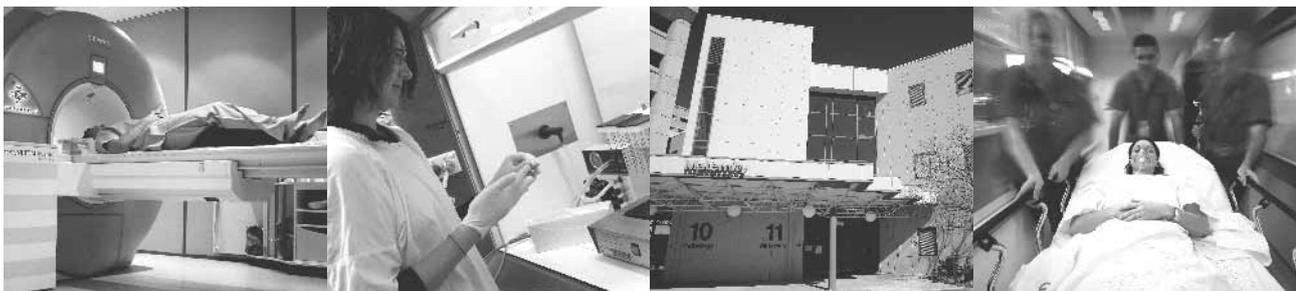


# Annexed reports



# Chiropractors and Osteopaths Board Annual Report 2009–10

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## Requirement for report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the *Annual Reports (Government Agencies) Notice 2010 (No. 1)*.

## President's report

This has been an eventful year as the final stages of the transition to national registration have been implemented. This change, due to happen on 1 July 2010, will see the ACT Chiropractors and Osteopaths Board dissolve and the Chiropractors Board of Australia and the Osteopaths Board of Australia take regulatory jurisdiction over the ACT and all of Australia. Our Board and its supporting staff in the ACT Health secretariat are to be congratulated for contributing significantly to this new system of registration in many ways—collating information, reporting, attending forums and consultations, and doing numerous other things to allow for a smooth and effective transition.

The Board's major legislated functions, including registration matters and complaint handling, have continued through this period as reported below. Additionally, the Board organised and funded two very successful courses for registered ACT chiropractors and osteopaths which it felt to be beneficial to the ACT public and timely for the move to new guidelines under national registration. These were first aid courses in sports first aid and spinal injury management. The sports first aid course is equivalent to senior first aid, which will be a requirement under the national registration scheme. A majority of the practising profession attended the first aid course, resulting in the largest congregation of ACT chiropractors and osteopaths ever seen and meaning that those attending chiropractors and osteopaths will enter into national registration with their first aid requirements being met.

A full continuing professional development (CPD) audit was conducted in late 2009 and was the first of its kind nationally. All chiropractic and osteopathic registrants were required to send details of their CPD to the Board for assessment. The majority of both professions had exceeded the minimum requirements and the few who did not have been required to rectify the situation.

In the move to national registration, the history of significant Board matters, including complaints, will not be lost, as the national boards will retain records accumulated through the years by the Chiropractors and Osteopaths Board in fulfilling its statutory requirements.

Two Australian Conferences of Chiropractic Registration Boards (ACCRB) were held this year—in Perth and Hobart. These conferences covered the usual matters relating to registration across Australia and New Zealand but also focused on the transition to national registration. Over the same weekends the Council on Chiropractic Education Australasia (CCEA) also met. As a body endorsed by the national board under the national registration scheme, the CCEA will continue to handle matters of institutional accreditation for chiropractic courses and assessment of overseas trained chiropractors. As the ACT Board's representative on the CCEA, I was elected as the Deputy Chairperson at the Hobart meeting. The CCEA continues its strong link with the other international accrediting agencies for chiropractors through the Council on Chiropractic Education International.

I wish to thank all Board members, past and present, for the contribution they have made to the ACT public and professions over the years since the inception of the Board in 1984. Credit should also be given to the ACT Health secretariat and its staff for the fantastic support they have provided through this period, as well as to the chiropractic and osteopathic professions for their good conduct and high ethical standards, which have made serving the Board a fulfilling task. It has been a privilege to serve on the Board over the last seven years.

## Deputy President's report

The Australian Osteopathic Council (AOC) approached the equivalent New Zealand body and amalgamated to create the Australian and New Zealand Osteopathic Council (ANZOC). This has the potential to be an excellent body, as the trans-Tasman Mutual Recognition Act enables New Zealand registered osteopaths to access and work in Australia. ANZOC will now have the capacity and charter to generate similar accreditation standards to be implemented in institutions producing osteopaths in New Zealand and Australia. Osteopaths trained externally (international osteopaths) who apply for registration in Australia or New Zealand will have to complete assessments that reach acceptable competencies approved by ANZOC. ANZOC has been a triumphant effort and represents a stepping stone in an established and still maturing profession.

The last report would be incomplete without acknowledging the efforts of Dr Evan Lallemand, who dedicated over 13 years to this registration board. I would like to acknowledge and thank the osteopaths who dedicated volunteer hours to this regulatory body, undertaking the development of standards, submissions and many other tasks. On behalf of Dr Melissa Coulter and Dr Belinda Libbis, I would like to applaud the resilience and professionalism of the Board's Registrar, Ms Kathleen Taylor, who has served the people of the ACT with diligence and care for eight years. Mr Bruce Vincent has served as a community representative on the Board for over 16 years, assisting with legal advice and bouts of common sense. These acts of community service are honourable and have shaped and assisted health services in the ACT.

National registration has promised many outcomes, and only time will determine the degree of success. Osteopathy, being one of the smallest registered professions, has benefited from regulation, as a large percentage of osteopaths in the ACT have been involved in the registration board at one time or another as volunteers. I cannot remember, nor can my colleagues, the last time a complaint was made against an osteopath. In my opinion this is a testament to the ACT Health department working in collaboration with health professionals who are committed to providing health services in the ACT. I hope this corporate knowledge dissipates slowly as we step forward to embrace a national registration scheme.

## Function and goals of the Board

The Board is responsible for administering the provisions of the *Health Professionals Act 2004* (the Act). The Board registers suitably qualified chiropractors and osteopaths to enable them to practise in the ACT. The Board is also responsible for the consideration of complaints against registered chiropractors and osteopaths and general monitoring of the conduct of the profession in the ACT.

*Under the Health Professionals Act 2004*, the Board comprises a president, two elected members and four appointed members. The elected members must be a chiropractor (elected by chiropractors) and an osteopath (elected by osteopaths). One appointed member must be a community representative. If the president is a chiropractor, one chiropractor and two osteopaths will be appointed or, if the president is an osteopath, one osteopath and two chiropractors will be appointed.

The Board is committed to the improvement and development of customer service and aims to continue to provide relevant, accurate and timely advice and assistance to the public and practitioners on matters relevant to the professions. The Board aims to raise its profile for the benefit of the professions and the public through the provision of regular newsletters and by the establishment of a website.

## The Board

The ACT Chiropractors and Osteopaths Board (the Board) is established by section 24 of the Act. It is a body corporate with perpetual succession and a common seal, which has its powers prescribed by the Act.

## Membership of the Board

### **President**

Dr Michael Shobbrook      Appointed Chiropractor

### **Deputy President**

Dr Benjamin Field      Appointed Osteopath

### **Members**

Dr Peter Garbutt      Appointed Chiropractor

Dr Belinda Libbis      Appointed Osteopath

Dr Donald McDowall      Elected Chiropractor

Dr Melissa Coulter      Elected Osteopath

### **Community Representative**

Mr Bruce Vincent      Appointed

### **Manager/Executive Officer**

Mr Alan Skelton

### **Registrar**

Ms Kathleen Taylor

## Activities

### **Meetings**

The Board met on seven occasions during the year, with urgent business being dealt with by the President, the Executive Officer and the Registrar and ratified by the Board. The Board meets on the second Wednesday of every second month for approximately two to three hours.

### **Website**

The Chiropractors and Osteopaths Board website has been upgraded and can be accessed through the ACT Government's website at [www.health.act.gov.au/healthregboards](http://www.health.act.gov.au/healthregboards). Members of the profession and the public can access standards statements, annual reports, newsletters and application forms.

### **Newsletter**

The Board informs the professions of its activities via a newsletter that is distributed to all registered practitioners.

### **Complaints/inquiries**

The Board has two Complaints Officers who, in joint consultation with the Human Rights Commission (HRC), investigate complaints and provide reports and recommendations to the Board.

Congratulations to Canberra's osteopaths, as I am happy to report that once again, this financial year, there were no complaints made against osteopaths.

However, the Board received two complaints about chiropractors. Both of these complaints related to alleged breaches of the Board’s advertising standards. One of these complaints was resolved after the chiropractor apologised and obtained copies of the Board’s guidelines in order not to make the same mistake again. A Professional Standards Panel (PSP) was established to deal with the other complaint and, following notification that the matter would be dealt with by the PSP, the chiropractor wrote a letter of apology and stated that he would agree to abide by the Board’s advertising standards.

The Board also continues to deal with a complaint which was made in 2008 against a Canberra chiropractor. The chiropractor appeared before a PSP, and conditions were placed on his practice. The chiropractor later appealed this decision and the matter then went before the ACT Civil and Administrative Tribunal (ACAT). The tribunal upheld the PSP decision. The Board has been placed on notice that the chiropractor intends to appeal again but, due to the timeframe, it is most likely that this ongoing matter will transition to the Chiropractors Board of Australia.

### Registration—Numbers at 30 June 2010

Year	2005	2006	2007	2008	2009	2010
Chiropractors	53	59	60	57	58	63
Osteopaths	36	36	38	40	39	40
<b>Totals</b>	<b>89</b>	<b>95</b>	<b>98</b>	<b>97</b>	<b>97</b>	<b>103</b>

### Standards statements

The Board’s standards statements reflect the Board’s interpretation of the *Health Professionals Act 2004* and underpin the provisions of the legislation. These documents are used as a guide by both the public and the profession, and assist ACT chiropractors and osteopaths in maintaining high professional standards of service. The standards statements are notifiable instruments and as such have the weight of law.

The Board is committed to the continued revision and development of the standards statements in line with the changing nature of professional practice in the ACT and the emergence of new technologies. Members of the profession should familiarise themselves with the standards statements. These are:

- 1—Standards of Practice for ACT Allied Health Professionals
- 2—Advertising
- 3—Code of Conduct
- 4—Continuing Professional Development
- 5—Professional Standards Panel
- 6—Visiting Chiropractors and Osteopaths
- 7—Spinal Manipulation
- 8—Competency and Recency of Practice Standards for Chiropractors and Osteopaths
- 9—Care Plans
- 10—Financial Plans
- 11—X-Rays.

# Financial information

The Board has operated within its budget this financial year in accordance with its agreement with the secretariat for payment for services received.

Brought forward	\$88,823
Revenue	\$33,375
Interest	\$5,423
Expenditure	\$65,494
Funds carried forward	\$62,127



Dr Michael Shobbrook  
President

# Dental Board Annual Report 2009–10

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## Requirement for the report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the Annual Reports (Government Agencies) Notice 2010 (No. 1).

## President's report

The Board has maintained a strong relationship with, and provided submissions as necessary to, ACT Health, interstate counterparts, the Australian Dental Association federal body and the NSW branch (incorporating the ACT), professional associations, universities, colleges and the National Registration and Accreditation Scheme project.

The National Registration and Accreditation Scheme has progressed rapidly and will commence on 1 July 2010. This scheme will mean that all state and territory dental boards will be replaced by a single national dental board, with regional boards covering the jurisdictions of the ACT, Victoria and Tasmania. A single national registration point and fee (excluding NSW) will be in place, with no need for multiple state and territory registrations within participating jurisdictions. This will create greater efficiency, flexibility and uniformity for registration, as well as consistent lines of communication regarding notifications.

The Health Practitioner Regulation National Law (ACT) Bill (Bill C) was adopted by the ACT Assembly on 16 March 2010. The ACT is represented by Dr Carmelo Bonnano on the Dental Board of Australia. Mr Stephen Herrick, while not specifically representing the ACT, is nonetheless on the Dental Board of Australia as a community representative and resides in the ACT.

Anecdotal evidence available to the Board indicates that there is an increase in both the number of continuing professional development (CPD) activities and the attendance by dental care providers. The Board has posted a spreadsheet on its website to assist registrants in tracking their attendance at CPD activities. The spreadsheet format will assist in meeting the compliance requirements of the Act and standards statements. CPD will be a registration standard of the Dental Board of Australia.

An issue has arisen concerning the fund the Board is required to keep under section 33 of the *Health Professionals Act 2004*. The ACT Department of Health withdrew a sum of money from this account without the permission of, and without consultation with, the Board. This was money paid to a staff member as compensation for an incident several years ago. There is a Memorandum of Understanding describing the relationship between the Board and the department that is silent on an issue of this particular kind of compensation but does describe other kinds of benefits for a staff member. A legal opinion was sought, which advised that the MOU was not binding, that the issue was not capable of definitive resolution as a legal issue and that the matter should be resolved at the administrative level. Having said that, the opinion favoured the department's view. Note also that the opinion was sought on 22 June 2009 and was received on 18 March 2010. There was no contact from the department at any stage, including recently.

As the Board considers itself accountable for these funds collected from the dental profession, the matter was referred to the Auditor-General. The Auditor-General reported, 'Legal advice aside, I share your concerns and consider that ACT Health should adopt better business practice to consult with and provide adequate information to the boards in respect of the nature and amount of the compensation payments', and then later, 'Although there appears to be a lack of communication from ACT Health as to its access to the funds and payment, I do not consider that the matter is of such significance as to warrant further investigation by this office. I hope you would appreciate that the office has very limited resources, and any investigation of the matter you raised would require deferring other activities of higher priority'.

This matter is reported as it affects the 'due diligence' exercise being carried out by KPMG in relation to the transferring of funds to the newly created Dental Board of Australia, which comes into being on 1 July 2010.

I would like to thank all current board members for their efforts over the last 12 months. It has been a busy period with much consultation and many submissions required regarding the National Registration and Accreditation Scheme progression. The secretariat has been of great assistance to the smooth running of the Board and the steady flow of information. The efforts of Mr Alan Skelton, Executive Officer, and Mr David Bale, Registrar, as well as the administration staff, are to be acknowledged and appreciated.

As this is the final annual report for the ACT Dental Board, I wish to also acknowledge all former members of the Board for their dedication and passion in protecting the ACT public.

## The Board

The ACT Dental Board (the Board) is established by the *Health Professionals Act 2004* (the Act). It is a statutory body with perpetual succession and common seal, which has the powers and responsibilities prescribed by the Act.

## Functions of the Board

The principal aim of the Board is to protect the public. The Board is responsible for ensuring that only persons who are eligible and hold appropriate qualifications are registered as dentists, specialist dentists, dental hygienists or dental therapists in the ACT. The Board sets standards of practice that registrants must observe.

The Board is responsible for the consideration of complaints against registered dental care providers and general monitoring of the conduct of the profession in the ACT. The Act empowers the Board to take disciplinary action against practitioners who are in breach of prescribed standards of practice.

The Board is committed to the improvement and development of customer service and aims to continue to provide relevant, accurate and timely advice and assistance to the public and practitioners. The Board aims to raise its profile for the benefit of the profession and the public through newsletters and by the maintenance of a website.

## Membership of the Board

### **President**

Dr Peter Walmsley           Appointed (dentist)

### **Deputy President**

Dr Desmond Storey       Appointed (dentist)

### **Members**

Dr Chris Bourke	Elected (dentist)
Dr Murray Thomas	Elected (dentist)
Dr Colin Seaniger	Elected (dentist)
Ms Mary Beare	Appointed (dental hygienist)
Ms Lynn Keyworth	Appointed (dental therapist)
Mr Ted Whitehead	Appointed (community representative)
Mr Stephen Herrick	Appointed (community representative)

### **Secretariat**

Mr Alan Skelton (Manager/Executive Officer)  
Mr David Bale (Registrar)

## Meetings of the Board

From 1 July 2009 to 30 June 2010 the Board met on 10 occasions. Meetings are generally held monthly at the Board secretariat offices at Scala House, 11 Torrens Street, Braddon ACT 2612.

## Committees

The Board has a Policy Development Sub-Committee that develops Board policy on issues that are relevant to the profession and reviews existing policy. Dr Murray Thomas chairs the Policy Development Sub-Committee. The Board also has a Professional Standards Committee, which, in consultation with the Human Rights Commission, assesses complaints and, when considered appropriate, refers them to a personal assessment panel (PAP), a professional standards panel (PSP) or ACAT for consideration. Dr Desmond Storey chairs the Professional Standards Committee.

## Australian Dental Council

The main functions of the Australian Dental Council (ADC) are to:

- accredit education courses leading to a dental qualification
- assess overseas dental qualifications for registration purposes
- provide uniform criteria for recognition of qualifications for registration.

Dr Murray Thomas is the Board's representative to the ADC and is a Director of the ADC and a member of the Uniformity Committee and Special Purpose Committee on the Council of Australian Governments (COAG). The Board pays a capitation levy to the ADC.

## Registration

The table below sets out the number of registrants from 2001 to 2010.

	09–10	08–09	07–08	06–07	05–06	04–05	03–04	02–03	01–02
Dentists	281*	272*	272*	271*	264*	250*	250*	255*	241*
Specialists*	56	52	48	45	43	38	38	40	39
Hygienists	53	51	46	47	41	45	41	38	34
Therapists	26	33	34	28	–	–	–	–	–
<b>Total</b>	<b>416</b>	<b>408</b>	<b>400</b>	<b>391</b>	<b>348</b>	<b>333</b>	<b>329</b>	<b>333</b>	<b>314</b>

\*Note: Specialists must also be registered as dentists and have been included in the number of dentists' row as well as in the number of specialists' row.

## Board activities

### Standards statements

Notifiable instrument NI2008–564, the *Health Professionals (ACT Dental Board Standards Statements) Approval 2008 (No. 2)*, was valid for the full year to 30 June 2010.

### Meetings of state and territory board chairpersons and registrars

Each year, the Board is represented at meetings of dental board presidents and registrars from all states and territories of Australia and New Zealand. Mr David Bale attended the 28th Annual Meeting of Board Presidents and Registrars in Melbourne on 25 March 2010.

The major purpose of the meetings is to discuss registration matters and other issues of concern to all state, territory and New Zealand Boards. Major topics considered at such meetings include:

- transition to national registration
- review of national dental registration standards
- trans-Tasman mutual recognition
- registration of overseas-trained dentists
- continuing dental education
- specialist registration.

### Complaints and inquiries

There is a relatively low incidence of reported consumer complaints and the absence of reported serious misconduct by dental care providers in the ACT. The Board believes that this supports the view that the dental services delivered in the ACT remain safe and are of a high standard. This also reflects well upon the professionals and other dental team members working in both the government and non-government sectors.

Poor communication is often the catalyst for a complaint. It is imperative that dental practitioners communicate effectively with their patients so they understand what treatment is to be provided.

### Freedom of information

The Board has received no request for release of information under the Freedom of Information Act.

### Registration fees

Registration fees for 2009–10 are:

Registration under mutual recognition provisions	
Dentists	\$280
Dental specialists	\$140
Dental hygienists	\$280
Dental therapists	\$280
Initial registration	
Dentists	\$295
Dental specialists	\$145
Dental hygienists	\$295
Dental therapists	\$295
Annual renewal fees	
Dentists	\$280
Dental specialists	\$140
Dental hygienists	\$280
Dental therapists	\$280

It should be noted that dental specialists are required to have general dentist registration as well as specialist registration. Those who have two registrations pay half price for the second registration.

All fees collected by the Board are paid into a trust account overseen by the ACT Public Trustee. Staff and administrative services are supplied through ACT Health on a cost-recovery basis.

## Finances

Brought forward	\$180,268
Revenue	\$109,936
Interest	\$8,179
Expenditure	\$178,067
Carry forward	\$120,316

## Access

The Dental Board will cease to exist at midnight on 30 June 2010. All inquiries about health professional registration as a dental professional should be directed to:

Australian Health Practitioner Regulation Agency (AHPRA)  
PO Box 9958 CANBERRA ACT 2601



Dr Peter GS Walmsley BDS MDS  
President

# Dental Technicians and Dental Prosthetists Board Annual Report 2009–10

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## Requirement for the report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the *Annual Reports (Government Agencies) Notice 2010 (No. 1)*.

## President's report

I am pleased to offer the Annual Report of the Dental Technicians and Dental Prosthetists Board for the year ended 30 June 2009. Appreciation is extended to all members of the Board for their considerable efforts during 2009–10.

The Board also places on record its appreciation for the work of the staff of the Health Professions Registration Boards Secretariat in providing the administrative and operational support to assist the Board to fulfil its statutory functions and obligations.

I wish to acknowledge the challenging year the Board has experienced with Board membership changes and the effects the implementation of national registration of many health professions have had on the Board. While dental technicians are excluded from national registration, dental prosthetists will come under the jurisdiction of the Dental Board of Australia as of 1 July 2010.

The Board informed the profession that dental technicians will no longer require registration after 31 August 2010 after the decision of the Acting Health Minister, Mr Simon Corbell MLA. A legislative provision will be placed into the *Health Act 2003*, which deems it necessary for only qualified dental technicians to be engaged by both dentists and dental prosthetists for dental technical work. This provision will continue to protect the public without registration or licensing.

To all those who have served on the ACT Dental Technicians and Dental Prosthetists Board over the years, I say thank you.

## Constitution, goal and function

Under the Health Professionals Regulation 2004:

1. The board is made up of the president and 6 appointed members.
2. The appointed members must include:
  - a) a community representative; and
  - b) 2 dental prosthetists; and
  - c) 2 dental technicians.
3. The remaining appointed member must be:
  - a) a dental prosthetist; or
  - b) if the president is a dental prosthetist—a dental technician.

The Board administers the Act and the regulation, which provides for the registration of appropriately qualified persons before they may practise in the Australian Capital Territory. It charges the Board with the responsibility for such registration and with ensuring the orderly conduct of the practice of the profession.

Registration is granted by the Board where criteria set out in the Act and the regulation are met. The criteria are based on minimum levels of professional education and training so that only those who are competent to do so are allowed to practise. It is an offence under the Act for unregistered persons to practise in the Australian Capital Territory.

The Board wishes to express its concern that from 1 July 2010 dental prosthetists will be registered by a national dental board. This will have operational and financial implications for this Board, which will retain responsibility for the registration of dental technicians in the ACT.

## Membership (up to 30 June 2010)

### **President**

Rex Jefferson-Taite                      Appointed Dental Prosthetist (May 2010)

### **Deputy President**

Mr Rohan Scott                          Appointed Dental Technician

### **Members**

(Vacant)

Mr David McGuinness                  Appointed Dental Prosthetist

Mr Chris McCarthy                      Appointed Dental Technician

Mr Terry McHugh                        Appointed Dental Prosthetist (May 2010)

Mrs Debbie Papadopoulou              Appointed Community Representative

### **Secretariat**

Mr Alan Skelton                         Manager/Executive Officer

Mr David Bale                             Registrar

## Committee reports

The Board met formally on four occasions during 2009–10. Subcommittees met on an as-required basis to consider issues. Board representatives attended meetings with the allied health boards on governance, transition, the new legislation and financial matters. The Board continued to work effectively with the coalition of allied health boards and with the Dental Board of the ACT in particular.

Brought forward	\$4,782
Revenue	\$24,525
Interest	\$1,159
Expenditure	\$27,791
Carried forward	\$2,675

## Registration statistics

During the year the Board registered three dental technicians and one dental prosthetist. All four applicants were registered as initial applications. As at 30 June 2010, there were 59 dental technicians and 20 prosthetists on the register.

## Registration fees

Dental technician or dental prosthetist	
Initial registration	\$350.00
Mutual recognition	\$350.00
Annual renewal	\$300.00

(Note: A dental prosthetist is required to be registered both as a dental technician and as a dental prosthetist and pays two registration fees.)

Dental prosthetists must be covered by indemnity insurance, while dental technicians must maintain product liability insurance.

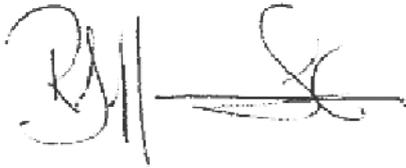
## Complaints and disciplinary action

No complaint was received by the Board during 2009–10.

## Access

The Dental Technicians and Dental Prosthetists Board will cease to exist at midnight on 31 August 2010. All inquiries about dental prosthetists' registration should be directed to:

Director of Registrations  
Australian Health Practitioner Regulation Agency (AHPRA)  
GPO Box 9958  
Canberra ACT 2601



Mr Rex Jefferson-Taite  
President

# Medical Board Annual Report 2009–10

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## Requirement for report

This report is provided in accordance with section 8 of the *Annual Reports (Government Agencies) Act 1995*.

## President's report

This is the last Annual Report from the ACT Medical Board, as from 1 July the role of registering medical practitioners and the role of protecting the public will move to the Australian Health Practitioners Authority and more specifically the Medical Board of Australia.

A national scheme for registration and regulation is something that all the state and territory medical boards have been moving towards for some years, and with the new scheme there should be consistency of registration standards across the country, hopefully a maintenance of standards, and at the end of the day an improved process for the protection of the public.

In my last report I foreshadowed that the ACT may not be represented on the Medical Board of Australia. After intense lobbying I was glad to see that the health ministers reversed their earlier decision and all states and territories are now represented on the Medical Board of Australia (this is not the case with all the national boards, however).

The disappointing fact with the implementation of the national law in the ACT is that we did not follow accurately the national model. The health ministers agreed that, excluding specifically New South Wales, all states and territories would enact the same piece of legislation. This has happened everywhere but in the ACT for reasons that are not readily apparent. The result of this is that the handling of complaints or reports, which has been somewhat problematic in recent years, will continue to be done differently in the ACT compared to the rest of the country. The legislation in the ACT has resulted in an increase in powers of the Health Services Commissioner compared to other states and there will continue to be confusion as to who has the authority to investigate reports, no matter to whom the complaint is made. The recent changes to the Human Rights Commission Act have strengthened the concept of sharing of information but unless there is increased funding for the Health Services Commissioner to perform investigations adequately then I fear that the public will not be adequately protected or that doctors will be either under- or over-investigated. The ACT Government indicated it would conduct a review of the operations of the national law in the ACT in 12 months' time.

2009–10 has been a busy year for the board with managing the registration process, reviewing complaints and at the same time supporting the profession through the Doctors' Health Committee. I commend to you the reports from each of the committees that follow. There have been a significant number of panel hearings, and a recurrent theme is that there is a lack of communication leading to a complaint.

This year there have also been an increased number of hearings at the new ACT Civil and Administrative Tribunal. These are at the more serious end of the spectrum, where an adverse finding may result in removal of registration. Although by its nature and seriousness of its consequences it is more legal in approach than in Professional Standards Panel hearings, we remain very frustrated at the delay brought about by the defence counsel and the considerable delay of the ACAT handing down its final decisions. At the time of writing this report, there are three serious cases that have been heard completely but we are awaiting the ACAT's decision. In one of these cases we have been waiting seven months for their decision. If this was the time delay in assessing an urgent case in the Emergency Department at the Canberra Hospital then it would be on the front page of the Canberra Times tomorrow and the Medical Board would, rightly so, be investigating the relevant doctors immediately!

I would like to end this last report by thanking a number of people. The panel hearings are usually held in front of a panel of three, consisting of one community representative and two medical practitioners. These people give up considerable time to assist the board in carrying out its functions and I am grateful for their time and considered opinions. The fact that these panels are at an arm's length to the board reinforces the board's independence.

The nine members of the board meet regularly at board meetings and committees and again I am impressed at how all the board members are generous with their time and turn up having read all the relevant papers, willing to contribute. It is by the continued participation of the profession that we can be seen to be regulating our own profession. The participation and value of the community representatives cannot be underestimated.

Finally, none of this would happen if not for the hard work of the secretariat of the board. We have lost several members of staff throughout the year and because of the transition to the new scheme they have not been replaced. This has resulted in an increase workload for the remaining staff and I appreciate their time and dedication. The whole team has been led by Bob Bradford for many years and we have been well served by his experience and expertise. We are very fortunate that Mr Bradford has been employed by the Australian Health Practitioner Regulation Agency to oversee the functioning of the 10 health professions in the ACT. With his oversight I can assure you that medical regulation in the ACT is in sure hands.

## Legislation

The *Health Professionals Act 2004* as it relates to the practice of medicine commenced on 7 July 2005. The main object of the legislation is to protect the public from risk of harm by ensuring that the people who provide health services are competent to provide health services and to help health professionals to achieve and maintain the required standard of practice.

The board is established under Schedule 1 to the Health Professionals Regulation 2004. The board administers the Health Professionals Act 2004 as applied to the regulation of the medical profession. Among other things the board:

- a) administers the registration of medical practitioners and undertakes a continuous review of the standard of practice of the medical profession in the ACT
- b) gives advice to the Minister, profession and public about matters relevant to the medical profession
- c) sets standards of practice for the medical profession in the ACT
- d) promotes and monitors continuing competence of medical professionals and their professional development
- e) deals with registered medical professionals who contravene the required standard of practice or who do not satisfy the suitability to practise requirements
- f) provides information to allow the laying of charges against people who commit offences against the Health Professionals Act
- g) develops and promotes best practice standards to which registered medical professionals should aspire
- h) provides information to confirm whether or not someone is a registered medical professional.

## Membership

The board consists of nine members, seven being registered medical practitioners and two other members being community representatives, one of whom must be a lawyer of five years standing. The Minister for Health appoints the president, who must be a registered medical practitioner, three other medical practitioners and the community representatives. Members of the medical profession registered in the ACT elect the remaining three medical practitioners in accordance with the Health Professionals Regulation 2004.



The board has continued its active involvement in the Australian Medical Council (AMC). The board president is a member of the AMC and together with the board's executive officer serves on the AMC's Joint Medical Boards Advisory Committee (JMBAC), which considers matters of national uniformity in the regulation of the medical profession.

In addition, the board's executive officer is chair of the council's registrars' subcommittee, which develops national registration policy and investigates technical issues covering registration. This body has in recent years developed and gained approval for national policies covering English language proficiency, certificates of registration status, verification of identity, flagging of practitioners and verification of qualifications, all of which have been subsequently implemented by state and territory medical boards.

A further major board activity is dealing with medical practitioners who contravene the required standard of practice or who do not satisfy the suitability to practise requirements.

In September 2007 the president, on behalf of the board, signed a deed of agreement with ACT Health, which will continue to be in place until July 2010. The deed formalised the relationship between the two organisations, recognising the self-funding status of the board and the status of ACT Health, which provides staff to support the board, with the cost of their salaries paid for from board funds.

## Registrations Committee

### Committee activities

The Registrations Committee considers applications for registration and applications for reinstatement to the register. It also reviews the current registration of conditionally registered practitioners and considers applications for amendments to the register. The committee makes recommendations on registration and associated matters for board consideration and approval. The committee has been chaired by Dr Sally Somi, with Dr Phil Barraclough, Dr Kerrie Bradbury and Dr Bill Burke as members.

Over the reporting year the committee considered the following numbers of applications:

Activity	Number of applications	
	2009–10	2008–09
Initial applications	120	129
Mutual recognition applications	352	366
Review of registration	155	205
Administrative removal from register	370	384
Renewal of registration	2026	1939
Other registration activity	57	87
<b>Total</b>	<b>3080</b>	<b>3110</b>

### Registration statistics

The board maintains four parts to the register, these being:

- General Register—This part includes general (unconditional) registrants, as well as those registrants with conditional (or specific) registration, including interns, AMC trainees, area of unmet registrants, postgraduate trainees, practitioners in specific teaching and research positions and practitioners registered in the public interest.
- Specialist Register—The names of practitioners who possess a specialist qualification recognised under Schedule 2 to the Health Professionals Regulation and who wish to practise that speciality in the ACT are included in this part.
- Non-Practising Register—This part comprises those people who are not engaged in active clinical practice but wish to remain on the register.

- d) Student Register—The student register comprises those undergraduates who are studying medicine in the ACT.

As at 30 June 2010, the following numbers were registered against the applicable parts of the register:

Register	2009–10	2008–09	2007–08
General	1482	1504	1501
Specialist	793	724	616
Non-practising	155	167	162
Student	377	355	318
<b>Total</b>	<b>2797</b>	<b>2750</b>	<b>2597</b>

## Professional Standards Committee

### Report from the Chair

The committee has continued its relatively heavy workload over the reporting year, as demonstrated by the statistics below. While maintaining a continued concern about the ability of the health services commission to close matters without reference to the board, as well as the commission only supplying de-identified complaint information to the board, the committee as the board's delegate has continued to function cooperatively with the commission.

There do not appear to be any unusual trends identified in reports received by the board, as seen in the statistics provided in this report.

Membership of the Professional Standards Committee at the end of the reporting year was Ms Pam Brown (Chair), Dr Stephen Bradshaw, Dr Peggy Brown, Dr Sally Somi and Dr Tim McKenzie.

### Committee activities

The Professional Standards Committee undertakes two main functions on behalf of the board. It conducts an initial review of reports and where appropriate negotiates an outcome on behalf of the board. It also makes recommendations to the board regarding the necessity of holding professional standards panel inquiries.

### Investigation of reports

Reports from members of the public come to the attention of the board by two pathways: direct from consumers or by referral from the health services commission. Any reports received directly by the board must in most cases be referred to the commission for assessment and possible consideration.

Consideration of reports by the committee over the reporting year is summarised in the following table:

Reports	2009–10	2008–09	2007–08
Reports brought forward	14	23	15
New reports	30	44	33
Sub-total	44	67	48
Resolved	18	53	25
Carried forward	26	14	23

The nature of the new reports considered by the committee are categorised in the following table:

Nature of new reports	2009–10	2008–09	2007–08
Clinical standards	6	17	9
Quality of care	10	11	3
Business practices	3	5	3
Prescribing	2	2	3
Practitioner/patient relationship	1	0	3
Patient rights	5	1	4
Other unethical/improper conduct	0	3	5
Content of medical reports/records	3	4	1
Related to doctor's health issues	0	1	2
<b>Total</b>	<b>30</b>	<b>44</b>	<b>33</b>

## Doctors' Health Committee

### Report from the Chair

Throughout the year the Doctors' Health Committee (DHC) continued its role of monitoring the health conditions of doctors already on the Health Program, interviewing new doctors who were entering the program and liaising with doctors and their employees, where necessary, to ensure safe working conditions.

A full audit was conducted to review conditions and undertakings to make sure they were up to date and relevant to current circumstances. Reports were reviewed from treating psychiatrists and GPs. Some doctors were removed from the program by mutual agreement and others had their conditions altered through the establishment by the board of personal assessment panels.

Several new doctors were entered onto the program. They were mainly self-reported and resulted in voluntary undertakings. Other reports came from concerned colleagues and hospital employers. Some of these reports resulted in the establishment of personal assessment panels to ensure appropriate medical and workplace safeguards were in place.

During the year three forums were held to discuss doctors' health issues. The first was under the auspices of the AMA and it gave the DHC an opportunity to explain its role and function to a broad group of ACT medical practitioners. The board also co-sponsored two functions titled 'Healthy Doctors, Healthy Patients' with the ACT Division of General Practice. These were both very well supported by the medical community and provided a further opportunity to explain the role of the board and, in particular the DHC, in supporting doctors' health.

As the transition to the National Registration and Accreditation Scheme takes place, it is to be hoped that doctors' health continues to be given priority and that funding is provided to continue to provide a safety net for doctors and their patients.

Committee membership over the reporting year was Dr Phil Barraclough (Chair) and Dr Lev Fridgant.

### Committee responsibilities

The committee assesses and manages reports on the health and wellbeing of registered medical practitioners and manages the doctors' health program on behalf of the board. The names of practitioners on the program are confidential, with only committee members having access to this information and the board only ever receiving de-identified reports from the committee.

## Finance Committee

### Membership

Committee membership over the reporting year was Dr Vida Viliunas (Chair), Dr Stephen Bradshaw and Mr Robert Shelton.

### Committee responsibilities

The Finance Committee manages the financial activities of the board, develops and makes recommendations to the board on its financial policy, and oversees the collection of financial receipts and expenditure of board finance.

### Statement of accounts

The unaudited board statement of accounts for the reporting year is set out below.

Revenue	2009–10	2008–09	2007–08
Registration and associated activities	\$893,384.95	\$843,327.30	\$727,269
Interest received	\$47,372.42	\$70,227.56	\$64,097
<b>Total revenue</b>	<b>\$940,757.37</b>	<b>\$913,554.86</b>	<b>\$841,366</b>
Less			
Expenditure	2009–10	2008–09	2007–08
Board activities	\$940,340.09	\$774,519.99	\$618,435
Accrued liabilities	\$2,160.46	\$17,072.53	\$1,320
<b>Total</b>	<b>\$942,500.55</b>	<b>\$791,592.52</b>	<b>\$619,755</b>

## Transition Committee

### Report from the Chair

The Transition Committee comprising Ms Megan Lauder as Chair and Dr Stephen Bradshaw and Dr Charles Howes as members continued the work of transitioning the board to the new national registration, accreditation and complaint handling scheme, which is due to commence on 1 July 2010. Final consultations and recommendations were considered by the committee and feedback was provided to the parliamentary counsel on the draft legislation to be adopted in the ACT. The culmination of the committee's work has been to assist the board with a smooth transition to the new scheme, as established by the *Health Practitioner Regulation National Law (ACT) Act 2010*.

### Committee responsibilities

The Transition Committee was established by the board to:

- consider discussion papers, reports, draft bills and legislation relating to national registration and accreditation and other matters relevant to the functions of the board
- draft responses and/or reports concerning the documents and matters set out in (a) above for consideration of the board
- if necessary, forward responses and/or comment on the document set out in (a) above on behalf of the board if the required timeframes are too short to allow consideration by the board
- consider matters referred to it by the board.

The board has delegated to the committee the responsibility to consider on behalf of the board any discussion paper or document that relates to the National Registration and Accreditation Scheme. As necessary, the board will develop parameters to assist in this function and to guide the committee where the board expects matters to be presented to it for its consideration.

## Disciplinary and associated standards matters

### Inquiries

The *Health Professions Act 2004* provides for three types of inquiries to be conducted into reports received against registered medical professionals. These are inquiries conducted by the health professions tribunal, a professional standards panel or a personal assessment panel.

### Tribunals

Inquiries conducted in the ACT Civil and Administrative Tribunal (ACAT), which commenced operation in February 2009, are listed below. Names of practitioners have been de-identified where ordered by the tribunals. In addition it is board policy not to name practitioners where a matter has not been proven or where the matter has not yet been completed.

#### **Dr TR01**

This matter commenced under the now repealed *Medical Practitioners Act 1930*, where the then medical board conducted an inquiry into the practice of Dr TR01. In October 2006 under the current legislation the board lodged an application in the health professions tribunal seeking orders that Dr TR01 was not suitable to practise medicine. Dr TR01 subsequently lodged an application in the tribunal in December 2006 which stated that the board's application was an abuse of process, was frivolous and vexatious and was beyond the power of the tribunal to determine.

The tribunal dismissed the doctor's application in March 2007, which resulted in the doctor appealing that decision in the Supreme Court, which heard the matter in August 2007. In July 2008 the board noted that, although an oral decision had been handed down by the Court, the written decision was still to be received. The board was most concerned about the lack of a written decision and subsequently lodged an application in the tribunal to recommence the hearing in the absence of the Supreme Court's written decision.

At a directions hearing conducted in the ACT Health professions tribunal in August 2008, the practitioner applied for a stay of hearing on the grounds that the board's allegations were vexatious and frivolous and the practitioner was not fit to proceed. At a directions hearing conducted in September 2008 the board was requested to obtain its own reports on TR01's fitness to proceed with the hearing.

In December 2008, the board was advised that neither the practitioner nor his legal counsel would take part in the proceedings. The board resolved to pursue the matter, the hearing of which was completed in the ACAT in October 2009. At the time of drafting this report, the decision of the ACAT was yet to be handed down.

#### **Dr TR02**

This longstanding matter relates to an application for registration by Dr TR02, an international medical graduate. Dr TR02 first gained conditional registration in the ACT in February 2003. His registration was subsequently reviewed by the board in June 2005, at which time the board resolved not to extend his registration beyond January 2006. The practitioner subsequently applied for specialist area of need assessment via the AMC, during which he was found suitable to fill an area of need position but was not found to be substantially equivalent to an Australian trained specialist.

Dr TR02's most recent application for registration was to the board in July 2008, at which time the board declined to grant registration. The practitioner appealed the decision to the health professions tribunal, seeking orders that the tribunal order that he be registered as a specialist medical practitioner and secondly that he be granted conditional registration in the public interest. In March 2009 the tribunal ordered that the practitioner be registered as a specialist for the period 27 March 2009 to 26 March 2010 subject to conditions.

In April 2009 the board lodged an appeal in the ACAT seeking to have the decision set aside and for the practitioner not to be registered. At the time of drafting this report, the decision of the ACAT had yet to be handed down.

### ***Dr TR03***

In April 2008 Dr TR03 requested that the tribunal amend the conditions of his registration. In May 2008 the tribunal subsequently ordered that the board establish a professional standards panel to consider his request.

In February 2009 Dr TR03 again lodged an application with the now ACT Civil and Administrative Tribunal for a review of the conditions on his registration. The practitioner subsequently withdrew his application from the ACAT.

### ***Dr TR04***

This matter relates to an allegation that, contrary to section 144 of the Health Professions Regulation 2004, Dr TR04 engaged in inappropriate behaviour involving a patient who was a user of a health service provided by the practitioner.

In March 2002 the practitioner became the patient's treating general practitioner. At that time the practitioner diagnosed the patient as suffering from post-traumatic stress disorder (PTSD) arising from events at her place of employment. For the next four years the practitioner treated the patient for PTSD and other medical conditions. In September 2006 Dr TR04 became involved with the patient in personal and social activities unrelated to his treatment of the patient whilst continuing also to be her treating general practitioner. Shortly afterwards in 2006, the practitioner commenced a sexual relationship with the patient, whilst continuing also to be her treating general practitioner.

The practitioner continued a personal and sexual relationship with the patient, contrary to professional advice from a psychologist. Dr TR04 did not cease to be the patient's treating general practitioner until mid-October 2006.

This matter was heard in the ACAT and resulted in the practitioner being suspended for a period of 12 months. The practitioner is also required to complete a course in sexual misconduct assessment before becoming eligible for the lifting of the suspension.

This matter was heard in the ACAT in June 2009. The practitioner subsequently lodged an appeal in the ACAT against the decision. The decision in the appeal is yet to be handed down by the ACAT.

### ***Dr TR05***

The board made an application to the ACAT that the practitioner had breached, and displayed behaviour indicative of a risk that he will continue to breach, the required standard of practice by engaging in a standard of practice that endangered and continues to endanger public health and safety.

In February 2007, Patient A presented to Dr TR05. The practitioner failed to take an adequate history from the patient, failed to examine the patient's abdomen and made no medical notes about those matters. The practitioner recommended Patient A take the non-prescription drug Buscopan to treat an upset stomach without proper consideration of the appropriateness of that drug. Dr TR05 then discharged the patient from his care. Patient A subsequently presented to Dr TR05's colleague, at which time she was referred to hospital to obtain an urgent ultrasound. Subsequent to the ultrasound, an infection was identified around the patient's appendix and the patient underwent emergency surgery for removal of her appendix.

In February 2008, the practitioner presented before a professional standards panel of the board, at which time the panel found that he had failed to take an adequate history from Patient A, failed to conduct an appropriate examination and recommended the drug Buscopan without proper consideration of the appropriateness of that drug. The panel also found Dr TR05's medical notes to be inadequate and to be below the standards expected of a competent medical practitioner.

In May 2008, Patient B presented to Dr TR05 accompanied by his wife. The patient complained of toothache, constipation and a general pain around his ribs. Dr TR05's consultation notes recorded 'Toothache, Rx Keflex 500' and a prescription for the antibiotic drug Keflex was ordered. The patient was then discharged from the practitioner's care.

In May 2008, Patient B again presented to the practitioner. Patient B was in a walker, dragging his feet and unable to motivate his body, and was again accompanied by his wife. The practitioner's consultation notes recorded complaint of 'coughing or vomiting all intake 24 hrs, unable to keep tablets down. Hiccough and eructation'. The patient and his wife spoke about the patient bringing up brown fluid. The consultation notes record that on examination of the patient's chest the practitioner found 'some congestion upper zones'. The notes then record 'Rx Stemetil suppositories and RV 24hrs', meaning recommended treatment with Stemetil, being a drug to address nausea and vomiting, and for the patient to be reviewed after 24 hours. The patient was then discharged from Dr TR05's care.

The practitioner did not examine the patient's abdomen as a reasonably competent medical practitioner would have done in response to the complaints made, and a reasonably competent medical practitioner, on examination of the patient's abdomen, would have readily identified the hernia. Patient B collapsed and died in the medical practice car park shortly after seeing Dr TR05. The direct cause of death was the small bowel obstruction related to the hernia.

In October 2008 the Chief Pharmacist provided a report to the board concerning prescriptions for drugs of dependence written by Dr TR05. The report indicated that the practitioner had written prescriptions for morphine 30mg/ml ampoules and oxycontin 80mg in proportions substantially higher than the proportions for all doctors in the ACT, in circumstances where there is no reasonable and acceptable explanation for that kind or level of prescribing. It also stated that the practitioner, in the case of 19 patients, had prescribed drugs of dependence to the patients without the approval of the Chief Health Officer and where the scripts might have been written in contravention of the Drugs of Dependence Act 1989. In most cases, Dr TR05's patient notes concerning the 19 patients referred to did not record any examination of the patient or reason for prescribing a drug of dependence.

In January 2009, Patient C presented to the practitioner with his wife. Both the patient and his wife explained to Dr TR05 that the patient had collapsed twice that morning. The patient complained of persistent pain in his left groin and a sore back. The practitioner twice moved Patient C's left leg up and down, bending and straightening the leg, and then agreed that the patient had a pinched nerve. A prescription for Panadeine Forte for pain relief was provided and the patient discharged.

Dr TR05 did not examine the patient's groin, back or abdomen as a reasonably competent medical practitioner would have done in response to the complaints made, and a reasonably competent medical practitioner, on examination of the patient's abdomen, would have readily identified that the patient's medical needs extended beyond a pinched nerve and would have taken steps to address those needs. The patient collapsed at his home soon after leaving Dr TR05's care and was admitted for emergency surgery later that day.

During the hearing it became evident that the practitioner was displaying symptoms of an illness and was unable to participate in the hearing. By agreement the practitioner undertook not to practise medicine for a period of at least six months. On completion of the six-month period, the practitioner was able to reapply for conditional registration after providing medical evidence that he is able to meet the suitability to practice requirements of the *Health Professionals Act 2004*. The practitioner also agreed to submit to an independent medical examination proposed by the board.

Any future registration of the practitioner would be subject to him not prescribing any controlled medicine and successful completion of a range of named medical courses.

### ***Dr PS01***

As a result of a decision brought down by a professional standards panel (see entry later in this report) the practitioner lodged an appeal in the ACAT to overturn the decision of the panel. After due inquiry, the tribunal determined that the decision of the panel in this matter should be set aside. There were no adverse finding on the allegations made against the practitioner as contained in the notice of inquiry.

### ***Dr DJ Prosser***

On 25 November 2008 the ACT Health Professions Tribunal cancelled the registration of David John Prosser in accordance with section 64(1) (k) of the *Health Professionals Act 2004*. The board received a letter from Dr Prosser on 21 October 2009 in which he advised that he wished to apply for conditional registration. Dr Prosser then applied for registration with the board in November 2009, which was subsequently considered by the board on 18 December 2009. After due consideration, the board resolved to refuse the application. Dr Prosser subsequently lodged an appeal in the ACAT.

In making its decision the board noted the serious nature of the matters heard by the tribunal, which focused on poor consultation techniques, inadequate record keeping and inappropriate prescribing of drugs of addiction. It further noted that the tribunal found the matters proven and that they were serious enough for Dr Prosser's registration to be cancelled. Notwithstanding advice from Dr Prosser of the professional development he had undertaken since December 2008, the board did not believe that Dr Prosser had rehabilitated himself to the degree where he could be permitted to again practise medicine. It further believed that he would need more time for this to successfully occur. After due inquiry, the ACAT dismissed Dr Prosser's application.

### ***Dr TR06***

This practitioner came to the attention of the board after he admitted to inappropriate self-use of an intravenous drug. After an interview with the chair of the board's Doctors' Health Committee, he signed an undertaking with the board which included clauses that he would not use intravenous drugs again, that he would limit his work to daylight hours and that he would only work under the supervision of an anaesthetist.

Subsequent to the signing of the undertaking, the board was advised that the practitioner had worked and continued to work interstate outside of the conditions of the undertaking. The board then applied for an emergency order in the ACAT suspending the registration of the practitioner. After a hearing, the ACAT dismissed the board's application.

## **Professional standards panels**

A professional standards panel is established by the board to consider whether a practitioner has breached the required standards of practice. A panel only considers matters which will not result in the practitioner being suspended or deregistered.

It is also board policy not to name practitioners who have appeared before a professional standards panel, as the board believes that such panels are educative and not disciplinary in nature and help encourage a willingness by practitioners to engage with the board.

## **Panel reports**

### ***Dr PS01***

The subject matter of the inquiry consisted of allegations that he failed to adequately assess his patient's condition by failing to diagnose the type of priapism, that he failed to perform or arrange the performance of appropriate treatment in a timely fashion and that he failed to adequately and appropriately treat the priapism, which may have led to long-term physical damage.

The panel found the allegations substantiated. Whilst it was satisfied that there was a departure from the required standard of practice because more active steps were not taken to resolve the problem of priapism within a reasonable period of time, the panel noted that this delay was complicated by a number of factors: first, the unusual nature of the condition; second, the initial presentation of the condition without reported penile pain; third, the ineffectiveness of the initial treatment; and, fourth, the need to transfer care on a temporary basis to a colleague.

The panel believed that the practitioner had learnt considerably from this experience and this hearing and he indicated that he would now act differently if presented with a similar situation. For these reasons, the panel was of the view that no further action was necessary.

### ***Dr PS02***

The subject matter of the inquiry consisted of the following. In April or May 2009 Dr PS02's receptionist charged an extra doctor's consultation fee after checking a test appointment date which was held on file for Patient A. When the patient queried this charge, the receptionist was then rude to the patient, implying that she should already know the date for her next test date. The receptionist then implied that the patient should seek medical treatment elsewhere. In June 2009, the receptionist refused the patient both an appointment and a place on a waiting list. On 21 July 2009, the patient sought an appointment for her daughter for an acute ear infection but was told by the receptionist that there was a minimum four-week wait.

On 22 July 2009, Patient A telephoned Dr PS02's surgery to obtain an appointment for 24 July but was again told there were no available appointments for four weeks. The patient made plain the urgent nature of her request but was told, 'No, there's nothing', and was then hung up on by the receptionist. On 13 August 2009 Patient A telephoned for an appointment for her daughter. She was told at this time by the receptionist that there were no appointments for four weeks. As her daughter's needs appeared to be acute, treatment was eventually obtained from another medical centre.

On 14 August 2009 the Patient A again rang for an appointment to see Dr PS02 at the request of the medical centre which had seen her daughter on the previous day. At this time the receptionist stated: 'There are no appointments available, in fact, there are no more appointments for you or your family. I have spoken with the practitioner and we have decided not to treat you anymore, so you can move on'.

On 22 June 2009 Patient B sought an appointment with Dr PS02 after having been involved in a car accident. Upon arrival at the surgery, the receptionist questioned the extent of the injuries which had been sustained by the patient during her accident. The receptionist was also rude to the patient's partner when she said: 'Who are you? Her answering machine? Her boss? I was not talking to you!' About 15 minutes after this incident, the patient's partner went outside to make calls to family members about the accident. When he attempted to return to the surgery, the receptionist advised the patient to 'tell your partner he is not allowed back inside'. The receptionist stated that she did not want him to return as he had been smoking outside. The partner stated that he was not smoking at this time but was on the phone.

Subsequent to this, the patient's partner's telephone rang again and, as he went outside to answer it, the receptionist said: 'Get out, I don't want you here, don't come back!' When he asked why he was told to leave, the receptionist stated: 'It doesn't matter, just get out!' The receptionist then turned to the patient and said: 'You too get out!' The receptionist also insisted that the patient or her partner take her medical records with them. When Dr PS02 came from his office at this time and indicated that he intended to see the patient, the receptionist was heard to say of the patient's partner: 'I don't want that thing here, I want that thug gone!'

After the consultation, the patient gave the receptionist her Medicare card in order for her appointment to be processed. Whilst the patient was signing the Medicare slip, the receptionist said: 'Don't you ever come back here again'. The patient replied that the practitioner intended to see her again, to which the receptionist replied: 'No, this is my practice and I do not want you and your partner here again, if you call I will not give you an appointment, if you come here again I will call the police'.

The panel took into consideration a list of a total of 16 complaints made to Health Services Commissioner over the period 1999 to 2009. It noted that not all these complaints had been fully investigated. Most of the complaints were made by telephone and not followed up in writing by the complainants.

In taking into consideration this list of complaints, the panel was cognisant of the need to provide procedural fairness and it made no specific findings in relation to the first 14 complaints listed. However, it considered that it is relevant to take these complaints into account to the extent only that they indicate a pattern of complaints about behaviour within the medical practice of Dr PS02. The panel noted that each of these complaints concerned the behaviour of one receptionist in the practice. Significantly, there were no complaints concerning the other receptionist.

In accordance with section 122 of the *Health Professionals Act 2004*, the panel, being comfortably satisfied at the Briginshaw Standard of Proof, and using both orally stated and written information as specified, found that the practitioner had contravened the required standard of practice as set out in section 137 of the Health Professionals Regulation 2004. The panel's reasons for its decision were that the practitioner had not dealt with complaints constructively, had not complied with any complaints procedure, had prejudiced the care of a patient by immediate 'expulsion' from the practice without alternative health care measures being put in place and did not act immediately to address the complaint.

The panel ordered that Dr PS02 be formally reprimanded and that he be required to take part in a review of his professional practice. The review specified is to attempt to obtain accreditation of the practice through AGPAL (Australian General Practice Accreditation Ltd). In addition the panel ordered that he undertake a Practice Management Course with an approved body with particular attention to interpersonal management skills. In addition it is a strong recommendation that the receptionists of the practice undertake a receptionist's course under the guidance of the Association of Practice Managers or other approved body. Furthermore, the panel strongly recommended that one named receptionist should work within the practice in a role that does not involve patient contact.

The panel also ordered that the practitioner's progress towards satisfying these orders be monitored and assessed by the board in 12 months from this date.

### ***Ongoing professional standards panel matters***

A further four professional standards panels were being processed towards hearing at the end of the reporting year.

## **Personal assessment panel**

The board establishes personal assessment panels to consider issues of whether a medical practitioner is suffering from a physical or mental illness that might affect their practice of medicine. Panels can also be established to review the current conditions of registration of a practitioner.

### ***Dr PAP01***

This practitioner was registered in the ACT following imposition of health conditions in another jurisdiction and sought to have his conditions of registration amended in the ACT. In accordance with section 103 of the Act, the board established a personal assessment panel to hear the matter. After due consideration, the panel resolved not to amend the conditions.

### ***Dr PAP02***

This practitioner applied to have amended the health conditions imposed on her by the board at time of initial registration. In accordance with section 103 of the Act, the board established a personal assessment panel to hear the matter.

A comprehensive background was considered by the panel by way of a psychiatric report, which advised that the practitioner has had a history of emotional difficulties since early childhood and has suffered at least two hypomanic episodes and recurrent depressive episodes. She has used a range of medications, including lithium carbonate and sodium valproate, in addition to electroconvulsive therapy. She offers a realistic appraisal of past difficulties. Over the last 12 months, there have been signs of significant improvement, including no formal thought disorder, no psychotic phenomena or suicidal thoughts.

During the course of the hearing, the practitioner advised the panel that she was working at CMO doing pre-employment medical assessments on a range of people preparing to enter a range of jobs. Her current employer is aware of the conditions on her registration. She advised that she enjoyed her work but described it variously as 'banal' and 'perfunctory' and said she would eventually like to progress on to general practice. She wants to continue to pace her work realistically and does not want to work in a 'sausage factory'.

After discussing these issues with the practitioner, observing her demeanour and hearing her explanations, the panel members felt that she had insight into her life situation and had made considerable improvements in her thoughts and coping skills in the last 12–18 months. The panel resolved to make amendments to the registration conditions.

### ***Dr PAP03***

This practitioner applied to have amended the health conditions imposed on her by the board at time of initial registration. In accordance with section 103 of the Act, the board established a personal assessment panel to hear the matter.

A psychiatrist had reviewed the practitioner and provided a report to the panel noting a number of significant matters. These included previous psychiatric reviews, her compliance with all aspects of her assessments and treatment and that there was continued improvement in her insight into her condition. The psychiatrist had recommended that it would be reasonable to increase her normal rostered hours to 32 per week, without doing overtime or being on call.

The practitioner informed the panel that she had been undertaking 25 hours per week in the General Practice Program in a busy practice in Canberra and that she worked in close communication with her supervisor. She stated that she enjoyed her general practice rotation with her current supervisor, and she appreciated the close supervision she had experienced. She felt well supported.

The practitioner also advised that her rotation with the practice had come to an end and that she had been rotated. She also appreciated working in this practice and enjoyed meeting the other practitioners at lunch time and debriefing. The panel was informed that the practitioner's next scheduled rotation may be to rural New South Wales, consistent with her position as a rural bonded GP trainee. The practitioner advised that she felt the current registration conditions were supportive of her and protective for her current employment pattern.

After reading the recommendations of the psychiatric report, discussing the relevant issues with the practitioner and observing her demeanour and her explanations, the panel concluded that the practitioner had made excellent progress since the last inquiry, held in January 2009. It noted that the practitioner was well and that she continued to grow both professionally and personally.

The panel felt that, consistent with the practitioner's personal and professional growth, the recommendations of the reviewing psychiatrist for the practitioner's working hours to be increased from 25 to 32 working hours, within standard hours, should be accepted and approved. The panel concluded by congratulating the practitioner on her success.

### ***Dr PAP04***

In December 2009 this practitioner requested a review of his conditions of registration, which had been agreed upon at a previous personal assessment panel in 2005. In accordance with section 103 of the Act, the board established a personal assessment panel to hear the matter.

The panel considered a range of issues, including the conditions agreed upon at the personal assessment panel held in September 2005, various reports from the treating general practitioner, reports from the treating psychiatrist and a letter to the board from the practitioner confirming that he was not working more than 40 hours per week but occasionally might see more than four patients per hour. It also noted that he had not taken any medications for several months.

It also had made available to it a report by a board-appointed psychologist, dated 26 March 2010, providing his conclusions of the practitioner's neuropsychometric test results. The psychologist surmised that whilst there have been improvements in several areas from borderline to average (satisfactory) the practitioner is compromised in the area of learning and memory and visual memory and is prone to errors when making fast responses. The psychologist also noted that the practitioner only sees his treating psychiatrist on a three monthly basis, despite the psychiatrist requesting that they meet at least monthly now that he is off his medication.

In addition the panel had a report by a board-appointed psychiatrist recommending that the practitioner be reviewed regularly over the next six months and that he attend for review by his GP and treating psychiatrist at regular intervals over the next six to eight months before a graded lifting of some conditions is considered. The report also suggested that clarification of diagnosis and reasons for admission to hospital would be helpful.

Shortly before the panel commenced its formal hearing, the practitioner requested that the meeting of the panel be brought forward as he was going on holidays. The practitioner then left the ACT without further explanation and did not attend at the hearing. On commencement of the hearing, the panel was able to consider the practitioner's clinical records pertaining to his four admissions to hospital between 25 July 2000 and 6 January 2003, as well as a review by his new treating psychiatrist stating that the practitioner did not believe that he had a bipolar condition and, whilst somewhat reluctant, would continue seeing her on a three-monthly basis.

The panel then considered this matter pursuant to section 90 of the Act to assess whether the mental or physical health of the registered health professional was affecting the professional's ability to meet the required standard of practice or satisfy the suitability to practise requirements. It also took into consideration section 13 of the Act, which provides: 'The main object of the Act is to protect the public from risk of harm by ensuring that the people who provide health services are competent to provide health services ...'. Section 18(1) of the Act states: 'The **required standard of practice** (emphasis in the legislation) for a health professional is the exercise of professional judgment, knowledge, skill and conduct at a level that maintains public protection and safety'.

The panel formed the view that, prima facie, the practitioner's current physical and mental health is affecting his ability to meet the required standard of practice or satisfy the suitability to practise requirements. The reasons for this include the practitioner's ongoing psychiatric illness, his unilateral decision to cease taking his medication and his non-compliance with the previous conditions placed on his registration by the board. The panel also noted the comments by the new treating psychiatrist: 'I have the strong suspicion that without the external motivation force of the Medical Board the practitioner would not attend further appointments with me', and the practitioner's apparent lack of understanding of the significance and/or importance of the panel proceedings.

All panel members were particularly concerned at the practitioner's apparent lack of insight into his current situation. The panel concluded that, prima facie, the practitioner had contravened a standard of practice that applies to him and that, in so doing, he may be putting public safety at risk.

The panel recommended that the board make an application to the ACAT in accordance with section 45 of the Act for an emergency order that the practitioner's registration be suspended until the panel process is complete.

## Ongoing personal assessment panel matters

Four other PAP inquiries were under way at the end of the reporting year.

## Standards statements

Section 134 of the Health Professionals Regulation 2004 contains provisions for the board to develop standards statements for the medical profession in the ACT. Standards statements are designed to raise awareness of the standard of practice required from a medical practitioner for the practitioner to be competent to practise or to help the medical practitioner improve his or her suitability to practise.

After consultation with the medical profession, the following board standards statements were notified on 19 May 2006 and remain in place:

1. Code of Conduct
2. Medical Certificates
3. Death Certificates
4. Examinations on behalf of a Third Party
5. Medical Practitioners and Sexual Misconduct
6. Treatment of Self and Relatives by Medical Practitioners
7. Medical Practitioners with Communicable Diseases
8. Anabolic-Androgen Steroids
9. Prescribing of Benzodiazepines
10. Advertising by Medical Practitioners
11. Alteration of Practice Specialty
12. Technology-Based Patient Consultations



Dr Stephen Bradshaw  
President

# Medical Radiation Scientists Board Annual Report 2009–10

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## Requirement for report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the Annual Reports (Government Agencies) Notice 2009 (No. 1).

## President's report

The Medical Radiation Scientist Board (the Board) is in its second year of operation. During the year it has set fees and considered all applications for registration that had been received throughout the year. The Board approved the applications subject to payment of fees, with effect from the date of receipt.

The Board finalised the first set of standards statements and they were approved and published as a notifiable instrument on 3 September 2009. These statements provide information on how health professionals in the field of medical radiation science should practise. Now that these statements are approved by the Board, all medical radiation scientists must comply.

An audit of the 2009 continuing professional development (CPD) period was carried out by the Board in February 2010 for CPD undertaken in the past 12 months. The Board randomly selected 10 per cent of the registered medical radiation scientists in the ACT and additionally audited all Board members. The results were that 98 per cent of medical radiation scientists had met the requirements and 2 per cent needed to improve their CPD activities. These medical radiation scientists will be required to resubmit their CPD records at the time of annual renewal on 30 November 2010.

The National Registration and Accreditation Scheme has rapidly progressed, with the *Health Practitioner Regulation National Law (ACT) Bill 2009* adopted by the ACT Assembly on 16 March 2010. This will mean that the 10 professions will transition to the new national scheme on 1 July 2010, with medical radiation scientists due to transition on 1 July 2012.

The Council of Medical Radiation Practitioners Boards of Australia and New Zealand (CMRPBANZ) has met regularly throughout the year to progress the profession to national registration. Members from the ACT MRS Board have participated in these meetings. Outcomes from these discussions will decide issues such as the structure and constitution of the governing body (Medical Radiation Practitioner Accreditation Authority), accreditation standards, policies and guidelines for practice standards and national standards.

## The Board

The ACT Medical Radiation Scientists Board was established by the *Health Professionals Act 2004* (the Act). The Board is a statutory body with perpetual succession and common seal, which has the powers and responsibilities prescribed by the Act.

## Functions of the Board

The principal aim of the Board is to protect the public. The Board is responsible for ensuring that only persons who are eligible and hold appropriate qualifications are registered in the ACT as diagnostic radiographers, radiation therapists or nuclear medicine scientists. Once registered, those persons practise medical radiation science within the requirements of the *Health Professionals Act 2004* (the Act) and the *Health Professionals Regulation 2004* (the Regulation) according to prescribed standards of practice.

The Board is jointly responsible, with the Health Services Commissioner, for the consideration of complaints against registered health professionals and for general monitoring of the conduct of the profession in the ACT. Part 2 of the Act empowers the Board to take disciplinary action against health professionals who may be in breach of certain provisions of the Act. The Board is committed to the improvement and development of customer service and aims to continue to provide relevant, accurate and timely advice and assistance to the public and health professionals on matters relevant to the profession. The Board aims to raise its profile for the benefit of the profession and the public through the provision of regular newsletters and information nights and by the maintenance of a website.

## Membership of the Board

Members are appointed to the Board for a term of up to four years in accordance with the provisions of the Act. The composition of the Board during 2009–10 was as follows:

### ***President***

Mr Christopher Hicks                      Appointed

### ***Deputy President***

Ms Wendy Amos                              Appointed

### ***Members***

Mr Christopher McLaren	Appointed member
Ms Janelle Hawkins	Appointed member
Mr James Percival	Appointed member
Ms Elizabeth Croft	Appointed member
Ms Jean Shannon	Appointed member (community representative)

## Meetings of the Board

The Board met bi-monthly on six occasions during the year.

## Standards statements

The Medical Radiation Scientists Board approved the statements and they are now a notifiable instrument and have been published as the current standards statements. These statements are part of the legislative framework for the profession and provide the detail regarding CPD, recency and scope of practice, and other requirements regarding registration and professional standards.

Medical Radiation Scientists standards statements cover the following topics:

1. Standards of Practice for ACT Allied Health Professionals
2. Competency Standards for Medical Radiation Scientists
3. Professional Practice Standards
4. Continuing Professional Development
5. Fair Handling of Information
6. Maintenance of Records
7. Professional Development Year
8. Professional Indemnity Insurance
9. Inappropriate Behaviour
10. English Proficiency
11. Impaired Practitioners

## Registrations

The total number of registered medical radiation scientists in the ACT at 30 June 2010 was 212, of which the Board registered 150 diagnostic radiographers, 17 nuclear medicine scientists and 45 radiation therapists.

## Committees

The Board has a Complaints Officer and a Professional Standards Committee, comprising the Deputy President, the Complaints Officer and one other Board member. This committee is responsible for assessing complaints and considering appropriate action in conjunction with the Health Services Commissioner at a Joint Consideration Committee meeting. The Board is pleased that there were no complaints lodged for 2009–10.

## Freedom of information

The Board received no request for release of information under the Freedom of Information Act during the year.

## Newsletter

The Board produced an annual newsletter, which addressed issues such as the role of the Board, registration matters, the National Registration and Accreditation Scheme, information on the Board's standards statements and continuing professional development.

## Registration fees

The application fee for initial registration was \$310 and the fee for renewal of registration was \$280 in 2009–10.

## Finances

Brought forward	\$10,858
Revenue	\$56,685
Interest	\$1,659
Expenditure	\$65,012
Carried forward	\$4,190

## Staff

The Executive Officer of the ACT Medical Radiation Scientists Board is Mr Alan Skelton and the Registrar is Ms Susan Knight.

## Access

The Medical Radiation Scientists Board may be contacted through the Health Professions Registration Boards Secretariat by telephone, mail or facsimile during business hours. The secretariat is located at:

Scala House                      Telephone:        (02) 6195 2616  
11 Torrens Street              Facsimile:        (02) 6195 2602  
BRADDON ACT 2612  
Website: [www.health.act.gov.au/healthregboards](http://www.health.act.gov.au/healthregboards)

All correspondence should be addressed to:  
The Registrar  
ACT Medical Radiation Scientists Board  
11 Torrens Street  
BRADDON ACT 2612



Christopher Hicks  
President

# Nursing and Midwifery Board Annual Report 2009–10

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## Requirement for report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004*.

## President's report

It is with pleasure that I present the Annual Report of the ACT Nursing and Midwifery Board. I would like to commend all members of the Board and the secretariat staff for their energetic and diligent work over 2009–10.

The composition of the Board has undergone some changes this year, which are:

- completion of the terms of Jennifer McLoughlin and Herb Krueger in October 2009
- election of Alison Chandra as the Board midwife representative and Felicity Dalzell, Natalie Robinson and Alan Merritt as nurse representatives to the Board.

I take this opportunity to thank Jenny and Herb for their valuable contribution as Board members and to congratulate and welcome Alison, Felicity, Natalie and Alan to the Board.

The past 12 months have seen many challenges for the Board, including participation in the ongoing major change to the regulation system with the signing of the Council of Australian Governments agreement on national registration and accreditation by mid-2010. The enabling legislation (Bill B) was enacted initially in Queensland and the corresponding legislation for the ACT (Bill C) was passed by the ACT Legislative Assembly in March 2010. From 1 July 2010, this will be the legislation under which all health professionals working in the ACT will be regulated.

The Nursing and Midwifery Board of Australia (NMBA) has been convened. Its members are:

Ms Gillie Anderson	Community member
Ms Angela Brannelly	Registered nurse and midwife, NT
Prof. Mary Chiarella	Registered nurse, NSW
Ms Anne Copeland	Chair, registered nurse and midwife, Qld
Dr Lynette Cusack	Registered nurse, SA
Prof. Denise Fassett	Registered nurse, Tas
Mrs Lynne Geri	Enrolled nurse, Vic
Ms Louise Horgan	Registered nurse, WA
Ms Mary Kirk	Registered nurse and midwife, ACT
Dr Christine Murphy	Community member
Ms Heather Sjoberg	Community member
Ms Margaret Winn	Community member

The first meeting of the Nursing and Midwifery Board of Australia was held on 20 September 2009. The ACT Nursing and Midwifery Board is working closely with the NMBA to ensure a smooth transition to the national scheme.

## National Registration and Accreditation Scheme—Key features

- There will be a national board for each profession—10 professions are transitioning to the new scheme.
- The current ACT Nursing and Midwifery Board will transition to the new scheme and will be known as the ACT Board of the Nursing and Midwifery Board of Australia.
- Annual renewal of registration will be on 31 May, providing Australian registration—all nurses and midwives registered on 30 June 2010 will automatically transition to the new scheme.
- The Nursing and Midwifery Board of Australia has announced that the annual fee at the time of transition will be \$115.00.
- The national law has a provision for student registration.

## Student registration

From 1 July 2010, the national scheme and the national law will affect students who are currently registered with a registration board. From March 2011, all students enrolled in an accredited course who are not currently registered will be included in the national scheme. Individual students do NOT need to do anything now to register with their national board. All students who are currently registered will transition automatically into the national scheme. Students who are not currently registered (i.e. they are studying in a profession or in a state or territory which does not currently register students) will be registered automatically in March 2011.

The Australian Health Practitioner Regulation Agency (AHPRA), which supports the work of the national boards, will work directly with existing state and territory registration boards, universities and other education providers to ensure all students transition to the national scheme—on 1 July 2010 for currently registered students, or in March 2011 for all other students.

Information about students will be entered on the register of students for each profession. This register is not publicly available and information on the register of students will remain confidential, as required by the national law.

Students will need to be registered from their first year of the course that leads to registration as a health practitioner, unless this is otherwise determined by their national board.

## Registration requirements for health professionals

- Mandatory criminal history and identity checks of health professionals.
- Mandatory professional indemnity insurance—if employed, nurses and midwives will be covered by the employer's vicarious liability insurance; if self-employed, nurses and midwives will be required to take out professional indemnity insurance; and professionals may be asked to demonstrate they have insurance.
- Demonstration of English competence—professionals are required to demonstrate competency; the requirements for people born and educated in Australia still need to be clarified; international students and international registrants will be required to demonstrate the required standard through satisfactorily completing the International English Language test.
- Mandatory continuing professional development—written evidence of 20 hours each year applies, with an additional 10 hours each year for an endorsement; audits of nurses and midwives will continue.
- Recency of practice requirement—the five-year benchmark will continue to be applied.

## National accreditation of nursing and midwifery courses

The Board has supported and lobbied for the appointment of ANMC as the accreditation agency and is delighted that this has occurred. A reconstituted Australian Nursing and Midwifery Council (ANMC) has been approved by the Ministerial Council to accredit all nursing and midwifery courses throughout Australia. An integral component of the accreditation process is the development of accreditation standards that fulfil the requirements of the profession regarding education of nurses and midwives. Following extensive consultation with nurses, midwives and other key national and international stakeholders, ANMC has an approved suite of accreditation standards.

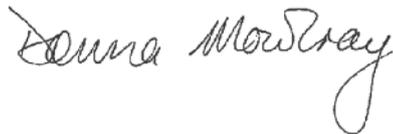
## Activities

- Participation in the ANMC Professional Practice Framework (PPF) implementation 'Train the Trainer' national workshops to present the regulatory perspective of the framework. The PPF is the collection of national standards and codes developed by the Australian Nursing and Midwifery Council (ANMC) to identify the scope and responsibilities of nursing and midwifery professional practice in Australia.
- The PPF implementation workshops were designed to ensure that nurses and midwives are fully informed of all of the elements of the framework. The workshops targeted experienced registered nurses and midwives with specific skills and a clinical focus who will 'train the trainer' in their workplaces. The secretariat staff participated in the ACT workshops to provide information from the perspective of a regulatory authority and the ACT Board in particular.
- Presentations by the Chief Executive Officer to nurses and midwives in most sectors of the health delivery community to inform them of the changes that will occur in July 2010.
- Participation with key stakeholders in forums to negotiate, consider and debate the national approach to registration, regulation and accreditation.
- The annual audit of nurses and midwives.

It is usual for the Board to have representation at the Bi-Annual WP/SEAR conference and to provide sponsorship to allow less fortunate countries to be represented. The conference was to be held in Thailand, but the civil situation in Bangkok was such that the organisers decided to postpone the meeting until later in the year.

Reviewing and developing policies and guidelines is a continuing process to ensure consistency with current standards of practice and compliance for both the nursing and midwifery professions. Ongoing assessment of the Board's strategic direction and business plan identified areas for improvement and preparations towards the national regulatory scheme.

The ACT Nursing and Midwifery Board will continue for a further 12 months as a committee of the Nursing and Midwifery Board of Australia. In that capacity, it will work closely with the NMBA to represent nurses, midwives and the public of the ACT.



Donna Mowbray  
President

## Legislation

The *Health Professionals Act 2004* (the Act) commenced on 17 January 2006 and amendments became effective in February 2009. The main object of the Act is to protect the public from risk or harm by ensuring that the people who provide health services are competent to provide health services and to help health professionals to achieve and maintain the required standards of practice.

The ACT Nursing and Midwifery Board (the Board) was established under Schedule 3 of the *Health Professionals Regulation 2004*. The Board administers the Act as applied to the regulation of the nursing and midwifery professions. The Board assists the Minister with the administration of this Act in relation to the professions and is responsible to the Minister for that administration.

The Board exercises the functions given to it under the Act in relation to the nursing and midwifery professions, including the following:

- a) administering a scheme of registration for, and of continuous review of the standard of practice of, nurses and midwives in the professions
- b) setting fees for administration by the Board
- c) giving advice to the minister, nurses and midwives, and public about matters relevant to the professions
- d) setting standards of practice for nurses and midwives
- e) taking part in any entity responsible for the development of policies for the promotion and maintenance of standards of practice within the nursing and midwifery professions or within regulated health professions generally
- f) approving educational and training courses related to professional qualifications
- g) promoting and monitoring continuing competence of registered professionals in the nursing and midwifery professions and their professional development
- h) dealing with nurses and midwives who contravene the required standard of practice or who do not satisfy the suitability to practise requirements
- i) providing information to allow the laying of charges against people who commit offences against this act
- j) assisting in the development of the required standard of practice
- k) promoting the required standard of practice
- l) developing and promoting best practice standards to which nurses and midwives should aspire
- m) developing supportive relationships with individuals or entities that have a shared interest in public protection and health professional regulation
- n) providing information to confirm whether or not someone is a registered nurse or midwife.

Under the Act, the Board cannot suspend or cancel the registration of a nurse or midwife but may apply to the health professions tribunal for suspension or cancellation, under the *ACT Civil and Administrative Tribunal Act 2008*, which replaced the repealed *Administrative Appeals Tribunal Act 1989*.

Where a nurse or midwife is aggrieved by any decision of the Board, there are provisions under the Act for the person to make an application to the ACT Civil and Administrative Tribunal for a review of the Board's decision.

## Membership

The Board consists of nine members, comprising seven members who are either a nurse or a midwife representative, and two community representatives, neither of whom can be a registered nurse or midwife. The Minister appoints the President, who must be from either the nursing or midwifery profession. Members of the nursing and midwifery professions registered in the ACT elect the other four Board members, comprising three nurses and one midwife. The Deputy President is elected by the members of the Board.

All appointments are for a period of up to four years and elections are held every four years. Membership of the Board as at 30 June 2010 is as follows:

## **Appointed Professional Members**

### ***Registered Nurse and President***

Associate Professor Donna Mowbray                      Appointed 14/02/2006–13/02/2009  
Re-appointed April 2009  
RN, Critical Care Cert, Grad Dip HM, MHA              (President from January 2009)

### ***Midwife***

Emma Baldock    Appointed 26/09/2007–26/09/2011  
RN/RM, Grad Cert (Infant Welfare), B. App. Sci (Health Education), Med (Counselling Research), Grad  
Cert Professional Studies (Counselling Supervision). Deputy President—October 2009

### ***Enrolled Nurse***

Ms Pat Piedrafita    Appointed 14/02/2006–13/02/2009  
EN, BA    Re-appointed April 2009

### ***Appointed Community Members***

Ms Phyl Crawford, OAM    Appointed 14/02/2006–13/02/2009  
Grad Dip Community Counselling; B App Sc              Re-appointed April 2009  
Ms Jane Ferry    Appointed 14/02/2006–13/02/2009  
LLb, Grad Dip in Leg Practice                                      Re-appointed April 2009

### ***Elected Midwife Member***

Alison Chandra    Appointed April 2009 to fill casual vacancy  
RN, RM, B. App. Science in Nursing Science              Elected unopposed 18/10/2009

### ***Elected Nurse Members***

Mr Herb Krueger    Elected 18/10/2005–17/10/2009  
RN, BN, Grad Dip CHF, RMN, FANZCMHN              not re-elected  
Ms Jennifer McLoughlin    Resigned 17/10/2009  
RN, RM BSc (Nsg), Master Primary Health Care

Following declaration of the polls, the new Board members are Felicity Dalzell, Natalie Robinson and Alan Merritt.

Felicity Dalzell is currently working in the Emergency Department at the Canberra Hospital (TCH) as a Nurse Coordinator. She has worked in the Emergency Department since 1995, during which time she has worked in a variety of positions within the department. Felicity has had a wide variety of interesting experiences working as the after-hours CNC for TCH for two years. While working in emergency, Felicity completed a Master of Advanced Practice: Emergency Nursing. Prior to her work in emergency, Felicity worked in cardiology/endocrinology for a few years after graduating from the University of Canberra in 1990. At present she is undertaking a new challenge with a Master of Nurse Practitioner (Emergency). Her other interests include travelling the world, meeting new people, experiencing new cultures and trying the local food.

Natalie Robinson was born in Canberra. She completed a Nursing Diploma at the University of Newcastle, which she later converted to a Bachelor of Nursing. Natalie worked in mental health in Newcastle until 2000, when she moved to Melbourne to work in mental health at the Alfred Hospital, where she later moved to the Emergency Department and completed a critical care certificate. She returned to Canberra in 2006 and worked initially in the Emergency Department before returning to mental health community care in 2007. She is currently at City Mental Health. Natalie has four teenaged children and in her spare time plays the bass guitar.

Alan Merritt grew up in Canberra and commenced his studies in nursing in the first intake of undergraduate nursing students at the then Canberra College of Advanced Education. Due in part to a desire to see the world, he graduated with a Bachelor of Nursing through the University of South Australia in 1993. Alan initially worked in the acute care setting in various medical and surgical environments, in both the public and private sectors, before focusing on a long-held interest in nursing in the community. In his time in community nursing, Alan has held clinical, education and leadership roles in community nursing in both inner city Sydney and across the ACT region. His interests are in articulating the community context of nursing, primary health care, chronic illness, clinical education and nursing cultures. He completed a Master's degree in Health Science Education through the University of Sydney in 2007.

## Secretariat staff

### **Chief Executive Officer**

Ms Robyn Staniforth  
RN, RM; BA Business (HRM/IR), MRCNA, AFACHSE

### **Registrar**

Mr Adam Young

### **Professional Officer, Policy and Research**

Mrs Jan Properjohn

### **A/g Executive Assistant, Business Operations**

Mrs Tammy Mooney

### **Registrations Officers**

Mrs Christine Keys  
Mrs Suzanne Stanfield  
Ms Laura Jermyn

## Activities

### Meetings

From 1 July 2009 to 30 June 2010, the ACT Nursing and Midwifery Board met on 11 occasions. Board members' attendance at those meetings was as follows:

Name	Eligible to attend	Attended
Ms Emma Baldock	11	10
Ms Alison Chandra	11	8
Ms Phyl Crawford	11	7
Ms Felicity Dalzell	7	6
Ms Jane Ferry	11	9
Mr Herb Krueger	4	3
Ms Jennifer McLoughlin	4	3
Mr Alan Merritt	7	4
Ms Donna Mowbray	11	8
Ms Pat Piedrafita	11	10
Ms Natalie Robinson	4	6

## Committee reports as at 30 June 2010

### Governance Committee

Membership: Donna Mowbray (Chair)  
Phyl Crawford  
Jane Ferry  
Robyn Staniforth

The purpose of the Governance Committee is to establish and maintain a governance framework for the ACT Nursing and Midwifery Board, which includes the development of policies and procedures in line with an appropriate governance framework.

The principles underlying the Governance Committee are to:

- exercise due care and diligence in the performance of the Board's powers and functions
- conduct the affairs of the committee in an open and transparent manner
- recognise the primary responsibility of the Board is to protect the public by supporting the nurses and midwives of the ACT to care for the community.

The Governance Committee monitors the Board and secretariat performance against the strategic priorities and legislative requirements. The committee meets as required and has reviewed and developed policies in line with the *Health Professionals Act 2004*.

### Grants and Scholarships Committee

Membership: Phyl Crawford (Chair)  
Felicity Dalzell  
Alan Merritt  
Co-opted professional members

The committee met on two occasions during the reporting period to assess applications for funding.

In December 2009 and April 2010, the committee included co-opted professional representatives Ms Elaine Jefford (December) and Dr Jan Taylor (April).

During the year, the Board's Grants and Scholarships Scheme attracted 31 eligible applications. A total of \$80,000 was granted during the reporting period to nurses and midwives to undertake further study and attend conferences.

### Professional Programs Committee

Membership: Emma Baldock (Chair)  
Felicity Dalzell  
Pat Piedrafita  
Alan Merritt

The purpose of the Professional Programs Committee is to review courses/curricula submitted to the Board for accreditation and make recommendations to the Board regarding accreditation of programs. The Professional Programs Committee will review and endorse competencies and scope of practice in line with national consistency. This committee meets as required.

The following education programs are accredited with the ACT Nursing and Midwifery Board:

Course provider	Program	Accreditation end date
Canberra Institute of Technology	• Diploma of Nursing (Enrolled/Division 2 nursing) HLT51607	December 2012
	• Certificate IV Health (Nursing) For students enrolled in program prior to 2008	December 2012
	• Medication Practice for Enrolled Nurses	December 2012
Australian Catholic University	• Bachelor of Nursing (undergraduate)	July 2014
University of Canberra	• Bachelor of Nursing (undergraduate)	July 2012
	• Bachelor of Midwifery	February 2014
	• Postgraduate Diploma of Midwifery	February 2014
ACT Health	• Overseas Qualified Nurse Program	May 2014
	• Registered Nurse Refresher Program	May 2014
	• Midwifery Refresher Program	December 2014
	• Enrolled Nurse Refresher Program	April 2013
Victorian College of Health and Nursing	• Program for Overseas Qualified Nurses	July 2012

## Regulation Committee

Membership: (Chair)  
Pat Piedrafita  
Dorothy Topfer (community representative)  
Alison Chandra  
Adam Young

The purpose of the Regulation Committee is to assess registration and enrolment applications, to administer the Nurses and Midwives Health Program and to make recommendations to the Board in relation to applications for registration or enrolment as required under legislation.

The principles underlying the work of the Regulation Committee are to:

- ensure protection of the community
- ensure principles of natural justice are adhered to in dealing with applications for registration or enrolment
- conduct the affairs of the committee in an open and transparent manner
- recognise the primary responsibility of the Board is to support the nurses and midwives of the ACT to care for the community
- ensure that registrations and enrolment issues are dealt with in a timely manner.

Some of the outcomes of meetings with individual nurses and midwives include:

- conditional registration for the purpose of completing a refresher/overseas qualified nurse program
- conditional enrolment for the purpose of undertaking a period of supervised practice or completing a refresher program.

## Audit of competency

Under section 133 (a) and (b) of the Health Professionals Regulation 2004, the Board has an obligation to demonstrate that nurses and midwives registered in the ACT are competent to practise. In its function to protect the public, the Board requires nurses and midwives to demonstrate that they meet the Australian Nursing and Midwifery Council competency standards within their area of practice.

In August 2009, the ACT Nursing and Midwifery Board (the Board) conducted its fourth annual Maintaining Competence and Continuing Professional Development Audit of nurses and midwives registered in the ACT. The following table outlines a summary of the categories of auditees selected since the audit process commenced in 2006.

## Registration category

	August 2009		June 2008		June 2007	
	Number selected	% of selection	Number selected	% of selection	Number selected	% of selection
Enrolled Nurse	38	13.38%	44	17.19%	30	11.9%
Registered Nurse	201	70.77%	167	65.23%	161	63.9%
Registered Nurse—Registered Midwife	44	15.49%	45	23.4%	59	23.4%
Registered Midwife	1	0.33%	0	0%	1	0.4%
Nurse Practitioner	0	0	0	0%	1	0.4%
<b>Total</b>	<b>284</b>	<b>100%</b>	<b>256</b>	<b>100%</b>	<b>252</b>	<b>100%</b>

For those auditees who have not met the audit requirements at the time of renewal of registration, conditions are placed on their registration to meet the audit requirements prior to the next renewal of registration:

1. meeting the appropriate ANMC Competency Standards
2. 30 hours of continuing professional development activities over three years.

This documentation is required to be submitted to the Board within three months of re-registration.

At the conclusion of each audit, the Board reviews the audit process and requirements for Maintaining Competence and Continuing Professional Development based upon the administrative conduct of the process and feedback received from auditees.

## Professional Standards Committee

Membership: Herb Krueger (Chair until 17/10/2009)  
Jane Ferry  
Ms Emma Baldock (from 16 October 2007), Chair  
Dr Louise Moran (community representative until 31/12/2009)  
Dr Christina Campbell (professional representative)  
Herb Krueger (professional member 05/02/2010)  
Jill Bruce (community member 05/02/2010)  
Robyn Staniforth, CEO

The purpose of the Professional Standards Committee is to receive information relating to the practice of a nurse or midwife. Upon receipt of this information, the committee is responsible for deciding whether a nurse or midwife is contravening, or has contravened, the required standard of practice or does not meet the suitability to practise requirements. The Professional Standards Committee makes recommendations to the Board as to an appropriate course of action in relation to a report received.

The principles underlying the Professional Standards Committee are to:

- ensure protection of the community
- ensure principles of natural justice are adhered to in dealing with reports against a nurse or midwife
- conduct the affairs of the committee in an open and transparent manner
- recognise the primary responsibility of the Board is to support the nurses and midwives of the ACT to care for the community
- ensure that reports are dealt with in a timely manner.

The committee meets monthly and liaises and undertakes joint consideration, with the Health Services Commissioner, in relation to reports received.

### Disciplinary and associated standards matters

During the reporting year, there were 12 new reports received by the Board that related to possible breaches of standards or health matters and two instances of persons practising as a nurse or midwife while unregistered. In addition, the Board also finalised five reports that had been received late in 2009 and had not been included in the figures for the year 2008–09. The number of complaints received by the Board over the reporting year is summarised in the following table.

Reports	2009–10
Ongoing reports from previous years	7
New reports	12
Cases resolved	5
Reports carried forward to 2009–10	7

The nature of the reports and the outcomes are as follows:

Nature of notifications	Number	Referred to panels	Outcome/s
Received prior to 1 July 2009	6		Closed 2—with recommendation for further education 1—conditions applied to complete refresher program
Professional standards	6	5	1—conditions applied to have a psychological assessment and a period of clinical supervision 1—conditions applied to have a period of clinical supervision 1—Not referred to a panel, but closed, with a voluntary undertaking in place for a specified period of time
Received after 1 July 2009			
Professional standards	7	6	Professional Standards Panel investigations ongoing 1—yet to be referred to a panel
Health issues	5	3	Personal Assessment Panel investigations ongoing 2—yet to be referred to a panel
Practising unregistered	2		Referred to AFP and DPP

All new reports received in the reporting period were in relation to the practice of registered and enrolled nurses. All but one of these reports was referred to the Board by other health professionals. Health matters referred to the Board have involved mental health issues and drug and alcohol abuse, which have a significant impact on nursing practice standards.

Professional practice matters referred to the Board have involved practising unregistered—and for one person, for a number of years—and one person has been referred to the Australian Federal Police for practising without a nursing qualification. A number of other nurses and midwives have appeared before the Board for practising without renewing registration. Additionally, there have been a number of nurses referred to the Board in relation to incompetence related to medication administration and other professional standards.

## Standards statements

Section 134 of the Health Professionals Regulation 2004 contains provisions for the Board to develop standards statements for the nursing and midwifery professions in the ACT. Standards statements outline the required standards of practice for the professional to be competent to practise and may assist the health professional improve their practice.

Standards endorsed by the Board reflect the minimum standards of conduct and practice expected by the ACT Nursing and Midwifery Board.

The following standards statements are endorsed by the Board:

Notifiable Instrument NI2006-216

- ANMC Code of Professional Conduct for Nurses in Australia
- ANMC Code of Ethics for Nurses in Australia
- ANMC National Competency Standards for the Registered Nurse
- ANMC National Competency Standards for the Enrolled Nurse
- ANMC National Competency Standards for the Nurse Practitioner

- ANMC National Competency Standards for the Midwife
- ACMI Code of Ethics
- ACMI Code of Practice for Midwives

Notifiable Instrument NI2007-130

- Midwives in Private Practice 2007

Notifiable Instrument NI2008-215

- ACT Nursing and Midwifery Board Maintaining Competence and Continuing Professional Development Framework

## Registration statistics 2010

Number of nurses and midwives registered as at 30 June	2010
Registered Nurse	4026
Registered Nurse and Registered Midwife	732
Registered Midwife	31
Nurse Practitioner	22
Enrolled Nurse	809
<b>Total</b>	<b>5620</b>

## Matters of significance

### Australian Nursing and Midwifery Council

The Board has been very active in Australian Nursing and Midwifery Council (ANMC) matters during the reporting period.

Ms Vanessa Owen represented the Board as a Director of the ANMC until her resignation in July 2008, with Ms Carol Mirco as Deputy Director. Ms Mirco attended as a member of the ANMC Registration Standards Committee. Ms Jenny McLoughlin was appointed Director to ANMC until her resignation from this position in May 2009. Ms Robyn Staniforth replaced Ms McLoughlin as a Director, with Ms McLoughlin continuing as a Deputy Director of ANMC.

During the year, the ANMC continued to consult widely on several significant national projects, as follows:

- Accreditation of Nursing and Midwifery Courses
- Code of Ethics and Professional Conduct for Nurses and Midwives
- Boundaries of Professional Practice for Nurses and Midwives
- Continuing Competence for Nurses and Midwives
- Standards for the Assessment of International Nurses and Midwives for registration in Australia—endorsed by the Board of ANMC, February 2009.
- The Code of Ethics and Code of Practice for Nurses and a Code of Ethics and Code of Practice for Midwives projects have now been finalised by the ANMC. These projects were undertaken by ANMC in association with the Australian College of Midwives, the Australian Nursing Federation and Royal College of Nursing Australia. These new codes were launched on 11 August 2008 by the first Commonwealth Chief Nurse and Midwifery Officer for Australia, Ms Rosemary Bryant.

## Statement of accounts

The unaudited Board statement of accounts for the reporting year 2009–10 is as follows:

Revenue	\$726,94.00
Interest received	\$36,766.39
Total revenue	\$763,709.39
Expenditure Board activities	\$932,422.94

## Contact details

Location and postal address:  
ACT Nursing and Midwifery Board  
Suite 1, Scala House  
11 Torrens Street  
BRADDON ACT 2612

Phone (02) 6207 0413  
Fax (02) 6205 1602  
Website [www.actnmb.act.gov.au](http://www.actnmb.act.gov.au)  
Email [actnmb@act.gov.au](mailto:actnmb@act.gov.au)



Donna Mowbray  
President

# Optometrists Board Annual Report 2009–10

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## Requirement for the report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the *Annual Reports (Government Agencies) Notice 2010 (No. 1)*.

## President's report

I am pleased to present the final Annual Report of the ACT Optometrists Board for the year ended 30 June 2010.

The Board wishes to record its appreciation for the work of the staff of the Health Professional Boards Secretariat in providing the administrative and operational support to assist the Board to fulfil its statutory functions and obligations. The secretariat has provided valuable advice on administrative matters and has handled complaints and inquiries from the public sensitively and professionally.

There have been major developments on the legislation front during the financial year. The Ministerial Council issued an exposure draft of the proposed national law to introduce national registration. During a national consultation exercise, many suggestions for improvements were received and the draft national law was substantially amended by the Ministerial Council as a result. The national law was passed in the ACT and other states and territories during the financial year.

The National Registration and Accreditation Scheme commences on the 1 July 2010. This scheme will mean that the ACT Optometrist Board will be replaced by a single National Optometry Board. A single national registration point and fee will be in place with no need for multiple state registrations. This will create greater efficiency, flexibility and uniformity for registration.

## Functions of the Board

The Optometrists Board (the Board) administers the *Health Professionals Act 2004* and the associated Schedule 11, which applies specifically to optometrists and provides for the registration of appropriately qualified persons as optometrists before they may practise optometry in the Australian Capital Territory. The Act charges the Board with the responsibility for such registration and with ensuring the orderly conduct of the practice of the profession. In the latter context, the Board is empowered to consider disciplinary action in conjunction with the Human Rights Commission.

The Board comprises four registered optometrists and one community representative appointed by the ACT Minister for Health in accordance with the Act.

## Membership of the Board

### **President**

Dr Mark Feltham

### **Deputy President**

Ms Joanne Thomas

### **Members**

Mr John Kam

Ms Hong Nguyen

Ms Joanne Baumgartner (community representative)

**Executive Officer**

Mr Alan Skelton

**Registrar**

Mr Joe Dal Molin

## Meetings of the Board

From 1 July 2009 to 30 June 2010 the Board met on four occasions. Meetings are generally held tri-monthly at the Board secretariat offices at Scala House, 11 Torrens Street, Braddon.

## Secretariat services

The Board is self-funding and all registration fees are paid into a trust account. ACT Health provides administrative support for the Optometrists Board on a cost-recovery basis. The secretariat was established to service the administrative needs of the 10 allied health professionals' boards. The secretariat provides liaison between the boards, ACT Health, the Human Rights Commission, the ACT Government Solicitor's office, professional associations and state and territory registration boards. The secretariat is headed by a manager, who is also the executive officer of the Board. The Registrar of the Optometrists Board also provides support to two other boards within the secretariat.

## Registration

At 30 June 2010, a total of 107 optometrists were registered in the ACT. The Board approved 27 applications for registration under the provisions of the Mutual Recognition Act for registration in 2009–10. The Board removed 33 people from the register for failure to renew their registration after the renewal period in the third quarter of 2009.

The table below sets out the number of registrants from 2004 to 2010.

Year	2004	2005	2006	2007	2008	2009	2010
<b>Total</b>	94	96	83	104	104	113	106

## Optometry Council

The Board is a member of OCANZ and provides financial support on a per registrant basis. The council assesses optometrists with overseas qualifications for the purpose of registration in Australia and New Zealand and has accredited the schools of optometry within the Australian and New Zealand universities. Accreditation, once granted, is current for a period of eight years, unless the course undergoes a major restructure during that period.

## Council of Optometry Registration Authorities

The President, Executive Officer and Registrar attended the annual Council of Optometry Registration Authorities (CORA) meeting, which was held in Canberra in October 2008. Major issues under consideration at this meeting included:

- consideration of WCO (World Council of Optometry) membership for CORA
- national registration of health professionals in Australia
- necessary elements of spectacle and contact lens prescriptions
- registration of overseas optometrists
- competency reviews
- National Clinical Training Placement Network
- selling of contact lenses without a prescription.

## Fees

Fees for registration as an optometrist were maintained at \$500 for initial and mutual recognition registration and \$255 for the annual renewal fee. The Board has been able to operate within the funds it receives through fees charged under the *Health Professionals Act 2004*.

## Finances

Brought forward	\$82,451
Revenue	\$31,230
Interest	\$4,780
Expenditure	\$57,069
Carry forward	\$61,392

## Complaints and disciplinary action

The Board received no complaints during the course of the year.



Dr Mark Feltham  
President

# Pharmacy Board Annual Report 2009–10

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## Requirement for report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the Annual Reports (Government Agencies) Notice 2010 (No. 1).

## President's report

The ACT Pharmacy Board is coming to the end of a 79-year era with the implementation of the National Registration and Accreditation Scheme on July 2010. The Board has maintained a strong relationship with, and provided advice and submissions as necessary to, ACT Health, interstate counterparts, the Australian Pharmacy Council, professional associations, universities, colleges and the National Registration and Accreditation Scheme project in performing its public protection role.

The National Registration and Accreditation Scheme has rapidly progressed, with the Health Practitioner Regulation National Law (ACT) Bill 2009 adopted by the ACT Assembly on 16 March 2010. This means that the ACT will transition to the new scheme on 1 July 2010. The ACT has representation on the new Pharmacy Board of Australia and also on its Policy, Codes and Guidelines, Registration and Notifications, and Examinations Committees.

The Board completed its third intern program in June 2010. Fourteen interns commenced the 2009–10 internship program, where they undertook the Australian Pharmacy Council examinations in March and April 2010. All interns must complete the prescribed hours of supervised practice prior to sitting the examinations. The Board conducted oral examinations on 3 May 2010 and 7 June 2010. Fourteen interns were successful at passing all three examinations and were eligible for full, unconditional registration. The Board would like to thank Ms Amanda Galbraith, Field Officer for the intern program, for the time and effort she put in for the 2009–10 cohort.

An audit of the 2009 continuing professional development (CPD) period was carried out by the Board in February 2010 for CPD undertaken in the past 12 months. The Board randomly selected 20 per cent of the registered pharmacists. The outcome of the audit was excellent; 82 per cent met the Board's requirements, with the remainder either required to provide further evidence or receiving a section 84 notification for a formal response to non-compliance.

The Board elections were conducted in October 2009 and closed on 26 November 2009. The Board congratulated Mr Patrick Reid and Mr Ken Cox, who were re-elected, and Mr Andrew Matthews as a newly elected member to the Board. The elected and appointed Board members will remain in office as a transitional provision for six months after the day the Health Practitioner Regulation National Law (ACT) Bill 2009 commences.

I would like to thank all current board members for their efforts over the last 12 months. It has been a busy period with much consultation and many submissions required regarding the National Registration and Accreditation Scheme progression. The Board would like to officially recognise Mr John Gregan, ACT Pharmacy Board outgoing elected member, for his contributions to the Board over the last four years, which included pharmacy premises inspections and work on the Board's standards statements. I would also like to acknowledge Mr Graeme Watson, ACT Pharmacy Board Field Officer, who announced his retirement in July 2009. The Board recognises Mr Watson's contributions to the Board and years of service as the Field Officer in the ACT.



## Registrations

The total number of registered pharmacists in the ACT at 30 June 2010 was 503.

## Committees

The Board has a Complaints Officer and a Professional Standards Committee, comprising the Deputy President, the Complaints Officer and one other Board member. This committee is responsible for assessing complaints and considering appropriate action in conjunction with the Health Services Commissioner at a Joint Consideration Committee meeting.

## Disciplinary action

The Board has dealt with six notifications of complaint over the past 12 months. The Board's Professional Standards Committee with the Health Services Commissioner has jointly considered these matters and the majority of cases have been resolved. One ongoing matter will be passed on to the new Australian Health Practitioner Regulation Agency to complete.

## Australian Pharmacy Council

The ACT Pharmacy Board is a member of the current Australian Pharmacy Council (APC). The members of the APC are responsible in their respective states and territories for the protection of the public by registering pharmacists and promoting and maintaining the highest standards. The APC facilitates communication among the pharmacy boards, harmonises procedures and acts as a central point of contact on matters requiring an agreed national response. The APC has produced and endorsed a number of professional standards and guidelines for use by the state or territory boards as appropriate, provides a regular forum for its members to meet and exchange views, provides an expert group for the accreditation of pharmacy courses, provides a structure and procedure for accreditation of continuing education courses and provides a management committee to monitor the maintenance of national competency assessments.

The APC is funded by a capitation fee levied annually on each of its members. This year the ACT Pharmacy Board paid a membership fee of \$6.50 (plus GST) per pharmacist registered in the ACT.

The APC met formally twice in 2009–10, in November 2009 and May 2010, with a focus on the requirement of constitutional changes and the development of a sustainable business model in light of national registration and the Inter-Governmental Agreement (IGA). With effect from 1 July 2010, the role of the APC reverts solely to that of the accreditation body for the Pharmacy Board of Australia.

## Freedom of information

The Board has received no request for release of information under the *Freedom of Information Act 1989* during the year.

## Newsletter

The Board produced three newsletters for registered pharmacists during the year: one in September 2009, one in December 2009 and one in June 2010. The newsletters addressed issues such as: national registration, updates from Medicare Australia, the intern program, information on the Board's standards statements, continuing professional development, preceptors and other advertising. The Board is committed to engaging the profession in fulfilling its role of protecting the

public and in maintaining high standards in the provision of pharmacy services.

### Registration fees

The application fee for initial registration is \$300. The annual renewal fee is \$260, which was increased from the 2009–10 fee.

The company initial registration fee remained at \$500. The annual renewal fee increased to \$460.

### Finances

Brought forward	\$92,901
Revenue	\$144,380
Interest	\$5,468
Expenditure	\$192,374
Carried forward	\$50,375

### Staff

The ACT Pharmacy Board acknowledges the support provided by the Board’s Executive Officer, Mr Alan Skelton, and the Registrar, Ms Susan Knight. Their efficiency and competency has contributed greatly to the smooth operations of the Board.



Bill Kelly  
President

# Physiotherapy Board Annual Report 2009–10

## Requirement for the report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the Annual Reports (Government Agencies) Notice 2010 (No. 1).

## President's report

I am pleased to present the final Annual Report of the ACT Physiotherapists Board for the year ended 30 June 2010. It has been another busy and successful year for the ACT Physiotherapists Board.

Appreciation is extended to all members of the Board for their contributions during the year. Board members have been engaged at a number of levels, from involvement with local issues to support for national moves towards national registration. The core activity of the Board is to work on matters to protect the safety of the public by administering the *Health Professionals Act 2004* and Health Professionals Regulation 2004.

During the year, the Board's focus was on national registration, and the Registrar of the Board was involved in the National Registration and Accreditation Scheme (NRAS) Registration Reference Group on behalf of physiotherapy registrars across the country. The Board was consulted on different matters and as a result considered a range of issues, which included, but was not limited to, scope of practice, conditional limited registration for overseas physiotherapists, continuing professional development (CPD), professional indemnity insurance (PII), recency of practice and collaboration with education providers on new courses. The ACT Board was able to be of particular assistance due to its familiarity with the introduction and application of policies on CPD, PII and recency of practice.

This year has seen a further increase in the workload of the Board and subcommittees. The registration and policy matters, and the move towards national registration of health professionals, have made substantial demands on members of the Board, all of whom provide their time and expertise in a voluntary capacity. An honorarium of \$500 is paid towards expenses to Board members, which is in line with the practices of most allied health boards in the ACT.

I want to thank Board members for their continued efforts and commitment. Board member roles are critical to the success of the Board's key responsibility (protection of the public) and the giving of their time and expertise amidst a demanding schedule of professional and organisation commitments is noted and acknowledged.

The Board continued to work hard on extra projects this year, outside the usual Board meeting times. These projects included submissions on national registration and attendance at national registration consultation forums, and ongoing provision of membership to the Program Reference Group, Allied Health Assistant Project as well as the Physiotherapy Extended Scope of Practice working party.

Other activities that the Board undertook during the year included:

- representation by the Registrar on the National Registration and Accreditation Scheme (NRAS) Registration Reference Group
- continuing reviews of policies
- attendance at the Australian Physiotherapy Council (APC), where issues were discussed at the national level
- attendance at the Australian Health Practitioner Regulation Agency's Management Committee meetings.

The Board has continued to build stakeholder relationships at both a national and international level in relation to best practice activities. I thank, in particular, the NSW Physiotherapy Registration Board for its willingness to work collaboratively on matters of cross-border interest, particularly mobility (specifically related to registration of interstate physiotherapists attending continuing professional development activities).

The Board has continued to work closely with the Australian Physiotherapy Council and the University of Canberra to ensure that the Master of Physiotherapy program maintains its accredited status for the purpose of registering graduates.

The ACT Physiotherapists Board Prize to a student graduating from the University of Canberra Master of Physiotherapy program and maintenance of an honour roll continued this year. The student prize is awarded to a student that demonstrates success and commitment in areas of most importance to the Board (e.g. ethical health professional practice, teamwork development, and communication). It is again encouraging to note that a large proportion of Master of Physiotherapy graduates register with the ACT Physiotherapists Board to practice physiotherapy in the territory.

The Board places on record its appreciation for the work of the Board Manager, secretariat staff, the other health professions boards and the ACT Government Solicitor's office in providing administrative and operational support to assist the Board to fulfil its statutory functions and obligations. A key activity to note has been the investment in secretariat resources to support the review and updating of electronic communications, namely the web page, which is supported by ACT Health.

The Board also places on record its appreciation to both physiotherapy departments of ACT Health (the Canberra Hospital and Calvary Hospital) for again providing clinical supervision, clinical tuition and examinations for physiotherapy students both from Australia and overseas. The physiotherapy departments provide these services on a voluntary basis and without their support these students would be unable to study in the ACT.

In addition, it is noted that the Australian Institute of Sport, the University of Canberra, the ACT Government Solicitor's office, ACT Health and private practices support the release of staff for Board activities and this is appreciated.

As this will be the final report by an ACT Physiotherapy Board President, I would like to take this opportunity to thank all Board members who have contributed to the protection of the ACT public and thank their families for affording them the time to do so. I have been Board President for some years now and have seen much change over that time. It is with fondness that I look back at all the wonderful and inspirational people who have taken the opportunity to assist the board in fulfilling its function and for that I am thankful. We look forward to a new and exciting period for health professional registration in Australia with the introduction of national registration.

## Function

The Physiotherapists Board is established under Part 5 of the *Health Professionals Act 2004* (the Act) to regulate the practice of physiotherapists in the ACT and associated functions. The Board exists to protect the public by ensuring that physiotherapists, through registration, are safe and competent to practise. The Act provides for the registration of appropriately qualified persons as health professionals before they may practise in the Australian Capital Territory. The Board grants registration to physiotherapists where the provisions of the Act are met. Such criteria are principally based on minimum standard levels of professional education and training, and hence registration is an assurance to the public that only those who are appropriately qualified are allowed to practise.

## Aims and objectives

- To protect the public and ensure maintenance of professional standards by being accessible and accountable in administering the *Health Professionals Act 2004*.
- To register physiotherapists.
- To issue and cancel certificates of registration.
- To suspend or cancel the registration of any person or annul such suspension or cancellation.
- Generally, to undertake any other activity or duty necessary to carry out the provisions of the Act.

## Membership (2009–10)

### **President**

Ms Karen Murphy                      Appointed

### **Deputy President**

Ms Toni Green                              Elected (till November 2009)

Ms Annette Cursley                      Elected (November–June 2010)

### **Members**

Ms Kerry Boyd                              Appointed

Ms Annette Cursley                      Appointed

Ms Elizabeth Trickett                      Appointed

Mr Alex Fahey                              Appointed

Ms Katrina Bracher                      Elected (till November)

Mr Craig Purdam                              Elected

Ms Lisa Gilmore                              Elected (February—June 2010)

Ms Annegret Ludwig                      Elected (February—June 2010)

Ms Louise Bannister                      Community Representative

Prof Gordon Waddington                      Co-opted Member

### **Secretariat**

Mr Alan Skelton (Manager/Executive Officer)

Mr David Bale (Registrar)

The Board is widely representative of the profession, with members drawn from all sectors of physiotherapy.

From 1 July 2009 to 30 June 2010 the Board met on six occasions. Meetings were held at Scala House, 11 Torrens Street Braddon.

Additional activities included:

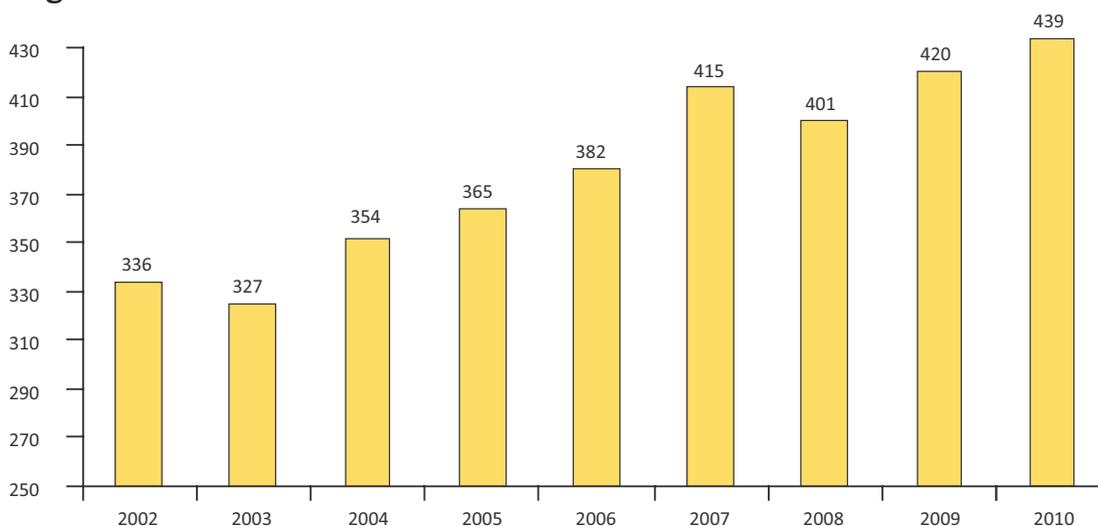
- teleconferences
- meetings/liaison with:
  - ACT Health on governance transition and restructure issues
  - University of Canberra (Master of Physiotherapy course)—Deputy President met with students to provide information about registration and the Board
  - the NSW Board to share information on policy development, standards of practice and continuing professional development
  - Minister for Health
  - Australian Physiotherapy Council
  - Australian Physiotherapy Council examiners
  - Australian Physiotherapy Association NSW and ACT Branches.

## Finances

Brought forward	\$28,143
Revenue	\$114,526
Interest	\$2,354
Expenditure	\$133,891
Carried forward	\$11,132

The amount carried forward is in reserve in the event of the Board being required to meet tribunal costs and/or unforeseen responsibilities. The Board is self-funding but utilises the facilities of ACT Health to manage its accounts.

## Registration statistics



Number of registrants from 2002 to 2009

At 30 June 2010, a total of 439 physiotherapists were registered in the ACT.

## Registration fees

Registration fees as at 30 June 2010:

Mutual recognition	\$300
Initial registration	\$300
Annual renewal	\$260
<i>Miscellaneous</i>	
— Alteration of particulars in register	\$20
— Issue of duplicate certificate	\$30
— Inspect an entry in register	\$20
— Certified copy of register entry	\$30

## Standards statements

The standards statements in relation to physiotherapists' performance of their duties are:

- Standards of Practice and Continuing Professional Development for ACT Allied Health Professionals
- Competency Standards for Physiotherapists in Australia
- Code of Conduct for Board Members
- Overseas Graduates
- Needling Practice
- Unprofessional Conduct.

## Conferences or seminars

The President, Karen Murphy, attended meetings and teleconferences of the Australian Physiotherapy Council. The agenda focused on strategic planning, roles and responsibilities of directors and consistent approaches to issues of common interest. Some of the issues discussed included:

- pressure on the health care system and academic human resources
- National Registration and Accreditation of Health Professionals in Australia
- new constitutional arrangements to accommodate for national registration
- International Network of Physical Therapy Regulating Authorities (INPTRA)
- role description and supervision for assistants in physiotherapy practices or services
- regulation of physiotherapy assistants
- Registrar representation on the National Registration and Accreditation Scheme (NRAS) Registration Reference Group.

## Complaints and disciplinary action

The Human Rights Commission is an agency for promoting rights, facilitating service improvement and dealing with complaints about health services, disability services, services for older people, community services, services for children and younger people, and discrimination.

The Health Services Commissioner's role is to deal with complaints about the provision of health services and services for older people and complaints about contraventions of the privacy principles or of a consumer's right of access to his or her health records under the *Health Records (Privacy and Access) Act 1997*.

In addition, the *Health Professionals Act 2004* involves the Health Services Commissioner in working with health professions boards to maintain the required standards in service provision and to protect public safety. The Health Services Commissioner and the Board jointly consider action to be taken on consumer complaints and reports (received by the Board) about the standard of practice or suitability to practise of health professionals.

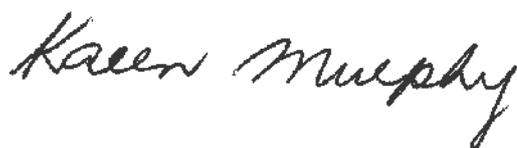
The Board has received one complaint that did not progress to a disciplinary inquiry in the last 12 months. The Human Rights Commission of the ACT has not informed the Board of any complaints about physiotherapists in the ACT in the reportable period.

Communication is a vital skill needed by physiotherapists to successfully complete their treatment of patients. When a breakdown in communication occurs, this can lead to uncertainty and potentially a complaint. Accordingly all physiotherapists should therefore comply with the principles of the open disclosure policy.

## Access

The Physiotherapy Board will cease to exist as of midnight on 30 June 2010. All enquires about health professional registration as a physiotherapist should be directed to:

Australian Health Practitioner Regulation Agency (AHPRA)  
PO Box 9958 CANBERRA ACT 2601



Karen Murphy  
President

# Podiatrists Board Annual Report 2009–10

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## Requirement for report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the *Annual Reports (Government Agencies) Notice 2009 (No. 1)*.

## President's report

I am pleased to present the final Annual Report of the ACT Podiatrists Board for the year ended 30 June 2010.

There have been major developments on the legislation front during the financial year. The Ministerial Council issued an exposure draft of the proposed national law to introduce national registration. During a national consultation exercise, many suggestions for improvements were received and the draft national law was substantially amended by the Ministerial Council as a result. The national law was passed in the ACT and other states and territories during the financial year.

The National Registration and Accreditation Scheme (NRAS) commences on 1 July 2010. This scheme will mean that the ACT Podiatrists Boards will be replaced by a single national board, the Podiatry Board of Australia. A single national registration point and fee will be in place with no need for multiple state registrations. This aims to improve efficiency, workforce flexibility and uniformity for registration standards and complaints processes. The Board has provided numerous submissions to NRAS in response to the consultation process. I am pleased to report that I have accepted a term on the Podiatry Board of Australia.

The Board has continued a busy schedule and has been reviewing and updating its standards statements throughout the year. The Board sets high standards for professional competence in order to ensure public protection. A number of amended standards statements have been adopted. These documents can be viewed online at the Board's website at <http://health.act.gov.au/c/health?a=&did=10034172> through the link to Publications, then Legislation.

The Board wishes to record its appreciation for the work of the staff of the Health Professional Boards Secretariat in providing the administrative and operational support to assist the Board to fulfil its statutory functions and obligations. The secretariat has provided valuable advice on administrative matters and has handled complaints and inquiries from the public sensitively and professionally. The secretariat staff have been highly valued for their knowledge and skills in relation to registration matters and the significant contribution and support they have provided to Podiatry Board members, past and present, as well as to health care consumers in the ACT.

## Function

The Australian Capital Territory Podiatrists Board (the Board) is established by section 24 of the *Health Professionals Act 2004* (the Act). It is a body corporate with perpetual succession and a common seal that has its powers prescribed by the Act.

The main aim of the Board is to protect the public from unqualified and unscrupulous practitioners through the registration of suitably qualified podiatrists, and the monitoring of the standards and conduct of the profession. In addition, the Board is responsible for ensuring that the provisions of the Act are administered in a fair and equitable manner without bias to concerned individuals.

The Board is responsible for administering the provisions of the *Health Professionals Act 2004* (the

Act) and its regulation. The Board registers suitably qualified podiatrists to enable them to practise in the ACT. The Board is also responsible for the consideration of complaints against registered podiatrists and general monitoring of the conduct of the profession in the ACT.

Two pieces of legislation apply to any complaint received against a registered podiatrist. The Act details the procedures to be used in making a report about a health professional, and the actions to be taken by the health professional boards in relation to a complaint. The *Human Rights Commission Act 2005* has a link to the *Health Professionals Act 2004*, as it is a requirement that all complaints received by the Board be considered jointly by the Health Services Commissioner and the health professional board.

The Podiatrists Board comprises four registered podiatrists and one community representative appointed by the ACT Minister for Health in accordance with the Act.

## Membership

### ***President***

Ms Helen Matthews

### ***Deputy President***

Ms Katja Veenendaal

### ***Members***

Ms Amanda McLean

Mr Matthew Hotchkis

### ***Community Representative***

Ms Fiona Oliver

### ***Executive Officer***

Mr Alan Skelton

### ***Registrar***

Mr Joe Dal Molin

## Activities

### **Meetings**

The Board meets bi-monthly for three to four hours. The Board met four times from 1 July 2009 to 30 June 2010.

### **Committees**

There were no subcommittees established between July 2009 and June 2010 due to there being no identified requirement.

### **Newsletters**

The Board produces newsletters annually, or more frequently if required. There were three newsletters issued during 2009–10 to assist communication on registration issues and professional matters. The newsletter is distributed to all ACT registered podiatrists.

## Website

The Podiatrists Board website can be accessed via [www.health.act.gov.au](http://www.health.act.gov.au)—then follow link to Professionals, then Health Professions Registration Boards—or via the following web address: <http://www.health.act.gov.au/c/health?a=&did=10000661>. Members of the profession and the public can access policy papers, annual reports, newsletters and application forms.

## National meetings

Meetings of Australian and New Zealand Council of Podiatrists Registration Boards (ANZCPRB) are conducted on a six monthly basis. Meetings of the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) are held at the same time.

ANZPAC is an independent body comprising members consisting of the eight state and territory podiatry registration boards in Australia and New Zealand. ANZPAC has been assigned the accreditation functions for the Podiatry Board of Australia under the National Registration and Accreditation Scheme for Health Professions. The President of the ACT Podiatrists Board attended two national meetings in 2009–10.

## Registration

The table below sets out the number of registrants from 2002 to 2010.

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total	43	46	46	40	45	43	42	49	50

## Board standards statements

The Board reviews its standards statements on an ongoing basis. The documents are used as a guide by both the public and the profession and to assist ACT registered podiatrists in maintaining high and professional standards of practice. The standards statements are notifiable instruments and as such have the weight of law.

## Complaints

A professional member of the Board undertakes the role of Complaints Officer. The Complaints Officer, in joint consultation with the Health Services Commissioner, investigates complaints and provides reports and recommendations to the Board. The Board received two complaints between 1 July 2009 and 30 June 2010. The Board has not taken any action against any podiatrist during this period.

## Financial information

Brought forward	\$27,658
Revenue	\$23,122
Interest	\$2,499
Expenditure	\$22,517
Funds carried forward	\$30,762

The ACT board contributes to both ANZPAC and ANZCPRB on a per registrant basis.



Helen Matthews  
President

# Psychologists Board Annual Report 2009–10

## Requirement for report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the *Annual Reports (Government Agencies) Notice 2010 (No. 1)*.

## President's report

The registration functions of all health professions will be assumed by national registration boards from 1 July 2010. This financial year, 2009–10, is the last one for the operation of the state and territory boards, including the ACT Psychologists Registration Board. The year has been a busy one, with many complex complaints and registration matters being dealt with by the Board, along with increased activities in the preparation for the transfer to the national board.

Under the new arrangements there will be no ACT Board but rather the ACT registration functions will be dealt with by a committee of the national board with responsibilities for the ACT, Victoria and Tasmania. There will, however, be some transitional arrangements for 12 months, with some Board members continuing with responsibilities in that time. The ACT representative on the national board is Mr Geoff Gallas. In addition the Board's community representatives, Ms Margaret Wolf and Mr Ebenezer Banful, have been appointed to other allied health professional national boards. All of these appointments are warmly congratulated.

There have been a number of changes to the Board's membership throughout the year. The President, Ms Vanessa Hamilton, resigned from the Board in October 2009 and Mr Ross White was appointed by the Minister for Health as Acting President until he was appointed President in May 2010. Thanks go to Vanessa for her work on the Board, especially with regard to her work in the revision of the Supervision Guidelines and in finalising the review and updating of the Policy Guidelines. Mr Geoff Gallas's appointment finished in August 2009 and he was co-opted to the Board until he was appointed by the Minister for Health in May 2010. Associate Professor Tim Carey stood down in January 2010 from his co-opted position on the Board and Ms Raelene Farrell and Dr Pam Connor were elected to the Board at the end of 2009.

The Board has continued to function with two committees, the Registration Committee and the Professional Standards Committee. Once again this year has seen both committees with a consistent flow of matters to deal with, along with some quite complex issues. Membership of these committees has changed throughout the year as people have left the Board and new members arrived. The Registration Committee includes Ms Wendy Preston, the Deputy President and Convenor, Dr Cristian Torres, Ms Raelene Farrell and Mr Geoff Gallas. Ms Vickie de Prazer is the Convenor of the Professional Standards Committee and other members are Mr Ebenezer Banful, Ms Margaret Wolf and Dr Pam Connor.

In September 2009 the Board held an information and discussion night for psychologists, considering means of improving registration guidelines. The process involved group discussion of the issues, and valuable information was gathered from the participants.

In October 2009 Mr Ross White, the then Deputy President, represented the then President Ms Vanessa Hamilton by attending the last annual meeting of the Council of Psychologists Registration Boards in Darwin, along with the Registrar, Ms Kathleen Taylor. The main issues considered were future registration standards and pathways to registration, tertiary training for psychologists, the future of the Australian Psychologists Accreditation Committee, draft complaints procedures guidelines and transition to the national board.

I would like to thank all of the 2009–10 Board members for their significant contributions to the functions of the Board throughout the year and to the maintenance of the sound standards for the ACT community of the profession of psychology. Membership of the Board is voluntary and all members have worked hard individually and as team members in carrying out the Board functions. I would like to thank the Registrar, Ms Kathleen Taylor, for her significant and efficient ongoing support for the Board. I would also like to thank Mr Alan Skelton, the Manager of the Allied Health Registration Boards, for his work with and advice to the Board throughout the year. On behalf of the Board I wish all registration board staff well in their future career pathways, as they move on after the completion of the Board's functions in July.

## Functions and aims of the Board

The Psychologists Board of the Australian Capital Territory is established by section 24 of the *Health Professions Act 2004* (the Act). It is a body corporate with perpetual succession and a common seal. The powers and functions of the Board are prescribed by the Act.

The main aim of the Board is to protect the public from the activities of unqualified and unscrupulous persons through registration of suitably qualified psychologists and the monitoring of the best practice standards and conduct of the profession. In addition, the Board is responsible for ensuring that the provisions of the Act are administered in a fair and equitable manner without bias to concerned individuals.

The Psychologists Board is committed to the improvement and development of customer service and aims to continue to provide accurate and timely advice and assistance to the public and practitioners on matters relevant to the profession. The Board aims to raise its profile and increase awareness among the public and profession of the Board's roles and responsibilities.

Under the Act the Board comprises a president, two elected psychologists, four appointed psychologists and two community representatives, one of whom must have been a lawyer for a continuous period of at least five years before the day of appointment.

The Board is responsible for administering the provisions of the Act. The Board registers suitably qualified psychologists to enable them to practise in the ACT.

Two pieces of legislation apply to any complaint received against a registered psychologist. The Act details the procedures to be used in making a report about a health professional and the actions to be taken by the health professional boards in relation to a complaint. The *Human Rights Commission Act 2005* has a direct legislative link to the Act, as all complaints received by a health professions board must be considered jointly by the Health Services Commissioner and the health professions board.

## Membership of the Board

### **President**

Ms Vanessa Hamilton	Appointed, resigned 1 October 2009
Mr Ross White	Appointed

### **Deputy President**

Ms Wendy Preston	Appointed
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### **Members**

Ms Vicki de Prazer	Appointed
Dr Cristian Torres	Appointed
Mr Geoff Gallas	Appointed
Dr Pamela Connor	Elected member
Ms Raelene Farrell	Elected member

### **Community representative**

Ms Margaret Wolf           Appointed  
Mr Ebenezer Banful       Appointed

### **Manager/Executive Officer**

Mr Alan Skelton

### **Registrar**

Ms Kathleen Taylor

## **Activities**

### **Board Meetings**

The Board meets on the first Tuesday of every month for approximately two to three hours. The Board met 11 times from 1 July 2009 to 30 June 2010.

### **Committees**

Board members also contribute their time to one of the Board's two subcommittees. The Board has a Registration/Supervision Subcommittee and a Professional Standards Committee (PSC). Committee meetings are typically scheduled prior to the Board meetings, and reports and/or recommendations from those committees are then presented to the Board for approval. The PSC meets on an 'as required' basis to deal with complaints as they arise. The PSC discusses matters in relation to complaints about psychologists received by either the Board or the Human Rights Commission (if referred to the Board) and makes recommendations to the Board about the resolution of those complaints.

### **Newsletters**

The Board newsletter was sent to all registered psychologists in the ACT in June 2009. The newsletters covered a variety of pertinent issues, including overview of legislation, proposed national registration and accreditation by the Council of Australian Governments, complaints, psychologists' information evening, interns' logbooks, and ethics information.

### **Website**

The Psychologists Board website is updated on a regular basis. The website can be accessed through the ACT Government's website at [www.health.act.gov.au/healthregboards](http://www.health.act.gov.au/healthregboards). Members of the profession and the public can access policy papers, annual reports, newsletters and application forms.

## **Professional Standards Committee**

The PSC is a section of the Board that reviews complaints about psychologists in relation to the Board's professional standards. Part of the role of the Board is to protect the public through consideration of complaints made against psychologists. In accordance with the requirements of the *Human Rights Act 2006*, all complaints lodged with the Board against psychologists are dealt with in joint consideration with the Health Services Commissioner.

The Professional Standards Committee (PSC) consists Vicki de Prazer as Committee Chair and Pam O'Connor, a psychologist. The Board's two community representatives, Ebenezer Banful and Margaret Wolf, fill the other places on the committee.

## Summary of complaints received during 2009–10

The PSC dealt with 17 complaints during this financial year, 1 July 2009 to 30 June 2010. Of these complaints, four were carried over from the previous financial year and have since been finalised, and five have been reviewed and closed by the PSC. Of the eight outstanding complaints, the PSC is awaiting a response from four psychologists to the alleged breaches of professional standards. One complaint, which has been outstanding since 2008 and investigated by the Health Services Commissioner and a professional standards panel, will be referred to the ACT Civil and Administrative Tribunal.

While the Board does not have the authority under the *Health Professionals Act 2004* (the Act) to pursue people not registered by the Board yet claiming to offer psychological services (as described under Schedule 7 of the Act and Standards Statement 4, other alternatives exist, such as referral to ACT Policing under the offence provisions in the Act. In line with this provision, the PSC has referred one complaint to the ACT police.

The remaining four cases are still under review by the PSC and the HSC and, due to the complex nature of these cases, may be referred to a professional standards panel for determination.

## Registration Committee

The Registration Committee currently comprises four Board Members. The committee reviews all matters pertaining to registration prior to each monthly meeting. The matters covered include mutual registration where psychologists registered in another state or territory or country apply for registration in the ACT; conditional registration prior to undertaking a university masters or doctoral program or an industry-based internship; and review of conditional registrants prior to their being accepted for unconditional registration. The Registration Committee completes registration application reviews and discussion via email then takes recommendations to the Board meeting for further discussion and ratification.

The Registration Committee reviews all applications for unconditional registration, particularly for those undertaking an industry-based internship. This task can take considerable time, as the committee continues to find applications that do not meet basic standards. Several applications from interns undertaking the industry-based internship have been refused unconditional registration and interns have been required to undertake extra hours in order to meet the Board's high standard. In these circumstances, each intern has been given an extension to the internship.

The Registration Committee, in conjunction with the Registrar, is also responsible for preparing draft correspondence in matters relating to registration for the president's signature. This work is coordinated by the committee chair.

## Numbers of registrants

Year	2003	2004	2005	2006	2007	2008	2009	2010
Total	615	660	706	719	773	775	809	879

## Conferences and seminars

### Annual Council of Psychologists Registration Boards [Australasia] (CPRB)

The Board continues to be represented at the CPRB, with the final meeting being held in Darwin in September 2009. The President, Mr Gallas (member appointed to the national board), and the Registrar, Ms Kathleen Taylor, represented the Board at the two-day conference. Items discussed on the Saturday included:

- structure of the Australian Psychology Accreditation Council (APAC)
- national structure of the 4+2 pathway internship

- Registration Transition Plan
- Trans-Tasman and National Registration and Accreditation Scheme
- Communication Strategy
- accumulated funds of boards
- winding up of the CPRB.

Sunday's session was opened by Dr Howard Bath, the Children's Commissioner for the Northern Territory. Dr Bath spoke of the challenges he faced in his role in the Northern Territory. This meeting involved representatives from the Australian Psychological Society (APS), and the Head of Department and School of Psychology Association (HODSPA) were represented and held wide-ranging and fruitful discussion about the future direction, regulation and accreditation of our profession.

A large proportion of the day was taken up by discussions about the transition to the National Registration and Accreditation Scheme. The APAC revised accreditation standards were tabled, as were the draft standards for the accreditation of intern programs. Other items of discussion included:

- 5+1 update on implementation in higher education sector from HODSPA
- National Standards Approved Supervisors
- English Language Standards
- Recency of Practice Standards
- Continuing Professional Development Standards
- Practicum and Supervision Hours
- Assessment of Overseas Qualifications and Experience
- National Accredited Internships
- National Code of Ethics
- National Guidelines on Complaints.

## Finance

The Board is self-funding. All fees collected by the Board are paid into a trust account. ACT Health provides the staff and administrative services required by the Board to discharge its statutory functions on a cost-recovery basis. Board members receive remuneration of \$500 per year.

Brought forward	\$67,789
Revenue	\$189,841
Interest	\$2,669
Expenditure	\$250,680
Carried forward	\$9,619

## Access to the Board

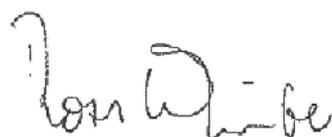
Administrative support is provided to the Psychologists Board by the Health Professions Registration Boards Secretariat, which services the needs of the 10 allied health professions registration boards.

Contact details: ACT Psychologists Board — Scala House, 11 Torrens Street BRADDON ACT 2612

Ph: (02) 6205 1601 general inquiries Fax: (02) 6205 1602

Email: [psychboard@act.gov.au](mailto:psychboard@act.gov.au) Website: <http://www.health.act.gov.au/healthprofessionals>

Office open hours: 9.00 am–4.00 pm, Monday to Friday.



Ross White  
President

# Veterinary Surgeons Board

## Annual Report 2009–10

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### Requirement for the report

This report is provided in accordance with the *Annual Reports (Government Agencies) Act 2004* and the *Annual Reports (Government Agencies) Notice 2010 (No. 1)*.

### Functions, aim and goals of the Board

The ACT Veterinary Surgeons Board (the Board) administers the Veterinary Surgeons Schedule No. 12 to the Health Professionals Regulation 2004. The *Health Professionals Act 2004* charges the Board with responsibility for the registration of appropriately qualified persons as veterinary surgeons and veterinary specialists, enabling them to practise veterinary surgery in the Australian Capital Territory. The Board:

- ensures that the interests of the public and the welfare of animals in the ACT are protected
- ensures that only properly qualified persons are registered as veterinary surgeons in the ACT
- provides advice to government agencies and interest groups
- conducts inquiries, as required, to ensure professional standards of practice are met.

### Membership of the Board

#### **President**

Dr Kevin Doyle

#### **Deputy President**

Dr John Aspley Davis

#### **Members**

Dr Kathy Gibson

Dr Simon Morris

Dr William Ryan

Dr Sarah Webb

#### **Community Representative**

Ms Marienoëlle Cure

#### **Executive Officer**

Mr Alan Skelton

#### **Registrar**

Mr Joe Dal Molin

All members serve the Board in a personal and honorary capacity.

## Meetings of the Board

From 1 July 2009 to 30 June 2010 the Board met on nine occasions. Meetings are generally held monthly at the Board secretariat offices at Scala House, 11 Torrens Street, Braddon.

## President's report

I am pleased to present the Annual Report of the Veterinary Surgeons Board for the year ended 30 June 2010.

My appreciation is extended to all members of the Board for their considerable efforts during the year and over the term of their appointments.

The Board wishes to record its appreciation for the work of the staff of the Health Professions Registration Boards Secretariat in providing administrative and operational support to assist the Board to fulfil its statutory functions and obligations. The secretariat has provided valuable advice on administrative matters and has handled complaints and inquiries from the public sensitively and professionally.

The Board recognises the value of participation in the activities of the Australian Veterinary Association, especially for fellowship, support and continuing education. The Australian Veterinary Association is the professional organisation representing veterinarians across Australia. Its vision is a global community that respects and values the benefits of enhanced animal health, welfare and production. The mission is to represent the veterinary profession with one voice and to serve the interests of members.

The Board has continued a busy schedule and has been reviewing and updating its standards statements throughout the year. The Board sets high standards for professional competence in order to ensure public protection. A number of amended standards statements have been adopted. These documents can be viewed online at the Board's website.

The Board has been active in the affairs of the Australasian Veterinary Boards Council (AVBC), on which it was represented by Dr Aspley Davis. The purposes of the AVBC are to advise and make recommendations to the veterinary boards in Australia and New Zealand in relation to:

- a) accreditation of veterinary schools and of courses leading to a degree in veterinary science or medicine
- b) assessment of the suitability for practice in Australia and New Zealand of persons with foreign veterinary qualifications
- c) uniform criteria for the recognition of qualifications for registration.

The AVBC also provides advice on matters concerning the occupational regulation of veterinarians, including general and specialist registration, as well as encouraging standardisation and quality assurance of veterinary services to the community in all jurisdictions.

The issue of national recognition of veterinary registration is a priority matter being managed by the AVBC and one which is supported by the ACT Board. The Board also reviewed standards statements over the year and agreed to various amendments, including amendments to the *Animal Welfare Act 1992*.

## Registration

As at 30 June 2010, a total of 272 veterinary surgeons were registered in the ACT. The Board approved 31 applications for registration under the provisions of the Mutual Recognition Act for registration in 2009–10. The Board removed 38 people from the register for failure to renew their registration after the renewal period in the third quarter of 2009.

## Numbers of registrants

Year	2004	2005	2006	2007	2008	2009	2010
Total	238	249	246	253	260	236	272

## Activities

The Board addressed issues related to the following topics during the year:

- premises standards
- professional standards matters
- recency of practice
- continuing professional development
- national recognition of veterinary registration
- policy review.

## Complaints and disciplinary action

The Board has recognised that many complaints emerge from poor communication and/or intransigence of both parties.

Currently the Board nominates a Complaints Officer, Dr Lorna Citer, to examine complaints and work with the Human Rights Commission in the investigation and management of complaints against veterinary surgeons in the ACT.

The Board investigated a number of complaints or professional standards issues throughout the year. Continued monitoring by the Board is a factor in at least one case. A professional standards panel has been required in one case and the Board has four complaints outstanding at 30 June 2010.

## Matters of significance

### National recognition of veterinary registration

The Board supports the process being put in place by the Primary Industries Standing Committee to move towards national recognition of veterinary registration. Each jurisdiction will retain its own board and legislation but will recognise registration in other jurisdictions as a right to practise in every jurisdiction without further registration. This will achieve mobility of veterinary surgeons between jurisdictions and assist in the aim of achieving consistency of standards. The Board has worked throughout the year to draft its own legislation to recognise national recognition of veterinary registration in the ACT.

### Continuing veterinary professional development

With CPD now compulsory in all the ACT health professions, the ACT is among only a small number of Australian jurisdictions to have compulsory CPD for veterinary surgeons. In future, renewal of registration will depend on demonstration of a commitment to continuing professional development.

### Australasian Veterinary Boards Council (AVBC)

This year the annual general meeting was held in Brisbane in May 2010, with attendance by representatives and their registrars from the New Zealand Veterinary Council and all state and territory boards. Dr John Aspley Davis, the Board Deputy President, was in attendance. Reports were submitted and discussed on issues concerning registration, uniformity of legislation, the National Veterinary Examination (NVE), national registration and accreditation of courses.

## Finances

The Board is self-funding but utilises the facilities of ACT Health to manage its accounts.

Carryover	\$83,686
Revenue	\$71,735
Interest	\$3,947
Expenditure	\$81,551
Carried forward	\$77,817

## Liaison with Australian Veterinary Association (AVA)

The Board maintains liaison with the AVA to ensure a free exchange of views and information and it takes this opportunity to acknowledge the cooperation of the AVA.

### Contact details

ACT Veterinary Surgeons Board  
Scala House  
11 Torrens St  
BRADDON ACT 2612

Phone: 02 6205 6051  
Fax: 02 6205 1602  
Email: [vetboard@act.gov.au](mailto:vetboard@act.gov.au)  
Website: <http://www.health.act.gov.au/healthregboards>



Dr Kevin Doyle  
President

# Chief Psychiatrist Annual Report 2009–10

The *Mental Health (Treatment and Care) Act 1994* was implemented in the Australian Capital Territory on 6 February 1995.

## Section 120—Chief Psychiatrist’s annual report

A report prepared by the Chief Psychiatrist under the *Annual Reports (Government Agencies) Act 2004* for a financial year must include:

- a) statistics in relation to people who have a mental illness during the year
- b) details of any arrangements with New South Wales during the year in relation to people who have a mental illness.

## Emergency apprehension

The following table shows the number of emergency apprehensions in 2009–10 with a breakdown of who initiated them.

	Emergency action	Police officer	Mental health officer	Medical practitioner
<b>Total</b>	<b>718</b>	<b>483</b>	<b>149</b>	<b>86</b>

## Emergency detention

The following table shows the number of emergency detention notifications issued in 2009–10 in comparison to previous years. Applications for extension of emergency detention (for a further period of up to seven days) and applications for mental health orders and variations of mental health orders are made to the ACT Civil and Administrative Tribunal.

Emergency detentions	July 06–June 07	July 07–June 08	July 08–June 09	July 09–June 10
<b>Total</b>	<b>430</b>	<b>465</b>	<b>499</b>	<b>506</b>

### Outcome of those detained:

	July 06– June 07	July 07– June 08	July 08– June 09	July 09– June 10
Revocation of 72 hr detention and/or 72 hr detention being allowed to lapse	203	183	282	302
Applications for extension of involuntary detention	227	292	217	204

## Psychiatric treatment orders

Under the *Mental Health (Treatment and Care) Act 1994*, the Chief Psychiatrist is responsible for the treatment and care of a person to whom a psychiatric treatment order (PTO) applies. The maximum duration of a PTO is six months.

	July 06– June 07	July 07– June 08	July 08– June 09	July 09– June 10
PTOs granted by the tribunal	612	684	714	790
PTOs revoked	14	28	76	69
Breach of PTO	24	39	34	68
Restriction orders	14	7	2	3

## Other matters

The *Mental Health (Treatment and Care) Act 1994* provides for the authorisation of involuntary electro-convulsive therapy (ECT), including emergency ECT. It also has provisions for the interstate application of mental health laws, including for the transfer of persons to and from ACT.

The *Crimes Act 1900* provides for the court to order removal of an individual to the Canberra Hospital for the purposes of an emergency assessment to determine whether immediate treatment and care are required.

	July 06– June 07	July 07– June 08	July 08– June 09	July 09– June 10
Application for ECT authorised	41	23	22	19
Application for emergency ECT authorised	2	1	7	0
Transfers to/from NSW	7	12	6	12
Court ordered removal for assessment— s309 of the Crimes Act 1900	35	28	41	25

## Key points arising

The following trends in key areas of activity related to the Office of the Chief Psychiatrist are noteworthy.

In 2009–10, 715 people were apprehended and brought to the Canberra Hospital for assessment. This is an increase of 36 per cent from the previous year. Of the 715 apprehended, 506 were detained for further assessment for up to three days.

Figures relating to emergency detention have marginally increased in comparison to the same reporting period last year. There was decrease of 6 per cent in applications for extension of further involuntary detention (of up to seven days).

The ACT Civil and Administrative Tribunal (ACAT) granted 790 psychiatric treatment orders (PTO). This is an increase of 11 per cent from 2008–09 and an increase over three years of 29 per cent. Upon application by a consultant psychiatrist, or of its own motion, the ACAT revoked 69 orders, compared to 76 in the previous reporting period.

There were 19 electro-convulsive therapy applications authorised, a decrease of 15 per cent from the previous year. There were no applications for emergency ECT authorised under the legislative provisions in Part 7 of the Act, introduced in 2005.

Twelve cross-border agreements were made between the ACT and NSW. The ACT accepted nine transfers from NSW and three transfers were made to NSW facilities. One cross-border agreement was made between the ACT and a Queensland facility.

Breach of PTOs increased from 34 to 68, a 100 per cent increase from 2008–09, with 18 people requiring immediate hospitalisation. This increase recognises more assertive follow-up by clinical managers when a consumer is in breach of the conditions of their PTO.

The ACT Magistrates Court made 25 referrals for assessment pursuant to section 309 of the *Crimes Act 1900*, a decrease of 39 per cent from the previous year. Seventeen people required admission to the Psychiatric Services Unit for assessment purposes, with eight being returned to court on the same day. This decrease may be due to increased effectiveness in the role of the Forensic Court Liaison team, who are able to directly advise the court when an order for assessment is necessary.



Dr Peter Norrie  
Acting Chief Psychiatrist

# Human Research Ethics Committee

## Annual Report 2009–10

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The ACT Health Human Research Ethics Committee considers possible ethical implications of proposed research projects and offers a determination as to whether they may proceed on ethical grounds.

The committee's membership is constituted in accordance with National Health and Medical Research Committee guidelines. Membership of the committee is voluntary; members are sought through an expression of interest process and are appointed by the ACT Health executive under the provisions of the *Health ACT 1993*. Committee membership includes a chairperson; lawyer; minister of religion; medical graduate with research experience; layperson—male; layperson—female; person with knowledge of and current experience in the professional care, counselling and treatment of people; and a Senior Clinician from the Canberra Hospital.

The committee is represented on Canberra Hospital's Clinical Ethics Committee. Committee representatives also meet with members of other ACT Institutional Ethics Committees on matters of common interest.

## Membership of the committee

### **Chairperson**

Professor John Biggs MA MD  
FRCOG, FRANZCOG, DHMSA

### **Members**

Mr Vincent Sharma  
Reverend Doug Hutchinson  
Ms Louise Morauta  
Mr Ray Comer  
Associate Professor Abdel-Latif Mohamed  
Dr Dipti Talaulikar  
Associate Professor Peter Hickman  
Dr Tony Huynh  
Dr Jason Mazanov

## Terms of reference

1. To receive and consider ethical implications of all proposed research projects that involve clients/patients or staff of ACT Health and to determine whether they are acceptable on ethical grounds.
2. To delegate the review and approval of low-risk research projects to the Chairperson and/or Deputy Chairperson of the ACT Health HREC as permitted by the National Statement on Ethical Conduct in Human Research, section 5.1.22 (a) and (b).
3. To consider and advise ACT Health, specifically the ACT Health Research Office, on all ethical matters arising from research activity which require determination. The committee will have particular regard to the importance of obtaining informed consent of patients and volunteers and to the maintenance of the best interests of research participants.
4. To maintain a register of proposed and approved research proposals so that the following information is readily available.

- name of the responsible institution
- notification of indemnity
- project identification number
- principal investigator(s)
- short title of the project
- ethical approval or non-approval with date
- dates designated for review.

(Protocols of research projects shall be preserved in the form in which they were approved.)

- 5) To comply with the NHMRC National Statement on Ethical Conduct in Human Research (2007) and to provide an ACT Health HREC Annual Report to the NHMRC Australian Health Ethics Committee.
- 6) To abide by the principles laid down in the National Statement on Ethical Conduct in Human Research in regard to research involving people of Aboriginal and Torres Strait Islander background and to seek additional assessment of the research from:
  - people who have networks with Aboriginal and Torres Strait Islander peoples and/or knowledge of research with Aboriginal and Torres Strait Islander peoples
  - people familiar with the culture and practice of Aboriginal and Torres Strait Islander peoples, with whom participation in the research will be discussed.
- 7) To provide surveillance and monitoring of the ethical conduct of research projects until their completion, including the submission of an Annual Report to the CEO of ACT Health via the ACT Health Research Office.
- 8) To ensure that the list of membership of the ACT Health HREC is made public on the research internet site and within annual reports.
- 9) To ensure that there is a process whereby researchers can request an interview with the ACT Health HREC for discussion on their proposed research project.
- 10) To ensure minimisation of the duplication of ethical review of research projects by a researcher affiliated with another institution, the committee will forward the application to the director, ACT Health Research Office, for consideration.

## Number of research projects

During 2009–10, the committee considered 187 research proposals. All received ethical approval. Of these proposals, 44 were reviewed by the Low Risk Sub-Committee (LRSC).

The LRSC was established in April 2010 with a view to expediting the approval process for proposals meeting the NHMRC guidelines for low and negligible risk research.

## Meetings of the Ethics Committee

The committee met 11 times from 1 July 2009 to 30 June 2010. Meetings are held monthly.

## Clinical Trials Subcommittee

The role of the Clinical Trials Subcommittee is to provide advice to the committee on clinical trials of drugs and therapeutic device matters. The subcommittee primarily provides advice on the scientific, regulatory and technical aspects of proposed clinical trials. During 2009–10, the subcommittee considered 50 research proposals.

Ph: (02) 6205 0846

Fax: (02) 6244 3092

Website: [www.health.act.gov.au/publications](http://www.health.act.gov.au/publications)

A handwritten signature in black ink that reads "John Biggs". The signature is written in a cursive, slightly slanted style.

Professor John Biggs MA MD  
FRCOG, FRANZCOG, DHMSA  
July 2010

# Mental Health ACT Official Visitors Annual Report 2009–10

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## Introduction

Mental Health Official Visitors are appointed by the Minister for Health to visit and inspect psychiatric inpatient facilities and make inquiries as to the care and treatment of patients, as set out in the *Mental Health (Treatment and Care) Act 1994*. Matters covered include:

- the adequacy of services for the assessment and treatment of persons with mental dysfunction or a mental illness
- the appropriateness of recreation, occupation, education, training and rehabilitation services
- whether services are provided in the least restrictive environment possible and in the least intrusive manner possible
- any contraventions of the Mental Health (Treatment and Care) Act
- any complaint received from a person receiving treatment and care for mental illness or dysfunction.

Currently, Mental Health Official Visitors' roles cover the mental health services provided at the Brian Hennessy Rehabilitation Centre (BHRC), Ward 2N, the Older Persons Mental Health Inpatient Unit and Hyson Green at Calvary Public Hospital, as well as the Psychiatric Services Unit (PSU) at Canberra Hospital.

During this year a former Official Visitor, Dr Gerard Sandi, was reappointed. Although his commencement was delayed due to ill health, he will assist in conducting visits and ensuring concerns are addressed in a timely, effective manner.

Throughout the year the Principal Official Visitor met regularly with Ms Katy Gallagher, the Minister for Health. Ms Gallagher continues to be very interested in the Official Visitor scheme and the Official Visitors' observations about the care of people with a mental illness in the ACT.

The Official Visitors enjoyed attending the NSW Official Visitors Conference in Sydney as guests of the New South Wales service in May. This served as an important liaison activity, and Official Visitors benefited from the educative function of the conference as well as from the informal discussions about the Official Visitor role. The conference focused on the theme of 'The Least Restrictive Environment and Care'. The speakers dealt with issues of best treatment, restraint in the elderly, psychopharmacology, coercion as well as ensuring provision of the least restrictive environment. A very useful and interesting training workshop on the Official Visitor phone line was run by a Lifeline trainer.

The Official Visitors continue to regularly present at the orientation of new mental health staff and presented an in-service on their role to Brian Hennessy Rehabilitation Centre.

## Visits

Since December 2002, the Official Visitors have operated a monthly pre-determined schedule of formal visits to each of the facilities. Prior notice of the visit is given to the facility to reinforce a cooperative as opposed to an inspectorial approach with unit staff. In 2009–10, Official Visitors made 59 scheduled formal visits to the five mental health facilities.

Formal visits by the Official Visitors were supplemented by follow-up visits as required. Other visits were made upon request by patients of the facilities following contact either by means of telephone or through messages left in the Official Visitors' suggestion boxes, which are located in the facilities visited by Official Visitors.

Staff at the facilities have been extremely cooperative and open with the Official Visitors. In many instances, staff have gone out of their way to assist the Official Visitors in carrying out their duties. Detailed reports are provided to the team leaders and to senior mental health staff after each visit. The reports summarise all matters raised during the visits by patients and staff and discussed with the team leader. The strategy of meeting with the team leaders at the end of each visit to ensure issues are raised and addressed as soon as possible continued. Follow-up action is identified in the reports. Quarterly reports are provided to the Minister for Health. Regular meetings have been scheduled with a representative from the Public Advocate's office to enhance cooperation and reduce duplication.

## Adequacy of assessment and treatment services

ACT Mental Health and its staff are committed to improving the quality of care at all facilities. The staff at the facilities endeavour to improve the experiences of their patients and to develop practices and procedures aimed at the long-term benefit of patients. It is particularly encouraging to note the successful focus on reducing the use of seclusion at the Psychiatric Services Unit (PSU) and the adoption of less punitive approaches to unacceptable behaviour. Both Calvary 2N and the PSU have usefully focused on providing more activities for their patients.

The Official Visitors continue to be impressed by Hyson Green and the Older Persons Mental Health Inpatient Unit (OPMHIU), which present as very well equipped and well staffed. Both are modern, light and spacious and designed for comfort and safety. The OPMHIU and the Brian Hennessey Rehabilitation Centre (BHRC) facilitate their staff accompanying patients into the community after discharge and assisting in their follow-up. BHRC offers a 'step down' program to maximise the safety and ongoing treatment of patients returned to the community.

Matters of concern about the adequacy of assessment and treatment include:

- a general shortage of beds to accommodate the numbers of patients
- the shortage of suitably qualified staff.

## Appropriateness of recreation, occupation, education, training and rehabilitation services

Each facility operates a range of these types of programs and has made changes in 2009–10 to improve the relevance and effectiveness of these activities. The general direction is to enhance the services provided.

PSU has opened an exercise room for patients.

BHRC's rehabilitation and recreation focus is on patient participation in community programs outside the facility—for example, activities at the Belconnen Community Centre. Patients are encouraged to commence TAFE courses. Within the facility, programs tailored to individual patient needs are offered, such as healthy cooking lessons, media studies, relaxation techniques and gardening. Computer access is also available.

Ward 2N has activities on weekdays for all patients. Group programs run by Ward 2N and Hyson Green are very popular with inpatients and outpatients. The OPMHIU encourages patients to be as active and independent as possible. The anticipated appointment of a diversional therapist at the OPMHIU should enhance the services offered by this facility.

## Whether services are provided in the least restrictive environment possible

Inpatients in psychiatric facilities are admitted on a voluntary or involuntary basis. Enforcing involuntary detention involves a reduction of an individual's freedom while treating their mental illness. Patient safety is a paramount concern, as is the safety of the staff involved. While all facilities must primarily assist patients to improve their mental health, they focus on enhancing the skills patients need to reintegrate into the community and aim to discourage dependency on inpatient facilities and to reduce the duration of their admission time.

The PSU offers three levels of accommodation depending on the acuity of a patient's symptoms. Although the entire facility is locked, there is a low-dependency unit, a high-dependency unit and a seclusion area. It is encouraging that the unit is placing significant emphasis on reducing both the frequency and length of time any patient is confined in the seclusion or high-dependency areas. During visits this year it was very evident that the rate of seclusion in the facility had been reduced.

Commendably, BHRC has made many efforts to ensure its consumers are integrated where possible into community-based programs to facilitate their transition from the facility into the community.

## Any contraventions of the Mental Health (Treatment and Care) Act

No contraventions have come to the attention of the Official Visitors.

## Complaints received from persons receiving treatment and care for mental illness or dysfunction

In general, patients and their carers provide positive feedback about their experiences in the facilities. Issues taken up with and acted on by the units include:

- the quality and quantity of food at the PSU
- the unsatisfactory completion of the HDU and seclusion registers by PSU staff as well as a lack of information about patient outcomes in the AWOL register
- privacy issues
- maintenance and cleanliness issues
- lack of activities at OPMHIU—leading to boredom
- Turkish client not understanding effect of Guardianship Tribunal orders (perhaps arising from a language difficulty)
- client detained indefinitely in BHRC until suitable government flat is available
- display of ACT Mental Health brochures regarding privacy and access to medical records
- building concerns at OPMHIU.

## Reports to the Minister for Health

The Principal Official Visitor provided the following written reports to the Minister for Health:

- two quarterly reports and one half-yearly report for the reporting year.

## Mental Health Official Visitors

Persons working as Mental Health Official Visitors during the period were:

- Sue Connor, Principal Official Visitor
- Pamela Burton, Official Visitor
- Terry Melbourne, Official Visitor
- Bernette Redwood, Official Visitor
- Gerard Sandi, Official Visitor.

### Average length of service by gender

Average length of service (years)	Female	Male	Total
0-2		1	1
2-4	2	1	3
4-6			
6-8			
8-10	1		1

### Total average length of service by gender

Gender	Average length of service
Female	5yrs 3mths
Male	1 yr 9 mths
<b>Total</b>	<b>1yr 9 mths</b>



Sue Connor  
Principal Official Visitor  
20 July 2010

# Radiation Council Annual Report 2009–10

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## Chair's review

It is my pleasure to present the Annual Report of the Radiation Council for 2009–10.

The Radiation Council has had a productive year and has continued to address issues concerning licensing, registration and radiation safety requirements to provide adequate radiation protection to the community. The Council has addressed issues and amended procedures that have been raised since the introduction of the *Radiation Protection Act 2006*.

During the year the Council provided a delegation to the Chair and Deputy Chair to allow applications to be approved between meetings. Applications that are not complete but have been presented to the Council for consideration can now be referred to the delegate for approval between meetings when all requirements of the application have been received.

The Council continues to monitor the development of codes of practice, standards and regulations from the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) regarding radiation safety. Information received by ARPANSA is considered in decisions made by the Council.

I wish to express my appreciation to the members of the Council for their expert contribution to the Council and to the staff of the Health Protection Service for their ongoing support.



Anthony Agostino  
Chair, June 2010

## Council charter

The *Radiation Protection Act 2006* ([www.legislation.act.gov.au](http://www.legislation.act.gov.au)) controls the safe use, storage, transportation and disposal of radioactive material and irradiating apparatus. The Radiation Council was established under Part 5 of the *Radiation Protection Act 2006* and has the following responsibilities:

- granting licences in relation to the use of radioactive material and radiating apparatus
- granting registrations of radiating apparatus
- granting approvals for disposal, transportation and storage of radioactive material
- directing licensees in situations where the health of their employees or members of the public may be at risk from ionising radiation exposure.

The composition of the Radiation Council is specified in the *Radiation Protection Act 2006* as:

- a member who is registered as a medical practitioner under the *Health Professionals Act 2004* and is in the specialist area of radiology
- a member, being a person with expert knowledge of the physical properties or biological effects of ionising radiation
- a member who, in the Minister's opinion, has qualifications or experience relevant to assisting the Council to carry out its functions
- a member of the general public nominated by the Minister.

## Council members

Members of the Radiation Council during 2009–10 were:

- Mr Anthony Agostino, Chair of the Council. Member since October 1996 and Chair since July 2003.
- Mrs Jean I Bennett. Member since May 1994.
- Dr Mervyn Despois. Member since September 2001.
- Professor L Keith Fifield, Deputy Chair. Member since April 1999.
- Dr Sean Geoghegan. Member since May 2009.

Details of member appointments are given in Attachment 1.

## Council meetings during 2009–10

The Radiation Council met eight times during the year. The dates of the meetings and member attendance are shown in Attachment 2.

## Support for Council

The Health Protection Service of ACT Health provided the secretariat service in support of the Radiation Council. The Health Protection Service has regulatory responsibility under the *Radiation Protection Act 2006*.

## Regulatory standards

A number of standards, codes of practice, safety guides and recommendations are used by Council as a reference when considering matters relating to radiation protection policies, practices, conditions to be attached to licences, registrations, and exemptions from the application of the *Radiation Protection Act 2006*. The list of reference materials is shown in Attachment 3.

## Council activities and decisions

### Approvals of regulatory instruments

#### ***Licences***

Council issued 123 new licences during the year. Together with licences reissued during the year, the total number of licence holders in the ACT is 622.

#### ***Registrations***

Council issued 43 new radiation registrations during the year. Together with registrations reissued during the year, the total number of registered radiation sources in the ACT is 494.

#### ***Radiation waste disposal***

The Council received four reports on the disposal of radioactive material supervised by ACT Health during 2009–10.

#### ***Decisions in 2009–10***

Council approved the use of a hand-held portable X-ray unit by veterinary surgeons on animals.

Council provided a delegation to the Chair and the Deputy Chair to enable applications to be approved between meetings. The delegation is only exercised when an incomplete application has been considered and assessed by Council. Applications that have been agreed for delegation by the Council can be approved by the Chair or Deputy Chair between Council meetings when the application is complete.

### **Exemptions, clinical trials, incidents**

- The Council granted no exemptions during the year.
- The Council did not receive any requests for clinical trials.
- No radiation incidents were reported to the Council during the year.

## **Enforcement**

No legal proceedings were commenced in 2009–10.

## **Investigations conducted by the Council**

There were no investigations conducted during 2009–10.

## **National Directory for Radiation Protection**

The National Directory for Radiation Protection provides the basis for achieving uniformity of radiation protection practices and legislation across all Australian jurisdictions for both ionising and non-ionising radiation. The directory is a constantly evolving document that reflects the best radiation protection practice of the time. The directory is updated following a prescribed process, designed to meet the *COAG Principles and Guidelines for National Standard Setting and Regulatory Action by Ministerial Councils and Standard-setting Bodies (November 1997)*, and after amendments are endorsed by the Australian Health Ministers' Conference.

The Council is regularly briefed on developments with regard to the work of the national Radiation Health Committee (RHC) of ARPANSA. The ACT has a jurisdictional representative on the RHC.



Anthony Agostino  
Chair, June 2010

## Attachment 1

### Members of Radiation Council during 2009–10 appointed under *Radiation Protection Act 2006*

Member	Designation	Appointed under	Appointment period
Mr A Agostino	Chair	Section 68 and 70	1 January 2008– 31 December 2010
Mrs J I Bennett	Serves as a member of the general public	Section 68	1 January 2008– 31 December 2010
Dr M Despois	Radiologist	Section 68	1 January 2008– 31 December 2010
Prof LK Fifield	Deputy Chair	Section 68 and 70	1 January 2008– 31 December 2010
Dr S Geoghegan	Member	Section 68	5 May 2009– 4 May 2012

## Attachment 2

### Radiation Council meetings during 2009–10

Member	230	231	232	233	234	235	236	237
Mr A Agostino	✓	✓	✓	✓	✓	✓	✓	✓
Prof LK Fifield	✓	A	✓	A	✓	✓	✓	A
Mrs JI Bennett	✓	✓	✓	✓	✓	✓	✓	✓
Dr M Despois	✓	✓	✓	✓	A	✓	A	A
Dr S Geoghegan	✓	✓	A	✓	✓	✓	A	✓

✓ attended

A apology

## Attachment 3

Standards, codes of practice and recommendations employed to support Council decisions

*Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), Radiation Protection Series (RPS) and Radiation Health Series (RHS) publications (available from [www.arpansa.gov.au](http://www.arpansa.gov.au))*

All publications from APANSA, RPS and RHS.

### **Australian Standards**

Automatic Fire Detection and Alarm Systems—Part 2: Point Type Smoke Detectors AS 1603.2—1990

Self-Contained Smoke Alarms—AS 3786—1990

Approval and test specification—Medical electrical equipment

Part 1.3: General requirements for safety—Collateral Standard: Requirements for radiation protection in diagnostic X-ray equipment—AS 3200.1.3:1996

Approval and test specification—Medical electrical equipment

Part 2.201: Particular requirements for safety—Dento-maxillofacial X-ray Equipment—AS 3200.2.201:1996

Safety in Laboratories — Part 4: Ionizing Radiations AS 2243.4—1998

Solaria for Cosmetic Purposes AS/NZS 2635:2002

### ***International Atomic Energy Agency***

IAEA Safety Series No. 115 (1996)

International Basic Safety Standards for protection against Ionizing Radiation and for the Safety of Radiation Sources

IAEA Safety Series No. 21 (202)

Optimization of Radiation Protection in the Control of Occupational Exposure

IAEA No. 37 (2004)

Methods for Assessing Occupational Radiation Doses due to Intakes of Radionuclides

IAEA Safety Series No. 39 (2006)

Applying Radiation Safety Standards in Diagnostic Radiology and Interventional Procedures Using X Rays

### ***International Commission on Radiological Protection***

ICRP 51 (1987) Data for Use in Protection Against External Radiation

ICRP 57 (1989) Radiological Protection of the Worker in Medicine and Dentistry

ICRP 60 (1990) 1990 Recommendations of the International Commission on Radiological Protection

ICRP 62 (1991) Radiological Protection in Biomedical Research

ICRP 62 (1991) Summary of the Current ICRP Principles for Protection of the Patient in Diagnostic Radiology

ICRP 64 (1993) Protection from Potential Exposure: A Conceptual Framework

ICRP 68 (1994) Dose Coefficients for Intakes of Radionuclides by Workers

ICRP 68 (1994) Summary of the Current ICRP Principles for Protection of the Patient in Nuclear Medicine

ICRP 73 (1996) Radiological Protection and Safety in Medicine

ICRP 75 (1997) General Principles for the Radiation Protection of Workers

ICRP 80 (1998) Radiation Dose to Patients from Radiopharmaceuticals

ICRP 84 (2000) Pregnancy and Medical Radiation

ICRP 85 (2000) Avoidance of Radiation Injuries from Medical Interventional Procedures

ICRP 86 (2000) Prevention of Accidental Exposures to Patients Undergoing Radiation Therapy

ICRP 87 (2000) Managing Patient Dose in Computed Tomography

ICRP 93 (2004) Managing Patient Dose in Digital Radiology

ICRP 94 (2004) Release of Patients after Therapy with Unsealed Radionuclides

ICRP 97 (2005) Prevention of High-dose-rate Brachytherapy Accidents

ICRP 98 (2005) Radiation Safety Aspects of Brachytherapy for Prostate Cancer using Permanently Implanted Sources

ICRP 99 (2005) Low-dose Extrapolation of Radiation-related Cancer Risk

ICRP 101 (2006) Assessing Dose of the Representative Person for the Purpose of Radiation Protection of the Public and the Optimisation of Radiological Protection: Broadening the Process

ICRP 102 (2007) Managing Patient Dose in Multi-Detector Computed Tomography (MDCT)

ICRP 103 (2008) Recommendations of the ICRP

ICRP 104 (2008) Scope of Radiological Protection Control Measures

ICRP 105 (2008) Radiological Protection in Medicine

### ***Abbreviations***

AHMC Australian Health Ministers' Conference

ARPANSA Australian Radiation Protection and Nuclear Safety Agency

COAG Council of Australian Governments

HPS Health Protection Service of ACT Health

RHC Radiation Health Committee of ARPANSA

