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President's message



Welcome to the November 2017 Medical Council e-newsletter.

Another busy year is drawing to a close and the Council continues to work hard to assist doctors to maintain high standards of medical practice in order to ensure we are fulfilling our mandated responsibility of protecting the NSW public from harm.

It is extremely pleasing to this Council, and a clear reflection of the high standards of the medical professionalism of NSW practitioners, that less than 6 percent of the more

than 34,000 doctors in NSW are the subject of a complaint or notification to the NSW Health Care Complaints Commission. Whilst the Commission will investigate and seek to prosecute those doctors where complaints or notifications raise serious concerns about public safety, it will refer others to the Medical Council in circumstances where it is agreed there may be health, performance or conduct issues that warrant closer review to ensure the doctor is fit to practise the profession. Council then undertakes subsequent assessment, remediation and monitoring through its conduct, performance and health programs. I would like to thank the staff of the Health Professional Councils Authority and all who assist the Council in this work, and particularly acknowledge the work of Health Care Complaints Commissioner Sue Dawson and Commission staff for their continuing pursuit of 'right-touch' regulation of the medical profession.

In December, the Council will welcome Dr Annette Pantle, who is stepping into the role of Medical Director following the retirement of Dr Stuart Dorney. Stuart has provided the Council with excellent medical advice and leadership over the past four years, and is renowned for his informed, incisive and considered opinion on matters of clinical standards and professionalism. His input will be greatly missed and I extend my thanks and best wishes to him in retirement.

As 2017 draws to a close, I'd like to again encourage all medical practitioners to take time to reflect on their performance over the past year, and to consider how they can best practise the profession and continue to serve their communities safely in the year that lies ahead. This may include consideration of limiting hours of work or scope of practice to minimise risk or improve work-life balance, an undertaking

to review or increase knowledge and skills through directed professional development activities, a discussion with a trusted colleague about how you are faring, and perhaps seek an independent, broad review of your general health and wellbeing by your GP.

I hope everyone is able to get some rest and remain safe during the coming holiday period and I extend my very best wishes to you all for 2018.

Dr Greg Kesby, President, Medical Council of NSW

Competency checks for older doctors

Doctors over the age of 70 will be required to have competency and health checks every three years as part of a new Professional Performance Framework announced this week by the Medical Board of Australia.



Continuing professional development requirements have also increased for all doctors. The Framework is designed to support medical practitioners to take responsibility for their own performance and encourage the profession collectively to raise professional standards and build a positive, respectful culture in medicine that benefits patients and doctors.

The Framework has five key pillars:

1. Strengthened continuing professional development (CPD) requirements.
2. Active assurance of safe practice.
3. Strengthened assessment and management of medical practitioners with multiple substantiated complaints.
4. Guidance to support practitioners.
5. Collaborations to foster a culture of medicine that is focused on patient safety, based on respect and encourages doctors to take care of their own health and well-being.

[More information.](#)

Image credit: belushi/shutterstock

Report those stolen scripts!

Doctors are reminded to report the loss of any prescription stationery as part of slowing an explosion in forged prescriptions being used to illegally obtain oxycodone, alprazolam and fentanyl and other drugs of abuse.



Reports may be made to the [NSW Health Pharmaceutical Regulatory Unit](#), which publishes an [online](#) list of prescribers who have reported stolen scripts or stationery. This list enables pharmacists to exercise caution when dispensing Schedule 4 and Schedule 8 medications prescribed by doctors who are known to have had stationery stolen.

[Read more.](#)



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Codeine: script-only from 1 February 2018

Pain is a significant health burden for many Australians, with as many as one in five Australians living with chronic pain. A large proportion of the population manages pain by relying on over-the-counter combination medicines containing codeine.



However, from 1 February 2018 all medicines containing codeine will be up scheduled to Schedule 4 or prescription-only medicines by the Therapeutic Goods Administration (TGA). This is a significant change to pain management within the community. These medications are currently available over-the-counter at a pharmacy, following consultation with a pharmacist.

From February, health professionals who now recommend OTC codeine-containing products will have to:

- supply a prescription if they have relevant prescribing rights (or refer to someone who does); or
- recommend other treatments such as paracetamol and/or non steroidal anti inflammatory drugs or non pharmacological alternatives.

In making a scheduling decision, the TGA takes into consideration the risks and benefits of the use of a substance. Studies have shown there is little evidence that low dose codeine-containing medicines are more effective for pain relief than similar medicines without codeine.

Public consultation has indicated many consumers use codeine-containing medicines to self-treat chronic pain. This has resulted in a high number of consumers becoming addicted to codeine and an alarming increase in the rate of codeine-related deaths over the last 10 years.

For further information:

[NSW Health Bulletin - Up-scheduling of over-the-counter codeine-containing medicines](#)

[TGA Codeine information hub](#)



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Image credit: Yeexin Richelle/Shutterstock

Reprimands: Cleaning the slate



In NSW, a serious complaint against a registered medical practitioner may result in disciplinary proceedings.

Professional Standards Committees and the Civil and Administrative Tribunal have a series of powers available if a complaint is proven. These include an order to reprimand a practitioner.

Reprimands are published on the Register of Medical Practitioners maintained by the Australian Health Practitioner Regulation Agency for the Medical Board of Australia. If the disciplinary body has set an end date for the reprimand, it will be removed from the register when that date passes.

Until now, a reprimand without an end date remained on the register for as long as the practitioner retained their registration.

The Medical Board of Australia has adopted a policy which gives practitioners the opportunity to apply for the reprimand to be removed from the national register.

This is subject to:

- no 'relevant event' having occurred in the five-year period of publication of the reprimand; and
- if the reprimand was imposed under previous legislation, legal advice confirming the power to remove a reprimand under that legislation.

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Regulatory interest in continuing professional development

Undertaking continuing professional development (CPD) is an essential dimension of professional practice, as it is necessary to maintain, develop, update and enhance your knowledge, skills and performance in order to deliver appropriate and safe medical care.



What are the CPD requirements?

At the time of submitting an application for registration as a medical practitioner, and at each annual renewal, medical practitioners are required to affirm that in the preceding 12 months they have satisfied the **CPD requirements** as set down by the Medical Board of Australia and AHPRA. Separate to this, the specialist colleges will usually require additional CPD activities in order for practitioners to maintain their college membership.

Practitioners will be familiar with audit activities by their College to ensure appropriate CPD compliance, which often relates to a three-year cycle. However, AHPRA will separately undertake random audits to ensure that a medical practitioner who has indicated in their registration application that they have complied with the CPD requirements in the preceding 12-month period has actually done so. In situations where a NSW medical practitioner is unable to produce satisfactory documentary evidence when requested by AHPRA, the practitioner may be the subject of a complaint by AHPRA to the Medical Council.

Keeping records

You must retain evidence of your CPD activity for at least three years to support your declaration that you have satisfied the CPD standard for registration as a medical practitioner, as required by AHPRA.

You are encouraged to satisfy yourself of the separate requirements of your specialist college with regard to retention of CPD records in ensuring compliance with college regulations.

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Extra drugs added to Schedule 8 list

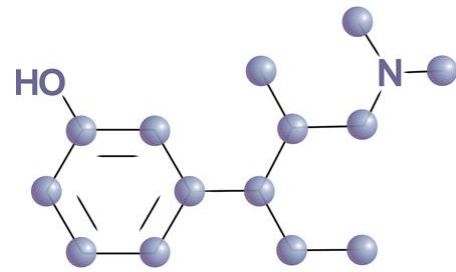
In July, the Therapeutic Goods Authority added two additional drugs to the national list of drugs which are classified as Schedule 8 controlled drugs.

Opioids tapentadol and targin were included in the schedule.

See the full list of [Schedule 8](#) drugs.

In NSW, doctors need [authorisation](#) from the Ministry of Health to prescribe Schedule 8 drugs to people identified as drug dependent. Authorisation is also needed if a non-dependent patient requires the following medications for more than two months:

- any injectable form of any drug of addiction
- any drug of addiction for intranasal use, or for spray or application to mucous membranes
- alprazolam
- buprenorphine (except transdermal preparations)
- flunitrazepam
- hydromorphone
- methadone.



Tapentadol

The NSW Schedule 8 authorisation is distinct from, and independent of, an authority from Medicare Australia for the purposes of a subsidy under the Pharmaceutical Benefits Scheme.

Related link: [Prescription Shopping Programme](#).



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COUNCIL NEWS

New Medical Director



In December, the Council will welcome a new Medical Director.

Dr Annette Pantle (pictured left) is returning to NSW from Tasmania, where she has been the Executive Director for Patient Safety with the Tasmanian Health Service.

An experienced clinician, Dr Pantle has worked in many sectors of the health system including general practice, public and private hospitals, aged care, government and policy. Dr Pantle has spent much of her career in NSW and is a former practitioner member of the NSW Board of the Medical Board of Australia.

Dr Pantle will step into the position left vacant by Dr Stuart Dorney (pictured right), who retired in September.

Over an impressive 40-year career in medicine, Dr Dorney enjoyed the respect of his peers as a highly regarded paediatric gastroenterologist, including being a member of the team that first performed paediatric liver transplantation in Australia. In more recent years, Dr Dorney has provided outstanding leadership in the areas of risk minimisation, medical governance and medical regulation. He has been invaluable in ensuring 'right-touch' regulation by the Medical Council over the last four years, and was a passionate advocate for programs aimed at improving the mental health and well-being of medical practitioners and students. Stuart has written on this topic for the Medical Council. Read his article [here](#).

The Medical Council extends its sincere thanks and best wishes to Stuart in his retirement.

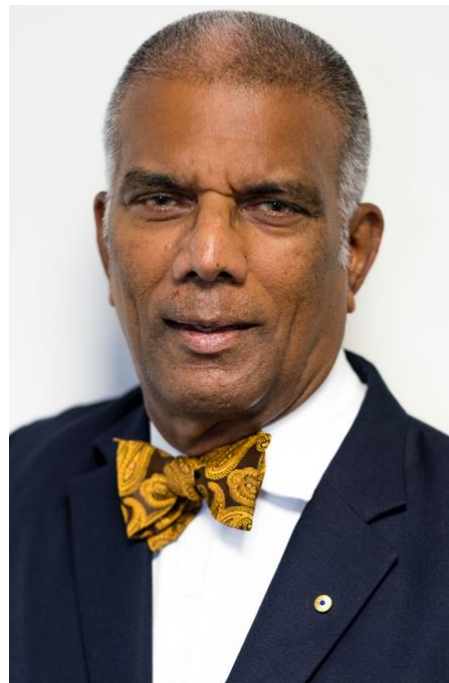
Council welcomes new faces

We have welcomed four new members to the Council:

- Dr Merran Auland
- Ms Maria Cosmidis
- Professor Cameron Stewart
- Professor Kichu Nair (pictured).

Their expertise and diverse backgrounds will enhance the ability of the 19-member Council to uphold community safety by ensuring doctors are fit to practise medicine and are worthy of the trust and confidence the community places in the profession.

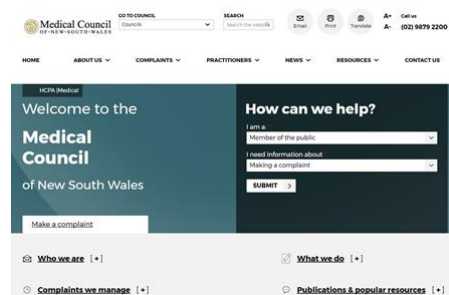
[Read more.](#)



Revamped website helps doctors

The Medical Council has launched a new-look [website](#).

The modern, user-friendly website provides both doctors and the public with detailed information about the work of the Medical Council in regulating professional medical standards. The website provides the public with the opportunity to submit concerns or complaints about the medical care they have received, and provides information to medical practitioners about what occurs following a complaint or notification about their health, conduct or performance.



In coming months, the site will also be expanded to include best practice information aimed at assisting medical practitioners improve the way they practise the profession and hopefully avoid the clinical and other scenarios that may result in them coming to the attention of the Medical Council.

Visit the Medical Council at www.mcnsw.org.au.

GOOD PRACTICE

In case you missed it ...

- Last month, the World Medical Association's General Assembly approved revisions to the [Declaration of Geneva](#). The revisions include requiring doctors to attend to their own health as well as their patients, respecting the autonomy of the patient and share medical knowledge for the benefit of their patients and the advancement of healthcare.



- NSW Health offers a comprehensive information portal for health practitioners who want to check the latest information about any illness or drug. The [Clinical Information Access Portal](#) (CIAP) provides free access to a wide range of databases, books, journals, manuals, guidelines and clinical calculators. *This resource is only available to NSW Health staff.*



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We want to hear from you!

Is there something you'd like to see in our newsletter?

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