplies for surgery use. He accepted her advice and was unaware it was inappropriate to do so.

It was in cross examination in these proceedings that Dr Woods first mentioned that he had a doubt about the advice he received from the pharmacist at the time of their conversation. He said he had told the pharmacist that he wanted to maintain his patients' privacy so he wrote surgery use on the prescriptions. The pharmacist had told him that was fine and he did it for months never thinking to question it. Then the pharmacist told him he should have a name on the prescription. He refused. She suggested he put his own name on the prescription. He told her he thought it was wrong because it looked like he was writing the prescription for himself but she assured him that it would imply the medication was for surgery use. He said he did not realise it was his responsibility to check the pharmacist's advice.

3. Between approximately February 2006 and August 2007, the practitioner contravened Clause 77(1) of the Poisons and Therapeutic Goods Regulation 2002, in that he failed to ensure that the prescriptions he issued for drugs of addiction (as defined by section 4(1) of the *Poisons and Therapeutic Goods Act 1966*), namely Endone and Pethidine, complied with the requirements prescribed by that Clause, in particular, but not limited to, ensuring that the prescription included the name and address of the patient.

This is admitted by Dr Woods.

This particular raises the same issue as that raised by particular 2, but relates to different medication.

Record Keeping

6. Between approximately February 2006 and August 2007, the practitioner contravened Clause 37 of the Poisons and Therapeutic Goods Regulation 2002 in that when he prescribed a prescribed restricted substance (as defined by s 4(1) of the *Poisons and Therapeutic Goods Act 1966*) namely Di-gesic, temazepam and diazepam, he failed to make and/or keep a record of the particulars required by that Clause.

This is admitted by Dr Woods.

There are a number of particulars which relate to Dr Woods' failure to properly record matters in the patient records and in a drug register.

In relation to all of these issues, Dr Woods explained that while he had been in practice with his sister he had properly maintained the drug register and ensured that Endone and Pethidine usage had been written on patients' cards with the assistance of his support staff. However in late 2005 their relationship broke down culminating in legal proceedings. During their dispute his sister terminated the employment of his support staff and locked away the drug register. He did not act to employ new staff because he was planning to move his practice. From that time he did the work of his nurse, his clinical assistant and the cleaner. He did not open a new drug register. It was an incredibly stressful time, which impacted on his record keeping up until his interview with the Pharmaceutical Services Branch.

7. Between approximately February 2006 and August 2007, the practitioner contravened Clause 81 of the Poisons and Therapeutic Goods Regulation 2002 in that when he prescribed a drug of addiction (as defined by s 4(1) of the *Poisons and Therapeutic Goods Act 1966*) namely Endone and Pethidine, he failed to make and/or keep a record of the particulars required by that Clause.

Regulation 81 provides that a medical practitioner who has prescribed a drug of addiction must, in his surgery, keep a record of the name, strength and quantity of the drug prescribed, the date on which it was prescribed, the name and address of the person treated, the maximum number of times the drug may be supplied on the prescription, the intervals at which the substance may be supplied on the prescription and the directions for use, as shown on the prescription.

In relation to this particular, Dr Woods says that he did make some records of the supply of the drugs listed during the subject period but accepts that the record was not consistently maintained during this period and did not comply with the regulations.

There are in evidence some patient records from the Dulwich Hill practice. Dr Woods admitted in cross examination that he had not recorded every occasion on which he had given a patient Endone or Pethidine.

8. Between approximately February 2006 and August 2007, the practitioner contravened Clause 55 of the Poisons and Therapeutic Goods Regulation 2002 in that when he supplied a restricted substance (as defined by s 4(1) of the *Poisons and Therapeutic Goods Act 1966*) namely Di-gesic, Panadeine Forte, temazepam and diazepam, he failed to make and/or keep a record of the supply as required by that Clause.

Clause 55 requires a medical practitioner who supplies a restricted substance to keep in his surgery a record of the name, strength and quantity of the substance supplied and the date on which it was supplied, the name and address of the patient.

Dr Woods has admitted that he failed to comply with the Regulation.

9. Between approximately February 2006 and August 2007, the practitioner contravened Clause 111 of the Poisons and Therapeutic Goods Regulation 2002 in that, being a person who had possession of drugs of addiction (as defined by s 4(1) of the *Poisons and Therapeutic Goods Act 1966*) namely Endone and Pethidine, for the purposes of supply at premises at Moorebank, NSW, he failed to keep a separate register ("a drug register") at those premises.

Clause 111 requires a medical practitioner possessing drugs of addiction at his surgery to keep a separate drug register in the form of a book with consecutively numbered pages, bound so that the pages cannot be removed or replaced without trace, contain provision for the inclusion of the particulars required to be entered in it and have separate pages for each drug of addiction and for each form and strength of the drug.

This particular is limited to the period during which Dr Woods practised from Moorebank.

Dr Woods says that he did keep an incomplete record of the possession of the drugs listed but accepts that the record was not consistently maintained during this period and did not comply with the regulations. His counsel submitted that this partial admission is an error and that the doctor has always conceded that he had not kept a register after it had been taken by his sister.

The Tribunal is satisfied that the effect of the evidence is that Dr Woods did not maintain a drug register after mid 2006.

10. Between approximately March 2007 and August 2007, the practitioner contravened Clause 111 of the Poisons and Therapeutic Goods Regulation 2002 in that, being a person who had possession of drugs of addiction (as defined by s 4(1) of the *Poisons and Therapeutic Goods Act 1966*) namely Endone and Pethidine, for the purposes of supply at premises at Dulwich Hill, NSW, he failed to keep a separate register ("a drug register") at those premises.

This particular is limited to the period during which Dr Woods practised from Moorebank. It otherwise raises the same issues as Particular 9.

Dr Woods says that he did keep an incomplete record of the possession of the drugs listed but accepts that the record was not consistently maintained during this period and did not comply with the regulations.

The Tribunal is satisfied that the effect of the evidence is that Dr Woods did not maintain a drug register for the whole of the relevant period.

11. Between approximately February 2006 and August 2007, the practitioner contravened Clause 112 of the Poisons and Therapeutic Goods Regulation 2002 in that he failed to make any or any adequate or sufficient recording of his receipt, supply, administration or use of a drug of addiction (as defined by s 4(1) of the *Poisons and Therapeutic Goods Act 1966*) in a drug register.

Clause 112 requires a medical practitioner to enter details into the drug register on the day on which the drug is received, supplied, administered or used.

Dr Woods says that he did keep an incomplete record of the possession of the drugs listed but accepts that the record was not consistently maintained during this period and did not comply with the regulations.

The Tribunal is satisfied that the evidence establishes that a drug register was not kept after mid 2006. The drug register kept before that time was not in evidence. The Tribunal accepts the evidence of the doctor to the effect that the register was maintained from February 2006 to mid 2006 but that during the dispute with his sister his records became "*less and less complete*".

12. Between approximately February 2006 and August 2007, the practitioner contravened Clause 117 of the Poisons and Therapeutic Goods Regulation 2002 in that he failed to make any or any accurate inventory of the drugs of addiction (as defined by s 4(1) of the *Poisons and Therapeutic Goods Act 1966*) at the place at which he held them and endorse and sign such entries.

Clause 117 provides that Dr Woods was required to make an accurate inventory of all drugs of addiction in March and September each year at that place.

Dr Woods admits he failed to comply with the Regulation.

Own use/Self-administration

13. Between approximately February 2006 and August 2007, the practitioner contravened Section 12 of the Drugs Misuse and Trafficking Act 1985 and Clause 120 of the Poisons and Therapeutic Goods Regulation 2002 in that he administered a prohibited drug, namely Endone, to himself for a period or periods in excess of seven days.

This is admitted by Dr Woods. As already outlined, Dr Woods says that he first developed pain in his hands in 1995. On 9 June 1995 he underwent a right open carpal tunnel release and flexor tenosynovectomy. From 2000 he started to practice solely in hair transplantation. In early 2006 he started waking at night with pain following a day of performing a hair transplant procedure. He tried anti-inflammatories and Panadeine Forte to try and manage the pain. The medication caused gastric side effects and he underwent a gastroscopy and oesophageal dilation on 22 August 2006. He started self medicating with Endone. In late 2006 he had the second operation on his hands which led to complications which lasted several months. Dr Woods said he realised that he had to make drastic major changes to his work practices. These included achieving a better and faster hair extraction technique which took the pressure off his hands and working shorter hours. The pain settled and he stopped using Endone.

The evidence as to the date on which the doctor says he stopped using Endone is inconsistent. In August 2007 he did not mention to the Pharmaceutical Services Branch that he had stopped. One month later Dr Pethebridge recorded, after taking a lengthy chronological history *"He once again self-treated with NSAIDs then Panadeine Forte and he was eventually requiring two Endone nocte to relieve the pain and help him sleep ... Aware that this could not continue Ray has been experimenting with new tools and altering his technique. He tells me that he has successfully*

modified the equipment he uses and in the month prior to our interview he has had no pain and his use of Endone has stopped.” In his letter received on 22 August 2007 Dr Woods said “I am delighted to say that in the last month, I have achieved complete success, improved the procedure and mechanised part of the procedure which was causing me the hand problems and have not required medication as a result since”.

He now says that he stopped using Endone in the first part of 2007.

Patient Treatment Records

16. Between approximately February 2006 and August 2007, the practitioner failed to make any or any proper and contemporaneous record of his treatment of his patients in accordance with the requirements of Clauses 5 and 6 and Schedule 2 of the Medical Practice Regulation 2003.

The effect of the Regulation is to require a medical practitioner to make a contemporaneous record of various matters including the patient's medical history, the results of any examination or tests, any clinical opinion, any plan of treatment and any medication prescribed for the patient. The level of detail is to be appropriate to the patient's case and to the medical practice concerned but must include sufficient information concerning the patient's case to allow another registered medical practitioner to continue management.

This particular is admitted by Dr Woods.

Some of the doctor's records are in evidence. The Tribunal is satisfied that in most cases they are very brief and do not contain all of the information required.

What is the appropriate protective Order?

In making factual findings in this matter the Tribunal has applied the “Briginshaw” test so that it had regard to:

“The seriousness of the allegation made, the inherent unlikelihood of an occurrence of a given description, or the gravity of the consequences flowing from a particular finding are considerations which must affect the answer to the question whether the issue has been provided to the reasonable satisfaction of the Tribunal”.

The Medical Practice Act 1992 was repealed from 1 July 2010. However counsel for both parties agreed that it applies to these proceedings.

Bearing in mind the breaches which have been found including the breach of a Regulation made under the Medical Practice Act 1992 (Particular 16) the Tribunal has no hesitation in finding that Dr Woods has been guilty of unsatisfactory professional conduct within the meaning of section 36 of the Medical Practice Act 1992.

The Health Care Complaints Commission invited the Tribunal to also find Dr Woods guilty of professional misconduct. This is defined as *“unsatisfactory professional conduct or more than one instance of unsatisfactory professional conduct that, when the instances are considered together, amount to conduct of a sufficiently serious nature to justify suspension of the practitioner from practising medicine or the removal of the practitioner’s name from the Register”* (section 37).

In this case there has been significantly more than one situation in which Dr Woods has demonstrated unsatisfactory professional conduct. However the conduct occurred over an 18 month period and primarily arises out of deficiencies in record keeping. In relation to the conduct which the Tribunal considers the most serious, the taking of Endone, the evidence is to the effect that it was used only for pain relief and that the use stopped when the medical issue was addressed.

In these circumstances the Tribunal declines to find that Dr Woods is also guilty of professional misconduct pursuant to Section 37 of the Medical Practice Act.

The Tribunal must determine the appropriate protective Orders. The Tribunal’s power to suspend Dr Woods from practising medicine for a specified period or direct that he be deregistered only arises on a finding of professional misconduct. Otherwise the legislation provides that the full range of protective orders is available to this Tribunal on a finding of unsatisfactory professional conduct.

The jurisdiction of the Tribunal is protective not punitive. The purpose of disciplinary proceedings is to maintain proper ethical and professional standards in protection of the community and also to protect the good standing and reputation of the profession. The object of protecting the public includes deterring the practitioner from repeating his misconduct and deterring others who might be tempted to behave in a similar way.

In determining the appropriate Orders the Tribunal has taken a number of matters into account.

Dr Woods has expressed remorse for his conduct.

There is no evidence of any actual harm to a patient. In addition the failure to keep proper records, while serious, is less likely to lead to harm because of Dr Woods' specialisation in hair transplants. He is less likely to be approached by drug addicts for a prescription than a general practitioner in mainstream practice. He is also less likely to have a "follow up" consultation with a patient (when the notes would be important) unless that patient is returning for another transplant procedure. Nevertheless the Tribunal was concerned at Dr Woods' previous practice in giving patients unlabelled envelopes with S8 medication which must have led to a risk of harm to the patient and others.

Dr Woods has also given evidence to the effect that he now has insight into the inappropriateness of his conduct. However the Tribunal is concerned that there are factors which contributed to his poor judgment which have not necessarily been adequately addressed – in particular his personality and his isolation not only from other medical practitioners but also other work colleagues. The Tribunal bears in mind the principle set out in *Law Society of NSW v Foreman (1994) 34 NSWLR 408 at 447*:

"Whilst a practitioner's expressed intention not to re offend is relevant to mitigation it will have little weight unless accompanied by an understanding of the wrongfulness of the conduct which was the subject of the disciplinary charge."

The Tribunal understands that Dr Woods believes that he has developed the best technique for undertaking hair transplants. However the language he uses to describe his work, his achievements and his expertise remain unchanged. These included the following statements while giving evidence: *"I'm widely regarded as being close to the top of the line, introduced all these great techniques and things and I'm well known around the world ... You tend to maybe think a bit much of yourself, that you're a bit above the law maybe, it's very sobering to realise it doesn't matter how good you are or what people think about you or how good your record is, that you still have to maintain proper standards, dot your i's, cross the t's and never ever, ever let it slip in any way, shape or form and never self prescribe and seek help when you need it"* and *"I worked through incredibly difficult situations and incredibly long jobs, often finishing at midnight, and at the end of it, I was very satisfied. I did a perfect job ... and "I believe I've got the best record of any doctor in this field in this country and probably the world"* (in reference to not having had any claims made against him by patients). The Tribunal considers that this is consistent with the doctor not having genuine insight into the impact of at least the personality factors identified by Dr Pethebridge. In addition the inconsistent evidence in relation to his various explanations, although

not fully tested in cross examination, also raises the issue of the reliability of the doctor's oral evidence.

The Tribunal is accordingly of the view that it is appropriate to impose conditions on Dr Woods' registration to ensure that the doctor does address the issues which gave rise to the Complaint and in particular that he maintains an improvement in his record keeping. For the same reason the Tribunal considers that it would not be appropriate at this time to restore the doctor's S8 prescribing authority.

The Tribunal is also concerned at Dr Woods' isolation from mainstream general practice, the views of other general practitioners and his lack of interaction with other health professionals. Some aspects of the doctor's practice are unusual. He gave evidence of leaving patients during a procedure to walk across the road to the chemist to fill a prescription for medication to use during the procedure. After he moved to Dulwich Hill he said he would drive 500 metres to the chemist *"just jump in the car and just race up ... I'd quickly fill in the script. I'd give them a call, tell them I'm coming."* Because he had no staff he was performing all administrative tasks and cleaning the surgery. This situation has not really changed although for some time he did have a cleaner. Currently he only has two employees – a book keeper one day a week and his partner who is an ex-real estate agent without any medical training and with whom he cleans the surgery each day. The Tribunal considers that Dr Woods would benefit from having a mentor with whom he could discuss the issues which gave rise to this Complaint and issues arising generally in mainstream medical practice.

The Tribunal has determined that the appropriate Orders are:

1. A reprimand pursuant to section 61 (1) (a) of the Medical Practice Act 1992. The Tribunal has decided that a reprimand rather than a caution is appropriate in view of the gravity of the doctor's conduct.
2. The Tribunal declines to impose a fine which it does not consider would serve any protective purpose and would not be consistent with the current legal principles governing the circumstances in which a fine is appropriate.
3. The imposition of conditions to ensure the issues which have been identified in these proceedings are addressed.
4. The breaches have been established and the Tribunal is satisfied Dr Woods should pay the costs of the Health Care Complaints Commission.

Orders

1. The Tribunal marks its strong disapproval of Dr Woods' conduct by reprimanding Dr Woods pursuant to Section 61 of the Medical Practice Act.
2. Dr Woods' registration is subject to the following conditions:

Prescribing conditions

1. *To not supply, administer or possess any drug of addiction (Schedule 8 drugs). The practitioner is to notify the Medical Council of NSW if he applies to the Pharmaceutical Services Branch for an authority to prescribe any drug of addiction. The Medical Council of NSW must be notified by the practitioner within seven days of the practitioner making the application.*

Mentor

2. *Within 28 days of the date of receipt of this Decision he is to notify and provide for approval to the Medical Council of NSW the name and professional address of a general practitioner in a senior position who has agreed to act as his professional mentor. The mentor is to be provided with a copy of "Guidelines for Mentors" as provided by the Medical Council of NSW and a copy of this Decision. The practitioner is to ensure that:*
 - a. *He and the mentor meet on a monthly basis for at least two hours, the first meeting to occur within one fortnight of being advised that his nominated mentor has been approved.*
 - b. *He is to authorise the mentor to report, in an approved format, to the Council every 2 months about the fact of contact, and to inform the Council if there is any concern about his professional conduct, health or personal wellbeing.*
 - c. *He is to authorise the mentor to notify the Council of any failure to attend, termination of the mentoring relationship against the advice of the mentor, or any other matter the mentor considers appropriate.*
 - d. *He will meet with the mentor for an initial period of 12 months from the date of the first consultation and thereafter for such period as the NSW Medical Council may determine.*
 - e. *In the event that the approved mentor is no longer willing or able to continue as mentor, he/she is to nominate another mentor for approval by the Council within 28 days of the cessation of the original mentor relationship.*
 - f. *He is to be responsible for any costs associated with the mentoring process.*

- g. The meetings should include discussion of the issues highlighted in this Decision including medical record reviews, workload, substance abuse, appropriate prescribing practices and the various legislative and regulatory requirements that need to be met for proper medical practice and any personal and/or medical practice issues that may arise.*

Audit

- 3. To submit to an audit, at his premises, of a random selection of his medical records by a person or persons nominated by the Council, to assess his compliance with good medical record keeping standards and legislative requirements 'with particular attention to his prescribing, administering and recording of drugs of dependence and to records relating to any operative procedures in which he has participated including post-operative treatment.*
- a. The audit is to occur within 3 months from the date of this Decision and subsequently at 6 monthly intervals, or as required by the Council. The practitioner is to authorise the Auditor/s to provide the Council with a report on his/her/their findings. The practitioner is to meet all costs associated with the audit/s and any subsequent reports in which he has participated including post-operative treatment and supervision of any patient and the recall system for follow-up of patient test results.*

Education

- 4. He successfully complete the Monash University course in "Issues in General Practice Prescribing" conducted by the Department of General Practice, Monash University, which he commenced in July 2010 by 30 June 2011 and to provide the Medical Council of New South Wales with evidence of such completion.*

Review

- 5. The Medical Council of New South Wales is the appropriate review body for the purpose of any review of these conditions. The Medical Council of New South Wales may remove or vary the conditions as it considers appropriate.*
- 3. Dr Woods to pay the costs of the proceedings.*





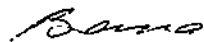
Dr Peter Tucker
Member



Dr Victoria Sutton
Member



Ms Anne Deveson, AO
Member



A Balla, DCJ
Deputy Chair

