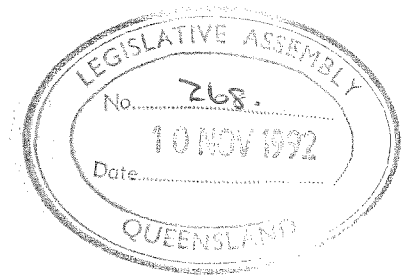


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THE CLERK OF THE PARLIAMENT

MEDICAL BOARD OF QUEENSLAND

ANNUAL REPORT 1992

ANNUAL REPORT OF THE MEDICAL BOARD OF QUEENSLAND
FOR THE YEAR ENDED 30 JUNE 1992

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ANNUAL REPORT OF THE MEDICAL BOARD OF QUEENSLAND
FOR THE YEAR ENDED 30 JUNE 1992

1. OVERVIEW

Significant issues and initiatives of the Board include the following:

Mutual Recognition of Professional Qualifications

Mutual Recognition for goods and services is part of a broader package of micro-economic reforms agreed to by all Heads of Government in Australia. The Australian Health Ministers subsequently agreed to an implementation date of January 1, 1993 for the mutual recognition of medical practitioners. A set of criteria was established for eligibility for unconditional registration, and this was agreed to by all States and Territories.

In Queensland, a Medical Amendment Bill is to be prepared and is proposed for introduction in the November 1992 sitting of Parliament. This Bill will establish uniformity with all States and Territories in relation to eligibility and disciplinary sanctions.

Under mutual recognition, graduates of medical schools in Australia or New Zealand, and those with AMC qualification, will be eligible for unconditional registration, and mutual recognition. It is envisaged that a limited number of overseas trained doctors will continue to be considered for registration with conditions to work in areas of special need, to undertake post graduate training, and to work as specialists.

Mutual recognition will simplify the registration process in Queensland for those medical practitioners with unconditional registration in other States and Territories.

Business Regulation Review

During the past year, State Cabinet endorsed a program for the systematic review of business legislation and regulation. The Government's objective is to reduce the regulatory burden on the business sector as part of its micro economic reform policy. Legislation is required to be reviewed against set criteria within specified time frames.

Judicial Review

The Judicial Review Act 1991 commenced, by proclamation, on 1 June 1992. The Act provides for a statutory system of judicial review of administrative decisions and for reasons for decisions within the scope of the legislation, to be made available on request. One request for a statement of reasons has been directed to the Board during the reporting period.

Expansion of Board Membership

The Minister for Health has notified the Board of his intention to expand the Board's membership by the addition of two new members of his selection to the Board, as follows -

- one person representing persons who use the services of registered providers under the Act.
- one person being a barrister-at-law or solicitor of the Supreme Court.

The rationale for the inclusion of such members on the Board is to introduce an external viewpoint in the public interest, and to provide the Board with expertise in due process. The Board has indicated its general agreement to the proposal.

Board President

The Chief Health Officer, Queensland Health, Dr Diana Lange was appointed President of the Board on 31 October 1991.

2. CHARTER

The Medical Board of Queensland is constituted under the provisions of Section 8 of the Medical Act 1939-1991. The Board is a body corporate under the provisions of the Medical and Other Acts (Administration) Act 1966-1988.

2. OBJECTIVES

The promotion and maintenance of high standards of medical practice in Queensland through:-

- Registration of appropriately qualified medical practitioners
- Administration of the disciplinary provisions of the Act
- Administration of the provisions in the Act relating to "medical fitness" to practise.

3. ACCESS TO BOARD

Address: Level 10
15-23 Adelaide Street
BRISBANE

Telephone: (07) 227 5702

Facsimile: (07) 227 4941

All correspondence should be addressed to:

The Registrar
Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001

4. BOARD STRUCTURE

Section 8 of the Medical Act 1939-1991 provides that the Board shall consist of seven members. Three members are nominated by the Minister of Health to represent the Government and three members are nominated by the association or associations recognised by the Minister as representative of medical practitioners.

Members of the Board for the period 1 July 1991 to 30 June 1992 were as follows [attendance at Board meetings is shown in square brackets]:

Dr DI Lange, MB BS QLD President from 31 October 1991 [13]
Dr IS Wilkey, MB BS QLD, FRCPA, FCAP President until 30 October 1991 (Ministerial Nominee) [19]
Dr JF Lee, MB BS QLD, FRCS (ENG), FRACS [20] (*Association Nominee*)
Dr GB Roberts, MB BS QLD, FRACGP [21] (*Association Nominee*)
Dr FK Fry, MB BS QLD [16] (*Ministerial Nominee*)
Dr DA Perry-Keene, MB BS QLD, FRACP [22] (*Ministerial Nominee*)
Dr LA Toft, MB BS QLD, FRCS (EDIN) [20] (*Association Nominee*)

The Director-General of Health and Medical Services has normally been *ex officio* president of the Board. Dr IS Wilkey was reappointed President of the Board on 13 April 1991, until determined otherwise, in place of Dr DI Lange. Dr Lange was subsequently appointed President from 31 October 1991 with Dr IS Wilkey remaining on the Board as a member nominated by the Minister.

5. SECRETARIAT

The Office of the Registrar of Medical and Other Boards acts as secretariat for twelve (12) health professional Boards, including the Medical Board of Queensland and has a staff complement of twenty (20) persons made up of -

1 Registrar
1 Senior Deputy Registrar
1 Deputy Registrar
1 Medical Co-ordinator
1 Pharmacy Co-ordinator
1 Nursing Officer
1 Administration Officer
7 Clerks
6 Administrative Assistants

The Medical Board of Queensland is self-funding in that monies raised by way of registration and annual licence fees are used for the purchase of equipment, office running costs, Board operational expenditure, including legal expenses and the payment of the salaries of the Registrar and staff which are recouped by the Department of Health on a quarterly basis.

6. COMMITTEES

Advertising Sub-Committee

Membership: Dr GB Roberts
 Dr FK Fry

This committee reports to the full Board once each month.

During the year 43 complaints were received concerning alleged breaches of the Advertising By-laws.

The majority of these breaches were rectified through making the Practitioner aware of same. In a small minority, a direction from the Board was necessary.

During the last twelve months the Board's Advertising Sub-Committee has been required to comment on 76 cases.

Apart from the 43 specific complaints, the remainder of cases have been seeking advice so that they can advertise correctly (23), and the other 10 have been mainly replies to Board reprimands. Almost all replies are apologies and the problem ceases. A few, perhaps 10, deliberate and recurrent offenders exist and regularly feature in cases reviewed by the Committee.

Complaints Sub-Committee

Membership: Dr IS Wilkey
 Dr JF Lee
 Dr FK Fry

In the twelve months ended 30 June 1992, 128 new complaints were investigated by the Complaints Committee. Complaints related to advertising are not the responsibility of this Committee.

During this period, 8 complaints which did not involve private medical practitioners, were referred to the Health Complaints Unit.

In this total of 128 complaints, the offences alleged are listed under the following categories -

Conduct of doctor	50
Inadequate care, incompetence	47
Delayed reports	4
Drugs and prescriptions	4
Fees	10

Standard of practice	2
Wrong or delayed diagnosis	1
Certificates	3
Communication	4
Illness of doctor	1
Unclassified	2

Appearances before Medical Board

During the year, no medical practitioners were charged before the Medical Board. However, one practitioner appeared informally before the Board.

Case 1

There had been several complaints made against this psychiatrist, alleging actions of a sexual nature during the course of his treatment of patients. The Board considered there was insufficient evidence available to warrant charging him with professional misconduct. He was counselled.

Apart from this practitioner who appeared before the Board, 7 practitioners were censured, and 33 were counselled.

Health Rights Commission

The Health Rights Commission will commence on 1 July 1992.

After that date, user's complaints about unreasonable health care which are made to the Board will be transferred to the Commissioner for assessment.

If they are misunderstandings, disputes or claims suitable for resolution by conciliatory means, they will then be handled by the Commission. But if the Commissioner believes it needs investigation by the Board - for example, because it alleges professional misconduct or failure to meet safe and acceptable standards - the Commissioner may refer it to the Board, which must then investigate and inform the Commissioner what finding has been made and what action has been taken. The Commissioner may be a party to any Board proceedings.

7. COMMITTEE OF ASSESSORS

The Board appointed four committees of assessors during the year to assess a practitioner's medical fitness to practise.

Case 1

The practitioner had a long history of psychiatric illness.

The Committee of Assessors considered the practitioner to be medically fit to practise. The Committee recommended that the practitioner continue under medical care, and that a report on the practitioner's condition be submitted to the Board every six months.

This recommendation was endorsed by the Board at its meeting on 10.9.1991.

Case 2

The practitioner had a significant past history of narcotic self administration, and at the time of appearance before the Committee, was on a Methadone program.

The Committee considered the practitioner to be medically fit to practise, but strongly recommended that medical supervision be continued, and that a report on the practitioner's condition be submitted to the Board every six months.

This recommendation was endorsed by the Board at its meeting 10.9.1991.

Case 3

The practitioner had been exposed to personal stress, and there were reports of problems arising with patients and some other health practitioners.

During an extensive meeting, the Committee was of the opinion that the practitioner was fit to practise.

This opinion of the Committee was endorsed by the Board at its meeting on 23.6.1992.

Case 4

The practitioner, aged 74 years and with a past history of a psychiatric illness in 1989, which had led to suspension of registration in Victoria, applied for re-registration in Queensland.

In the opinion of the Committee of Assessors, the practitioner was medically unfit to practise medicine.

This opinion was endorsed by the Board at its meeting on 23.6.1992.

In the 1991 Annual Report, it was recorded that two medical practitioners had appeared before the Committee of Assessors, and in both cases the Committee considered the practitioner unfit to practice.

Case 3

The practitioner was prosecuted on the charge of misconduct in a professional respect in that the practitioner was addicted to a deleterious drug, namely Pethidine Hydrochloride, and that dangerous drugs were prescribed and used in circumstances where the practitioner's authority to do so had been cancelled.

The practitioner having admitted guilt, each of the charges was found to be proved.

The Tribunal ordered that the practitioner's name be erased from the Register of Medical Practitioners. However, this did not preclude an application by the practitioner for restoration to the Register if at some future time the practitioner establish that the addiction which underlay the appearance had been overcome.

Case 4

The practitioner had been convicted in the Criminal Court in respect of several accounts of fraud on Medicine, and sentenced to two and a half years' imprisonment.

The Medical Assessment Tribunal ordered that the practitioner's name be erased from the Register of Medical Practitioners.

Case 5

The practitioner's name had previously been removed from the Register of Medical Practitioners after the practitioner had pleaded guilty to a number of charges of misconduct in a professional respect relating to the supply of drugs to persons registered as drug dependent persons.

On this occasion, the practitioner applied for restoration to the Register. The application was opposed by the Board and rejected by the Tribunal.

11. MEDICAL EDUCATION

Following the inclusion of medical education within the charter of the Medical Board, as set out in Section 14(2A) of the Medical Act, in 1989 the Honourable the Minister gave his approval to a five year program of grants by the Medical Board to the Post Graduate Medical Education Committee of the University of Queensland to develop medical education.

The Board has continued to honour its contribution of \$200,000 per annum to the Post Graduate Medical Education Committee in the year under review.

This substantial subscription has enabled the development of that committee from a small organisation largely financed by voluntary donations from sympathetic members of the medical profession, to an organisation of substance, able to undertake a great many new tasks to enhance medical education. The Committee has become recognised by other organisations as a source of information, much now being supplied on a commercial basis. It has undertaken major responsibilities in the field of intern training, and more recently the related field of hospital accreditation has been studied. Rural and metropolitan medical services have been studied and reports published. The Board acknowledged the enthusiasm and hard work of the Director and his staff.

The Medical Board's contribution has been germinal to the recent major expansion in the services provided by the Post Graduate Medical Education Committee for the betterment of medical education in Queensland.

12. STATISTICS

As at 30 June 1992, a total of 8252 persons were registered in Queensland.

Of these, 5695 were registered only as medical practitioners and a further 2476 were registered as medical specialists. The remaining 81 registrants were endorsed specialists (56), Section 20(1) (Teaching and Research) (1), and Section 20A (Postgraduate Studies) (24).

A comparative statistical table follows:-

Registrants as at	30.6.1990	30.6.1991	30.6.1992
Medical Practitioners (not inclusive of specialists)	5200	5594	5695
Specialists	2219	2424	2476
Endorsed Specialist	31	47	56
Section 20(1) (Teaching and Research)	10	10	1
Section 20A (Postgraduate Studies)	2	3	24
	7090	7462	8252

13. AUSTRALIAN MEDICAL COUNCIL

During the year 30 holders of the AMC Certificate were registered.

The primary qualifications held by these practitioners were:

MB CHB ZIMBABWE (2)	MB BS SRI LANKA
MB CHB NATAL	MB CHB W'RAND (2)
MB BS CAPETOWN	MB BS NEW DELHI
MD SHIRAZ	MB BS WEST INDIES
MD PALACKY CZECH (3)	MD KATOWICE POLAND
MD LYONS	MD BUENOS AIRES
MB BS KASTURBA INDIA	MB BS HONG KONG (3)
MB BS GARYOUNIS LIBYA	MB BS DELHI
MB BS ALIGARH	MB BS BOMBAY
MB BS TURKEY	MD CZECH
MD KABUL UNI AFGHANISTAN	MB BS PNG
DSM FIJI	MB BS LAGOS

The AMC Certificate is, for registration purposes, equated with completion of the MB BS Degree, and a 12 month internship is normally required.

The Board has a discretion to waive the internship requirement in view of the experience and previous training of certificate holders.

Of the 30 AMC Certificate Holders registered in the reporting period, 23 were exempted from the internship requirement.

MINISTER FOR HEALTH

DIRECTOR-GENERAL
QUEENSLAND HEALTH

THE MEDICAL BOARD OF QUEENSLAND-----MEDICAL CO-ORDINATOR-----

THE PHYSIOTHERAPISTS BOARD OF QUEENSLAND

THE PODIATRISTS BOARD OF QUEENSLAND

THE OPTOMETRISTS BOARD OF QUEENSLAND

THE PHARMACY BOARD OF QUEENSLAND-----PHARMACEUTICAL CO-ORDINATOR

DENTAL BOARD OF QUEENSLAND

DENTAL TECHNICIANS STANDING COMMITTEE

THE NURSES REGISTRATION BOARD OF QUEENSLAND----NURSING OFFICER

THE PSYCHOLOGISTS BOARD OF QUEENSLAND

THE CHIROPRACTORS AND OSTEOPATHS BOARD OF QUEENSLAND

THE OCCUPATIONAL THERAPISTS BOARD OF QUEENSLAND

THE SPEECH THERAPISTS BOARD OF QUEENSLAND

DENTAL TECHNICIANS AND DENTAL PROSTHETISTS BOARD OF QUEENSLAND

REGISTRAR

SENIOR DEPUTY REGISTRAR

DEPUTY REGISTRAR

ADMINISTRATION OFFICER

ADMINISTRATIVE OFFICER

DATA CONTROL CLERK

ADMINISTRATIVE OFFICERS
(KEYBOARD)
(4)

ADMINISTRATIVE OFFICERS
(CLERICAL)
(7)

ANNUAL FINANCIAL STATEMENTS

THE MEDICAL BOARD OF QUEENSLAND

YEAR ENDED 30 JUNE 1992

PURPOSE AND SCOPE

The Medical Board of Queensland is constituted under the provisions of the *Medical Act 1939* and is a Department of Health body corporate subject to the provisions of the *Medical Act and Other Acts (Administration) Act 1966* and the *Financial Administration and Audit Act 1977*.

In accordance with the provisions of the respective legislation, these statements have been prepared:

- . to provide an accounting for the custody and management of moneys and resources under the control of the Board; and
- . to disclose the results of the financial operations of the Board during the financial year and the financial position of the Board at the close of that year.

The statements are general purpose in nature and reflect the whole of the financial activities of the Board.



THE MEDICAL BOARD OF QUEENSLAND
INCOME AND EXPENDITURE STATEMENT
YEAR ENDED 30 JUNE 1992

	<u>Note</u>	<u>1992</u> \$
INCOME		
Annual Licence and other Fees	1	856 460
Fines, etc.		87 949
Interest		35 736
Recoveries		18 432
Sale of Registers, Labels and Reports		16 863
Other		5 101
		1 020 541
EXPENDITURE		
Administration	2	486 888
Grant to Australian Medical Council		17 935
Grant to Post Graduate Medical Education Committee, University of Queensland		202 000
		706 823
OPERATING SURPLUS		313 718
RETAINED SURPLUSES 1 JULY		637 252
		950 970
RETAINED SURPLUSES 30 JUNE		950 970



THE MEDICAL BOARD OF QUEENSLAND
BALANCE SHEET AS AT 30 JUNE 1992

	<u>Note</u>	<u>1992</u> \$
CURRENT ASSETS		
Cash		582 942
Receivables	3	124 204
Investments		360 001
		<hr/>
TOTAL CURRENT ASSETS		1 067 147
		<hr/>
NON-CURRENT ASSETS		
Plant, furniture and equipment	4	6 106
		<hr/>
TOTAL NON-CURRENT ASSETS		6 106
		<hr/>
TOTAL ASSETS		1 073 253
		<hr/>
CURRENT LIABILITIES		
Creditors		122 283
		<hr/>
TOTAL CURRENT LIABILITIES		122 283
		<hr/>
NET ASSETS		950 970
		<hr/>
EQUITY		
Retained Surpluses		950 970
		<hr/>
TOTAL EQUITY		950 970
		<hr/>



THE MEDICAL BOARD OF QUEENSLAND

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 1992

	<u>NOTE</u>	<u>Inflows</u> <u>(Outflows)</u> <u>1992</u> \$
Cash flows from Operating Activities		
Revenue from Operations		899 336
Payments to suppliers and Queensland Health		(621 375)
Interest Received		35 737
		<hr/>
Net Cash provided by Operating Activities	1	313 698
		<hr/>
Cash Flows from Investing Activities		
Payment for plant, furniture and equipment		(2 402)
		<hr/>
Net Cash used in Investing Activities		(2 402)
		<hr/>
Net increase in cash held		311 296
Cash and Investments at beginning of reporting period		631 647
		<hr/>
Cash and Investments at end of reporting period	2	942 943
		<hr/>

Notes to the Statement of Cash Flows:

1. A reconciliation of operating surplus with Net Cash provided by Operating Activities follows -

	<u>1992</u> \$
Operating Surplus	313 718
Adjustments:	
Depreciation	1 901
Change in assets and liabilities:	
Increase in receivables	(124 204)
Increase in creditors	122 283
	<hr/>
Net Cash provided by Operating Activities	313 698
	<hr/>



THE MEDICAL BOARD OF QUEENSLAND
STATEMENT OF CASH FLOWS (CONT'D)
YEAR ENDED 30 JUNE 1992

2. For the purpose of the Statement of Cash Flows, cash and investments comprise cash on hand and at bank, and liquid investments. Cash and investments at the end of the reporting period are reconciled to the related items in the Balance Sheet as follows:

	<u>1992</u>
	\$
Cash	582 942
Investments	360 001
	<hr/>
	942 943
	<hr/>



THE MEDICAL BOARD OF QUEENSLAND

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

YEAR ENDED 30 JUNE 1992

STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies which have been adopted in the preparation of these financial statements are:

(a) Basis of Preparation of the Accounts

The accounts have been prepared on an accrual accounting basis in accordance with the historical cost convention and do not take account of changes in the general purchasing power of the dollar or in the value of specific assets.

Accounting policies used conform with the Public Finance Standards and applicable Australian Accounting Concepts and Standards.

No prior year comparatives are shown as this is the first year of the application of accrual accounting.

(b) Licence Fees

Annual licence fees are levied in accordance with the By-Laws of the Board and are non-refundable. Licencees who have not renewed their licences are removed from the Register. Income from licence fees is recognised only when fees are received.

(c) Employee Benefits

No provision has been made in the accounts for benefits accruing to employees in relation to annual and long service leave as all full-time staff are employees of Queensland Health. These costs are reimbursed to Queensland Health on a quarterly basis as they are incurred.

(d) Investments

Investments are recorded at cost which approximates the current market value.

(e) Valuation of Non-Current Assets and Depreciation

In addition to wholly owned plant, furniture and equipment, some plant, furniture and equipment is owned conjointly with The Nurses Registration Board of Queensland and Professional Boards. Under approved financial arrangements, the Board has a 13 percent interest in these assets. The value shown in the accounts is recorded at cost.



THE MEDICAL BOARD OF QUEENSLAND

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (CONT'D)

YEAR ENDED 30 JUNE 1992

Only items with an acquisition value of \$500 or more and having an estimated useful life of five years or more are capitalised, items under this value being charged directly against income in the year of purchase.

Depreciation is charged on a straight line basis from the date of acquisition over the estimated economic lives of the assets.

(f) Accommodation

In 1991-92, accommodation was provided free of cost by the Department of Administrative Services.

NOTE 1 ANNUAL LICENCE AND OTHER FEES

	<u>1992</u>
	\$
Annual licence	696 930
Registration	106 170
Restoration	51 306
Other	2 054
	<hr/>
	856 460
	<hr/>

NOTE 2 ADMINISTRATION

	<u>1992</u>
	\$
Board Members' Fees & Expenses	18 665
Salaries and Associated Costs	213 722
General Administration	85 565
Legal Expenses	160 981
Other	<hr/> 7 955
	486 888
	<hr/>



THE MEDICAL BOARD OF QUEENSLAND

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (CONT'D)

YEAR ENDED 30 JUNE 1992

NOTE 3 RECEIVABLES

	<u>1992</u>
	\$
Sundry Debtors	124 204
	<hr/>
	124 204
	<hr/>

NOTE 4 PLANT, FURNITURE AND EQUIPMENT

	\$	<u>1992</u>
		\$
Plant, furniture and equipment -		
% share	10 366	
wholly owned	<u>970</u>	11 336
Less accumulated depreciation		5 230
		<hr/>
		6 106
		<hr/>



THE MEDICAL BOARD OF QUEENSLAND

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS (CONT'D)

YEAR ENDED 30 JUNE 1992

NOTE 5 COMMITMENTS

The Board had no commitments of a significant nature at 30 June 1992.

NOTE 6 CONTINGENT ASSETS/LIABILITIES

There were no known contingent assets/liabilities of a significant nature at 30 June 1992.

NOTE 7 SUBSEQUENT EVENTS

No event has occurred after balance date that has significantly affected, or may significantly affect the operations of the Board, the results of those operations, or the state of affairs of the Board in financial years subsequent to 30 June 1992.

NOTE 8 SEGMENT REPORTING

The Board is responsible for the registration of Medical Practitioners and Medical Specialists in Queensland.



CERTIFICATE OF THE MEDICAL BOARD OF QUEENSLAND

The foregoing annual financial statements have been prepared pursuant to the provisions of the Medical Act and Other Acts (Administration) Act 1966 and the Financial Administration and Audit Act 1977. We certify that:

- (a) the foregoing financial statements and notes to and forming part thereof are in agreement with the accounts and records of The Medical Board of Queensland; and
- (b) in our opinion:
 - (i) the prescribed requirements in respect of the establishment and keeping of accounts have been complied with in all material respects; and
 - (ii) the foregoing annual financial statements have been drawn up so as to present a true and fair view in accordance with prescribed accounting standards, of the transactions of the Board for the period 1 July 1991 to 30 June 1992, and of the financial position as at the close of that year.



Dr DI Lange
President



MS Demy-Geroe
Acting Registrar

Date:


3/11/92.



AUDIT CERTIFICATE

I have examined the accounts of The Medical Board of Queensland as required by the *Medical Act and Other Acts (Administration) Act 1966* and the *Financial Administration and Audit Act 1977* and certify as follows:

- (a) I have received all the information and explanations which I have required;
- (b) the foregoing Income and Expenditure Statement, Statement of Cash Flows and Balance Sheet are in agreement with those accounts; and
- (c) in my opinion -
 - (i) the prescribed requirements in respect of the establishment and keeping of accounts have been complied with in all material respects; and
 - (ii) the foregoing statements have been drawn up so as to present a true and fair view in accordance with prescribed accounting standards, of the transactions of the Board for the period 1 July 1991 to 30 June 1992, and of the financial position as at 30 June 1992.


J G BUNGEY
Audit Director
(As delegate of the Auditor-General)

