

Board News

JANUARY 2008

President's report

2007 was another busy year for the Medical Board, with much effort going into progress toward a national registration system.

The impact of the election of a new federal government on the timing and detail of a national system has yet to be revealed as *Board News* goes to press.

Governments initially anticipated a national registration system would be in place by July 2008, but an inter-governmental agreement to formalise arrangements was deferred prior to the federal election when the Commonwealth asked the states to consult further with the professions.

The new federal government had not articulated a specific policy position on a model for national registration and accreditation of the health professions during the election period, and much may depend on their health policy goals and federal-state reform processes.

The Board will continue its efforts to ensure any new system safeguards public protection, medical standards, and efficient registration services, and preserves innovative and constructive schemes such as the performance and impairment programs.

The year's national registration agenda has included the development of a uniform approach to the registration of international medical graduates (IMGs), including streamlined pathways to registration for doctors from accredited competent authorities and an anticipated requirement for a computer-administered screening exam for other IMGs, which could be taken off-shore.

In addition to being an active participant in moves toward a national system for IMG assessment, the Board has highlighted the existing processes already well-established in NSW – including independent verification of qualifications, registration history and status, and clinical assessments and interviews – which offer a rigorous system worthy of public confidence. Legislation to underpin the introduction of the new national 'Competent Authority' pathway to general registration for IMGs came into force on 13 December.

Also due to go before Parliament is new legislation to clarify and support the Medical Board's ability to act in an emergency situation. Section 66 of the Medical Practice Act allows the Board to act rapidly to suspend or impose conditions on a doctor's registration in order to protect the life or physical or mental health of any person. In the 12 months to July 2007, the Board used these powers 35 times in relation to issues such as inappropriate prescribing, drugs use, boundary crossing, and criminal charges.

** The Medical Board's latest Annual Report was recently tabled in Parliament and is available on our website www.nswmb.org.au under 'Publications'.*

Health Program - safety and support

The vast majority of doctors participating in the Health Program have been able to continue in medical practice, preventing the potential loss of approximately 6500 doctor working years to the public and the medical workforce over the life of the Program.

The Health Program provides a non-disciplinary pathway for the management of doctors who are impaired and is one of the established NSW programs that the Board is strongly advocating should not be lost in any moves toward a national medical registration model .

A recent Board review of notifications to and participants in the Program, which began in 1992, found:

- there have been 420 participants in total, with an average of 130 participants at any one time
- the average age at notification is 41 years
- 40% of notifications are self-referrals

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Health Program - safety and support

- the nature of impairment includes:
- psychiatric illness (45%)
- substance abuse (37%)
- alcohol abuse (13%)
- physical/neurological illness (5%).

Eighty-seven per cent of doctors included in the Program were maintained in practice under conditional registration, which includes working within restrictions or being monitored. Only 5% required an initial period of suspension from practice, and most of these ultimately returned to work.

The long-term (>5 years) outcomes for Program participants included:

- 56% returned to general registration
- 30% continued to practise under conditional registration
- 14% retired from practice, died or were de-registered.

The relapse rate after doctors exited the Program was less than 5%.

Since the Council of Australian Governments' (COAG) announcement that it would establish a national medical registration scheme by July 2008, the NSW Medical Board has been a strong advocate for the continuation of the Health Program in any reforms. The Board's experience of running its Health and other non-disciplinary programs has made it clear that these initiatives offer effective ways to protect the public, improve safety and quality, and support doctors than disciplinary processes alone.

Notifying the Board

Doctors have a strong professional and ethical obligation to make an early notification of an impaired doctor, a duty set out in the *Code of Conduct: Good Medical Practice*.

The Health Program relies on the notification of impaired practitioners to the Board, and as confidence in the program has grown, so has the profession's willingness to come forward with information about impaired practitioners.

Given that a subject doctor will eventually be aware of the source and content of a notification, it is usually best to advise them that a notification is going to be made and offer them the opportunity to self-notify.

The Board's Medical Director can be contacted on 02 9879 2200 for advice and assistance in individual cases.



New South Wales Medical Board

ABN 45 490 560 527

PO Box 104

Gladesville NSW 1675

DX 22808 Gladesville

Tel 02 9879 2200

Fax 02 9816 5307

Web www.nswmb.org.au

JANUARY 2008

Case study

Dr B first came to the attention of the Board when notification was received from his treating psychiatrist that he was under his care following a suicide attempt in October 2002. Dr B had voluntarily ceased work due to depression in 2001.

Dr B attended an Impaired Registrants Panel in March 2003, at which time there was significant concern about his severe depression, and it was agreed to adjourn the Inquiry and reconvene in three months. Dr B agreed to suspension of his registration during this period as he was not well enough to work. At the reconvened Impaired Registrants Panel in June 2003, Dr B's health had improved and he agreed to a set of conditions on his registration, including that he attend a treating psychiatrist with regular reviews by a Board nominated psychiatrist.

Dr B was fully compliant with his conditions and attended regular reviews at the Board. He made significant progress during his time on the Program and was extremely responsible about his medical practice, avoiding activities that had any associated risk.

Based on his progress, personal and professional support and insight, Dr B exited the Health Program in March 2007.

The Australian Medical Council

Most Australian-trained doctors will have no direct experience of the Australian Medical Council (AMC), yet its activities underpin the professional lives of all practitioners.

As the independent national standards body for medical education and training, the Council's role in assessing international medical graduates who wish to practise in Australia is one of its more well-known functions, but other vital activities include:

- accrediting Australian and New Zealand medical schools and medical courses
- accrediting Australian/Australasian programs of specialist medical training
- providing advice to the Commonwealth and the states and territories on the recognition of medical specialties
- advising state and territory medical boards on uniform approaches to the registration of medical practitioners and maintaining a national network of State and Territory medical registers
- advising the Australian Health Ministers' Advisory Council on the registration of doctors.

Membership of the Council includes



nominees of the state and territory medical boards, universities, specialist medical colleges, the Australian Medical Association, the Commonwealth, state and territory governments, health consumers and community members.

At its recent annual general meeting, the AMC endorsed key initiatives that will allow it to meet the increasingly complex challenges of the medical workforce and regulation, which include:

- ensuring there is adequate clinical training for the significantly increased numbers of Australian medical students
- contribute to ensuring national

standards of safe and professional practice are in place for new and changing roles within the health workforce

- guiding the development of a new national code of professional conduct for medical practitioners.

Like the state and territory medical boards, the AMC is also continuing to prepare for moves toward national medical regulation and accreditation, despite the uncertainty and lack of agreement to date between the states and the Commonwealth on arrangements required to underpin national models.

For further information on the AMC, visit www.amc.org.au

20 years of the 'new' Board

This year the New South Wales Medical Board will celebrate its 170th birthday.

After the Medical Council of Tasmania, which was established in 1837, it is the second oldest medical board in the world.

October 2007 also marked the 20th anniversary of the Board becoming an independent statutory body. This followed the upheavals of the Doctors Dispute in the mid-1980s, and also reflected the shortcomings of the previous regulatory framework which had been highlighted by the Chelmsford tragedy.

On 1 October 1987, the 18-member Board, presided over by Dr Bernie Amos, took over responsibility for its own management and the implementation of the significantly amended Medical Practitioners Act, 1938. The 1987 amendments created a new disciplinary structure involving the two-tiered system of Professional Standards Committees and the Medical Tribunal, as well as setting up the organisational framework for the

independent Board. This model provided a template for other health boards in NSW.

In 1987, just over 18,000 doctors were registered to practise in NSW, compared with more than 28,000 today. About 400 complaints were received each year, compared with over 1,100 today. There were no distinct Health or Performance pathways, while in recognition of the changes in the profession and community expectations, the Advertising Committee moved away from its previous tasks of measuring the size of brass plates and the wattage of red lamps.

There is no doubt that medical regulation has changed dramatically in the past 20 years, partly in response to these changes, but more importantly, with a growing recognition of the need for strong and effective regulation with both professional and public input, to ensure that the Board is able to properly meet its charter of protecting the public.

Common issues

Taking on employed or contract work with a medical practice may be an attractive option for some doctors considering retirement.

It can allow a practitioner to keep providing medical services to patients without having to continue with the financial and business demands of running a practice.

However, the Board urges doctors to carefully consider the clinical expertise and competence required by any professional role.

An emerging professional standards and conduct issue is that of doctors, who have previously worked in one field of practice, now taking on part-time or contract work in another field of practice for which they do not have the requisite expertise or experience.

The Board has received a number of complaints about doctors working in practices – generally older doctors working part-time – which relate to their

competence and skills.

The *Code of Professional Conduct* outlines the ethical and statutory obligations of registered doctors and in regard to clinical competence and performance it acknowledges the need to:

- recognise and work within the limits of your clinical competence or supervision when making diagnoses and when giving or arranging treatment (standard 1.2)
- participate in educational activities, relevant to your area of practice, which develop and maintain your competence and performance throughout your working life and keep records of the continuing professional development you have undertaken; and observe and keep up to date with the laws and codes which affect your work (standard 1.3)
- work with colleagues to monitor and maintain your awareness of the

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quality of the care you provide; take part in regular and systematic medical and clinical audit, and record all data carefully and honestly; respond to the results of audit to improve your practice, for example, by undertaking further training; and respond constructively to assessments and appraisals of your professional competence and performance (standard 1.4).

Drug-seeking patients

An ongoing issue before the Board is that of doctors getting into difficulty with patients seeking prescriptions for drugs of addiction.

In many of these cases, doctors – often older practitioners – have been preyed upon by insistent patients, found it difficult to say ‘no’ to requests for prescriptions, or been intimidated by addicts.

Doctors are reminded to be aware of drug-seeking behaviour among patients and, if uncertain about a situation, to discuss the matter with colleagues or your medical defence organisation.

One simple option to address this problem is for a doctor to voluntarily surrender their authority to prescribe drugs of addiction. Without the authority to prescribe such drugs a doctor can honestly and clearly reject such difficult requests.

The NSW Pharmaceutical Services Branch administers prescribing authorities and can be contacted on 02 9879 5239, with more information available at <http://www.health.nsw.gov.au/>

The perils of joint consultations

The Board has received a number of complaints relating to the management of couples in joint consultations.

These complaints usually involve psychiatrists and relate to the management of matters such as marital difficulties. In instances where a marriage ultimately ends, the doctor may be called upon to write a medical report for one of the parties. In some instances, doctors have landed themselves in difficulty by writing such a report for one party while being privy to both sides of the story. Such reports should be written with great caution.

If a doctor has concerns about these issues, they may wish to terminate the joint therapeutic relationship for the benefit of both patients and ask them to seek independent care and advice. However, terminating a doctor-patient relationship can be a difficult decision and doctors should seek the advice of professional colleagues or their medical defence organisation if concerned about how to manage these issues.

Doctors are reminded that under the *Code of Professional Conduct: Good Medical Practice*, their statutory obligations include:

- telling the patient why you have made the decision to terminate the professional relationship (standard 2.7).
- arranging appropriate alternative treatment when the doctor-patient relationship deteriorates (standard 2).
- ensuring that arrangements are made quickly for the continuing care of the patient, should you terminate the relationship. You should transfer records and other information to the patient’s new doctor on request (standard 2.7).

Registration matters

Registered addresses

Members of the public have always had access to certain registration information about a doctor – including their registered address.

The NSW Medical Board is required by law to maintain a public register of all medical practitioners who are or have been registered in this state.

The public has always been able to access specific information contained in the Register of Medical Practitioners, which is made available online or by direct application to the Board.

The online Register can be searched by name or registration number (MPO), and the following information is made available:

- Full name
- Sex
- Registration number (MPO)
- Suburb (extracted from registered address)
- Qualifications, awarding institution, year of award
- Year of first registration
- Registration annual renewal date (month/year)
- Registration status

- Registration category
- Registration conditions (other than conditions relating to the doctor's personal health).

The information published in the online Register is also provided in response to direct requests to the Board over the telephone or in writing. In addition to the 'suburb' listed online, the Board has always made the full registered address available on request.

The Medical Board does not record what type of address is submitted as a 'registered address' by a registrant, and doctors are reminded that their registered address may be a practice address or a post office box. It certainly does not have to be a home address.

If you wish to change your registered address please notify the Board in writing, or complete the 'Request form to change address' located in the Registration section of the Board's website www.nswmb.org.au

Notwithstanding the general principle that the Register is publicly available, the Board also offers the option of suppression of a practitioner's address if publication could adversely affect their safety and wellbeing.

Please advise the Board in writing if you wish to have your registered address suppressed on these grounds.

Changing address

The Medical Practice Act requires practitioners to notify the Board in writing of any change to their registered address within three months after the change occurs.

Failure to notify such a change may result in non-receipt of the Annual Registration notice and removal from the Register for non-payment of the fee.

If you wish to change your registered address, please complete the 'Request form to change address' located in the Registration section of the Board's website www.nswmb.org.au



Annual renewals reminder

Registered doctors are reminded of changes to the registration renewals process this year, made to assist doctors complete their annual returns and stay on the Register (*Board News*, December 2006 and May 2007).

Under the revised process, if registration documents and fees are not received by the due date specified in the annual renewal papers, then another notice indicating a final payment date will now be issued.

If renewal is not completed by the final notice due date, the registrant's name will be removed from the Register.

This new protocol aims to give doctors a clear and specific process for registration renewal and expiry, as well as ensuring the accuracy and integrity of details on the Register itself. It also acknowledges the efforts of the vast majority of registrants who complete their renewals on time.

Registration and renewal dates can be checked via the online Register at www.nswmb.org.au, following the link 'Register of Medical Practitioners'. If you have any questions regarding your annual renewal of registration, please contact the Board on 02 9879 2295.

Renewals in brief

- Renewal notices are sent out to doctors six to eight weeks in advance of the due date.
- If payment is not received by the due date, the Board now issues another notice specifying a final date for renewal.
- If renewal is not completed by the date specified in the final notice, the doctor's name will be removed from the Register.
- Registration renewal dates can be checked via the online Register at www.nswmb.org.au.

In the Medical Tribunal

The Medical Tribunal is responsible for hearing serious complaints against doctors. The Tribunal has the power to de-register, suspend, fine and place conditions on a doctor's registration. The Tribunal is made up of a District Court judge, two doctors and a person who is not a doctor. The Health Care Complaints Commission prosecutes complaints before the Tribunal and the doctor is generally assisted by a medical defence organisation. The Medical Board appears as the respondent in Tribunal matters involving a person seeking restoration to the Register.

Prescribing practices

Complaint

It was alleged Dr Christopher James Roberts (University of Sydney, 1975), a Redfern GP, was guilty of unsatisfactory professional conduct and/or professional misconduct in relation to his prescribing of restricted substances and drugs of addiction to drug dependent patients.

There were 161 particulars of the complaint against the doctor, relating to 30 patients.

The allegations included that the doctor prescribed restricted substances and drugs of addiction when:

- the patient was or was likely to become dependent on the substances
- the patient was under the care of other medical practitioners who were also concurrently prescribing similar restricted substances
- the patient was a participant in a methadone program.

It was also alleged he failed to make contemporaneous medical records.

Dr Roberts admitted to all of the particulars of the complaint and admitted that his conduct amounted to professional misconduct.

Findings/orders

The Tribunal was satisfied that his conduct *'amounted to an abandonment of all skill, judgment and care expected of a medical practitioner... It is misconduct of the gravest kind, exacerbated by the respondent's persistence with it over a period of years...'*

The Tribunal found Dr Roberts guilty of professional misconduct and ordered that his name be removed from the Register of Medical Practitioners and that he not apply to be re-registered for a period of five years.

The Tribunal also ordered that, until such time as he was de-registered, Dr Roberts was prohibited from offering a health service in the nature of counselling.

'If the respondent were to continue to practise as

he presently does, by offering counselling, the Tribunal is satisfied that he would pose a substantial threat to the health of members of the public based on his past conduct.'

Date of Medical Tribunal decision:
24 April 2007.

Prescribing and boundaries

The complaint

It was alleged Dr Nicholas Emmanuel Kalokerinos (University of Newcastle, 1992), a Shellharbour GP, was guilty of unsatisfactory professional conduct and/or professional misconduct in relation to his prescribing of drugs of addiction to 15 patients and his failure to maintain proper professional boundaries.

It was alleged he prescribed drugs of addiction:

- for a continuous period of two months without being authorised to do so
- without exercising responsible medical judgment as to whether it was appropriate to issue the prescriptions
- in a type and in a form not authorised
- knowing that the patients were drug addicted.

The professional boundaries complaint related to a 17-year-old patient and two incidents after he had offered to give her driving lessons.

Findings/orders

The Tribunal was satisfied that in relation to the prescribing complaint, his conduct *'amounted to an abandonment by the respondent of the skill, judgment and care expected of a medical practitioner'*.

The Tribunal was also satisfied that the respondent's conduct towards the patient was *'reprehensible in the extreme and amounted to him breaching the trust reposed in him as a medical practitioner. In the*

Tribunal's view, his conduct rightly earned the extreme and severe disapproval of his peers'.

The Tribunal found the doctor guilty of professional misconduct and ordered his name be removed from the Register of Medical Practitioners and that he not be permitted to apply for re-registration for three years.

Date of Medical Tribunal decision:
26 April 2007

Prescribing and conditions

Complaint

It was alleged Dr Gregory George Wilcox (University of NSW, 1982), a Kogarah GP, purchased large quantities of anabolic/androgenic steroids and pituitary hormones, known to have high illicit value, at the wholesale price of \$55,892.54.

The Medical Board conducted an urgent section 66 inquiry in 2003 and imposed conditions on his registration.

In the Tribunal proceedings, the practitioner admitted he supplied/prescribed hCG to 13 patients; supplied/prescribed Clomid and inappropriately prescribed testosterone contrary to regulation; failed to make proper records and was in breach of his registration conditions.

Findings/orders

The Tribunal noted: *'The conduct complained of is serious. Breaches of conditions are especially so.'* However it determined that there had not been a *'substantial repetition'* of the conduct.

The Tribunal found that with appropriate conditions the public would be protected adequately so that he could continue to practise and that he *'may still make a valuable contribution'*.

The practitioner was found guilty of unsatisfactory professional conduct and professional misconduct. He was reprimanded, fined \$25,000, and had practice and health conditions imposed on his registration.

Date of Medical Tribunal decision:
26 April 2007

Professional boundaries

Complaint

It was alleged that Dr X, a psychiatrist, was guilty of unsatisfactory professional conduct and/or professional misconduct in relation to a complaint that he inappropriately continued providing psychotherapy to a patient after he had developed personal feelings for her, which were disclosed to her, and while he was discussing the possibility of pursuing a personal relationship with her. It was also alleged that he later entered into a personal and sexual relationship with the patient, shortly after which the patient began to consult a different therapist.

Findings/orders

The Tribunal was satisfied that an 'unusual combination of circumstances' at the time, including a lack of insight as well as health and personal events, played a significant part in the matter. The Tribunal accepted that the doctor understood professional standards *'in relation to exploring and entering new relationships with former patients are clear and unambiguous, such relationships being inappropriate and unethical'*.

Because of its view of his current level of insight and his ongoing treatment, the Tribunal determined that he should be permitted to practise but with conditions on his registration.

The doctor was found guilty of professional misconduct and reprimanded. Health and practice conditions were imposed on his registration.

Date of Medical Tribunal decision: 17 May 2007. The Tribunal placed a non-publication order on the doctor's name until 2008 and a permanent order on the patient's name.

Professional boundaries

Complaint

It was alleged Dr Anthony Yan Fong (University of NSW, 1978), a Penrith GP, was guilty of unsatisfactory professional conduct and/or professional misconduct in relation to a complaint that he failed to maintain professional boundaries with a patient in a home visit, including inappropriate comments, touching and kissing, failed to make adequate and contemporaneous notes in the patient's medical record, and made a false statement in the Medicare claim for payment for the long home visit.

Findings/orders

The Tribunal noted there was no suspicion the doctor had ever behaved improperly towards any other patient or towards this patient on any other occasion.

'This is truly a single as well as signal aberration. The Tribunal finds that the practitioner was overcome in the course of his visit to the home of Patient A by a sudden urge to which he unfortunately yielded. His regard for his patient, for whom he had long held a warm (and proper) affection, crossed the boundary into grossly inappropriate action.'

The Tribunal reprimanded the doctor and imposed conditions on his registration, including therapy and education, supervision and auditing, and practice conditions.

Date of Medical Tribunal decision:
29 May 2007

Functional impairment

Complaints

It was alleged Dr Theodore David Potts (University of NSW, 1975), a Glebe GP, suffered an impairment which detrimentally affected his ability to practise medicine. It was also alleged the doctor was guilty of unsatisfactory professional conduct and/or professional misconduct in relation to his treatment of and manner with seven patients while undertaking a weekend locum at Moruya Hospital in 2004.

The complaint of impairment was denied by the doctor, but the Tribunal heard evidence that tests had revealed impairment cognitive functions associated with a traumatic brain injury (the respondent had been in a car accident in the 1970s in which he was injured and as a result was unconscious for two weeks).

Findings/orders

Although it was not necessary to define with precision what condition underlies the impairment, the Tribunal found *'There is no evidence that, whatever the underlying cause whether organic or personality or both, there will be any improvement either through treatment or the passage of time.'*

'The Tribunal is satisfied that the respondent lacks sufficient insight or self-awareness to monitor (and change) his behaviour and, in the result, could not prevent a recurrence of the behaviours which drove the history of complaints.'

The Tribunal concluded the only way in which he could safely practise medicine would be if he was supervised 1:1 in every aspect of that practice, amounting to his being chaperoned.

It determined the only appropriate order was that his name be removed from the Register and that he not apply to be re-registered for two years.

Date of Medical Tribunal decision:
17 August 2007

Professional boundaries

Complaint

It was alleged Dr Anthony Frederick Jebb (University of Sydney, 1970) was guilty of unsatisfactory professional conduct and/or professional misconduct in relation to a patient complaint about his medical treatment, namely psychotherapy.

The complaint included allegations of inappropriate personal and professional boundaries, including hugging and inappropriate discussions, and a failure to refer the patient to specialist care.

In 2005, the Board imposed conditions on his registration following an urgent section 66 inquiry and referred a complaint to the HCCC for investigation.

Findings/orders

The Tribunal concluded that the *'inappropriateness of Dr Jebb's conduct towards Patient A was amplified by the nature of her problems, the degree of instability that her history revealed, and his role as medical practitioner treating her in whom she was entitled to repose considerable confidence.'*

The Tribunal found him guilty of professional misconduct and reprimanded him. Conditions were also placed on his registration.

Date of Medical Tribunal decision:
19 September 2007

Registration review

Chris Tsioutis

Details

In 1996, the Medical Tribunal de-registered Chris Tsioutis following his conviction in the District Court for making false Medicare claims. He was released on recognisance without sentence but was ordered to pay a pecuniary penalty of \$5,000 to the Commonwealth.

Mr Tsioutis had previously made an unsuccessful application for reinstatement to the Register in 1999.

Findings/orders

The Tribunal was not satisfied that the applicant had demonstrated he was a fit and proper person for registration.

'The Tribunal still has concerns about his candour and whether he has in fact overcome the defect of character which caused his deregistration in the first place. The Tribunal is equally unimpressed with the ill thought out and incomplete plans put forward for his possible reintegration into the profession. The onus lies on the applicant. As has been repeatedly stressed, it is a heavy onus. The applicant has simply, on this evidence, failed to discharge it.'

The application for reinstatement was refused.

Date of Medical Tribunal decision:
9 October 2007

In the Courts

NSW Court of Appeal

HCCC appeal

In March 2007, the Medical Tribunal found Dr Rupasenana Karalasingham guilty of professional misconduct in relation to his provision of false medical certificates to three overseas students, but a complaint that he was not of good character was dismissed. The GP was reprimanded, fined \$20,000, and had conditions imposed on his registration.

The HCCC appealed the Tribunal's decision to dismiss the character complaint, as well as its failure to de-register the doctor.

The NSW Court of Appeal dismissed the Commission's appeal.

Date of NSW Court of Appeal decision:
2 October 2007

NSW Supreme Court

Holding out as a doctor

Yao Guo Lin (aka David Lin) received a suspended 13-month jail sentence in the NSW Supreme Court after he pleaded guilty to 31 breaches of section 105 of the Medical Practice Act.

Under section 105 of the Medical Practice Act, it is an offence for a person who is not a registered medical practitioner to advertise or hold himself or herself out to be qualified or willing to practise medicine, or to give or perform any medical or surgical advice, service, attendance or operation.

The Medical Board prosecuted Mr Lin for holding himself out as doctor and supplying a medical service, including providing RU486 for an abortion, and providing false medical certificates to students.



Mr Lin was released from custody upon entering into a 13-month good behaviour bond.

Date of NSW Supreme Court decision:
3 August 2007

NSW Local Court

Holding out as a doctor

Lorraine Brooke-Smith received a suspended jail sentence in the NSW Local Court for falsely holding herself out as a registered doctor. She was also sentenced for breaching her bond in relation to similar offences.

Ms Brooke-Smith pleaded guilty to the Board's allegations that in 2004 she posed as a doctor and on that basis was hired by Life Without Barriers, a not-for-profit organisation as a carer.

The most recent case against Ms Brooke-Smith followed the Board's successful prosecution against her in 2003 for 27 breaches of the 'holding out' provisions of the Medical Practice Act.

Her sentence of imprisonment totalled 12 months, which was suspended upon her entering into a good behaviour bond.

Date of NSW Local Court decision:
31 October 2007

Every effort is made to ensure accuracy and balance of these summaries, but readers are also advised to access the Board's website to read the full Tribunal decisions and to check the Register of Medical Practitioners to ascertain the current status of any doctor (www.nswmb.org.au). The summaries are based on Tribunal decisions handed down between April and October 2007. These decisions provide valuable information to the profession about standards and disciplinary processes.

Interpreting service

Doctors are reminded of the free national translating and interpreting service that is available to help them communicate with patients who do not speak English.

Instances have been brought to the Board's attention where a doctor or his/her support staff have refused to make appointments for a patient unless they bring along a friend or relative who can 'interpret'.

There may be times when a professional interpreter is unnecessary or the patient may not desire one. However the Board would remind doctors of their duty to respond to patient requests for such assistance.

The *Code of Professional Conduct: Good Medical Practice* specifically states that good clinical care includes communicating with patients respectfully and with the assistance of an interpreter where necessary.

The Translating and Interpreting Service (see box) can assist doctors in an appropriate assessment of the patient's condition, based on a history, clinical signs and appropriate examination. It also ensures patients are afforded privacy, respect and dignity in their medical care.

The Doctors Priority Line:

- is a fee-free translating and interpreting service for doctors to help them communicate with patients who do not speak English
- allows doctors to access a pool of about 2,000 interpreters straight away (generally within three minutes for major community languages) or to book a telephone interpreting service for a later time
- is available 24 hours a day, 7 days a week, anywhere in Australia for the cost of a local call.

Telephone 1300 131 450