### **Getting started**

#### Fact sheet: CDT screening - what you need to know

# What is CDT screening?

CDT (carbohydrate-deficient transferrin) is a blood test designed to identify excess consumption or harmful use of alcohol.

We use CDT screening to monitor practitioners and students where there is a history of or concerns about alcohol misuse or dependence.

# Why do we need you to undergo CDT screening?

We need to make sure that practitioners and students with a history of or concerns about alcohol misuse or dependence are safe to be in practice or training. This is to protect the public from possible harm.

Negative CDT screening results are an effective way for us to know you are not affected by alcohol and can continue safely in practice or training.

# How does screening benefit you?

CDT screening and subsequent negative results gives assurance to you, the public, and your employers that you can continue safely in practice or training.

# What information should I have received?

You should have received:

- our <u>Alcohol screening policy</u>, and its supporting <u>Participant procedure: CDT screening</u>
- list of Council-approved collection centres
- <u>Collection centre nomination</u> form
- Illness certificate form
- <u>Leave from screening</u> form.

# When do I have to start screening?

We will tell you when you need to attend for your first CDT screening test. After that you will need to attend for CDT screening on the first Monday of the month.

# Where do I go to have my sample collected?

You need to go to a <u>Council-approved collection centre</u> to have your sample collected. If you cannot go to a Council-approved collection centre, you need to propose an alternative arrangement on your <u>Collection centre nomination</u> form.

We will then let you know whether your alternative arrangement is approved.

# How do I start screening?

Before you start CDT screening you must:

- choose a Council-approved collection centre
- confirm the opening hours of your nominated collection centre and the time you need to attend
- complete our <u>Collection centre nomination</u> form.

Please get this form to us within 2 days of the CDT screening condition being placed on your registration so we can set up and send to you your *Screening request* form.

# What do I need to do on the day of screening?

- take any regular medication
- bring a copy of your *Screening request* form (we will give this to you before you start screening)
- know what current medications you are taking as you will be asked about this
- bring a type of government-issued photo identification, such as a valid driver licence, identity card or passport
- attend your approved collection centre to have your blood sample collected
- be prepared to pay for screening via credit/debit card.

### How much will it cost?

You are responsible for all CDT screening costs.

If you attend for screening at a Council-approved collection centre the cost will be:

| Screening test | Cost*    |
|----------------|----------|
| CDT            | \$ 27.50 |

<sup>\*</sup> inclusive of GST, collection and transport if participant attends a Council-approved collection centre

### What happens to my results?

All samples are screened by Queensland Medical Laboratory (QML).

QML will send your results to the groups listed on your *Screening* request form.

We will manage your results as outlined in the <u>Participant procedure:</u> <u>CDT screening</u>.

### What do I need to be careful of?

Some prescription medicines, over-the counter preparations, health and personal hygiene products, and foods and drinks can cause positive results. It is your responsibility to avoid these while you are attending for screening. More information about what to avoid is included in the *Participant procedure: CDT screening*.

# What do I do if I am absent, or if something goes wrong?

The <u>Participant procedure: CDT screening</u> outlines what to do if you need to be or are absent from screening, or if any operational issues arise.

#### What do I do now?

You need to read the information you have been provided to make sure you understand what is required of you and your screening conditions.

Contact us on 02 9879 2200 or <a href="medicalcouncil.monitoring@mcnsw.org.au">medicalcouncil.monitoring@mcnsw.org.au</a> if you have any questions.



### Alcohol screening policy

Medical Council policies outline legislative principles and can also reflect the values/philosophies of the Medical Council. They direct conduct and decision making and must be complied with and implemented by members and staff or delegates of the Council and/or medical practitioners and students practising and training in NSW.

| Document type | TRIM reference | Number    |
|---------------|----------------|-----------|
| Policy        | DD17/63379     | POLMED002 |

| Date of endorsement               | Endorsed by            | Publication date | Review date     |
|-----------------------------------|------------------------|------------------|-----------------|
| 6 February 2018 (effective from 4 | Medical Council of NSW | 11 April 2018    | 6 February 2018 |
| June 2018)                        | NOVV                   |                  |                 |

#### Summary

This policy and its related procedures outline how to comply with conditions requiring a medical practitioner or student to undergo alcohol screening and the consequences of any non-compliance.

#### Applies to (scope)

- NSW medical practitioners and students required to undergo alcohol screening
- Medical Council of NSW, its delegates and secretariat staff

| Document owner   | Functional group/subgroup |
|------------------|---------------------------|
| Medical Director | Monitoring                |

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Policy No: POLMED002

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#### **Alcohol screening policy**

#### 1. Purpose

To ensure that medical practitioners and students who are required to undergo alcohol screening comply with conditions imposed on their registration, and explain the consequences of non-compliance.

#### 2. Introduction

The Council uses alcohol screening to monitor medical practitioners and students where there is a history of or concerns about alcohol misuse or dependence.

The Council uses the following screening tests either on their own or in combination to monitor participants:

- Breath-testing for alcohol
- EtG screening
- CDT screening

The Council understands that alcohol screening can be inconvenient, intrusive, and expensive. However, negative alcohol screening results are an effective way for the Council to protect the public, by knowing that a participant is not affected by alcohol and can continue safely in practice or training.

#### 3. Definitions and abbreviations

| Term                                     | Explanation                                                                                                                                                        |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| breath-testing for alcohol               | a screening test to ensure a participant is not under the influence of alcohol                                                                                     |
| CDT                                      | Carbohydrate-Deficient Transferrin – a screening test designed to identify excess consumption or harmful use of alcohol                                            |
| Council                                  | Medical Council of NSW                                                                                                                                             |
| EtG                                      | Ethyl-glucuronide – a screening test to monitor compliance for abstinence from alcohol, by detecting the presence of EtG (an alcohol breakdown product) in urine   |
| the guidelines / the national guidelines | Australian Guidelines: To reduce health risks from drinking alcohol, as revised from time to time                                                                  |
| HCCC                                     | Health Care Complaints Commission                                                                                                                                  |
| participant                              | a medical practitioner or student participating in alcohol screening because a condition on their registration requires it                                         |
| the Standard                             | the AS/NZS 4308:2008, Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine                                             |
| substance                                | any:                                                                                                                                                               |
|                                          | substance listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act</i> 1985                                                                                  |
|                                          | <ul> <li>pharmacist only, prescription only or controlled drug medication as<br/>contained in Schedule 3, 4 or 8 of the <u>Poisons Standard (SUSMP)</u></li> </ul> |
| the Tribunal                             | NSW Civil and Administrative Tribunal                                                                                                                              |

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#### 4. Mandatory requirements for alcohol screening

#### 4.1. Compliance with this policy

Participants must comply with all aspects of this policy, the Council's related alcohol screening procedures and all alcohol screening conditions on their registration.

If a condition is inconsistent with this policy or the procedures, the condition prevails.

All aspects of screening, including the type of screening and how often participants must attend, will be overseen by the Council. Compliance will be monitored by the monitoring team.

#### 4.2. Non-compliance with alcohol screening

Non-compliance with alcohol screening is any failure to follow the requirements of this policy, the Council's alcohol screening procedures, and any alcohol screening conditions on a participant's registration.

If a participant does not comply, the Council will ask them for a written explanation, and may also ask the breath-testing supervisor and breath-testing device manufacturer, or pathology provider for more information. The Council will then consider whether further action is required. In some cases the Council may take action without asking the participant for an explanation.

Non-compliance with alcohol screening includes, but is not limited to, the circumstances listed in the following table.

| Screening type                    | Circumstance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All                               | <ul> <li>a positive alcohol screening result</li> <li>the participant fails to commence screening within the required timeframe</li> <li>the participant fails to attend for screening when required</li> <li>the participant provides samples for screening outside of the approved collection and testing regimen</li> <li>the participant fails to complete request forms as required (not for breath-testing)</li> <li>the participant provides samples that do not meet the chain of custody (not for breath-testing)</li> <li>the participant uses, makes, alters or possesses an object or product to defraud an alcohol screening test</li> <li>the provided sample is inadequate or unsuitable for testing</li> <li>the participant fails to provide supporting information about any absences from screening within the required timeframe</li> <li>a pattern of participant behaviour raises concerns about their compliance with this policy, the related procedures or related conditions on their registration.</li> </ul> |
| Breath-<br>testing for<br>alcohol | <ul> <li>the participant fails to provide the Starting breath-testing for alcohol form within the required timeframe or the information submitted is inadequate or insufficient for approval</li> <li>the participant fails to maintain their breath-testing log as required</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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- the participant fails to provide their breath-testing log to the Council
- the participant fails to service their breath-testing device as required
- the participant fails to make alternative arrangements for breath-testing while their device is being serviced.

If a participant does not comply the Council may:

- give the participant a warning and explain any other action the Council may take if they do not comply in the future
- increase the frequency or length, or change the type of alcohol screening
- require that the participant attend an interview or hearing to consider the matter further
- take immediate action, such as imposing more restrictive conditions (including a critical impairment condition) on or suspending the participant's registration and refer a complaint to the HCCC
- refer a complaint to the HCCC.

# 4.3. Compliance with critical impairment and critical compliance conditions

#### 4.3.1. Critical impairment and critical compliance conditions

There are two types of critical conditions that can be imposed on a participant's registration that have specific consequences for non-compliance. The following table shows which bodies can order these conditions and which participant group is affected.

| Condition type                | Ordered by                          | For                                |
|-------------------------------|-------------------------------------|------------------------------------|
| Critical impairment condition | Medical Council of NSW              | Medical practitioners              |
| Critical compliance condition | the Tribunal                        | Medical practitioners and students |
|                               | Professional Standards<br>Committee | Medical practitioners              |

# 4.3.2. Non-compliance with critical impairment and critical compliance conditions

If a participant does not comply with a critical impairment or critical compliance condition, the Council must take action. The following table shows what action is taken if the Council considers that a participant has breached one of these conditions.

| Condition type                | Action taken                                                                                                                                                                                                       |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Critical impairment condition | The Council must refer the matter to the HCCC                                                                                                                                                                      |
| Critical compliance condition | The Council will immediately suspend the participant's registration and refer the matter to the Tribunal, which must cancel the participant's registration if it is satisfied that the condition has been breached |

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#### 5. Implementation

| Implementing party (Position/Groups/Bodies) | Key actions required by identified party to implement the policy                                                                                                               |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NSW medical practitioners and students      | comply with this policy, its related procedures and related conditions imposed on their registration.                                                                          |
| Monitoring team                             | monitor compliance with this policy, its related procedures and related conditions imposed on a participant's registration, on behalf of the Council.                          |
| the Council                                 | make decisions about a participant's progress with screening and compliance with this policy, the related procedures and any related conditions imposed on their registration. |

#### 6. Legislation and references

| Laws and standards | AS/NZS 4308:2008, Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine |
|--------------------|--------------------------------------------------------------------------------------------------------------------|
| Handbooks          | The Council's <u>Health Program Handbook</u> provides participants with more information about the Health program. |
| Fact sheets        | The Council has a range of <u>fact sheets</u> providing information about alcohol screening.                       |

#### 7. Related policies

Medical Council of NSW Participant procedure: breath-testing for alcohol Medical Council of NSW Supervisor procedure: breath-testing for alcohol

Medical Council of NSW Participant procedure: EtG screening Medical Council of NSW Participant procedure: CDT screening

#### 8. Revision history

| Version | Approved by | Amendment notes |
|---------|-------------|-----------------|
| N/A     | N/A         | N/A             |

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# Participant procedure: CDT screening

Procedures provide practical step by step guidance to describe processes and actions required to enable the implementation of a policy or guideline. They can also be developed to ensure compliance with legislative or policy requirements by members, staff or delegates of the Council

| Document type | TRIM reference | Number    |
|---------------|----------------|-----------|
| Procedure     | DD17/63382     | PROMED004 |

| Date of endorsement                                | Endorsed by            | Publication date | Review date     |
|----------------------------------------------------|------------------------|------------------|-----------------|
| 6 February 2018<br>(effective from 4<br>June 2018) | Medical Council<br>NSW | 11 April 2018    | 6 February 2023 |

#### Summary

This procedure explains to medical practitioners and students who have CDT screening conditions imposed on their registration how to participate in screening. It also explains the process for sample collection for any other blood tests that may be required in the course of alcohol screening.

#### Applies to (scope)

- NSW medical practitioners and students required to undergo CDT screening
- Medical Council of NSW, its delegates and secretariat staff

| Document owner   | Functional group/subgroup |
|------------------|---------------------------|
| Medical Director | Monitoring                |

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# Participant procedure: CDT screening

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# Participant procedure: CDT screening

#### 1. Purpose

If you have CDT screening conditions on your registration, this procedure explains how to:

- prepare for screening
- give samples at the required times
- get your results
- manage any absences you need to take
- apply to decrease your screening.

If you are required to have any other blood test in the course of alcohol screening, this procedure explains how to give that sample.

#### 2. Compliance context

You must comply with this procedure and:

- our Alcohol screening policy
- any alcohol screening conditions on your registration

If a condition on your registration is inconsistent with this procedure or the *Alcohol screening policy*, the condition prevails.

If you must attend other types of alcohol screening you must also comply with the relevant alcohol screening procedure.

We will decide all aspects of screening, including how often you need to attend. Our monitoring team will monitor your compliance.

#### 3. Key information

We use CDT screening to monitor medical practitioners and students where there is a history of or concerns about alcohol misuse or dependence and whose conditions require them to only consume alcohol in a controlled and safe manner, as per the national guidelines. We do this to protect the public.

We understand that providing samples can be inconvenient, intrusive and expensive. However, negative CDT results are an effective way for us to know you are not affected by alcohol and can continue safely in practice or training.

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#### 4. Responsibilities

| Parties responsible (Positions/Groups/Bodies) | Key responsibilities                                                                                                      |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| NSW medical practitioners and students        | comply with processes for CDT screening outlined in this procedure.                                                       |
| Monitoring team                               | monitor compliance with this procedure on behalf of the Council.                                                          |
| the Council                                   | make decisions about a participant's progress and compliance with the <i>Alcohol screening policy</i> and this procedure. |

#### 5. Definitions and abbreviations

| Term                                     | Explanation                                                                                                                                                                                                                                                              |  |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CDT                                      | Carbohydrate-Deficient Transferrin – a screening test designed to identify excess consumption or harmful use of alcohol                                                                                                                                                  |  |
| Council / we / our                       | Medical Council of NSW                                                                                                                                                                                                                                                   |  |
| the guidelines / the national guidelines | Australian Guidelines: To reduce health risks from drinking alcohol, as revised from time to time                                                                                                                                                                        |  |
| participant / you / your                 | a medical practitioner or student participating in CDT screening because a condition on their registration requires it                                                                                                                                                   |  |
| substance                                | <ul> <li>any:</li> <li>substance listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i></li> <li>pharmacist only, prescription only or controlled drug medication as contained in Schedule 3, 4 or 8 of the <u>Poisons Standard (SUSMP)</u>.</li> </ul> |  |

### 6. Preparing for screening

#### 6.1 Timing

| Start date         | We will tell you when you need to start CDT screening.                                                                                                                                        |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Frequency          | You must attend for CDT screening on the first Monday of the month.                                                                                                                           |
| Public<br>holidays | You do not need to attend for scheduled screening on public holidays (as defined in the <i>Public Holidays Act 2010 (NSW)</i> ). But you must attend the next business day after the holiday. |

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# Extra screening

We may require you to attend for extra screening if we:

- are concerned you are not complying with this procedure, the related policy or any alcohol screening conditions on your registration
- believe you may have consumed alcohol excessively.

We will advise when you need to attend for extra screening. You may need to attend on a weekend.

#### 6.2 What to avoid

#### Alcohol

You may only consume alcohol in a safe and controlled manner as per the guidelines.

# Prescribed substances and over-the-counter preparations

Some prescription medicines and over-the-counter preparations may cause abnormal screening results. It is your responsibility to avoid these while you are attending for screening.

You must vigilantly check any prescribed medicines and over-the-counter preparations you take, including supplements and complementary medicines. You must review the ingredient list for alcohol and any substance that may cause abnormal results. If the exact ingredients are not listed or you are unsure, you must avoid the preparation.

#### Some health and personal hygiene products, food and drink

Ingredients in health and personal hygiene products, foods and drinks can cause abnormal results.

Before you use a health or personal hygiene product or eat or drink anything, carefully check that it does not include alcohol or any other ingredients that may cause abnormal results. If you cannot find out its exact ingredients, you must avoid it.

#### 7. Giving samples

#### 7.1 Collection centres

| Council-   |
|------------|
| approved   |
| collection |
| centres    |

You must attend a <u>Council-approved collection centre</u> for screening.

Contact your nominated collection centre to confirm their opening hours and the time you need to attend.

# Alternative arrangements

We must approve any alternative arrangements, and will only do so in exceptional circumstances.

If you cannot attend a Council-approved collection centre,

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#### you must:

- write to us explaining why
- propose an alternative collection arrangement.

These arrangements must meet all our collection and screening requirements, and can include collection by a local registered medical practitioner, nurse or pathology provider. You are responsible for any additional costs that may be incurred.

#### 7.2 Sample collection and handling

#### Blood

All blood samples are collected and handled in line with all relevant standards of the Council's approved pathology provider and this procedure.

You must not handle your specimen at any time during the collection.

#### 7.3 Forms

#### CDT screening request form

We will provide you with CDT screening request forms. You must complete the participant section of this form at every collection.

You must complete this form correctly or the pathology provider may not screen your sample.

On the form, you must write down:

- any substances (prescribed or otherwise) you consumed since your last sample collection
- which parties need your results, including us, your treating practitioner and your Council-appointed practitioner
- whether you want your results sent to you and any relevant group e.g. medical indemnity insurer.

#### Chain of custody

Every sample must have an accompanying chain of custody form.

You must ensure the collector completes this form, and you must sign it when the sample is collected.

We recommend you also keep your own sample collection records and ask the collector to sign them each time.

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#### 7.4 Costs, identification and privacy

#### **Payment**

You are responsible for all collection and screening costs. You must pay the collection centre when you attend for screening. If you cannot pay when you attend, the centre cannot collect a sample. We will consider this a missed screen.

Screening is not eligible for a Medicare rebate.

# Proof of identity

You must show government-issued photo identification, such as a valid driver licence, identity card or passport, to the collector each time you give a sample.

#### **Pseudonyms**

If we approve, you can use a pseudonym for screening. You must write to us and provide your:

- proposed pseudonym
- real name and photo identification
- consent to provide the pseudonym to all treating practitioners and Council-appointed practitioners who may receive your screening results.

The collector must verify your real identity each time you give a sample.

#### 8. Getting your results

#### 8.1 Recipients

# Nominated parties

The pathology provider will send your results to the parties nominated on your *CDT screening request* form.

You can also request a copy for:

- yourself
- any relevant group e.g. medical indemnity insurer.

#### 8.2 Interpreting results

### Interpreting CDT results

All CDT results will be considered by the Council. We may ask the pathology provider for more information to interpret the result. A guide to result interpretation is included below.

| Result     | Interpretation   |
|------------|------------------|
| < 1.7%     | Low              |
| 1.7 – 2.5% | Borderline       |
| > 2.5%     | Frankly elevated |

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### Unsatisfactory results

Your CDT result is unsatisfactory if your blood sample is:

- adulterated or substituted
- otherwise inadequate or unsuitable.

If you receive an unsatisfactory result, we will:

- ask you for a written explanation
- use your explanation and information from the pathology provider to decide whether to take further action.

#### 9. Managing absences and operational issues

#### 9.1 Absences from screening

#### All absences

You must follow these procedures when taking leave from practice. If you take leave, we may also:

- require your employer or accreditor to confirm your leave period
- verify your absence from practice with Medicare.

If you are absent and do not follow these procedures we may take further action, particularly if your absences follow a pattern.

### Planned absences

If you intend to take a planned absence from practice, you must:

- complete our Leave from screening form
- ensure we receive this at least 5 business days before your planned absence.

You must tell us if you plan to be absent on the date you must attend CDT. We will tell you when you need to attend for screening. We will use the date you attend to recalculate your next screening date.

You must also meet the following requirements:

| Reason                          | Requirements                                                                                                                                                                                                                                                                                                  |  |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Planned<br>medical<br>procedure | You must inform us of any planned medical procedure that may stop you from attending for screening.                                                                                                                                                                                                           |  |
|                                 | <ul> <li>When you return from leave, you must:</li> <li>attend for screening no later than the next business day</li> <li>send us written confirmation of the procedure from the practitioner who performed it and any substance they advised, prescribed or administered, within 5 business days.</li> </ul> |  |

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### Unplanned absences

If you have an unplanned absence from CDT, you must meet the following requirements:

| Reason           | Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Missed<br>screen | If you realise you have missed your screening, you must:  notify us immediately and explain why provide us with evidence to support your absence within 5 business days  attend for screening no later than the next business day.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Illness          | If you are ill and cannot attend for screening, you must:  notify us within 24 hours of failing to attend visit a medical practitioner who knows you are required to attend for screening and ask them to complete an Illness certificate form.  When you return from leave, you must: attend for screening no later than the next business day ensure we receive your Illness certificate form within 5 business days.  The certifying medical practitioner can only certify that you are ill for a maximum of 3 business days. If you are ill for more than 3 days you need to notify us and send us another completed Illness certificate form. We prefer the same medical practitioner completes the form each time.  If you remain ill after that and are unable to screen you must contact us and provide supporting information from your treating practitioner about your illness, whether any substance has been advised, prescribed or administered, and when you will be able to return to screening. You must not practise during this time. |

#### 9.2 Operational issues

# Pathology provider issues

If the Council-approved collection centre cannot collect your sample, you must:

- tell us immediately
- attend for screening no later than the next business day
- send us the pathology provider's written explanation for why they could not collect the sample, within 5 business days.

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### 10. Ending your screening

#### 10.1 Decreases

| Decreasing your screening | We will decide when you can end your CDT screening.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Reviews                   | You can request a review of your screening requirements by writing to us and providing evidence to support this request.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Considerations            | <ul> <li>We will decide whether to end your screening based on factors such as:</li> <li>your request and the evidence you provide</li> <li>your CDT screening results and other information from the pathology provider</li> <li>any other alcohol screening results</li> <li>reports from your Council-appointed practitioner, treating practitioner and any interview or hearing with us</li> <li>your compliance with the conditions on your registration</li> <li>your engagement with treatment</li> <li>your health</li> <li>any other information about your progress.</li> </ul> |  |

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#### 11. Contacts and further information

| Drug screening contacts                   | Support services                                                      |
|-------------------------------------------|-----------------------------------------------------------------------|
| Queensland Medical Laboratory (QML)       | Doctors Health Advisory Service                                       |
| Phone: 07 3121 4945 (Commercial services) | Phone: (02) 9437 6552                                                 |
| Visit: www.qml.com.au                     | Visit: www.dhas.org.au                                                |
|                                           | Medical Benevolent Association of NSW                                 |
|                                           | Phone: (02) 9987 0504                                                 |
|                                           | Visit: www.mbansw.org.au                                              |
| Council details                           | Beyond Blue                                                           |
| Phone: 02 9879 2200                       | Phone: 1300 22 4636                                                   |
| Visit: www.mcnsw.org.au                   | Visit: www.beyondblue.org.au                                          |
| Mail: PO Box 104, Gladesville, NSW 1675   | Lifeline                                                              |
| DX: 22808 Gladesville                     | Phone: 13 11 14                                                       |
|                                           | Visit: www.lifeline.org.au                                            |
|                                           | Alcoholics Anonymous Australia                                        |
|                                           | Phone: 1300 222 222                                                   |
|                                           | Visit: www.aa.org.au                                                  |
|                                           | Australian Doctors in Recovery Visit: https://www.idaa.org/sites/adr/ |

#### 12. Legislation and references

| Handbooks   | Our <u>Health Program Handbook</u> provides you with more information about the Health program |
|-------------|------------------------------------------------------------------------------------------------|
| Fact sheets | We have a range of <u>fact sheets</u> providing information about alcohol screening.           |

#### 13. Related policies

Medical Council of NSW Alcohol screening policy

#### 14. Revision history

| Version | Approved by | Amendment notes |
|---------|-------------|-----------------|
| N/A     | N/A         | N/A             |

Policy No: PROMED004 Date of Endorsement: 6 February 2018 Page 11 of 11

#### Drug and alcohol screening collection centres: NSW & ACT

**Region: ACT** 

Westfield Shopping Centre

**Lower Ground** Shop 104 Belconnen 2617

Ph: 02 6253 1476

Hours: Mon-Fri: 07:30-15:30

Services: UDS

1st Floor, Florina Building

Garema Place Civic Square 2601

Ph: 02 6257 3254

Mon-Fri: 08:00-13:00, 13:30-16:00

Services: UDS

Pathology Suite 23-25 Montague St Goulburn 2580

Ph: 02 4821 7807

**Hours:** Mon-Fri: 08:00-16:30

Sat: 09:00-12:00

Services: UDS

131 Hibberson St (Hinder)

Gungahlin 2912

Ph: 04 8191 8077

Mon-Fri: 07:00-18:00 **Hours:** 

Sat: 08:00-14:00

Services: UDS

Moruya Medical Centre

73a Queen St Pathology Suite 1 Moruya 2537

Ph: 02 4474 5893

**Hours:** Mon-Fri: 08:00-16:30

Services: UDS

Unit 7a

Rutledge Plaza 2-4 Rutledge St Queanbeyan 2620

Ph: 02 6297 6440

**Hours:** Mon-Fri: 07:30-13:00, 13:30-15:30

Services: UDS

Pathology Suite 2 Rylah Crescent Wanniassa 2903

Ph: 02 6231 1088

Mon-Fri: 07:00-19:00 **Hours:** 

Sat: 08:40-16:30

Services: UDS, Hair

Suite 16

Corrina Chambers

Corrina St Woden 2606

Ph: 02 6285 4349

**Hours:** Mon-Fri: 07:30-16:00

Services: UDS, Hair

#### **Region: Central Coast**

Pathology Suite 1639 Nurses Rd

Central Mangrove 2250 Ph: 02 4373 1864

Hours: Mon-Fri 08:00-13:00, 13:30-15:00

Sat: 08:30-12:00

Services: UDS

Shop 3, 5 & 7

Killarney Vale Arcade 128 Wyong Rd Killarney Vale 2261 Ph: 02 4334 1904

**Hours:** 

Mon-Fri: 07:00-12:00, 12:30-15:30

Sat: 08:00-11:30

Services: UDS

Lisarow Medical Centre

Pathology Suite 1 Parsons Rd Lisarow 2250 Ph:02 4329 4132

Hours: Mon-Fri: 08:00-13:00, 14:00-16:30

Sat: 08:30-11:30

Services: UDS

North Gosford Medical Centre 66 Etna St (24 Henry Parry Dr)

North Gosford 2250 02 4331 4090

Hours: Mon-Fri 07:30-13:00, 14:00-16:00

Services: UDS, Hair

Saratoga Shopping Centre

Shop 17 10 Village Rd Saratoga 2251

**Ph:** 02 4369 5546

Hours: Mon-Fri: 08:00-11:00

Services: UDS

Shop 2

227-229 The Entrance Rd

The Entrance 2261 **Ph:** 02 4332 5222

Hours: Mon-Fri: 07:00-12:00, 13:00-15:30

Services: UDS

1 Alfred St Umina 2257

Ph: 02 4342 3999

Hours: Mon-Fri 07:30-12:00, 13:00-15:00

Sat: 08:00-11:00

Services: UDS

Suite 10

Wyong Village Plaza

Corner Alison And Margaret Sts

Wyong 2259

Ph: 02 4353 2011

Hours: Mon-Fri: 07:30-13:00, 13:30-15:30

Services: UDS

#### **Region: Central West**

Charles Sturt Uni Building 1470 106 Panorama Ave Bathurst 2795

**Ph:** 02 6331 6677

Hours: Mon-Fri: 08:00-15:00

Services: UDS

Rarms Health
7 Sandon St
Brewarrina 2839
Ph: 02 6822 5013

Services: UDS

61 Gaskill St Canowindra 2804 Ph: 02 6344 2370 **Services:** UDS Canowindra Medical Centre

106 Gaskill St Canowindra 2804 **Ph:** 02 6344 2957

Hours: Mon-Fri: 08:00-13:00

Services: UDS

Cobar Primary Health Care Centre

26 Harcourt St Cobar 2835

**Ph:** 02 6836 2913

Hours: Mon-Fri: 08:00-15:30

Services: UDS

Ochre Health Medical Centre

3-5 Melrose St Condobolin 2877 **Ph:** 02 6895 4096

Hours: Mon-Fri: 07:30-13:00

Services: UDS

Suite 3 17 Tooloon St Coonamble 2829 Ph: 02 6822 5013 Services: UDS

99 Castlereagh St Coonamble 2829 **Ph:** 02 6822 1177

Hours: Mon-Fri: 07:30-14:30

Services: UDS

Western Plains Medical Centre Pathology Room 1 And 2 62 Windsor Pde

Dubbo 2830

Ph: 02 6884 1571

Hours: Mon-Fri: 07:00-17:00

Sat: 08:00-14:00 Sun: 08:00-14:00

Services: UDS

**Delroy Park Medical Centre** 

2-4 Carnegie Ave Dubbo 2830

Ph: 02 6882 1533

Hours: Mon-Fri: 08:30-12:30

Services: UDS

Rear 6

Chelmsford Ave Gilgandra 2827

Ph: 02 6847 1738

Hours: Mon-Fri: 08:30-12:00

Gulgong Medical Centre 102 Herbert St

Gulgong 2852

**Ph:** 02 6374 2989

Hours: Mon-Fri: 08:00-13:30

Services: UDS

Lightning Ridge Health Centre

53 Morilla St

Lightning Ridge 2834 **Ph:** 02 6829 1114

Hours: Mon-Fri: 09:00-13:00

Sat: 09:00-13:00

Services: UDS

**Pathology Suite** 

Lots 8-10/145 Church St

Mudgee 2850

**Ph:** 02 6372 2119

Hours: Mon-Fri: 08:30-16:00

Sat: 08:30-12:00

Services: UDS

5 McNamara St Orange 2800

**Ph:** 02 6360 2519

Hours: Mon-Fri: 08:30-16:30

Services: UDS, Hair

Pathology Suite 1

Shop 1 25 Church St Parkes 2870

**Ph:** 02 6862 5038

Hours: Mon-Fri: 08:00-15:00

Services: UDS

15 Boorowa St Young 2594

**Ph:** 02 6382 1212

Hours: Mon-Fri: 08:30-17:00

Services: UDS

#### **Region: Coffs Harbour**

32 Walter Morris Close Coffs Harbour 2450

**Ph:** 02 6652 4322

Hours: Mon-Fri: 07:00-18:00

Sat: 09:00-12:00

Services: UDS, Hair

Unit 6 & 7 Peachtree Centre 26 Ridge St (enter Via Kent St)

Nambucca Heads 2448 **Ph:** 02 6568 7482

Hours: Mon-Fri: 07:30-17:00

Services: UDS

#### **Region: Hunter**

Cnr Northcott Drive 14 Bradford Close Kotara 2289

Ph: 02 4952 5915

Hours: Mon-Fri: 07:00-18:00 Sat: 08:00-12:00

Services: UDS

**Brook Medical Centre** 

64 Brook St

Muswellbrook 2333 **Ph:** 02 6542 5383

Hours: Mon-Fri: 08:30-17:30

Services: UDS

Shop 109

The Junction Village 10-16 Kenrick St The Junction 2291 Ph: 02 4927 6742

Hours: Mon-Fri: 08:00-13:00

Services: UDS, Hair

#### Region: Illawarra & Nowra

Pathology Suite

Level 1 Shop 5

145 Balgownie Rd Balgownie 2519

**Ph:** 02 4283 5427

Hours: Mon-Fri: 07:00-12:00

Services: UDS

Suite 10

Cnr Captain Cook Dr & Phillip Cres

Shellharbour 2529

**Ph:** 02 4295 8900

**Hours:** Mon-Fri: 07:00-18:00

Sat: 07:30-12:30

Services: UDS, Hair

Suite B

22-24 Pacific St Batemans Bay 2536

**Ph:** 02 4472 6576

Hours: Mon-Fri: 07:30-13:00, 14:00-15:00

Services: UDS

1 Meroo St Bomaderry 2541 **Ph:** 02 4422 6517

Hours: Mon-Fri: 08:00-12:00, 12:30-15:30

Services: UDS

Ground Floor 21 Bong Bong Rd Dapto 2530

**Ph:** 04 0361 2095

Hours: Mon-Fri 07:00-13:00, 14:00-18:00

Sat: 08:00-11:00

Services: UDS

Dapto Medical Centre Pathology Room 19 112 Pacific Hwy Dapto 2530

**Ph:** 02 4262 4550

Hours: Mon-Fri: 07:00-20:00

Sat: 08:00-17:00

Services: UDS

Pathology Room 1

Shop 1

Centretown Plaza 128-134 Crown St Wollongong 2500 **Ph:** 02 4226 6443

Hours: Mon-Fri: 08:30-13:00, 13:30-16:00

Services: UDS

**Region: Metro East** 

Shop M109

BRdway Healthcare Floor BRdway Shopping Centre

BRdway 2007

**Ph:** 02 9282 9245

Hours: Mon-Fri: 08:30-18:00

Sat: 09:00-13:00

Services: UDS, Hair

Consult B

Burwood Rd Medical Centre

1st Floor

85 Burwood Rd Burwood 2134

**Ph:** 02 9744 1227

**Hours:** Mon-Fri: 07:30-17:00

Sat: 08:00-12:00

Services: UDS

Darlinghurst Medical Centre 213-219 Darlinghurst Rd Darlinghurst 2010

**Ph:** 02 8302 1120

Hours: Mon-Fri: 07:00-19:00 Sat: 08:00-14:00 Sun: 08:00-14:00

Services: UDS

96 Norton St Leichhardt 2040 **Ph:** 02 9568 6401

Hours: Mon-Fri: 07:30-16:30

Sat: 08:00-12:00

Services: UDS

Shop 2

805-813 Anzac Parade

Maroubra 2035

**Ph:** 02 9344 6756

Hours: Mon-Fri: 08:00-17:00

Sat: 07:30-12:00

Services: UDS

806-812 Anzac Parade

Maroubra 2035

**Ph:** 02 9349 9011

Hours: Mon-Fri: 07:00-19:00 Sat & Sun: 08:00-14:00

Services: UDS

**Region: Metro North** 

10 Dale St

Brookvale 2100

**Ph:** 02 9034 1250

Hours: Mon-Fri: 06:00-20:00

Sat & Sun: 08:00-18:00

240 Victoria Ave Chatswood 2067

**Ph:** 02 9411 5224

Hours: Mon-Fri: 07:30-12:30

Sat: 07:30-11:30

Services: UDS, Hair

Forest Way Medical Centre

Consult Room 1 22 Forest Way Frenchs Forest 2086

**Ph:** 02 9452 3877

Hours: Mon-Fri: 08:00-12:00

Sat: 08:00-11:00

Services: UDS

Ground Floor 60 Waterloo Rd North Ryde 2113 **Ph:** 02 9005 7000

**Hours:** 07:30-13:30 **Services:** UDS, Hair

# Region: Metro North West & Blue Mountains

Pathology Collection Room

20 Mary St Auburn 2144

**Ph:** 02 9649 7625 **Services:** UDS

The Hills Medical/Dental Centre

2/3 Columbia Court Baulkham Hills 2153 **Ph:** 02 9761 1194

Hours: Mon-Fri: 07:00-20:00

Sat: 08:00-13:00

Services: UDS

Pacific Medical Centre

23-27 First Ave Blacktown 2148

Ph: 02 8602 8898

Hours: Mon-Fri: 07:00-20:00

Sat: 08:00-13:00

Services: UDS, Hair

Patrick St Medical Centre

Pathology Room 8 Patrick St Blacktown 2148

**Ph:** 02 8645 4024

**Hours:** Mon-Fri: 07:30-16:00 Sat: 08:00-11:00

Services: UDS

Pathology Suite 1

1/101 Great Western Highway

Emu Plains 2750 **Ph:** 02 4735 3489

**Hours:** Mon-Fri: 08:30-13:30 **Services:** UDS, Hair

Quality Medical Centre
Pathology Room 5
417 Merrylands Rd
Merrylands 2160
Ph: 02 9897 3050
Services: UDS. Hair

Pathology Rooms 18 & 20

First Floor 243 High St Penrith 2750

**Ph:** 02 4722 8591

**Hours:** Mon-Fri: 07:00-18:00

Sat: 08:00-13:00

**Services**: UDS

Path Room 184-186 Pitt St Merrylands 2160 **Ph:** 02 8892 3357

Hours: Mon-Fri: 07:00-18:00

Sat: 08:00-12:00

Services: UDS

The Hawkesbury Family Practice

Consult Room 9 86 Lennox St Richmond 2753

**Ph:** 02 4578 7898

**Hours:** Mon-Fri: 08:30-14:30 Sat: 08:30-12:30

300.00.30 12

Services: UDS

Primary Medical Centre 10-14 Market Lane Rouse Hill 2155

**Ph:** 02 8889 8959

Hours: Mon-Fri: 07:00-20:00

Sat: 08:00-15:00 **Services:** UDS Wentworthville Medical Centre

122 Station St

Wentworthville 2145 Ph: 02 9636 9325

Hours: Mon-Fri: 07:00-20:00

Sat: 08:00-13:00

Services: UDS

Suite 3

16-18 Mons Rd Westmead 2145 Ph: 02 9635 3267

Hours: Mon-Fri: 08:00-16:00

Services: UDS

156 Best Rd Seven Hills 2147 Ph: 02 8646 0684 Hours: Mon-Fri07:30-12:30 Services: UDS

#### **Region: Metro South**

Shop 1 1 Butler Rd Hurstville 2220

Ph: 02 9580 8146

Hours: Mon-Fri: 07:00-18:00

Sat: 07:30-14:00 Sun: 08:00-12:00 Services: UDS, Hair

3 White St Jannali 2226

Ph: 02 9528 8331

Hours: Mon-Fri: 07:30-17:30 Sat: 07:30-12:00

Services: UDS

#### **Region: Metro South West**

Tharawal Aboriginal Corp Consulting 1

21 Deans Rd Airds 2560

Ph: 02 4628 4837

Hours Mon-Fri: 09:00-12:00

Services: UDS

Primary Healthcare 67 Rickard Rd Bankstown 2200 **Ph:** 02 9782 9658

Hours: Mon-Fri: 07:00-19:00

Sat: 08:00-12:00 Services: UDS

Suite 3

Kitchener Building 52 Kitchener Parade Bankstown 2200 **Ph:** 02 9709 4411

Hours: Mon-Fri: 07:30-16:30

Sat: 08:00-12:00
Services: UDS, Hair

Camden Family Medical Centre

25 Broughten St Camden 2570

Ph: 02 4655 7538

Hours: Mon-Fri: 08:00-13:00

**Services:** UDS

Centre Health Medical Centre

Level 1 32 Queen St

Campbelltown 2560 Ph: 02 4625 9765

Hours: Mon-Fri: 09:00-13:00

Services: UDS

Campbelltown Mall

Shop L09 271 Queen St Campbelltown 2560

**Ph:** 02 4625 8010

Hours: Mon-Fri: 08:00-16:00

Sat: 08:00-11:00

Services: UDS, Hair

296 Queen St Campbelltown 2560 Ph: 02 4628 7821

Hours: Mon-Fri: 07:00-20:00

Sat: 07:00-13:00

Services: UDS

Room 4 Civic Plaza 8/43 Ware St Fairfield 2165

**Ph:** 02 9724 9695

Hours: Mon-Fri: 08:00-13:30, 14:00-16:00

Pathology Suite 1 47a Oxford Rd Ingleburn 2565

Ph: 02 9829 8317

Hours: Mon-Fri: 08:00-15:00

Sat: 08:00-11:00

**Services:** UDS, Hair

Pathology Suite 1 177 Elizabeth Drive Liverpool 2170

**Ph:** 02 9601 7919

Hours: Mon-Fri: 08:00-14:00

Services: UDS

Pathology Suite 52 Hill Rd Lurnea 2170

Ph: 02 9607 7387

Hours: Mon-Fri: 08:00-16:00

Sat: 09:00-12:00

Services: UDS

#### **Region: New England**

216 Rusden St Armidale 2350

**Ph:** 02 6772 9000

Hours: Mon-Fri: 07:30-17:00

Sat: 07:30-11:30 Services: UDS, Hair

Pathology

Suite 1
East Ave Med Centre
39 East Avenue
Glen Innes 2370

Ph: 02 6732 2289 Hours: 08:00-12:00 Services: UDS

Norwest Family Medical

59 Barber St Gunnedah 2380 **Ph:** 02 6742 3566

Pn: 02 0/42 3300

Hours: Mon-Fri: 08:00-12:30, 13:30-18:00

Services: UDS

Pathology Wing

Gunnedah Health Centre

27 Marquis St Gunnedah 2380

**Ph:** 02 6742 3513

Hours: Mon-Fri: 07:00-11:00, 12:00-14:00

Sat: 08:00-11:00

**Services:** UDS, Hair St Elmo Medical Practice Pathology Room 1

27 Oliver St Inverell 2360

**Ph:** 02 6721 3372

**Hours:** Mon-Fri: 07:30-13:00

**Services**: UDS

Pathology Suite 159 Maitland Rd Narrabri 2390

**Ph:** 02 6792 5677

Hours: Mon-Fri: 08:00-13:00

Services: UDS

177 George St Quirindi 2343

Ph: 02 6746 2462

Hours: Mon-Frri: 07:00-12:00, 13:00-16:00

Sat: 09:00-12:00

Services: UDS

Pathology Suite 30 Marius St Tamworth 2340

**Ph:** 02 6768 5384

Hours: Mon-Fri: 08:00-12:00, 12:30-16:00

Services: UDS, Hair

128 Marius St Tamworth 2340 **Ph:** 02 6766 1867

Hours: Mon-Fri: 07:00-17:00

Sat: 08:00-12:00 **Services:** UDS

Shop 15b

Homespace Centre

Cnr New England Hwy & Greg Norman Drive

437 Goonoo Goonoo Rd

Tamworth 2340

Ph: 02 6762 1590

Hours: Mon-Fri: 07:30-16:00

Sat: 08:00-11:00

Services: UDS

#### **Region: Port Macquarie**

Pathology Suite 1 23 Pacific St

Crescent Head 2440 **Ph:** 02 6566 1118

Shop 2 35 Belgrave St Kempsey 2440

**Ph:** 02 6562 5313

**Hours:** Mon-Fri: 07:00-17:00

Sat: 08:00-11:00

**Services:** UDS

Shop 3 60 Bold St Laurieton 2443 Ph: 02 6559 6975

Hours: Mon-Fri: 08:00-12:30, 13:30-16:30

Sat: 08:00-11:30

Services: UDS

Your Family Practice Pathology Room 97 Bold St Laurieton 2443

Ph: 02 6559 9474

Hours: Mon-Fri: 08:00-14:00

Services: UDS

The Grange Medical Centre

Suites 6&7 72-80 Lake Rd Port Macquarie 2444

Ph: 02 6583 7899

Hours: Mon-Fri: 08:30-13:00, 14:00-16:00

Services: UDS, Hair

**Pathology Suite** 

Port Macquarie Base Hospital

Wrights Rd

Port Macquarie 2444 Ph: 02 5524 2500

Hours: Mon-Fri: 08:00-16:30

Services: UDS

Greenmeadows Health Centre

Suite 4

152 Greenmeadows Drive Port Macquarie 2444 **Ph:** 02 6584 7062

Hours: Mon-Fri: 13:00-17:00

Services: UDS

Webster Medical Centre

56 Hills St

Port Macquarie 2444 Ph: 02 6584 7980 **Services:** UDS

84 Albert St Taree 2430

Ph: 02 6552 4388

Hours: Mon-Fri: 08:00-15:00 **Services:** UDS, Hair

29 Breckenridge St Forster 2428

Ph: 02 6554 7129

Hours: Mon-Fri: 08:00-17:00 **Services:** UDS, Hair

63 High St Wauchope 2446 **Ph:** 02 6585 2106

**Hours:** Mon-Fri: 07:30-16:30 Sat: 08:00-11:00

Services: UDS

#### **Region: Southern Highlands**

Suite 13 70 Bowral St Bowral 2576

Ph: 02 4862 3029

Hours: Mon-Fri: 07:30-13:00, 14:00-18:00

Sat: 07:30-11:30 Services: UDS

#### Region: Wagga Wagga

Suite 2

Primary Health Centre 118-132 Mckay St Cootamundra 2590 **Ph:** 02 6942 3966

Hours: Mon-Fri: 08:00-12:30, 13:30-16:00

**Services:** UDS

3 Animoo St Griffith 2680

**Ph:** 02 6964 1103

**Hours:** Mon-Fri: 07:30-17:00

Sat: 07:30-12:00 Services: UDS, Hair

Pathology Suite 1 98 BRdway Junee 2663

**Ph:** 02 6924 3636

Hours: Mon-Fri: 08:30-13:00, 13:30-17:00

Pathology Suite
77 Kurrajong Avenue

Leeton 2705

Ph: 02 6953 5279

Hours: Mon-Fri: 08:30-16:00

Services: UDS

Shop 2 135 East St Narrandera 2700

**Ph:** 02 6959 9183

Hours: Mon-Fri: 07:30-15:30

Services: UDS

Pathology Room 1 Fitzroy St Med Centre 61 Fitzroy St Tumut 2720

Ph: 02 6947 2011

Hours: Mon-Fri: 08:30-11:30

Services: UDS

53 Fernleigh Rd Wagga Wagga 2650 Ph: 02 6925 5766

Hours: Mon-Fri: 08:00-17:30

Sat: 08:00-11:45

Services: UDS, Hair

Pathology Suites 135 Peter St

Wagga Wagga 2650 Ph: 02 6921 7044

Hours: Mon-Fri: 07:30-16:15

Services: UDS

33 Maitland St West Wyalong 2671 Ph: 02 6972 1033

Hours: Mon-Fri: 08:30-13:00, 14:00-15:30



#### **Collection Centre Nomination Form**

Complete this form and send it to us within 48 hours of being advised that you must

| go for screening.                                               | Email: medicalcouncil.monitoring@mcnsw                                                                                                                                                    | <u>/.org.au</u> Fax: 02 9816 5307 |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Vournome                                                        |                                                                                                                                                                                           |                                   |
| Your name                                                       |                                                                                                                                                                                           |                                   |
| Type of screening                                               | ☐ Urine drug screening (UDS)                                                                                                                                                              | ☐ EtG screening                   |
|                                                                 | ☐ Hair Drug Screening (HDS)                                                                                                                                                               | ☐ CDT                             |
|                                                                 |                                                                                                                                                                                           |                                   |
| NOTE - Not all app<br>If you are required<br>centres. Council a | I collection centre proved centres are able to collect for HDS. to screen with HDS you may be required to pproved centres can be found at: v.org.au/sites/default/files/list_da_screening |                                   |
| I will be attending:                                            |                                                                                                                                                                                           |                                   |
| Name of collectio                                               | n centre                                                                                                                                                                                  | Type of screening                 |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |
| Alternative collect I cannot attend any                         | tion centre  of the listed Council approved collection co                                                                                                                                 | entres because:                   |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |
|                                                                 |                                                                                                                                                                                           |                                   |

Please return this form to the Medical Council's Monitoring Team, fax 02 9816 5307, email <a href="mailto:medicalcouncil.monitoring@mcnsw.org.au">medicalcouncil.monitoring@mcnsw.org.au</a> or post PO Box 104, Gladesville NSW



#### Alternative collector - the Council must approve this before you start screening

| Name of collector/contact person                             |
|--------------------------------------------------------------|
| Organisation (name of collection centre, clinic or practice) |
| Email Address                                                |
| Contact number                                               |
| Address where sample collection will be taken                |
| Postal address                                               |
| I certify that this information is true and correct,         |
| Your signature Date                                          |
|                                                              |
| Office use only                                              |
| Date of receipt                                              |
| Complies with relevant criteria ☐ Yes ☐ No Reason/s          |
| PO initials and date                                         |
| Approval by Council Delegate                                 |
| Council Delegate name, signature and date                    |

Please return this form to the Medical Council's Monitoring Team, fax 02 9816 5307, email <a href="mailto:medicalcouncil.monitoring@mcnsw.org.au">medicalcouncil.monitoring@mcnsw.org.au</a> or post PO Box 104, Gladesville NSW

Collection Centre Nomination Form Date of Publication: May 2018 Page 2 of 2



#### Illness certificate form

If an illness stops you from attending for screening, you must:

- visit a medical practitioner (your nominated treating practitioner is best)
- take this form with you
- notify us in writing within 24 hours of missing the screen.

The certifying medical practitioner:

- must complete this form
- must know about the conditions on your registration that require you to attend for screening
- may only certify that you are ill for up to 3 business days
- may provide additional information to support this form if required.

When you return to practice, you must:

attend for screening no later than the next business day

Please ensure we receive this form within 5 business days of the first missed screen.

| Section 1: Participant to complete                                         |                                                                                 |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Name                                                                       |                                                                                 |
| Date/s of illness                                                          |                                                                                 |
| Which screening date/s did you miss?                                       |                                                                                 |
| When will you next attend for screening?                                   |                                                                                 |
| ☐ I have advised the certifying medic require me to attend for drug or alc | al practitioner that conditions on my registration cohol screening.             |
| I have advised the certifying medic attend for screening as non-comple     | al practitioner that you may consider my failing to ance with those conditions. |
| I certify that this information is true and                                | correct,                                                                        |
| Your signature                                                             | Date                                                                            |

Medical Council of New South Wales, PO Box 104, Gladesville NSW 1675 AUSTRALIA Telephone (02) 9879-2200 Facsimile (02) 9816-5307 Email medicalcouncil.monitoring@mcnsw.org.au www.mcnsw.org.au

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Illness certificate form Date of Publication: May 2018

| Section 2: Certifying medical prac                                                                                                                                                                               | ctitioner to complete                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                                             |                                                                                                                     |
| Registration number                                                                                                                                                                                              |                                                                                                                     |
| Patient's name                                                                                                                                                                                                   |                                                                                                                     |
| Are you his/her nominated treating practice.                                                                                                                                                                     | ctitioner?                                                                                                          |
| This is the treating practitioner the participant nominate                                                                                                                                                       | ed to the Medical Council, as per the conditions on his/her registration.                                           |
| Date/s of illness                                                                                                                                                                                                | This form is only valid for absence from screening for a maximum of 3 business days.                                |
| When can they next attend for screening?                                                                                                                                                                         |                                                                                                                     |
| Did you advise, prescribe or administer any substance/s to treat this illness?  This includes any prescribed substance, narcotic derivatives, non-prescription compound analgesics and cold and flu medications. | ☐ Yes →  Details: ☐ No                                                                                              |
| conditions on his/her registration.  I know that the Council may consi                                                                                                                                           | ired to attend for drug or alcohol screening due to ider the participant failing to attend for screening as         |
| <del></del>                                                                                                                                                                                                      | ward this certificate to the participant's treating oup involved in reviewing or monitoring their eir registration. |
| Certifying medical practitioner's signature                                                                                                                                                                      | Date                                                                                                                |
| Address and contact number                                                                                                                                                                                       |                                                                                                                     |
| Office use only  Date received  Treating doctor section completed Yes No  Comments                                                                                                                               | Further action required                                                                                             |
| Program Officers initials and date                                                                                                                                                                               |                                                                                                                     |

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## Leave from screening form

| This form must be received by us                                                                               | s at least 5 busi             | ness days be                                 | efore you plan to take leave                        |  |  |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------|-----------------------------------------------------|--|--|
| Your name                                                                                                      |                               |                                              |                                                     |  |  |
| What type of screening are you                                                                                 | Urine dru                     | ☐ Urine drug screening - UDS ☐ EtG screening |                                                     |  |  |
| on?<br>Tick all that apply                                                                                     | ☐ Hair drug                   | g screening - I                              | HDS (Go to Section C)                               |  |  |
|                                                                                                                | ☐ CDT (Go                     | to Section C                                 | )                                                   |  |  |
| Why are you taking leave?                                                                                      |                               | thin Australia                               | Overseas travel                                     |  |  |
| Please complete the relevant section below                                                                     | (Go to sectio                 | n A)                                         | (Go to section B)                                   |  |  |
|                                                                                                                | ☐ Health pro<br>(Go to sectio |                                              | Other (provide details)                             |  |  |
| Destination/s                                                                                                  |                               |                                              |                                                     |  |  |
| Dates of travel                                                                                                |                               |                                              |                                                     |  |  |
| Section A - Travel within A                                                                                    | Australia                     |                                              |                                                     |  |  |
| You must attend for UDS and Et                                                                                 | G while you trave             | el within Austi                              | ralia                                               |  |  |
|                                                                                                                | 't need to supply             | Which centi                                  | re(s) will you attend?                              |  |  |
| collection centre while you travel?                                                                            |                               |                                              |                                                     |  |  |
| For screening centres outside of <a href="https://www.ahpra.gov.au/Regist">https://www.ahpra.gov.au/Regist</a> | •                             |                                              | ince/Collection-centres.aspx                        |  |  |
| □ No •                                                                                                         |                               | ☐ I have a                                   | ttached a letter to explain of attend for screening |  |  |
|                                                                                                                |                               | We will con<br>proposed le                   | tact you about your<br>eave                         |  |  |
| Section B - Overseas travel                                                                                    | - You do not ne               | ed to attend l                               | JDS and EtG                                         |  |  |
| When you return you must suppreceipts from your destination will later than the next business day              | thin 5 business               |                                              |                                                     |  |  |
|                                                                                                                |                               |                                              |                                                     |  |  |
| Date you will attend for screening                                                                             | g on your return:             | ALISTRALIA Talanhana                         | (02) 0870-2200 Faccimila (02) 0946 F207             |  |  |

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#### Section C - HDS and CDT (see section 9 of your participant's procedure)

When you return you must supply evidence of travel, such as boarding passes and receipts from your destination within 5 business days

| L | 1 | n | C |
|---|---|---|---|
| г | 7 | u | • |

| If you are und | dergoing hair | drug screening and | l plan to be abs | ent on the date | e of your |
|----------------|---------------|--------------------|------------------|-----------------|-----------|
| scheduled so   | reening, you  | must attend before | you leave.       |                 |           |
|                |               |                    |                  |                 |           |

| Date for early screening                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CDT  If you are undergoing CDT screening and plan to be absent on the date of your scheduled screening, you must contact us before sending us this form to be given a new screening date.  New screening date advised by Council   |
| Section D - Planned health procedure (see section 9 of your participant's procedure)                                                                                                                                               |
| Following your procedure you need to supply written confirmation from your treating practitioner, including what the procedure was, which substances they advised, prescribed or administered, and when you can return to practice |
| Planned procedure                                                                                                                                                                                                                  |
| Date of procedure                                                                                                                                                                                                                  |
| Dates you will be unable to screen from: to:                                                                                                                                                                                       |
| Date you will next attend for screening:                                                                                                                                                                                           |
| Signature                                                                                                                                                                                                                          |
| I certify that this information is true and correct.                                                                                                                                                                               |
| Your signature Today's date                                                                                                                                                                                                        |
| Office use only                                                                                                                                                                                                                    |
| Date of receipt                                                                                                                                                                                                                    |
| Complies with relevant criteria  Yes  No Reason/s                                                                                                                                                                                  |
| PO initials and date                                                                                                                                                                                                               |
| Approval by Council Delegate                                                                                                                                                                                                       |

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Council Delegate name, signature and date