

HEALTH PROGRAM



PARTICIPANT'S HANDBOOK

(January 2011, with amendments May 2018)

FOREWORD

THE HEALTH PROGRAM

This handbook has been compiled to provide you with information about the Council's Health Program and to assist you in your involvement with the Program.

The principal role of the Medical Council of NSW is to protect the public of New South Wales by ensuring that all doctors in the State are fit to practise medicine.

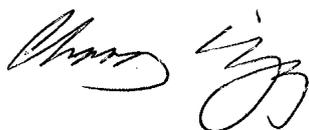
The Health Program (sometimes referred to as the Impaired Registrants Program) is established under the Health Practitioner Regulation National Law (NSW) to enable the Council to deal with impaired doctors and medical students. The Program functions in a supportive and non-disciplinary manner but is backed by Law and some aspects of the Program are mandatory. Most participants come to welcome the structured and transparent approach that the Program provides.

A strong, secondary objective of the Health Program is to maintain participating impaired doctors/students in practice/training when it is safe to do so. The Program also aims to ensure that an impaired student's transition into the medical workforce is as smooth and supported as possible.

The Council believes that the Health Program provides a positive framework to address health issues in a way that is protective of the public and fair to the profession.

Since 1992, many of the participants in the Program have had very positive outcomes. On a more personal note, I would encourage you to use this opportunity to reflect on whether you need to make any changes to maximise your health and to improve your work/life balance. I also hope that the information in this Handbook assists you to make the most of the Program.

If at any time, you have questions or require further information regarding the program, please contact either the Council's Health Program Manager or Monitoring Manager. Their contact details are available near the end of the handbook.



Dr Choong-Siew Yong
Chair
Health Committee
Medical Council of NSW

TABLE OF CONTENTS

FOREWORD	3
SECTION ONE:	6
THE MEDICAL COUNCIL – ITS ROLE AND RESPONSIBILITIES	6
SECTION TWO:	7
THE HEALTH PROGRAM	7
OVERVIEW AND DEFINITIONS	7
<i>What constitutes impairment?</i>	7
<i>What about medical students?</i>	7
THE PROCESS	8
<i>What can you expect if the Medical Council receives a notification about you?</i>	8
<i>What happens if you are referred for an assessment by a Council Appointed Practitioner?</i>	8
<i>If you cannot attend the appointment with the Council Appointed Practitioner?</i>	9
<i>What is an Impaired Registrants Panel (IRP)</i>	10
<i>What happens after an IRP?</i>	11
<i>Will my employers be notified?</i>	11
<i>Urgent Action Pursuant to Section 150 of the Law</i>	11
AFTER AN IRP: THE MONITORING PROGRAM	13
<i>How does the Monitoring Program work?</i>	13
<i>Subsequent visits to the Council Appointed Practitioner</i>	13
<i>Treating Practitioners</i>	14
<i>The Council Review Interview</i>	15
<i>Distribution of Interview Reports</i>	16
<i>Entry Interviews</i>	16
<i>Exit Interviews</i>	16
<i>Chronic Relapsing Illness Authorisation</i>	17
PROGRESS IN THE PROGRAM	17
PRESCRIBING AND SELF-ADMINISTRATION OF DRUGS	19
<i>The Council's Policy</i>	19
<i>Restoration of Schedule 8 Prescribing Authority</i>	19
<i>Medical Council Policy: Return of Schedule 8 Prescribing Authority</i>	20
<i>Alternative methods of analgesia</i>	21
<i>Coping without dangerous drugs in the workplace</i>	21
<i>Schedule 4 Appendix D - Special consideration</i>	21
<i>Illicit Drugs</i>	21
URINE DRUG TESTING – DRUG SCREENING POLICY	22
<i>Participant Procedure: Drug Scceening</i>	27
ALCOHOL TESTING – ALCOHOL SCREENING POLICY	43
<i>Participant Procedure- Breath Testing for Alcohol</i>	48
<i>Supervisor Procedure- Breath-testing for Alcohol</i>	61
<i>Participant Procedure- EtG Screening</i>	70
<i>Participant Procedure- CDT Screening</i>	83
SUPERVISION	94

<i>COMPLIANCE POLICY: SUPERVISION</i>	94
<i>SUPERVISOR APPROVAL POSITION STATEMENT</i>	97
<i>APPLICATIONS FOR CHANGES IN PRACTICE</i>	101
<i>MENTORS</i>	101
COMPLIANCE WITH CONDITIONS OR SUSPENSION.	102
<i>Breach of conditions</i>	102
<i>Review of Conditions</i>	104
SECTION THREE:	105
EXTRACT FROM THE HEALTH PRACTITIONER REGULATION NATIONAL LAW (NSW)	105
TABLE OF CONTENTS	106
SECTION FOUR:	119
USEFUL INFORMATION	119
RECOMMENDED READING	120
CONTACT DETAILS	124
<i>Doctors Health Advisory Service</i>	124
<i>Doctors in Recovery Group – The Northside Clinic</i>	124
<i>Alcoholics Anonymous</i>	124
<i>Medical Benevolent Association</i>	124
<i>Pharmaceutical Services – Department of Health</i>	125
<i>Pharmacotherapy Credentialing Sub-Committee (Methadone etc)</i>	125
<i>Medical Board of Australia</i>	125
<i>Good Medical Practice: A Code of Conduct for Doctors in Australia</i>	125
SECTION FIVE:	126
LOCATING THE COUNCIL	126
MEDICAL COUNCIL OF NEW SOUTH WALES - CONTACT DETAILS.....	126
MAP OF GLADESVILLE HOSPITAL.....	127
SECTION SIX:	128
APPENDIX	128
DIAGNOSTIC PATHWAYS AND DECISION PARAMETERS	129
POLICY: HEALTH PROGRAM PARTICIPANTS WITH BIPOLAR DISORDER.....	137
CHRONIC RELAPSING ILLNESS AUTHORISATION (CRIA)	139
REPRODUCTION & USE OF THIS HANDBOOK	140

SECTION ONE:

THE MEDICAL COUNCIL – ITS ROLE AND RESPONSIBILITIES

The Medical Council of New South Wales is established under the Health Practitioner Regulation National Law (NSW).

The Medical Council of New South Wales provides a range of programs and services aimed at ensuring that all doctors working in NSW are fit to practise medicine at the high standard the public is entitled to expect.

A practitioner's fitness to practise is considered in all of the following domains, as each has the potential to impact on the quality of the service delivered to patients.

1. Health (Managed by the Council's Health Section)
Medical practitioners' personal health may impact on their capacity to practise medicine safely and effectively.
2. Professionalism (Managed by the Council's Performance and Conduct Sections)
 - Professional expertise
Medical practitioners must possess a large body of up to date knowledge and procedural skill.
 - Professional conduct
Medical practitioners must exhibit behaviours and attitudes that reflect the expectations of those with whom they interact and the society in which they work.

Registrants (doctors and students) whose personal health is impacting on or has the potential to impact on their safe practice of medicine are considered to be impaired and are managed in the Council's Health Program.

SECTION TWO:

THE HEALTH PROGRAM

Overview and definitions

The Health Program is designed to be non-disciplinary and non-adversarial and is conducted under the provisions of the Health Practitioner Regulation National Law (NSW) (hereafter 'the Law'). It is aimed at protecting the public while at the same time allowing participants with health problems to remain in active medical practice or training.

The Program is notification based, receiving both self-notifications and third party notifications. It manages registrants suffering from psychiatric illness, problems with the abuse of alcohol or the self-administration of addictive drugs and occasionally, physical illness. Psychiatric illness and drug and alcohol abuse are of greatest concern to the Council.

What constitutes impairment?

Impairment has a specific, statutory definition in the Law as follows;

impairment, in relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect—

- (a) for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or
- (b) for a student, the student's capacity to undertake clinical training—
 - (i) as part of the approved program of study in which the student is enrolled; or
 - (ii) arranged by an education provider.

The Medical Council of NSW delegates its powers relevant to the Health Program to its Health Committee. The Committee is responsible for all decisions pertaining to Program participants and policy development.

The Committee is comprised of Council and invited members who have an interest in the maintenance and improvement of the health of medical practitioners.

The Committee generally meets on the third Tuesday of the month. Matters for consideration by the Committee must be received by the Council Secretariat no later than close of business on the first Wednesday of the month. It is advisable to contact the Secretariat in advance to discuss the nature of the matter to be reviewed by the Committee.

What about medical students?

The impairment provisions of the Law also apply to medical students. The primary objective of the Program as it applies to medical students is public protection. The Council also aims to ensure that the student's transition into the medical workforce is assisted.

Under the provisions of the Law, the Council may require a medical student to undergo a medical examination where it has concerns that the student suffers from an impairment. In the case of medical practitioners, registration conditions are entered into voluntarily. The

significant difference in the case of medical students is that conditions can be imposed by the Council. The Impaired Registrants Panel is required to consider whether it is in the interest of the public to impose conditions on the student undertaking clinical studies, or to prohibit the student from undertaking clinical studies.

The Process

What can you expect if The Medical Council receives a notification about you?

If you have notified yourself or the Council has received a credible notification about you, the Council first consults with the Health Care Complaints Commission (hereafter HCCC) to ensure that the particulars of the notification do not raise issues more appropriately dealt with in the disciplinary pathway. In cases where some aspect of your conduct in the particular matter is already under investigation by the HCCC, the Council is prevented by the Law from taking action under the provisions relating to health and impairment.

If no issue of professional conduct is raised by HCCC, the notification is referred to the Council for management under the Health Program and the HCCC takes no further part.

The Health Committee then considers the notification, and if further action is required, will require an independent assessment of your health status by a Council Appointed Practitioner (CAP).

What happens if you are referred for an assessment by a Council Appointed Practitioner (CAP)?

If you have notified yourself or the Council has received a credible notification, the Health Committee will usually ask you to attend a Council Appointed Practitioner (hereafter CAP).

The CAP is a health practitioner selected by the Council for their skill in a particular specialty (or sub-specialty). Their role is to make an independent assessment about the extent and nature of your impairment and whether participation in the Health Program is appropriate.

Prior to the initial appointment, the Council will provide the CAP with copies of any information that is relevant to the health notification. CAPs are aware of the Council's responsibility for public protection and will recommend action to the Council on that basis. It is important that you are aware that the assessment by the CAP is medico-legal rather than a therapeutic consultation.

The Council will meet the cost of the assessment and future consultations as required.

If you enter the Health Program, you will generally see the same CAP for periodic review and oversight of your progress. These interviews take place at the request of the Council or in compliance with a condition on your registration. If you require clarification of any aspect of your participation in the Program, please contact the Council Secretariat in the first instance, rather than the CAP.

The Health Committee considers the CAP's report and recommendations in deciding whether to convene an Impaired Registrants Panel (hereafter IRP or Panel). In the event that the concerns raised in the health notification do not require the involvement of the Council no further action will be taken.

What if you cannot attend the appointment with the CAP?

It is important that you let the Secretariat know in plenty of time if you have a good reason why you cannot attend so that the appointment can be changed. If you fail to do this, the Council bears no responsibility for the fees incurred as a result of your failure to attend for an assessment and the accounts will be forwarded to you for payment.

Failure to attend an assessment without alerting the Council will be viewed with grave concern and may constitute *prima facie* evidence of impairment. In the event that you fail to attend for medical examination reasonably requested by the Council, then the Law provides as follows:

152B Council may require registered health practitioner to undergo examination [NSW]

- (1) If a Council reasonably believes a registered health practitioner has or may have an impairment, the Council may, by written notice given to the practitioner, require the practitioner to undergo an examination by another registered health practitioner.
- (2) The notice must state—
 - (a) that the registered health practitioner is required to undergo an examination by a registered health practitioner; and
 - (b) the name of the registered health practitioner who is to conduct the examination; and
 - (c) if the examination is to be conducted at a particular time and place, the time and the place at which the examination is to be conducted; and
 - (d) that if the registered health practitioner fails to undergo the examination as required by the notice, the failure may constitute evidence that the practitioner does not have sufficient physical and mental capacity to practise the practitioner's health profession.
- (3) The fee charged by the registered health practitioner for conducting the examination must be at the expense of the Council.
- (4) If the registered health practitioner fails, without reasonable excuse, to comply with the notice, the failure is evidence the practitioner does not have sufficient physical and mental capacity to practise the practitioner's health profession.

152C Council may require student to undergo examination [NSW]

- (1)
- (2) The notice must state—
 - (a)
 - (b)
 - (c)
 - (d) that if the student fails to undergo the examination as required by the notice the Council may suspend the student's registration until the student undergoes the examination.
- (3)
- (4) If the student fails, without reasonable excuse, to comply with the notice, the Council may suspend the student's registration until the student undergoes the examination.
- (5)

What is an Impaired Registrants Panel (IRP)?

An IRP is an inquiry convened under Part 8 of the Law and has the responsibility of inquiring into impairment matters that come to the Council's attention.

The Panel consists of two or three members appointed by the Council. Panelists are drawn from a pool of members, which includes both doctors and lay members, all of whom are experienced in working with practitioners experiencing problems with their health.

IRPs are generally held at the Council premises and last approximately two to three hours.

When an IRP is convened, you are notified and asked to attend. If you fail to attend an IRP, the Council may hold a hearing in your absence and make such findings as are deemed appropriate.

At the IRP, the Panel will talk to you about the nature and extent of your health problem and its impact on your practice of medicine. Toward the end of the hearing, the Panel is likely to adjourn to discuss the matter. The Panel may do any one or more of the following:

- (a) counsel you or recommend that you undertake specified counselling;
- (b) recommend that you agree to conditions being placed on your registration
- (c) recommend that you are suspended from practising medicine for a specified period;
- (d) make recommendations to the Council as to any action that the Panel considers should be taken in relation to the matter.

Where a Panel forms an opinion that conditions are required, it will formulate the conditions before reconvening the hearing.

On return from its adjournment, the Panel will explain to you the implications of their decision and the reasons behind it. If conditions or suspension are proposed, they will then be discussed with you and you will be given an opportunity to respond.

Any recommendations by the Panel with respect to conditions will form part of a document known as a *Voluntary Agreement to Conditions of Registration*. This document sets out your responsibilities under the conditions as well as your rights in dealing with the Council. It is important that you read and fully understand this document before you sign it. Questions regarding conditions or suspension should be addressed to the Panel.

Under the Law, conditions arising from an IRP can only be imposed with your voluntary agreement. However, the Law provides that should you fail to agree, the Council may recommend that the matter which was the subject of the initial referral, be dealt with as a complaint against you.

Where the Panel believes your impairment is of such concern that you should not practise, it may recommend to the Council that you be suspended from the practice of medicine for a specified period. This is to ensure that you receive urgent treatment and do not treat patients during that time. In that case, you would be asked to sign an acknowledgment of that notice. The Panel may also recommend actions that will assist in the Council's subsequent decision to lift the suspension. The Inquiry will then adjourn, reconvening prior to the expiry of the specified suspension period to examine any new information obtained in the meantime. Where the Panel's concern has eased sufficiently, you will be asked to agree to conditions being imposed upon your registration and will be permitted to return to work.

Unlike conditions, suspension may be imposed on a practitioner without agreement where the Panel feels that it is warranted and the Council endorses the Panel's recommendation.

By virtue of the National Registration Scheme, registration conditions or suspension arising from the Council's Health Program are applicable throughout Australia.

What happens after an IRP?

The Panelists will prepare a report following the IRP detailing the content of the Inquiry and its recommendations. The report is then considered and endorsed by the Council's Health Committee or its delegates.

Copies of the IRP report are forwarded to you, your treating and Council Appointed practitioners and any other parties specified by the Panel or you.

Will my employers be notified?

The Law requires that the practitioner's employers are advised of the conditions on their registration by the National Board (refer to section 176B on page 58).

After informing the National Board of the conditions on your registration, the Medical Council will write to your employer informing them of any conditions relevant to your practice or employment. The Council exercises as much discretion as possible in the provision of sensitive information regarding your health to employers.

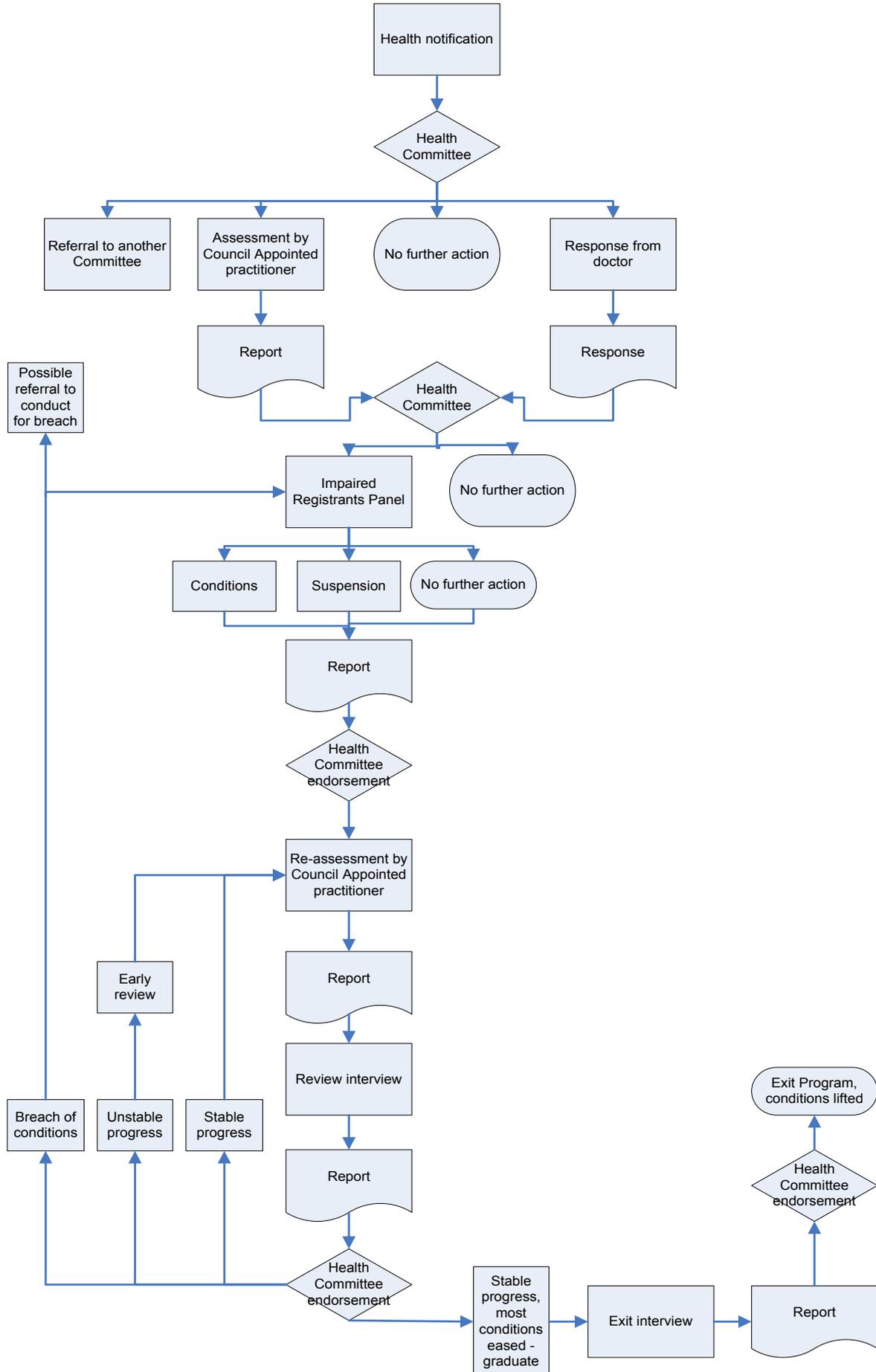
In the event that the Panel wishes to be more directive regarding the provision of information to particular individuals, they may impose conditions as appropriate.

Urgent Action Pursuant to Section 150 of the Law

Should the Council be concerned at any point that you pose a significant threat to public health and safety, or to yourself, the Council may resolve to convene proceedings under section 150 of the Health Practitioner Regulation National Law (NSW).

Such proceedings are convened promptly and are heard by two or three members. The purpose of the proceedings is to decide whether a practitioner requires suspension or registration conditions to ensure that the public is protected. The proceedings can refer a complaint to the HCCC or recommend to the Council that a subsequent Impaired Registrants Panel Inquiry hear the matter.

A flow chart of the Program's process is included on the following page to assist you in understanding the Council's processes.



After an IRP: The Monitoring Program

How does the Monitoring Program work?

The Medical Council monitors your progress through reports received from the CAPs and/or the Council Review Interviews (see section titled *The Council Review Interview*). Compliance with conditions is assessed through quantitative tests such as:

- Urine Drug Testing (see section titled Urine Drug Testing – The Council's Protocol) to detect the use of narcotics or other prescription or illicit drugs;
- Carbohydrate-Deficient Transferrin, Liver Function Tests (LFT) and Full Blood Count (MCV) (see section titled Alcohol Testing), which measure excessive consumption of alcohol;
- EtG testing (to detect the presence of alcohol metabolites in urine);
- Hair Drug Testing (see section titled Hair Drug Testing).

In addition, your treating doctors (see section titled *Treating Practitioners*) may be authorised to notify the Council where there is a termination of treatment, failure to attend for treatment or significant deterioration in your health status. These arrangements provide the Medical Council with an overall view of your management and willingness to deal with your health problems appropriately.

Additional conditions may include supervision requirements (see section titled *Supervision*) or maintaining a mentoring relationship (see section titled *Mentor*).

The monitoring program enables you to demonstrate to the Council your compliance with conditions placed on your registration.

Generally, monitoring occurs over a period of several years with a gradual easing of conditions until the Council is satisfied that the participant no longer requires supervision. While this is the part of the program that participants have the most difficulty with, it is important to appreciate that the Council requires objective evidence of your recovery and also receives early warning of deterioration in your health status.

In the case of some long term mental illness, the Council may require continuing, low level monitoring, and exit from the Program may not be the goal.

It is generally the Council's expectation that you will eventually exit the Program when you can demonstrate that you have complied with the conditions of your registration, made the necessary changes to your lifestyle, developed good support networks and recognised the value of early intervention and treatment of your illness.

It is hoped that you will use your time on the Program to reflect, to avail yourself of treatment and also learn new skills.

What about subsequent visits to the Council Appointed Practitioner?

The role of the Council Appointed Practitioner (CAP) when you enter the Program was discussed earlier. This section is about the CAP's role in overseeing how you are complying with the conditions of your registration.

The CAP's role is to provide the Medical Council of NSW with an independent assessment of

your health without intruding on the therapeutic relationship between you and your treating doctors. Attendance with the CAP also provides you with an opportunity to discuss your progress and any difficulties you may be experiencing with the Council's Program and your conditions of registration.

The CAP will prepare a report that will be provided for the information of Reviewers prior to the Council Review Interview. Any recommendations the CAP makes regarding your health or conditions will be discussed at this time.

It is your responsibility to make the required appointment with the CAP prior to a Council Review Interview. Generally, assessment by a CAP should occur approximately four weeks before the Council Review Interview and the appointment should be made well in advance of the required date as an appointment might not be available for some weeks or months. The CAP's report is an essential component of the Council Review Interview process. It is in your interests to ensure that you attend early enough to ensure that the report is received by the Council prior to the Council Review Interview. Please contact the Council Secretariat if you need any clarification.

Whilst it is your responsibility to arrange appointments with the CAP, the Council will meet the professional fees. **Cancellation fees incurred by a failure to attend an appointment will not be met by the Medical Council under any circumstances.** These accounts will be forwarded to you for payment.

Please also note that the Medical Council views non-attendance or attendance after the due date without an acceptable written explanation as a breach of conditions.

If there is a reason why you cannot attend the Council Appointed Practitioner within the specified time frame, please provide the Council with a written explanation.

Treating Practitioners

The Council generally requires you to maintain a relationship with a treating general practitioner (GP). This relationship is essential in demonstrating that you are managing your health appropriately rather than self-treating. A relationship with a GP provides a central point from which your health care can be coordinated and removes the need to self-prescribe and treat.

The frequency of attendance for treatment is at the discretion of you and your GP.

The majority of Program participants will also be required to attend for ongoing treatment with a relevant practitioner of their choice who has recognised expertise to provide effective treatment. This may be a psychiatrist, a specialist in drug and alcohol problems, a physician or a number of such treating practitioners.

You may already be receiving treatment from a specialist. In that case, the Health Program will simply formalise this existing arrangement and provide your treating practitioner with relevant information.

If you have not entered into treatment, the Medical Council will require details of the name and address of the treating practitioner of your choice as soon as practicable. This will enable the Medical Council to forward any relevant documents to him/her.

The Medical Council will not nominate a treating doctor for you and does not require any form of regular reporting from the treating doctor. The frequency of treatment should be at the discretion of you and your treating practitioners. This model has been developed so as not to intrude on the therapeutic relationship between you and your treating practitioners.

The Medical Council does, however, require you to authorise your treating doctors to inform the Council of a failure to attend for treatment, termination of treatment or if there has been a significant deterioration in your health status. This is an important precautionary measure in case there is a lack of insight on your behalf due to a recurrence of an illness or a failure to take responsibility for improving your health.

The Council Review Interview

The Council Review Interview is an essential component of the Health Program. These interviews are generally held at the Council and are of approximately one hour duration. Wherever possible, the Council will appoint interviewers with whom you are familiar eg. original members of your Impaired Registrants Panel, to ensure continuity. Reviewers are provided with a briefing prior to the interview that contains relevant reports such as that from the CAP, correspondence from you and other relevant information. The briefing allows the interviewers to familiarise themselves with your history. You will also be provided with a copy of this briefing.

The Council will write to you advising the date and time approximately six weeks in advance of the Interview. You must confirm your attendance by contacting the Medical Council. If attendance at the time and/or date scheduled for the Council Review Interview is problematic, you should contact the Secretariat as soon as possible to request that an alternative date be arranged. This will occur only in exceptional circumstances.

If you wish to raise a matter at a forthcoming Council Review Interview, please notify the Council in writing no less than four weeks prior to the date. The correspondence will be forwarded to the interviewers as part of the briefing allowing them time to consider the matter.

The interview provides the Council with an opportunity to review your progress and compliance with your conditions, discuss present circumstances, future options and make recommendations on whether to ease or maintain your conditions of registration.

The Council Review Interview also provides you with an opportunity to clarify any matters relating to your conditions, to relay any requests to the Health Committee and to demonstrate your continued commitment to your rehabilitation.

The length of time between interviews will vary depending on your state of health, progress and the level of compliance with conditions. Generally, interviews are held within six months of your initial attendance at the Medical Council and may be scheduled more frequently if the Council is of the view that this is necessary.

Failure to attend for the scheduled Council Review Interview without good reason will be viewed as a breach of conditions. If this occurs, you will be required to provide a written explanation for your absence which the Health Committee will consider.

Rural doctors can be disadvantaged by having to pay travel and accommodation costs as well as losing practice time when attending hearings or appointments. Some doctors wish to see a CAP as close to them as possible while others wish to be seen at a distance to their practice. The Council's Health Committee has endorsed the principle of conducting Council Review Interviews via videoconferencing for regional doctors in certain circumstances.

A number of issues must be considered in relation to videoconferencing, including access to suitable facilities, confidentiality, loss of face-to-face communication and the local cost, which is to be borne by the doctor.

Upon a satisfactory period of compliance and stability, the Panel may recommend to the Health Committee that the next Council Review Interview be conducted by videoconference. If this recommendation is endorsed, Health staff will contact you regarding the facility to be used. In this case, you will be asked to find your own videoconferencing facility and provide the Council with details, including facility name, contact person, phone numbers, email address and ISDN number. This information will be provided to ACT Teleconferencing, whom the Council uses as a bridge to facilitate videoconferencing.

Providing appropriate details are received well in advance of the scheduled Council Review Interview, the interviews will take place at the old Medical Council building.

Should the videoconference review not be successful, you will be required to attend in person.

Distribution of Interview Reports

A report is prepared by the interviewers following your attendance at the Council Review Interview. The report is then submitted to the Health Committee for consideration and endorsement. After the Health Committee has endorsed the report, you will be sent a copy. It should be noted that new or altered conditions of registration do not come into effect until the Health Committee endorses the report. Until that time you should continue to comply with the existing conditions of your registration. In some cases, the recommendations of the Interviewers will be noted but not endorsed by the Health Committee.

As a rule, copies of the reports prepared following an Impaired Registrants Panel or Council Review Interview are forwarded to your treating doctor, the CAP and any other practitioner that may be involved in your treatment. This is done in accordance with the conditions of your registration.

Reports may be forwarded to other parties if specified in your conditions of registration or requested by you.

Entry Interviews

We have implemented a series of questions (called Entry Interview) to be used about 6-12 months after you enter the Program. The aim is to encourage reflection about your expectations and goals for the Program.

These goals may include:

- learning more about your condition and the guidelines for treatment,
- learning or upgrading skills (such as stress management, anger management, communication skills, pain management, controlled drinking) and
- consideration of your lifestyle factors and work/life balance.

Exit Interviews

The Health Committee will recommend that you exit the Health Program when:

1. you have recovered and/or treatment goals have been met and
2. there has been consistent compliance with conditions of registration.

This usually comes on the recommendation of the CAP and Council Review Interviewers.

Where the Committee determines that exit from the Program is appropriate, you will be asked to attend an Exit Interview at the Council, generally six months after the previous interview. The Exit Interview provides a vehicle for reflection on your time on the Program but also plays a crucial role in the Council's efforts to improve the quality and efficiency of its processes. Constructive criticism is therefore encouraged.

You will be provided with a set of questions prior to the interview (see Appendix). These questions will be addressed at the interview.

Chronic Relapsing Illness Authorisation

At the time of exiting the Program, you may be requested to sign a Chronic Relapsing Illness Authorisation (CRIA), to authorise your treating practitioners to contact the Medical Council if you are non-compliant with treatment, terminate treatment against advice or if there is any concern about your mental state.

Progress in the Program

The Health Committee has developed a document entitled *Health Program Decision Parameters* (see page 71) which sets out the various considerations at the Program's critical decision points, which are:

- entry to the Program
- easing registration conditions
- approving employment
- dealing with breaches of conditions
- referring to the Conduct stream
- allowing return to work following suspension
- exit from the Health Program

In summary, the primary decision parameters are;

1. Nature and natural history of your illness

It is neither feasible nor desirable to adopt a rigid, one-size-fits-all approach. Much is known about the natural history of the conditions that commonly result in a practitioner being considered to be impaired, and decisions should reflect this knowledge. The Council recommends that you find out about your own health issue, including its general course and best treatment. The resource list gives some places to start.

2. Compliance with the Program

The dual aims of registration conditions are to protect the public and, where possible, to allow you to remain in the medical workforce. It is only through compliance with registration conditions that the Council can be assured that these objectives are met.

No consideration is given to easing any condition of registration unless you have been fully compliant with all conditions for a period of at least 12 months.

3. Personal support

Personal support and engagement with the community are recognised as positive predictors of recovery from all disorders, but particularly from addiction. They demonstrate insight on your part, significantly increase the chances of early identification of illness or relapse and provide an environment in which recovery or stabilisation can occur.

4. Professional support

Participants who have supportive professional relationships and work environments are much more likely to manage satisfactorily without the Council's involvement. Those that work in solo practice or are secretive about their impairment require closer supervision by the Council.

5. Insight and motivation

Your self-awareness and insight into your impairment and circumstances are a critical factor when considering your progress through the Health Program.

Insight is, to a large extent, the most important factor distinguishing illness from impairment. An ill doctor who is insightful and practises within their capability is not necessarily impaired. An ill doctor who lacks insight into the impact of their illness on their practice is clearly impaired and should enter or remain on the Health Program.

You are advised to familiarise yourself with those sections of the document that are relevant to your circumstances.

Prescribing and Self-Administration of Drugs

The Council's Policy

Schedule 8 and Schedule 4D Prescribing Authorities are available to all registered medical practitioners and do not relate in any way to their need to prescribe S8 or S4D drugs.

As a result of Impaired Registrants Panel or a Council Review Interview, it may be recommended that authority to prescribe, possess, supply or administer drugs of addiction and/or restricted drugs may be withdrawn, partially withdrawn or restored.

Both the Medical Council and Department of Health (Pharmaceutical Services) may be involved with the restriction, withdrawal and restoration of these authorities. Under the Poisons and Therapeutic Goods Act, administered by the Department of Health, the withdrawal and restoration of Schedule 8 authorities are gazetted and therefore public knowledge. In contrast, restrictions to an authority although legally enforceable are confidential between the Department, the doctor and the Medical Council.

Doctors may have their Schedule 8 Prescribing Authority withdrawn by Pharmaceutical Services (PS) on the basis of their prescribing behaviour or because of self-administration. Doctors may also elect to restrict their authority because of perceived problems with access or the demands of their patients.

Where a condition is imposed which requires that a practitioner's prescribing authority be withdrawn, **the participant must approach PS immediately and voluntarily relinquish their authority**. Participants will be required to inform PS of the circumstances that gave rise to the request for the withdrawal.

The Medical Council will seek confirmation from PS that this has occurred within a short time frame.

Doctors who are found to be self-administering S8 or S4D drugs are managed through the Health Program. The doctor generally has a condition on their registration which withdraws their authority to prescribe and administer Schedule 8 drugs.

In addition, conditions precluding prescription for self-medication and self-administration of drugs are imposed. These conditions are monitored through the Council's Urine Drug Testing protocol (see section on Urine Drug Testing – The Council's Protocol).

The Health Committee is aware that addiction problems are often life-long and that many doctors feel that it is easier for them to not have to deal with situations where addictive drugs are available.

The decision to return a Prescribing Authority therefore must recognise the balance between the clinical needs of the doctor's patients and the best interests of the doctor.

Restoration of Schedule 8 Prescribing Authority

The Council can only make a recommendation for action under the Poisons Act; the decision to act on the recommendation remains with Pharmaceutical Services of the Department of Health. Although the Medical Council will write to PS it will be necessary for you to apply to the PS directly for a variation of the drug authority.

As doctors pass through the Health Program with clear urine drug testing, there is usually an

expectation that their Schedule 8 Authority will be returned. This expectation appears to relate to:

- a belief that return of Schedule 8 Authority is their right
- a belief that return of Schedule 8 Authority is a reward for their compliance and rehabilitation
- a belief that return of Schedule 8 Authority marks the end of an unhappy chapter in their career with the restoration of 'clean' registration
- real or perceived need.

Medical Council Policy: Return of Schedule 8 Prescribing Authority

1. Unless there is a demonstrable need for the return of Schedule 8 Authority, it will be withheld, or limited to prescribing oral Schedule 8 drugs. In some circumstances, it may be appropriate to limit authority to prescribing but not supplying, possessing or administering Schedule 8 drugs. It is still possible to have full registration in this case.
2. Full or partial restoration of Schedule 8 Prescribing Authority will only be considered after the doctor has shown full compliance with the Council's drug testing program. This usually required a period of thrice weekly urine drug testing followed by 12 -18 months of random urine drug testing according to the Council's protocol. This must be in association with full compliance with all other conditions of registration.
3. Consideration will be given to returning full or partial Schedule 8 Prescribing Authority on the request of the doctor concerned. Doctors should be clear about their reasons for seeking access to Schedule 8 drugs, and be prepared to explain these reasons to the Council.
4. Doctors may be required to undertake a course approved by the Council on analgesic prescribing and demonstrate changes in prescribing behaviour prior to restoration of Schedule 8 Prescribing Authority. Even if not required, both these courses are highly recommended.
5. Doctors may be required to undertake a further 12 months of random urine drug testing according to the Council's protocol after full or partial return of their Schedule 8 Prescribing Authority.
6. Doctors who feel that they do not require, or prefer not to have their Schedule 8 Prescribing Authority returned may nevertheless be concerned about regaining unconditional registration.

A doctor can exit the Health Program with all conditions lifted while their Schedule 8 Prescribing Authority remains fully or partially withdrawn by PS. (Authority remains withdrawn unless the Medical Council specifically recommends to PS that it is restored.)

PS will seek the Medical Council's view of any subsequent application to restore Schedule 8 Prescribing Authority. The Council will base its recommendation on the doctor's history with the Council and their stated reasons for seeking restoration of their authority. On occasions, the Council may suggest that the doctor undertake a period of random urine drug testing according to the Council's protocol as a condition of restoration of their authority.

Alternative methods of analgesia

Doctors who have had their prescribing authority withdrawn or restricted should familiarise themselves with current prescribing guidelines. Narcotic analgesia may often be avoided by prescribing according to accepted guidelines for pain management. If you are in this situation, you are advised to take steps to inform yourself about current best practice in prescribing.

Coping without dangerous drugs in the workplace

Participants are advised to enter into a cooperative arrangement with a colleague, or transfer the care of affected patients, where necessary. Under no circumstance should a doctor possess, prescribe or administer Schedule 8 or Schedule 4 Appendix D drugs where their authority to do so has been withdrawn.

Schedule 4 Appendix D - Special consideration

It is the Council's policy that where Panels (or another Hearing constituted by the Council) considers it unacceptable for a practitioner to maintain prescribing rights of Schedule 4D drugs, those rights should be withdrawn through PS.

The Council does, however, recognise that the Schedule 4D category of drugs includes substances that have a variety of beneficial therapeutic uses. Should a practitioner require access to prescribe, possess or administer specific drugs included in Schedule 4D for the continuation of their practice, they should apply in writing to the Council for support to PS for the return of those particular prescription drugs.

Support will be forthcoming from the Council only in the event that the application is reasonable and unlikely to place either practitioner's or the public's health and safety at risk.

Illicit Drugs

In addition to the abuse and self-administration of prescription drugs, registrants using and abusing illicit drugs often come to the notice of the Council.

The condition prohibiting the self-administration of drugs prohibits not only the self-administration of prescription drugs, but also the self-administration of any illicit substance or street drug. These substances are listed in Schedule 1 of the Drug Misuse and Trafficking Act. The schedule includes marijuana, cocaine, amphetamines (including ecstasy), heroin and other illicit drugs.

For clarification of the substances detailed in this schedule, please contact PS. Metabolites of illicit drugs are tested for routinely as part of the Council's Urine Drug Testing Protocol. The Council views the presence of metabolites of illicit drugs in a participant's urine with grave concern and their continued presence may result in disciplinary action.



Drug 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	DD17/63377	POLMED001

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

Summary

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

Applies to (scope)

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

Document owner	Functional group/subgroup
Medical Director	Monitoring

Drug screening policy

1. Purpose

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

2. Introduction

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

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

3. Definitions and abbreviations

Term	Explanation
Council	Medical Council of NSW
HCCC	Health Care Complaints Commission
participant	a medical practitioner or student participating in drug screening because a condition on their registration requires it
the Standard	the AS/NZS 4308:2008, <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>
substance	any: <ul style="list-style-type: none">• substance listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i>• pharmacist only, prescription only or controlled drug medication as contained in Schedule 3, 4 or 8 of the Poisons Standard (SUSMP).
the Tribunal	NSW Civil and Administrative Tribunal

4. Mandatory requirements for drug screening

4.1. Compliance with this policy

Participants must comply with all aspects of this policy, the Council's *Participant procedure: drug screening* and all drug screening conditions on their registration.

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

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

4.2. Non-compliance with drug screening

Non-compliance with drug screening is any failure to follow the requirements of this policy, the Council’s *Participant procedure: drug screening*, and any drug 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 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 drug screening includes, but is not limited to, the circumstances listed in the following table.

Screening type	Circumstance
All	<ul style="list-style-type: none"> • a positive result for a substance where there is no written confirmation from a treating practitioner that they advised, prescribed or administered that substance • the participant fails to commence screening within the required timeframe • the participant fails to attend for screening when required • the participant provides samples for screening outside of the approved collection and testing regimen • the participant fails to complete request forms as required • the participant provides samples that do not meet the chain of custody • the participant uses, makes, alters or possesses an object or product to defraud a drug screening test • the provided sample is inadequate or unsuitable for testing • the participant fails to provide supporting information about any absences from screening within the required timeframe • a pattern of participant behaviour raises concerns about their compliance with this policy, the related procedure or related conditions on their registration.

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 of drug 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 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

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 procedure and related conditions imposed on their registration.
Monitoring team	monitor compliance with this policy, its related procedure 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 procedure and any related conditions imposed on their registration.

6. Legislation and references

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

7. Related policies

Medical Council of NSW *Participant procedure: drug screening*

8. Revision history

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



Participant procedure: drug 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	DD17/63378	PROMED001

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

Summary

This procedure explains to medical practitioners and students who have drug screening conditions imposed on their registration how to participate in drug screening.

Applies to (scope)

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

Document owner	Functional group/subgroup
Medical Director	Monitoring

Participant procedure: drug screening

Table of contents

Clause	Page number
1. Purpose	3
2. Compliance context	3
3. Key information	3
4. Responsibilities	3
5. Definitions and abbreviations	4
6. Preparing for screening	4
7. Giving samples	6
8. Getting your results	8
9. Managing absences and operational issues	9
10. Ending your screening	12
11. Contacts and further information	13
12. Legislation and references	13
13. Related policies	14
14. Revision history	14
15. Appendices	15

Participant procedure: drug screening

1. Purpose

If you have drug 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.

2. Compliance context

You must comply with this procedure and:

- our *Drug screening policy*
- any drug screening conditions on your registration.

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

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 urine drug screening and hair drug screening to monitor medical practitioners and students where there is a history of or concerns about substance misuse or dependence. We do this to protect the public.

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

4. Responsibilities

Parties responsible (Positions/Groups/Bodies)	Key responsibilities
NSW medical practitioners and students	comply with processes for drug 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>Drug screening policy</i> and this procedure.

5. Definitions and abbreviations

Term	Explanation
AHPRA	Australian Health Practitioner Regulation Agency
Council / we / our	Medical Council of NSW
HCCC	Health Care Complaints Commission
participant / you / your	a medical practitioner or student participating in drug screening because a condition on their registration requires it
the Standard	AS/NZS 4308:2008, <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>
substance	any: <ul style="list-style-type: none"> substance listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i> pharmacist only, prescription only or controlled drug medication as contained in Schedule 3, 4 or 8 of the Poisons Standard (SUSMP).

6. Preparing for screening

6.1 Timing

Start date	<p>If you must attend urine drug screening, you need to start within 7 days of the condition being placed on your registration.</p> <p>If you must attend hair drug screening, we will tell you the start date.</p>
-------------------	---

Frequency	<p>We will advise how often you must attend drug screening both when the condition is placed on your registration and if your conditions change.</p> <p>The table below outlines the requirements for each type and frequency of screening.</p>
------------------	---

Screening type	Frequency	Requirements
Urine drug screening	3 times a week	You must attend for screening every Monday, Wednesday and Friday.
	Random	<p>You must call 1800 654 068 each weekday between midnight and 5 pm to find out whether you must attend for screening that day.</p> <p>You will be screened at least 15 times every 6 months on randomly selected dates.</p>
Hair drug screening	Once a quarter	We will inform you when you must attend for screening.
	Random	

Public holidays If you must attend 3 times a week urine drug screening you do not need to attend for screening on public holidays (as defined in the *Public Holidays Act 2010 (NSW)*). But you must attend the next business day after the holiday.

If you must attend random urine drug screening you do not need to call the Council random screening phone number on a public holiday.

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 drug screening conditions on your registration
- believe you may have used a substance.

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

6.2 What to avoid

Substances We have all urine and hair samples screened for the substances listed in Appendix A.

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

Do not self-administer any of the following unless advised or prescribed, and taken at the direction of a treating practitioner:

- prescribed substances
- narcotic derivatives
- non-prescription compound analgesics
- cold and flu medicines.

If you need to take any of these substances due to an illness, procedure or emergency, you must:

- notify us within 5 business days, or as soon as practicable in an emergency
- send us written confirmation from the treating practitioner of the event and any substances advised, prescribed or administered.

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

Some food and drink	<p>Ingredients in foods and drinks can cause positive results.</p> <p>Before you eat or drink anything, carefully check that it does not include ingredients that may cause a positive result. If you cannot find out its exact ingredients, you must avoid it.</p> <p>Do not eat food that contains poppy seeds. You cannot use poppy seed consumption to explain a positive screening result.</p> <p>Do not drink too much water before you attend for urine drug screening, as this can dilute your sample and cause an unsatisfactory result.</p>
----------------------------	---

7. Giving samples

7.1 Collection centres

Council-approved collection centres	<p>You must attend a Council-approved collection centre for screening.</p> <p>Contact your nominated collection centre to confirm their opening hours and the time you need to attend.</p>
--	--

Alternative arrangements	<p>We must approve any alternative arrangements, and will only do so in exceptional circumstances.</p> <p>If you cannot attend a Council-approved collection centre, you must:</p> <ul style="list-style-type: none"> • write to us explaining why • propose an alternative collection arrangement • ensure that we receive this proposal as soon as possible, noting that for urine drug screening you must start screening within 7 days of the condition being placed on your registration. <p>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.</p>
---------------------------------	---

7.2 Sample collection and handling

Urine	<p>If you are giving a urine sample it must be collected under direct supervision. The collector will stand in front of you and directly observe the urine passing from the urethra into the container.</p> <p>Samples are otherwise collected and handled in line with</p>
--------------	---

the Standard.

Hair	<p>If you are giving a hair sample, your hair must be:</p> <ul style="list-style-type: none">• at least 3 cm long• free from hair products. <p>The collector will cut a pencil-width section of hair from as close to your scalp as possible.</p>
All samples	<p>You must not handle your specimen at any time during the collection.</p>

7.3 Forms

Drug screening request form	<p>We will provide you with <i>Drug screening request</i> forms. You must complete the participant section of this form at every collection.</p> <p>You must complete this form correctly or the pathology provider may not screen your sample.</p> <p>On the form, you must write down:</p> <ul style="list-style-type: none">• 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	<p>Every sample must have an accompanying chain of custody form, completed in line with the Standard.</p> <p>For a urine sample, this must state:</p> <ul style="list-style-type: none">• how the sample collection was supervised• the sample temperature, recorded within 4 minutes of collection• the urine creatinine result. <p>For a hair sample, this must state:</p> <ul style="list-style-type: none">• the site of hair collection• whether your hair is chemically treated (permed, dyed or bleached)• whether your hair is free from hair products. <p>You must ensure the collector completes this form, and you must sign it when the sample is collected.</p> <p>We recommend you also keep your own sample collection records and ask the collector to sign them each time.</p>

7.4 Costs, identification and privacy

Payment You are responsible for all collection and screening costs, including any confirmatory testing. 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 *Drug screening request* form.
You can also request a copy for:

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

8.2 Positive or unsatisfactory results

Positive urine drug screening result A urine drug screening result is positive if both of the following apply:

- it shows your sample contains a substance listed in Appendix A
- a treating practitioner has not confirmed they advised, prescribed or administered that substance.

In some cases your sample may be tested again to confirm the result. You are responsible for the cost of any

confirmatory testing.

Positive hair drug screening result

A hair drug screening result is positive if both of the following apply:

- it shows your sample contains a substance listed in Appendix A
- a treating practitioner has not confirmed they advised, prescribed or administered that substance.

Dilute urine samples

A dilute urine sample has a creatinine level below 1.76 mmol/L.

If your urine drug screening result shows you provided a dilute sample, we will notify you and ask you to take the necessary steps to avoid further dilute samples.

Unsatisfactory results

The following table lists unsatisfactory results for each type of screening.

Screening type	Unsatisfactory result
Urine drug screening	<ul style="list-style-type: none">• you provide more than one dilute urine sample• your urine sample was adulterated or substituted• your urine sample was otherwise inadequate or unsuitable.
Hair drug screening	<ul style="list-style-type: none">• your hair sample was 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.

You must continue to screen during absences from practice, except in the circumstances specified below.

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.

If you are undergoing urine drug screening, you must meet the following requirements:

Reason	Requirements
Travel within Australia	<p>You must continue to attend for screening while you travel and attend the Council-approved collection centre you nominated on your Leave from screening form.</p> <p>If you are travelling to a remote location with no available approved centre, we may approve leave from screening. When you return, you must:</p> <ul style="list-style-type: none">• attend for screening no later than the next business day• send us evidence of your travel, such as boarding passes and receipts, within 5 business days.
Travel outside Australia	<p>You do not need to attend for screening while you are outside Australia.</p> <p>When you return from leave, you must:</p> <ul style="list-style-type: none">• attend for screening no later than the next business day• send us evidence of your travel, such as boarding passes and receipts, within 5 business days.
Planned health procedure	<p>You must inform us of any planned health procedure that may stop you from attending for screening.</p> <p>When you return from leave, you must:</p> <ul style="list-style-type: none">• attend for screening no later than the next business day• send us written confirmation of the procedure from the practitioner who performed it and any substance they administered, prescribed or advised, within 5 business days.
Any other planned leave	<p>We will consider requests for planned leave for other reasons individually. You need to provide evidence to support your leave request for us to consider.</p>

If you are undergoing hair drug screening and plan to be absent on the date you must attend for screening by, you must attend before you leave. We will use the date you attend to recalculate your next screening date.

Unplanned absences

If you have an unplanned absence from urine or hair drug screening, you must meet the following requirements:

Reason	Requirements
Missed screen	<p>If you realise you have missed your screening, you must:</p> <ul style="list-style-type: none">• notify us immediately• provide us with evidence to support your absence within 5 business days• attend for screening no later than the next business day.
Illness	<p>If you are ill and cannot attend for screening, you must:</p> <ul style="list-style-type: none">• 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. <p>When you return from leave, you must:</p> <ul style="list-style-type: none">• attend for screening no later than the next business day• ensure we receive your Illness certificate form within 5 business days. <p>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.</p> <p>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.</p>

9.2 Operational issues

Random screening phone number issues

If the random screening phone number is not working when you call, you must:

- note the time you called
- tell us immediately.

We will tell you whether you need to attend for screening that day.

The next day, call the random screening phone number as usual. If we don't expect the issue to be fixed by the next day, we will tell you what to do.

Pathology provider issues	<p>If the Council-approved collection centre cannot collect your sample, you must:</p> <ul style="list-style-type: none"> • 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.
----------------------------------	---

10. Ending your screening

10.1 Decreases

Decreasing your screening	We will decide when you need less frequent screening or a different type of screening.
----------------------------------	--

Requirements	We will only consider decreasing your screening if you meet the requirements below. Unless there is a material change to your circumstances, you must meet the minimum time periods.
---------------------	--

Screening type	Requirements
Urine drug screening (3 times a week)	<p>You may be eligible to decrease to random urine drug screening if you:</p> <ul style="list-style-type: none"> • can show you have fully complied with your conditions, this procedure and the related policy • received negative or nil-detected results for 18 months.
Urine drug screening (random)	<p>You may be eligible to decrease to hair drug screening only or to stop your screening if you:</p> <ul style="list-style-type: none"> • can show you have fully complied with your conditions, this procedure and the related policy • received negative or nil-detected results for a further 12 months.
Hair drug screening	<p>You may be eligible to decrease from once a quarter hair drug screening to random or to stop your screening if you:</p> <ul style="list-style-type: none"> • can show you have fully complied with your conditions, this procedure and the related policy • received negative or nil-detected results

Reviews	You can request a review of your screening requirements by writing to us and providing evidence to support this request.
----------------	--

Considerations	<p>We will decide whether to decrease your screening based on factors such as:</p> <ul style="list-style-type: none"> • your request and the evidence you provide • your drug screening results and other information from the pathology provider • reports from your Council-appointed practitioner, treating practitioner and any interview or hearing with us • your compliance with the conditions on your registration • your engagement with treatment • your health • any other information about your progress.
-----------------------	--

11. Contacts and further information

Drug screening contacts	Support services
<p>Council random screening phone number Phone: 1800 654 068</p>	<p>Doctors Health Advisory Service Phone: (02) 9437 6552 Visit: www.dhas.org.au</p>
<p>Queensland Medical Laboratory (QML) Phone: 07 3121 4945 (Commercial services) Visit: www.qml.com.au</p>	<p>Medical Benevolent Association of NSW Phone: (02) 9987 0504 Visit: www.mbansw.org.au</p>
<p>Council details Phone: 02 9879 2200 Visit: www.mcnsw.org.au Mail: PO Box 104, Gladesville, NSW 1675 DX: 22808 Gladesville</p>	<p>Beyond Blue Phone: 1300 22 4636 Visit: www.beyondblue.org.au</p>
	<p>Lifeline Phone: 13 11 14 Visit: www.lifeline.org.au</p>
	<p>Australian Doctors in Recovery Visit: https://www.idaa.org/sites/adr/</p>

12. Legislation and references

Laws and standards	AS/NZS 4308:2008, <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>
Handbooks	Our Health Program Handbook provides you with more information about the Health program
Fact sheets	We have a range of fact sheets providing information about drug screening.

13. Related policies

Medical Council of NSW *Drug screening policy*

14. Revision history

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

15. Appendices

Appendix A – Substances to be screened

Substance to be tested ⁺	Detection limits
Amphetamine type substances <ul style="list-style-type: none"> • Amphetamine • Benzylpiperazine • Ephedrine • Methylamphetamine • MDA • MDMA • Phentermine • Pseudoephedrine 	As per AS/NZS 4308:2008
Benzodiazepines and their metabolites <ul style="list-style-type: none"> • Alprazolam • Clonazepam • Diazepam • Flunitrazepam • Nitrazepam • Oxazepam • Temazepam 	As per AS/NZS 4308:2008
Cannabis metabolites	As per AS/NZS 4308:2008
Cannabinoids	As per AS/NZS 4308:2008
Cocaine metabolites	As per AS/NZS 4308:2008
Opiates <ul style="list-style-type: none"> • 6-acetylmorphine • Codeine • Morphine 	As per AS/NZS 4308:2008
Anaesthetic agents <ul style="list-style-type: none"> • Ketamine • Norketamine • Propofol 	<ul style="list-style-type: none"> • 10 ng/ml • 5 ng/ml • 50 ng/ml for hydrolysed urine measuring total propofol or 20 ng/ml for propofol itself and one or more of its metabolites
Anxiolytic agents <ul style="list-style-type: none"> • Zolpidem • Midazolam 	<ul style="list-style-type: none"> • 10 ng/ml • 10 ng/ml
Synthetic/semi-synthetic opioids <ul style="list-style-type: none"> • Fentanyl • Norfentanyl • Hydromorphone • Methadone • Oxycodone • Pethidine • Norpethidine • Tramadol 	<ul style="list-style-type: none"> • 0.5 ng/ml • 0.5 ng/ml • 10 ng/ml • 10 ng/ml • 10 ng/ml • 10 ng/ml • 20 ng/ml • 20 ng/ml • 20 ng/ml
Cathinone analogs (designer stimulants)*	Dependent on drug being used

Substance to be tested ⁺	Detection limits
Synthetic cannabinoids*	Dependent on drug being used
Hallucinogens <ul style="list-style-type: none"> • LSD • Nor-LSD • NBOMe derivatives* 	<ul style="list-style-type: none"> • 0.5 ng/ml screen kits and 0.2 ng/ml for confirmation or using MS techniques • 0.2 ng/ml • This will depend on drug, but likely to be < 1 ng/ml

Adapted from AHPRA – [Drug and Alcohol Screening Protocol – Registrant Information \(October 2017\)](#)

* Will require further expert advice in each case.

* QML routinely screen for a range of other substances. The full list of substances screened can be found on their website for [urine](#) and [hair](#).



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 June 2018)	Medical Council of NSW	11 April 2018	6 February 2018

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

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, <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>
substance	any: <ul style="list-style-type: none">• substance listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i>• pharmacist only, prescription only or controlled drug medication as contained in Schedule 3, 4 or 8 of the Poisons Standard (SUSMP)
the Tribunal	NSW Civil and Administrative Tribunal

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 style="list-style-type: none"> a positive alcohol screening result the participant fails to commence screening within the required timeframe the participant fails to attend for screening when required the participant provides samples for screening outside of the approved collection and testing regimen the participant fails to complete request forms as required (not for breath-testing) the participant provides samples that do not meet the chain of custody (not for breath-testing) the participant uses, makes, alters or possesses an object or product to defraud an alcohol screening test the provided sample is inadequate or unsuitable for testing the participant fails to provide supporting information about any absences from screening within the required timeframe a pattern of participant behaviour raises concerns about their compliance with this policy, the related procedures or related conditions on their registration.
Breath-testing for alcohol	<ul style="list-style-type: none"> the participant fails to provide the <i>Starting breath-testing for alcohol</i> form within the required timeframe or the information submitted is inadequate or insufficient for approval the participant fails to maintain their breath-testing log as required

- 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 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

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, <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>
Handbooks	The Council's Health Program Handbook provides participants with more information about the Health program.
Fact sheets	The Council has a range of fact sheets 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



Participant procedure: Breath-testing for alcohol

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	DD17/63380	PROMED002

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

Summary

This procedure explains to medical practitioners and students who have breath-testing for alcohol conditions imposed on their registration how to participate in breath-testing.

Applies to (scope)

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

Document owner	Functional group/subgroup
Medical Director	Monitoring

Participant procedure: Breath-testing for alcohol

Table of contents

Clause	Page number
1. Purpose	3
2. Compliance context	3
3. Key information	3
4. Responsibilities	4
5. Definitions and abbreviations	4
6. Preparing for breath-testing	4
7. Having a breath-test	7
8. Managing results	8
9. Managing absences and operational issues	9
10. Ending your screening	10
11. Contacts and further information	11
12. Legislation and references	12
13. Related policies	12
14. Revision history	12
15. Appendices	13

Participant procedure: Breath-testing for alcohol

1. Purpose

If you have breath-testing for alcohol conditions on your registration, this procedure explains how to:

- prepare for breath-testing
- breath-test at the required times
- manage your results and reporting to us
- manage any absences you need to take
- apply to decrease your screening.

2. Compliance context

You must comply with this procedure and:

- our *Alcohol screening policy*
- any breath-testing 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 breath-testing for alcohol to monitor practitioners and students where there is a history of or concerns about alcohol misuse or dependence. We do this to protect the public.

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

Once your breath-testing arrangements are approved by us, you can only practise if all of the following apply:

- you have a breath-test on a device approved by us
- you have a breath-test administered by a supervisor approved by us
- you have a breath-test at the times required by this procedure
- the result of your breath-test is 0%.

4. Responsibilities

Parties responsible (Positions/Groups/Bodies)	Key responsibilities
NSW medical practitioners and students	comply with processes for breath-testing for alcohol outlined in this procedure.
breath-testing supervisor	comply with processes for supervising a participant undergoing breath-testing for alcohol outlined in this procedure and the <i>Supervisor procedure: Breath-testing for alcohol</i> .
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
AHPRA	Australian Health Professional Regulation Agency
Council / we / our	Medical Council of NSW
device	breath-testing for alcohol device (see Appendix A)
log	breath-testing for alcohol log
medical emergency	an event where it is not possible or reasonable to have a patient with a life threatening or urgent condition seen by another practitioner or transferred to the nearest hospital
participant / you / your	a medical practitioner or student participating in alcohol screening because a condition on their registration requires it
substance	any: <ul style="list-style-type: none"> substance listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i> pharmacist only, prescription only or controlled drug medication as contained in Schedule 3, 4 or 8 of the Poisons Standard (SUSMP).
supervisor	breath-testing for alcohol supervisor

6. Preparing for breath-testing

6.1 Requirements for starting breath-testing

- Requirements** Before you can start breath-testing you must:
- complete our [Starting breath-testing for alcohol](#) form
 - ensure we receive this within 7 days of the breath-testing condition being placed on your registration.

This form contains information on:

- the breath-testing device

- the device service plan
- nominating a breath-testing supervisor.

You must start breath-testing within 24 hours of being told by us that your breath-testing arrangements are approved.

We may take further action if the information you give us is inadequate or cannot be approved.

Breath-testing device

You must purchase or hire a Council-approved breath-testing device (see Appendix A) and any consumables required for breath-testing.

Device service plan

You must ensure that your device is serviced as per the manufacturer's instruction. This must occur at least every 6 months.

You must organise another device to use while your device is being serviced. This is your service plan. If you cannot organise another device to use you cannot practise.

You must include the date your device is due for its first service and your service plan on your [Starting breath-testing for alcohol](#) form.

Breath-testing supervisor

All breath-tests must be administered by a supervisor approved by us.

You must nominate a supervisor on your [Starting breath-testing for alcohol](#) form. We encourage you to nominate more than one supervisor to ensure a supervisor is available at all times you need to breath-test.

Your supervisor must meet the following requirements:

- not be your friend, family member or employee
- if they are a health professional, be registered with AHPRA, not have any conditions on their registration and not be the subject of a complaint or active investigation
- comply with our *Supervisor procedure: breath-testing for alcohol*
- agree to tell us if you have a positive breath-test, do not attend for breath-testing as required, or if they have any other concerns about your compliance with your conditions on your registration.

You must give your nominated supervisor our [Breath-testing supervisor nomination](#) form. You are responsible for ensuring your nominated supervisor completes this form and returns it to us as soon as possible. Your nominated supervisor must acknowledge that they have received and understand:

- the operating instructions for your device

- our *Alcohol screening policy*, this procedure and our *Supervisor procedure: breath-testing for alcohol*.

We will decide whether your nominated supervisor will be approved.

If we think they are not suitable to administer your breath-tests we will not approve them. We may also remove our approval in the future if we receive information that indicates they are no longer suitable to administer your breath-tests.

6.2 Timing

Start date You must start breath-testing within 24 hours of being told by us that your breath-testing arrangements have been approved.

Frequency We will advise how often you must attend breath-testing both when the breath-testing condition is placed on your registration and if your conditions change.

You must breath-test every time you practise or, in the case of a student, attend for training, including weekends and public holidays. The table below outlines the requirements for each frequency of breath-testing.

Frequency	Requirements
Regular	<p>You must breath-test before you start practice* at each of the following times:</p> <ul style="list-style-type: none"> • no more than 30 minutes before you start for the day • if you have taken a break of more than 30 minutes • any other time we require it.
Random	<p>You must call 1800 654 068 before you are required to start practice* for the day, every day between midnight and 5 pm to find out whether you must breath-test that day.</p> <p>If you must breath-test that day, you must breath-test before you start practice* at each of the following times:</p> <ul style="list-style-type: none"> • no more than 30 minutes before you start for the day • if you have taken a break of more than 30 minutes • any other time we require it <p>You will be breath-tested at least 15 times every 6 months on randomly selected dates.</p> <p>* or attend for training for students</p>

6.3 Costs

Payment	<p>You are responsible for all breath-testing costs. This includes:</p> <ul style="list-style-type: none">• Device purchase/hire• Mouth-pieces• Device servicing• Any supervision costs.
----------------	---

6.4 What to avoid

Prescribed substances and over-the-counter preparations	<p>Some prescription medicines and over-the-counter preparations may cause positive results if they contain alcohol. It is your responsibility to avoid these while you are attending for screening.</p> <p>You must vigilantly check any over-the-counter preparations you take, including supplements and complementary medicines. Review the ingredient list for alcohol and any substance that may cause a positive result. If the exact ingredients are not listed or you are unsure, you must avoid the preparation.</p>
Some health and personal hygiene products, food and drink	<p>Ingredients in health and personal hygiene products and foods and drinks can cause positive results.</p> <p>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 a positive result. If you cannot find out its exact ingredients, you must avoid it.</p> <p>Do not use mouth wash that contains alcohol. You cannot use the use of mouth wash to explain a positive result.</p>

7. Having a breath test

7.1 Requirements for breath-testing

Requirements	<p>Every breath-test must be administered by one of your approved supervisors.</p> <p>Every breath-test must be conducted according to the device manufacturer's instructions and any specific requirements of your conditions.</p> <p>You must not consume any food or drink, smoke, or use any health or personal hygiene products for twenty minutes before a breath-test.</p> <p>At each breath-test your supervisor must:</p>
---------------------	--

- confirm your identity by witnessing a government-issued photo identification such as a valid driver licence, identity card or passport
- record the date, time, location and result of your breath-test, then sign and write their full name in your log.

Disputing a breath-test result

If you disagree with your breath-test result and want to dispute it you can have a blood-alcohol test. You must:

- have the blood test taken within 2 hours of the disputed breath test
- send us the result, evidence of chain of custody of the sample and any other supporting information within 48 hours.

You are responsible for all costs associated with blood-alcohol tests.

7.2 Breath-testing log

Information recorded in the log

You must maintain a log of your breath-test results using our [Breath-testing for alcohol log](#). The following information must be written by your supervisor in your log:

- date, time and location of each breath-test
- result
- signature and full name of the supervisor who administered your breath-test.

You must sign every entry in your log.

8. Managing results

8.1 Results

Positive results

A breath-test is positive if it is more than 0%.

If your breath-test is positive you must:

- stop practising immediately
- have a second breath-test in 15 minutes.

If your second breath-test is positive you must tell us immediately and provide an explanation.

Returning to work after a positive breath-test

You must not return to practise for at least 24 hours after a second positive breath-test.

When you return to practise you must attend for breath-testing as required by this procedure.

8.2 Reporting to the Council

Routine reporting

You must send us the following information within 7 days of the start of each calendar month, or as directed by us:

- A copy of your log for the previous month
- Evidence of your practise or training hours for the previous month, such as your work roster or copy of your appointment book. Any evidence you supply must be verified and signed by your employer or accreditor.

We may confirm your results with the device manufacturer at time of service.

We may also verify your practise with Medicare.

We recommend you keep your own records of your log and hours.

When your supervisor must contact us immediately

Your supervisor must contact us immediately if:

- your breath-test is positive
- your device fails or is not available
- you did not attend for breath-testing as required by your conditions
- they have any concerns about your alcohol use, health or compliance with your conditions.

9. Managing absences and operational issues

9.1 Absences from screening

All absences

If you are absent from practice, particularly if your absences follow a pattern, we may take further action.

Missed breath-tests

If you realise you have missed your breath-test you must:

- stop practising immediately and breath-test
- notify us immediately and tell us why you missed your test
- provide us with evidence to support your missed breath-test within 5 business days.

9.2 Operational issues

Random screening phone number issues

If the random screening phone number is not working when you call, you must:

- note the time you called
 - tell us immediately.
-

We will tell you whether you need to breath-test that day.
The next day, call the random screening phone number as usual. If we don't expect the issue to be fixed by the next day, we will tell you what to do.

Breath-testing device failure If your breath-testing device fails, you must:

- tell us immediately
- arrange for your device to be serviced
- send us your supervisor's written confirmation of the device failure, and an alternative breath-testing proposal while your device is being serviced, within 5 business days.

You must not practise until you can breath-test on a Council-approved device.

You are responsible for all costs associated with servicing your device and your alternative breath-testing proposal.

Supervisor issues You are responsible for ensuring that a supervisor is available to administer your breath-test at any time you need to practise.

If your supervisor is not available you must:

- tell us immediately
- provide an alternative supervisor proposal.

You must not practise until a Council-approved supervisor can administer your breath-test.

Medical emergencies In the event of a medical emergency you are allowed to provide emergency care to patient/s without breath-testing.

If you provide emergency care you must:

- tell us immediately
- send us written confirmation of the event within 5 business days.

10. Ending your screening

10.1 Decreases

Decreasing your breath-testing We will decide when you need less frequent breath-testing or a different type of alcohol screening.

Reviews You can request a review of your screening requirements by writing to us and providing evidence to support this request.

- Considerations** We will decide whether to decrease your screening based on factors such as:
- your request and the evidence you provide
 - your breath-testing results and other information from your supervisor or breath-testing device manufacturer
 - any other alcohol screening results
 - reports from your Council-appointed practitioner, treating practitioner and any interview or hearing with us
 - your compliance with the conditions on your registration
 - your engagement with treatment
 - your health
 - any other information about your progress.

11. Contacts and further information

Drug screening contacts	Support services
<p>Council random screening phone number Phone: 1800 654 068</p>	<p>Doctors Health Advisory Service Phone: (02) 9437 6552 Visit: www.dhas.org.au</p>
<p>Lion Breathalysers Australia Phone: 1300 728 287 Email: Customer service info@lionauss.com.au Visit: https://lionbreathalysersaustralia.com.au</p>	<p>Medical Benevolent Association of NSW Phone: (02) 9987 0504 Visit: www.mbansw.org.au</p>
<p>Draeger Safety Pacific Limited Phone: 1800 372 437 Person to contact: Clive Desira Visit: www.draeger.com</p>	<p>Beyond Blue Phone: 1300 22 4636 Visit: www.beyondblue.org.au</p>
<p>Council details Phone: 02 9879 2200 Visit: www.mcnsww.org.au Mail: PO Box 104, Gladesville, NSW 1675 DX: 22808 Gladesville</p>	<p>Lifeline Phone: 13 11 14 Visit: www.lifeline.org.au</p> <p>Alcoholics Anonymous Australia Phone: 1300 222 222 Visit: www.aa.org.au</p> <p>Australian Doctors in Recovery Visit: https://www.idaa.org/sites/adr/</p>

12. Legislation and references

Handbooks Our [Health Program Handbook](#) provides you with more information about the Health program

Fact sheets We have a range of [fact sheets](#) providing information about alcohol screening.

13. Related policies

Medical Council of NSW *Alcohol screening policy*

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

14. Revision history

Version	Approved By	Amendment notes
N/A	N/A	N/A

15. Appendices

Appendix A – Breath-testing for alcohol devices

Manufacturer	Model	Sampling mode
Lion Laboratories Limited	SD 400	Analyse mode
	SD 400 Touch	Analyse mode
Draeger Safety Pacific Pty Ltd	5820	Automatic measurement
	6820	Automatic measurement



Supervisor procedure: Breath-testing for alcohol

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	DD18/20377	PROMED005

Date of Endorsement	Endorsed By	Publication Date	Review Date
5 June 2018	Medical Council NSW	7 June 2018	5 June 2023

Summary

This procedure explains the requirements of breath-testing supervisors for medical practitioners and students who have breath-testing for alcohol conditions imposed on their registration.

Applies to (Scope)

- Breath-testing supervisors
- Medical Council of NSW, its delegates and staff

Document Owner	Functional Group/Subgroup
Medical Director	Monitoring

Supervisor procedure: Breath-testing for alcohol

Table of Contents

Clause	Page Number
1. Purpose	3
2. Compliance Context	3
3. Key information	3
4. Responsibilities	4
5. Definitions and abbreviations	4
6. Approving a breath-testing supervisor	4
7. Administering a breath-test	6
8. Reporting to the Council	8
9. Contacts and further information	9
10. Legislation and References	9
11. Related Policies	9
12. Revision History	9
13. Appendices	9

Supervisor procedure: Breath-testing for alcohol

1. Purpose

This procedure outlines what you need to do if you have been nominated to be a breath-testing supervisor or you are an approved breath-testing supervisor. It explains:

- our approval process
- how to administer a breath-test
- how to manage a participant's results and reporting to us
- any other requirements of a breath-testing supervisor.

2. Compliance Context

If you are approved as a breath-testing supervisor we ask that you to comply with the processes set out in this procedure.

Participants who are undergoing breath-testing for alcohol must comply with:

- our *Alcohol screening policy*
- our *Participant procedure: breath-testing for alcohol*
- any breath-testing conditions on their registration.

3. Key information

We use breath-testing for alcohol to monitor practitioners and students where there is a history of or concerns about alcohol misuse or dependence. We do this to protect the public.

All breath-tests must be administered by a breath-testing supervisor approved by us. We collaborate with all supervisors to ensure participants comply with breath-testing arrangements.

We understand that administering a breath-test can be inconvenient and time consuming. However, negative breath-test results are an effective way for us to know that participants are not affected by alcohol and can continue safely in practice or training. Thank you for your cooperation in this process.

4. Responsibilities

Parties Responsible (Positions/Groups/Bodies)	Key Responsibilities
breath-testing supervisor	comply with processes for supervising a participant undergoing breath-testing for alcohol outlined in this procedure.
NSW medical practitioners and students	comply with processes for breath-testing for alcohol outlined in the <i>Participant procedure: breath-testing for alcohol</i> .
Monitoring team	monitor participant's compliance with the <i>Participant procedure: breath-testing for alcohol</i> and approve breath-testing supervisors on behalf of the Council.
the Council	approve breath-testing supervisors, and make decisions about a participant's progress and compliance with the <i>Alcohol screening policy</i> and <i>Participant procedure: breath-testing for alcohol</i> .

5. Definitions and abbreviations

Word	Definition
AHPRA	Australian Health Professional Regulation Agency
Council / we / our	Medical Council of NSW
device	breath-testing for alcohol device (see Appendix A)
log	breath-testing for alcohol log
medical emergency	an event where it is not possible or reasonable to have a patient with a life threatening or urgent condition seen by another practitioner or transferred to the nearest hospital
participant	a medical practitioner or student participating in alcohol screening because a condition on their registration requires it
supervisor / you / your	breath-testing for alcohol supervisor

6. Approving a breath-testing supervisor

6.1 Participant requirements for breath-testing

- Requirements** Participants with breath-testing for alcohol conditions on their registration must only practise if all of the following apply:
- they have a breath-test on a device approved by us
 - they have a breath-test administered by a supervisor approved by us
 - they have a breath-test at the times required by the *Participant procedure: breath-testing for alcohol*
 - the result of their breath-test is 0%.

6.2 What to do if you are nominated as a supervisor

Supervisor requirements

A supervisor must meet the following requirements:

- not be a friend, family member or employee
- if they are a health professional, be registered with AHPRA, not have any conditions on their registration and not be the subject of a complaint or active investigation
- comply with this procedure
- agree to tell us if the participant has a positive breath-test, does not attend for breath-testing as required, or if they have any other concerns about the participant's compliance with the conditions on their registration.

Participants are encouraged to nominate more than one supervisor to ensure a supervisor is available at all times.

If we think you are not suitable to administer breath-tests we will not approve your nomination. We may also remove our approval in the future if we receive information that indicates you are no longer suitable to administer breath-tests.

What information you receive?

The participant will give you our [Breath-testing supervisor nomination](#) form and a copy of:

- the operating instructions for their breath-testing device
- our *Alcohol screening policy, Participant procedure: breath-testing for alcohol*, and this procedure.

If you agree to the nomination

You must complete the [Breath-testing supervisor nomination](#) form indicating that you agree to the nomination and send it back to us.

While the participant is responsible for ensuring you complete this form and return it to us, we ask that you do this as soon as possible to ensure the participant's breath-testing arrangements can be approved and they can start breath-testing.

If you do not agree to the nomination

You must complete the [Breath-testing supervisor nomination](#) form indicating that you do not agree to the nomination and send it back to us.

You should advise the participant that you do not agree to the nomination.

If you are unsure what to do

Please contact us if you have any questions about the nomination process.

6.3 Approving breath-testing supervisors

Approval process

We will consider your completed [Breath-testing supervisor nomination](#) form and any other information provided to us and decide whether you will be approved as a supervisor.

We may contact you if we need more information.

We will write to you and the participant and advise you of the outcome of your nomination.

7. Administering a breath-test

7.1 Timing

Starting breath-testing

The participant must start breath-testing within 24 hours of being told by us that their breath-testing arrangements are approved.

The participant is responsible for organising when they require you to administer a breath-test.

Frequency

A participant must breath-test every time they practise or, in the case of a student, attend for training, including weekends and public holidays. The table below outlines the requirements for each frequency of breath-testing.

We will write to you if you are approved as a supervisor and tell you how often the participant must attend for breath-testing and if the requirements for breath-testing change.

Frequency	Requirements
Regular	<p>The participant must breath-test before they start practice* at each of the following times:</p> <ul style="list-style-type: none">• no more than 30 minutes before they start for the day• if they have taken a break of more than 30 minutes• any other time we require it.
Random	<p>The participant must call 1800 654 068 before they are required to start practice* for the day, every day between midnight and 5 pm to find out whether they must breath-test that day.</p> <p>If they must breath-test that day, they must breath-test before they start practice* at each of the following times:</p> <ul style="list-style-type: none">• no more than 30 minutes before they start for the day• if they have taken a break of more than 30 minutes• any other time we require it <p>The participant will be breath-tested at least 15 times</p>

every 6 months on randomly selected dates.

* or attend for training for students

7.2 Requirements for administering a breath-test

Requirements	<p>Every breath-test must be administered by an approved supervisor.</p> <p>The participant must not consume any food or drink, smoke, or use any health or personal hygiene products for 20 minutes before a breath-test.</p> <p>At each breath-test you must:</p> <ul style="list-style-type: none">• confirm the participant's identity by witnessing a government-issued photo identification such as a valid driver licence, identity card or passport• administer the breath-test according to the device manufacturer's instructions and any specific requirements of the participant's conditions• record the date, time, location and result of the breath-test, then sign and write your full name in the Breath-testing log. <p>The participant is responsible for maintaining their log and must sign every entry.</p>
---------------------	--

7.3 What to do if you are not available

If you are unable to administer a breath-test	<p>The participant is responsible for ensuring that a supervisor is available to administer a breath-test at any time they need to practise.</p> <p>If you are not available to administer a breath-test you must advise the participant as soon as possible so they can make alternative arrangements.</p> <p>The participant must follow the processes outlined in the <i>Participant procedure: breath-testing for alcohol</i>.</p> <p>We may contact you to provide information to support a participant's claim.</p>
--	---

7.4 Managing results

Positive results	<p>A breath-test is positive if it is more than 0%.</p> <p>If the participant's breath-test is positive they must:</p> <ul style="list-style-type: none">• stop practising immediately• have a second breath-test in 15 minutes. <p>The participant should be observed by you during this time</p>
-------------------------	---

and must not consume any food or drink, smoke, or use any health or personal hygiene products.

If their second breath-test is positive you must tell us immediately.

A participant must not return to practise for at least 24 hours after a second positive breath-test.

Disputing a breath-test	<p>If the participant disagrees with their breath-test result and they want to dispute it, they can have a blood alcohol test. This process is outlined in the <i>Participant procedure: breath-testing for alcohol</i>.</p> <p>You are not responsible for coordinating or taking any blood alcohol tests.</p>
--------------------------------	---

7.5 Costs

Payment	The participant is responsible for all breath-testing costs, including any supervision costs.
----------------	---

8. Reporting to the Council

8.1 Reporting to the Council

Routine reporting	<p>You are not required to send us any routine reporting information to us.</p> <p>The participant must send us a copy of their log within 7 days of the start of each calendar month.</p> <p>We may contact you to provide information to confirm the participant's log.</p>
--------------------------	---

When you must contact us immediately	<p>You must contact us immediately if:</p> <ul style="list-style-type: none">• the participant has a second positive breath-test• the participant's device fails or is not available• the participant did not attend for breath-testing as required by their conditions• you have any concerns about the participant's alcohol use, health or compliance with their conditions.
---	--

If you are unsure what to do	Please contact us if you have any questions about managing results.
-------------------------------------	---

9. Contacts and further information

Drug screening contacts	Device manufacturers
<p>Council random screening number Phone: 1800 654 068</p>	<p>Draeger Safety Pacific Limited Phone: 1800 372 437 Person to contact: Clive Desira Visit: www.draeger.com</p>
<p>Council details Phone: 02 9879 2200 Visit: www.mcnsw.org.au Mail: PO Box 104, Gladesville, NSW 1675 DX: 22808 Gladesville</p>	<p>Lion Breathalysers Australia Phone: 1300 728 287 Email: Customer service info@liona.com.au Visit: https://lionbreathalysersaustralia.com.au</p>

10. Legislation and References

Fact sheets We have a range of [fact sheets](#) providing information about alcohol screening.

11. Related Policies

Medical Council of NSW *Alcohol screening policy*

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

12. Revision History

Version	Approved By	Amendment notes
N/A	N/A	N/A

13. Appendices

Appendix A – Breath-testing for alcohol devices

Manufacturer	Model	Sampling mode
Lion Laboratories Limited	SD 400	Analyse mode
	SD 400 Touch	Analyse mode
Draeger Safety Pacific Pty Ltd	5820	Automatic measurement
	6820	Automatic measurement



Participant procedure: EtG 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	DD17/63381	PROMED003

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

Summary

This procedure explains to medical practitioners and students who have EtG screening conditions imposed on their registration how to participate in screening.

Applies to (scope)

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

Document owner	Functional group/Subgroup
Medical Director	Monitoring

Participant procedure: EtG screening

Table of contents

Clause	Page number
1. Purpose	3
2. Compliance context	3
3. Key information	3
4. Responsibilities	4
5. Definitions and abbreviations	4
6. Preparing for screening	4
7. Giving samples	6
8. Getting your results	8
9. Managing absences and operational issues	9
10. Ending your screening	11
11. Contacts and further information	12
12. Legislation and references	13
13. Related policies	13
14. Revision history	13

Participant procedure: EtG screening

1. Purpose

If you have EtG 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.

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 EtG 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 be abstinent from alcohol. We do this to protect the public.

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

4. Responsibilities

Parties responsible (Positions/Groups/Bodies)	Key responsibilities
NSW medical practitioners and students	comply with processes for EtG 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
Council / we / our	Medical Council of NSW
EtG	Ethyl-glucuronide – a test to monitor compliance for abstinence from alcohol, by detecting the presence of EtG (an alcohol breakdown product) in urine
participant / you / your	a medical practitioner or student participating in EtG screening because a condition on their registration requires it
the Standard	AS/NZS 4308:2008, <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>
substance	any: <ul style="list-style-type: none"> substance listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i> pharmacist only, prescription only or controlled drug medication as contained in Schedule 3, 4 or 8 of the Poisons Standard (SUSMP).

6. Preparing for screening

6.1 Timing

Start date	If you must attend EtG screening, you need to start within 7 days of the condition being placed on your registration.
Frequency	<p>We will advise how often you must attend EtG screening both when the condition is placed on your registration and if your conditions change.</p> <p>The table below outlines the requirements for each frequency of screening.</p>

Frequency	Requirements
2 times a week	You must attend for screening every Monday and Thursday.
Random	You must call 1800 654 068 each weekday between midnight and 5 pm to find out whether you must attend for screening that day. You will be screened at least 15 times every 6 months on randomly selected dates.

Public holidays

If you must attend 2 times a week EtG screening you do not need to attend for screening on public holidays (as defined in the *Public Holidays Act 2010 (NSW)*). But you must attend the next business day after the holiday.

If you must attend random EtG screening you do not need to call the Council random screening phone number on a public holiday.

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.

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 must not consume alcohol.

Prescribed substances and over-the-counter preparations

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

You must vigilantly check any prescription 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 a positive result. 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	<p>Ingredients in health and personal hygiene products, foods and drinks can cause positive results.</p> <p>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 a positive result. If you cannot find out its exact ingredients, you must avoid it.</p> <p>Do not drink too much water before you attend for EtG screening, as this can dilute your sample and cause an unsatisfactory result.</p>
--	---

7. Giving samples

7.1 Collection centres

Council-approved collection centres	<p>You must attend a Council-approved collection centre for screening.</p> <p>Contact your nominated collection centre to confirm their opening hours and the time you need to attend.</p>
--	--

Alternative arrangements	<p>We must approve any alternative arrangements, and will only do so in exceptional circumstances.</p> <p>If you cannot attend a Council-approved collection centre, you must:</p> <ul style="list-style-type: none"> • write to us explaining why • propose an alternative collection arrangement • ensure that we receive this proposal as soon as possible, noting that for urine drug screening you must start screening within 7 days of the condition being placed on your registration. <p>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.</p>
---------------------------------	---

7.2 Sample collection and handling

Urine	<p>If you are giving a urine sample it must be collected under direct supervision. The collector will stand in front of you and directly observe the urine passing from the urethra into the container.</p> <p>Samples are otherwise collected and handled in line with the Standard.</p>
--------------	---

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

7.3 Forms

EtG screening request form

We will provide you with *EtG 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, completed in line with the Standard.

For a urine sample, this must state:

- how the sample collection was supervised
- the sample temperature, recorded within 4 minutes of collection
- the urine creatinine result.

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.

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	<p>If we approve, you can use a pseudonym for screening. You must write to us and provide your:</p> <ul style="list-style-type: none">• 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. <p>The collector must verify your real identity each time you give a sample.</p>
-------------------	---

8. Getting your results

8.1 Recipients

Nominated parties	<p>The pathology provider will send your results to the parties nominated on your <i>EtG screening request</i> form.</p> <p>You can also request a copy for:</p> <ul style="list-style-type: none">• yourself• any relevant group e.g. medical indemnity insurer.
--------------------------	--

8.2 Positive or unsatisfactory results

Positive EtG result	<p>Your EtG result is positive if the concentration detected is more than 500 ng/ml.</p>
----------------------------	--

Dilute urine samples	<p>A dilute urine sample has a creatinine level below 1.76 mmol/L.</p> <p>If your EtG result shows you provided a dilute sample, we will notify you and ask you to take the necessary steps to avoid further dilute samples.</p>
-----------------------------	--

Unsatisfactory results	<p>Your EtG result is unsatisfactory if:</p> <ul style="list-style-type: none">• you provide more than one dilute urine sample• your urine sample was adulterated or substituted• your sample was otherwise inadequate or unsuitable. <p>If you receive an unsatisfactory result, we will:</p> <ul style="list-style-type: none">• 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.

You must continue to screen during absences from practice, except in the circumstances specified below.

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 also meet the following requirements:

Reason	Requirements
Travel within Australia	<p>You must continue to attend for screening while you travel and attend the Council-approved collection centre you nominated on your Leave from screening form.</p> <p>If you are travelling to a remote location with no available approved centre, we may approve leave from screening. When you return, you must:</p> <ul style="list-style-type: none">• attend for screening no later than the next business day• send us evidence of your travel, such as boarding passes and receipts, within 5 business days.
Travel outside Australia	<p>You do not need to attend for screening while you are outside Australia.</p> <p>When you return from leave, you must:</p> <ul style="list-style-type: none">• attend for screening no later than the next business day• send us evidence of your travel, such as boarding passes and receipts, within 5 business days.

Planned medical procedure	<p>You must inform us of any planned medical procedure that may stop you from attending for screening.</p> <p>When you return from leave, you must:</p> <ul style="list-style-type: none"> • attend for screening no later than the next business day • 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.
Any other planned leave	We will consider requests for planned leave for other reasons individually. You need to provide evidence to support your leave request for us to consider.

Unplanned absences

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

Reason	Requirements
Missed screen	<p>If you realise you have missed your screening, you must:</p> <ul style="list-style-type: none"> • 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	<p>If you are ill and cannot attend for screening, you must:</p> <ul style="list-style-type: none"> • 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. <p>When you return from leave, you must:</p> <ul style="list-style-type: none"> • attend for screening no later than the next business day • ensure we receive your Illness certificate form within 5 business days. <p>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.</p> <p>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.</p>

9.2 Operational issues

Random screening phone number issues

If the random screening phone number is not working when you call, you must:

- note the time you called
- tell us immediately.

We will tell you whether you need to attend for screening that day.

The next day, call the random screening phone number as usual. If we don't expect the issue to be fixed by the next day, we will tell you what to do.

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.

10. Ending your screening

10.1 Decreases

Decreasing your screening

We will decide when you need less frequent screening or a different type of alcohol screening.

Requirements

We will only consider decreasing your screening if you meet the requirements below. Unless there is a material change to your circumstances, you must meet the minimum time periods.

Screening type	Requirements
EtG (2 times a week)	You may be eligible to decrease to random EtG if you: <ul style="list-style-type: none">• can show you have fully complied with your conditions, this procedure and the related policy• received negative results for 18 months.
EtG (random)	You may be eligible to stop your screening if you: <ul style="list-style-type: none">• can show you have fully complied with your conditions, this procedure and the related policy• received negative results for a further 12 months.

Reviews You can request a review of your screening requirements by writing to us and providing evidence to support this request.

Considerations We will decide whether to decrease your screening based on factors such as:

- your request and the evidence you provide
- your EtG screening results and other information from the pathology provider
- any other alcohol screening results
- reports from your Council-appointed practitioner, treating practitioner and any interview or hearing with us
- your compliance with the conditions on your registration
- your engagement with treatment
- your health
- any other information about your progress.

11. Contacts and further information

Drug screening contacts	Support services
<p>Council random phone screening number Phone: 1800 654 068</p>	<p>Doctors Health Advisory Service Phone: (02) 9437 6552 Visit: www.dhas.org.au</p>
<p>Queensland Medical Laboratory (QML) Phone: 07 3121 4945 (Commercial services) Visit: www.qml.com.au</p>	<p>Medical Benevolent Association of NSW Phone: (02) 9987 0504 Visit: www.mbansw.org.au</p>
<p>Council details Phone: 02 9879 2200 Visit: www.mcnsw.org.au Mail: PO Box 104, Gladesville, NSW 1675 DX: 22808 Gladesville</p>	<p>Beyond Blue Phone: 1300 22 4636 Visit: www.beyondblue.org.au</p>
	<p>Lifeline Phone: 13 11 14 Visit: www.lifeline.org.au</p>
	<p>Alcoholics Anonymous Australia Phone: 1300 222 222 Visit: www.aa.org.au</p>
	<p>Australian Doctors in Recovery Visit: https://www.idaa.org/sites/adr/</p>

12. Legislation and references

Laws and standards	AS/NZS 4308:2008, <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>
Handbooks	Our Health Program Handbook provides you with more information about the Health program
Fact sheets	We have a range of fact sheets 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



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 (effective from 4 June 2018)	Medical Council 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

Participant procedure: CDT screening

Table of contents

Clause	Page Number
1. Purpose	3
2. Compliance context	3
3. Key information	3
4. Responsibilities	4
5. Definitions and abbreviations	4
6. Preparing for screening	4
7. Giving samples	5
8. Getting your results	7
9. Managing absences and operational issues	8
10. Ending your screening	10
11. Contacts and further information	11
12. Legislation and references	11
13. Related policies	11
14. Revision history	11

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.

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	any: <ul style="list-style-type: none"> substance listed in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i> pharmacist only, prescription only or controlled drug medication as contained in Schedule 3, 4 or 8 of the Poisons Standard (SUSMP).

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 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.

Extra screening	<p>We may require you to attend for extra screening if we:</p> <ul style="list-style-type: none"> • 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. <p>We will advise when you need to attend for extra screening. You may need to attend on a weekend.</p>
------------------------	---

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	<p>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.</p> <p>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.</p>
Some health and personal hygiene products, food and drink	<p>Ingredients in health and personal hygiene products, foods and drinks can cause abnormal results.</p> <p>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.</p>

7. Giving samples

7.1 Collection centres

Council-approved collection centres	<p>You must attend a Council-approved collection centre for screening.</p> <p>Contact your nominated collection centre to confirm their opening hours and the time you need to attend.</p>
Alternative arrangements	<p>We must approve any alternative arrangements, and will only do so in exceptional circumstances.</p> <p>If you cannot attend a Council-approved collection centre,</p>

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.

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

- 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 medical procedure	<p>You must inform us of any planned medical procedure that may stop you from attending for screening.</p> <p>When you return from leave, you must:</p> <ul style="list-style-type: none"> • attend for screening no later than the next business day • 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.

Unplanned absences

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

Reason	Requirements
Missed screen	<p>If you realise you have missed your screening, you must:</p> <ul style="list-style-type: none">• 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	<p>If you are ill and cannot attend for screening, you must:</p> <ul style="list-style-type: none">• 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. <p>When you return from leave, you must:</p> <ul style="list-style-type: none">• attend for screening no later than the next business day• ensure we receive your Illness certificate form within 5 business days. <p>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.</p> <p>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.</p>

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.

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 We will decide whether to end your screening based on factors such as:

- your request and the evidence you provide
- your CDT screening results and other information from the pathology provider
- any other alcohol screening results
- reports from your Council-appointed practitioner, treating practitioner and any interview or hearing with us
- your compliance with the conditions on your registration
- your engagement with treatment
- your health
- any other information about your progress.

11. Contacts and further information

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

12. Legislation and references

Handbooks	Our Health Program Handbook provides you with more information about the Health program
Fact sheets	We have a range of fact sheets 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



Compliance Policy - Supervision

Date of publication: 1 February 2015 **File Number:** DD14/05600

Our Ref: 02/103

Version: 1

Summary: **This policy sets out the requirements of a practitioner subject to a supervision condition.**

Applies to: Medical practitioners with a supervision condition whose principal place of practice is in NSW.

Of interest to: Supervisors and decision makers

Author: Medical Council of NSW

Owner: Medical Council of NSW

Related legislation, Awards, Policy and Agreements: Medical Council of NSW Supervisor Approval Position Statement; *Health Practitioner Regulation National Law* (NSW)

IMPLEMENTATION

This Policy will be published on the Council's website, provided to practitioners when a supervision condition is imposed and provided to nominee and approved supervisors. It should be read in conjunction with the Council's Supervisor Approval Position Statement.

Practitioners whose registration is subject to a condition requiring supervision imposed in NSW, must practise in compliance with their supervision conditions as well as this policy

Compliance Policy – Supervision

This policy applies to a practitioner who is the subject of supervision conditions imposed in NSW¹ after 1 February 2015.

PURPOSE

This policy sets out the Council's expectations of practitioners who have supervision conditions imposed on their registration.

A practitioner who is subject to supervision conditions must comply with both this policy and the conditions. If a condition is inconsistent with any part of this policy, the condition prevails.

This policy is not to be confused with the Medical Board of Australia's National Guidelines on Supervised Practice for Limited Registration.

REQUIREMENTS FOR COMPLYING WITH A SUPERVISION CONDITION

Practitioners who are the subject of a supervision condition must:

1. Practise in a manner that complies with the category of supervision required by their condition.
2. Nominate proposed supervisors to the Council in accordance with the requirements of their category of supervision. The Council will not automatically approve nominated supervisors and approval cannot be assumed. Practitioners must have received confirmation of approval of any supervisor to ensure compliance with their condition.
3. Participate in review meetings with the Council-approved supervisor as required.
4. Authorise the supervisor to forward supervision reports (in a Council-approved format) to the Council at the frequency required by their conditions and ensure that the supervisor does in fact provide those reports.
5. Authorise the supervisor to immediately inform the Council of any concerns regarding the performance of the practitioner and their compliance with any conditions on their registration, or if the supervisory relationship ends.
6. Meet all costs associated with supervision.
7. Ensure continuity of supervision by nominating a suitable substitute supervisor for approval by the Council to cover any planned period of absence by the Council-approved supervisor. Any such nomination must be made with adequate time to allow consideration and approval by the Council.
8. Immediately nominate a proposed replacement supervisor to be approved by the Council when the current approved supervisory relationship ends or is unexpectedly suspended.

CONSEQUENCE OF FAILURE TO COMPLY WITH THIS POLICY

Failure to comply with this policy constitutes a breach of conditions. Any breach of conditions may be referred to the Health Care Complaints Commission for investigation as a complaint. The Council may also consider taking interim action under [s150 of the Health Practitioner Regulation National Law \(NSW\) \(National Law\)](#). Practitioners should know that the definition of unsatisfactory professional conduct (see [s139B\(1\)\(c\) of the National Law](#)) includes contravention of a condition to which a practitioner's registration is subject.

¹ This policy applies where the supervision condition is imposed under [Part 8 of the Health Practitioner Regulation National Law \(NSW\)](#).

THE REQUIREMENTS AND NATURE OF EACH CATEGORY OF SUPERVISION

Decision makers will usually impose a supervision condition requiring supervision at a specified category in accordance with this policy. The requirements of the different categories are described in the table below and are to be adhered to unless varied by the conditions imposed on the practitioner's registration.

	Type of supervision required	Supervisor required to practise at the same practice location as the practitioner?	Independent practice such as on-call, after-hours work, nursing home and home visits permitted?	Frequency of review meetings with supervisor	Frequency of reports provided to Council	Nomination of a proposed supervisor	Nature of the review meetings
Category A	Direct supervision is required at all times.	Yes, at all times.	No.	Continuous supervision with weekly* review meetings	Once a month*	Within 14 days^	<p>The nature and duration of a review meeting is to be determined by the approved supervisor as guided by the supervision condition and other relevant information. A review meeting may address the following:</p> <ul style="list-style-type: none"> • Discussion of conditions and compliance • Observed practice • Case presentations • Case and record reviews
Category B	The supervisor is to monitor and provide indirect supervision and be readily available to provide advice, assistance or direct supervision as required.	Yes, the supervisor is to practice at the same location. The supervisor may, in exceptional circumstances, be off-site but must be contactable by phone to provide advice or assistance as required.	Yes, unless restricted by their practice conditions.	Fortnightly*	Every 3 months*	Within 21 days^	
Category C	Indirect supervision is required. The supervisor must be contactable by phone for emergencies.	No, but the supervisor must be contactable by phone and should attend on occasion to review records and files.	Yes, unless restricted by their practice conditions.	Monthly*	Every 6 months*	Within 21 days^	

* Frequency may be varied by a review body

^ From the date of imposition of conditions and/or from the date when a nomination is decline.



Supervisor Approval Position Statement

Date of publication:	1 February 2015	File Number:	DD14/09265
		Our Ref:	02/103
Version:	1		
Summary:	This position statement sets out the Medical Council's expectations of an approved supervisor and the criteria the Medical Council applies when considering approval of a supervisor.		
Applies to:	Practitioners subject to supervision conditions, supervisors, delegates of the Medical Council of NSW and HPCA staff supporting the Medical Council.		
Of interest to:	Decision makers.		
Author:	Medical Council of NSW		
Owner:	Medical Council of NSW		
Related legislation:	<i>Health Practitioner Regulation National Law (NSW)</i>		
Related Policy:	Compliance Policy – Supervision		
Related(other):	Conditions Handbook – Template Conditions		

Supervisor Approval Position Statement

PURPOSE

This position statement sets out the Medical Council's expectations of an approved supervisor and the criteria the Council applies when considering approval of a supervisor. It should be read in conjunction with the Council's Compliance Policy – Supervision, which sets out the obligations of a practitioner subject to supervision conditions.

EXPECTATIONS

The *Health Practitioner Regulation National Law (NSW)* states that the protection of the health and safety of the public must be the paramount consideration when functions are being exercised under that law. Supervision is an effective mechanism for monitoring whether a practitioner is practising safely. It is also a valuable tool for assisting a practitioner to improve his/her practice to accepted standards.

The Council expects a practitioner (subject to supervision conditions) to ensure that his/her practice (or specified aspects of practice) is/are overseen and regularly reviewed by a supervisor approved by the Council, in accordance with the conditions on his/her registration and the Council's Compliance Policy – Supervision.

By consenting to act as a supervisor, approved supervisors agree to oversee a practitioner's practice and report to the Council in accordance with the requirements set out in the supervised practitioner's conditions and the Council's Compliance Policy – Supervision.

WHAT INFORMATION THE SUPERVISOR RECEIVES

As part of their briefing, supervisors will receive publicly available information that is relevant to the practitioner being supervised.

Other information may be provided, depending on the constraints of confidentiality in each particular case.

CRITERIA FOR APPROVING A SUPERVISOR

The following criteria will be taken into account when considering whether or not to approve a supervisor:

1. A supervisor should be experienced in the relevant area of practice, and should, if possible be a Fellow of the relevant College.
2. A supervisor:
 - a) Should be a registered medical practitioner and be in active clinical practice.
 - b) Should not be the subject of current investigation, assessment, inquiry or proceedings in relation to conduct, health or performance matters.
 - c) Should not have conditions imposed on his/her registration.
 - d) Should not have been the subject of an adverse finding in previous disciplinary proceedings, regardless of whether or not his/her registration remains subject to conditions.
3. Supervisors must consent to undertaking the role of supervisor.

4. A supervisor must be willing to provide feedback to the Council, in a prescribed format (template provided by the Council) and at the frequency stipulated by the supervision requirements. The supervisor should provide sufficient information to the Council to enable the Council to determine whether the practitioner has met his/her supervision requirements.
5. A supervisor must be prepared to notify the Council of any immediate concerns in relation to the supervised practitioner's compliance with the supervision requirement, or in relation to the practitioner's conduct, performance or health, or if the supervisory relationship ceases.
6. The relationship between supervisor and supervised doctor should be at a purely professional level and be aware that:
 - a) A supervisor must not be a relative, partner or close friend of the supervised doctor.
 - b) A supervisor must not be the practitioner's Council-approved mentor.
 - c) Consideration should be given to relationships that might impact on the supervisor's ability to supervise the practitioner. Examples of such circumstances may include:
 - Relationships where there is a close social interaction;
 - Treating relationship;
 - Power imbalance within the relationship;
 - Financial/business relationship; and
 - Employment relationship.
7. In view of the commitment required, a supervisor should generally not supervise more than one practitioner at a time.

Nominees who do not meet these criteria may not be approved.

The Council may withdraw a supervisor's approval if a supervisor ceases to meet the criteria set out above, or at any time at its discretion.

IMPLEMENTATION OF THE POSITION STATEMENT

This Position Statement will be published on the Council's website, provided to practitioners when a supervision condition is imposed, and provided to nominee supervisors. It should be read in conjunction with the Council's Compliance Policy – Supervision.

ATTACHMENTS

- Supervisor nomination form.

Nominated Supervisor Consent Form

Please return completed form with a brief CV to the Medical Council of NSW Monitoring Team

Attention: [Name] either by **Fax:** 02 9816 5307 or **Email:** name@mcnsw.org.au

Name: Dr [FULL NAME]	Council ID: MPO#	AHPRA Registration Number: MED#
-----------------------------	-------------------------	--

Please strike out the option that does not apply:

1. I **do / do not** accept Dr {Surname}'s nomination of me as [his/her] category [A/B/C] supervisor.

If you do accept, please complete the following:

2. I have read the Medical Council of NSW's Compliance Policy – Supervision and the Supervisor Approval Position Statement, and believe I meet the requirements to supervise Dr {Surname} in accordance with this Policy and [the] condition/s [X].
3. I will immediately notify the Medical Council if I have any concerns about Dr {Surname}'s compliance with [his/her] conditions, or Dr {Surname}'s conduct, performance or health, or if the supervisory relationship ceases.
4. I am a registered medical practitioner (please answer the following questions):
- (a) Are you in active clinical practice? **Yes / No**
- (b) Are you the subject of current conduct, health or performance investigation(s) or proceeding(s)? **Yes* / No**
- (c) Do you have any conditions imposed on your registration? **Yes* / No**
- (d) Have you been the subject of an adverse finding in previous disciplinary proceedings? **Yes* / No**
- (e) Are you currently supervising any other practitioners? **Yes* / No**
- (f) Are you aware of any relationship/association with Dr [Surname] that may impact on your ability to supervise him/her (see Criteria 6 in Approval Statement)? **Yes* / No**

* Please provide further details if you answered Yes to questions (b), (c), (d), (e) or (f).

5. I wish to make a submission. (Optional)
6. I have enclosed a copy of my CV. **(Required)**

Signed: _____

Date: _____

Print Name: _____	Address: _____
Position: _____	_____
AHPRA Registration Number: _____	_____
Email Address: _____	Phone number: _____

Applications for changes in practice

Practitioners are often required to seek Council approval prior to accepting an offer of employment or changing the nature or location of his/her practice.

In the event that you wish to alter the nature or place of your practice while you are subject to such a condition, you should apply to the Council in writing prior to accepting an offer of employment. The Council will attempt to expedite approval wherever possible. Where the request is urgent, authority for approval has been delegated to two Council members who will be contacted by the Council Secretariat.

Requests for approval should be in writing and contain the following information:

- name and nature of position (including a brief description of the responsibilities of the position);
- location of position;
- level of supervision;
- to whom is the position directly responsible and whether they are aware of the conditions of registration;
- hours of work.

This information can be faxed to the Medical Council on (02) 9816 5307.

If the position does not comply with the conditions on your registration, the delegates may immediately decline the application or refer the matter to the Health Committee for its consideration.

The Medical Council will not obtain positions for you if you are seeking employment. However, the Council will, at your request, discuss with current (or potential) employers or supervisors the purpose of the Council's Health Program and its implications for your practice of medicine.

The Council has found the majority of employers to be supportive and positive in their attitudes to doctors who are experiencing health problems. In the Council's experience, registration conditions as a result of health problems have seldom been an obstacle to appropriate employment.

Mentors

It may be suggested or required that you form a relationship with a mentor – or you may come to that conclusion yourself.

A mentor should be a respected practitioner with whom you are able to form a relationship to discuss the pressures of medical practice, the difficulties that you may have had, or are having, adjusting to your work or simply give you an opportunity to reflect. Some of the doctors who have exited the Health Program have offered to become mentors and can be of assistance. The relationship between a participant and a mentor is generally informal and is usually external to the work place. This allows you to talk candidly about problems you are experiencing without concern for confidentiality or the need to censor your opinions.

Mentors are often well placed to provide advice on dealing with situations that arise as a result of health problems and at the least are able to discuss the impacts of these problems upon your medical practice.

Where a condition is imposed requiring contact with a mentor, you will be asked to find a mentor that suits you and fits these guidelines and then notify the Council in writing of the mentor's details. You are encouraged to inform the mentor of your involvement with the Council's Health Program in the interest of transparency.

On receipt of the Mentor's details (and in the absence of a specific direction from a Panel), the Council will supply the mentor with details about the Health Program and guidelines for mentors.

The Council does not intervene in the 'mentoring' relationship or require reports from the mentor, other than confirmation that mentoring requirements are being adhered to.

Compliance with conditions or suspension

The purpose of registration conditions is to satisfy the Council that you are safe to practise medicine in the presence of your health problem. It is therefore critical that you are completely compliant with the conditions on your registration. In the event that you fail to comply with conditions, the Council cannot be assured that you do not present a risk to the public health and safety. Appropriate action will then be taken to restore the Council's confidence. This may include action under Section 150 of the Law.

It is important that you completely understand what is required of you by your conditions of registration. Conditions are written as explicitly as possible. If you are unsure of the obligation created by a condition, please ask for clarification from the IRP or the Council as soon as possible.

Conditions can be categorised into two basic types. They are:

1. Conditions that protect the public through a restriction in the scope or extent of your practice (eg. withdrawal of Schedule 8 prescribing rights, supervision). These conditions are available on the public register;
2. Conditions relating to improving your health (eg. maintaining a relationship with a treating psychiatrist), and conditions providing a monitoring framework (eg. attending a Council Review Interview). These conditions are referred, to but not specified on the public register.

While you remain on the Register, regardless of whether you are actively involved in the practice of medicine, you must comply with your conditions of registration. In the event that you surrender your registration, or change to the non-practising category of registration, the conditions are no longer applicable.

Breach of conditions

Where conditions of registration require a specified action or actions to be undertaken at specified times and you fail to meet those requirements without reasonable cause, or where you show evidence of using substances prohibited by your conditions, then you are said to have breached your conditions.

It is important to remember that conditions of registration have two purposes. They are intended to:

- (i) satisfy the Council that you are able to practise without jeopardising the wellbeing of your patients;
- (ii) require you to take responsibility for your own health.

Where a breach of conditions arises primarily in the context of your health problem (eg. relapse of an addiction), it will indicate to the Medical Council that further restrictions may be necessary to ensure safe clinical practice. However, in the event of willful, deliberate or repeated breaches, it may further indicate that you are unfit to practise medicine and that suspension and/or deregistration may be necessary.

Occasionally, participants in the Health Program will have Critical Compliance Conditions imposed on their registration by the Medical Tribunal or a Professional Standards Committee. Should the Council receive information indicating that a participant has breached a Critical Compliance Condition, the Council's response is prescribed by the Health Practitioner Regulation National Law (NSW). The Council must convene proceedings pursuant to Section 150 of the Law, following which the participant will be suspended if the evidence indicates that the condition has been contravened. The Council must also refer a complaint to the Medical Tribunal, which must de-register the participant if satisfied that a contravention of the Critical Compliance Condition in issue has occurred.

Should you have difficulty complying with any of your conditions of registration, it is very important that the Council be notified of these difficulties as soon as possible. The Council views non-compliance without good reason as a breach of conditions. Some difficulties may be easily overcome, with alternative arrangements being approved at Secretariat level; other requests may have to be put before the Health Committee for its consideration.

Please contact the Medical Council immediately should any difficulties arise.

In the event that a student fails to comply with conditions imposed by an order of the Council, the Council may, at the recommendation of an Impaired Registrants Panel, by order in writing, prohibit the student undertaking clinical studies or clinical placement.

If you have any queries regarding urine drug testing, CDT or EtG testing, supervision requirements, position approvals or compliance with conditions, please direct these to the Council's Monitoring section. You will be provided with the details of a Monitoring Officer to assist in this regard.

If you have any queries regarding details of Council Review Interviews and appointments with Council Appointed Practitioners, please direct them to the Health Section.

Review of Conditions

Section 152K of the Health Practitioner Regulation National Law (NSW) provides that:

152K Review of conditions [NSW]

- (1) A registered health practitioner or student who agrees to conditions being imposed on the practitioner's or student's registration, or to have the registration suspended, may by written notice to the Council ask:
 - (a) that the conditions be altered or removed; or
 - (b) that the suspension be terminated or shortened.
- (2) On receipt of the request, the Council must require an Impaired Registrants Panel to review the matter and give a written report to the Council on the results of its review.
- (3) If the Panel recommends that the Council refuse to alter or remove any of the conditions, or refuse to terminate or shorten the suspension, the Council may do so.
- (4) The Council must give the health practitioner or student written notice of its decision.
- (5) The Council may specify in the notice a period in which a further request by the practitioner or student under this section is not permitted.
- (6) The Council may refuse a request that the conditions be altered or removed, or that the suspension be terminated or shortened, if it is made during that period.

If you wish to request a review of your conditions (or suspension) of registration, please forward a written request to the Council.

You should state that a review is being sought under s152K of the Health Practitioner Regulation National Law (NSW) and provide clear reasons for making the request. The Council will then convene an Impaired Registrants Panel to consider the matter.

In general, the Health Program is designed to enable a gradual easing of conditions contingent on continuing compliance and improvement in your health status.

The Council Review Interview (see section titled *The Council Review Interview*) provides a mechanism for reviewing your progress. The Reviewers recommend to the Council any variation or alterations of the conditions they feel appropriate. For this reason, an Impaired Registrants Panel and subsequent Review Interviews will always include a condition for regular review by the Council.

In circumstances where you seek a variation to your conditions between your scheduled Council Review Interview, a request in writing can be submitted to the Health Committee.

SECTION THREE:

EXTRACT FROM THE HEALTH PRACTITIONER REGULATION NATIONAL LAW (NSW)

Table of Contents

PART 1 - PRELIMINARY	107
5. <i>Definitions</i>	<i>107</i>
PART 8 – HEALTH, PERFORMANCE AND CONDUCT	107
DIVISION 2 MANDATORY NOTIFICATIONS	107
140. <i>Definition of notifiable conduct.....</i>	<i>107</i>
141. <i>Mandatory notifications by health practitioners</i>	<i>107</i>
DIVISION 3 COMPLAINTS [NSW].....	108
SUBDIVISION 2 HOW COMPLAINTS ARE TO BE DEALT WITH [NSW]	108
145B. <i>Courses of action available to Council on complaint [NSW].....</i>	<i>108</i>
145E. <i>Council may require health practitioner or student to undergo examination [NSW]</i>	<i>109</i>
145F. <i>Result of the failure to attend counselling or examination [NSW]</i>	<i>109</i>
DIVISION 4 IMPAIRMENT [NSW].....	110
152. <i>Persons may notify Council of impairment matters concerning practitioners or students [NSW].....</i>	<i>110</i>
152A <i>Commission may refer impairment matters to Council [NSW].....</i>	<i>110</i>
152B <i>Council may require registered health practitioner to undergo examination [NSW]</i>	<i>110</i>
152C <i>Council may require student to undergo examination [NSW]</i>	<i>110</i>
152D <i>Referral of impairment matters concerning practitioners or students [NSW]</i>	<i>111</i>
152E <i>Panel must inquire into matters referred to it [NSW].....</i>	<i>111</i>
152F <i>Panel not to take action while Commission investigating [NSW]</i>	<i>111</i>
152G <i>Council to give notice of proposed inquiry [NSW]</i>	<i>111</i>
152H <i>Practitioner or student entitled to make representations [NSW]</i>	<i>112</i>
152I <i>Assessment, report and recommendations by Panel [NSW]</i>	<i>112</i>
152J <i>Voluntary suspension or conditions on registration [NSW]</i>	<i>112</i>
152K <i>Review of conditions [NSW].....</i>	<i>112</i>
152L <i>Some matters to be dealt with as complaints [NSW]</i>	<i>113</i>
152M <i>Prohibition or conditions on student [NSW].....</i>	<i>113</i>
DIVISION 6 APPEALS TO TRIBUNAL	114
SUBDIVISION 2 APPEAL AGAINST ACTIONS BY COUNCIL [NSW].....	114
159. <i>Right of appeal [NSW].....</i>	<i>114</i>
159A <i>Appeal by student against order [NSW]</i>	<i>114</i>
159C <i>Tribunal's powers on appeal [NSW]</i>	<i>114</i>
SUBDIVISION 4 MISCELLANEOUS [NSW].....	115
161 <i>When appeal must be made [NSW].....</i>	<i>115</i>
161A <i>Lodgement of appeal [NSW]</i>	<i>115</i>
161B <i>Appeal does not stay decision [NSW]</i>	<i>115</i>
DIVISION 8 REVIEWS [NSW]	115
163 <i>Appropriate review body [NSW]</i>	<i>115</i>
163A <i>Right of review [NSW]</i>	<i>115</i>
163B <i>Powers on review [NSW].....</i>	<i>115</i>
163C <i>Inquiry into review application [NSW].....</i>	<i>116</i>
DIVISION 13 IMPAIRED REGISTRANTS PANELS [NSW]	116
173 <i>Establishment of Impaired Registrants Panels [NSW].....</i>	<i>116</i>
173A <i>Council to establish Panel when required [NSW].....</i>	<i>116</i>
173B <i>Decisions of Panel [NSW]</i>	<i>117</i>
DIVISION 14B MISCELLANEOUS [NSW].....	117
176B <i>National Board to give notice to registered health practitioner's employer</i>	<i>117</i>
176F <i>Confidentiality of protected reports.....</i>	<i>118</i>

Part 1 - Preliminary

5 Definitions

Impairment, in relation to a person, means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect-

- (a) for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or
- (b) for a student, the student's capacity to undertake clinical training-
 - (i) as part of the approved program of study in which the student is enrolled; or
 - (ii) arranged by an education provider

Part 8 – Health, performance and conduct

Division 2 *Mandatory notifications*

140 Definition of notifiable conduct

In this Division-

Notifiable conduct, in relation to a registered health practitioner, means the practitioner has-

- (a) practised the practitioner's profession while intoxicated by alcohol or drugs; or
- (b) engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
- (c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- (d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

141 Mandatory notifications by health practitioners

(1) This section applies to a registered health practitioner (the first health practitioner) who, in the course of practising the first health practitioner's profession, forms a reasonable belief that-

(a) another registered health practitioner (the *second health practitioner*) has behaved in a way that constitutes notifiable conduct; or

(b) A student has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm.

(2) The first health practitioner must, as soon as practicable after forming the reasonable belief, notify the National Agency of the second health practitioner's notifiable conduct or the student's impairment.

(3) A contravention of subsection (2) by a registered health practitioner does not constitute an offence but may constitute behaviour for which action may be taken under this Part.

(4) For the purposes of subsection (1), the first health practitioner does not form the reasonable belief in the course of practising the profession if-

(a) the first health practitioner-

(i) is employed or otherwise engaged by an insurer that provides

professional indemnity insurance that relates to the second health practitioner or student; and

- (ii) forms the reasonable belief the second health practitioner has behaved in a way that constitutes notifiable conduct, or the student has an impairment, as a result of a disclosure made by a person to the first health practitioner in the course of a legal proceeding or the provision of legal advice arising from the insurance policy; or
- (b) the first health practitioner forms the reasonable belief in the course of providing advice in relation to the notifiable conduct or impairment for the purposes of a legal proceeding or in the preparation of legal advice; or
 - (c) the first health practitioner is a legal practitioner and forms the reasonable belief in the course of providing legal services to the second health practitioner or student in relation to a legal proceeding or the preparation of legal advice in which the notifiable conduct or impairment is an issue; or
 - (d) the first health practitioner-
 - (i) forms the reasonable belief in the course of exercising functions as a member of a quality assurance committee, council or other body approved or authorised under an Act of a participating jurisdiction; and
 - (ii) is unable to disclose the information that forms the basis of the reasonable belief because a provision of that Act prohibits the disclosure of the information; or
 - (e) the first health practitioner knows, or reasonably believes the National Agency has been notified of the notifiable conduct or impairment that forms the basis of the reasonable belief.

Division 3 Complaints [NSW]

Subdivision 2 How complaints are to be dealt with [NSW]

145B Courses of action available to Council on complaint [NSW]

- (1) The following courses of action are available to a Council in respect of a complaint
 - (a) the Council may make any inquiries about the complaint the Council thinks appropriate;
 - (b) the Council may refer the complaint to the Commission for investigation;
 - (c) the Council may refer the complaint to a Tribunal;
 - (d) the Council may refer the complaint to a Committee;
 - (e) for a complaint about a health practitioner or student who is registered in a health profession other than the medical or nursing and midwifery profession, the Council may deal with the complaint by inquiry at a meeting of the Council;
 - (f) the Council may-
 - (i) refer the practitioner or student for a health assessment, or
 - (ii) refer the matter to an Impaired Registrants Panel; or

- (iii) refer the professional performance of the practitioner concerned for a performance assessment;
 - (g) the Council may direct the practitioner or student concerned to attend counselling;
 - (h) the Council may refer the complaint to the Commission for conciliation or to be dealt with under Division 9 of Part 2 of the *Health Care Complaints Act 1993*;
 - (i) the Council may refer the complaint to another entity, including, for example, a National Board;
 - (j) the Council may determine that no further action should be taken in respect of the complaint.
- (2) The Commission must, on receipt of a complaint referred by a Council for investigation, investigate the complaint or cause it to be investigated.
 - (3) If a Council makes a referral under subsection (1)(f), the matter ceases to be a complaint for the purposes of this Law and the *Health Care Complaints Act 1993*.
 - (4) Subsection (3) ceases to apply in respect of any matter that a Council subsequently deals with as a complaint.

145E Council may require health practitioner or student to undergo examination [NSW]

- (1) A Council may by notice given to a registered health practitioner or student against whom a complaint has been made, direct the practitioner or student to undergo an examination by a specified registered health practitioner at a specified reasonable time and place.
- (2) A registered health practitioner or student must not be directed to undergo an examination under subsection (1) unless it is reasonable to require the examination, given the nature of the complaint against the practitioner or student.
- (3) The fee charged by the specified registered health practitioner for the examination is at the expense of the Council.

145F Result of the failure to attend counselling or examination [NSW]

A failure by a registered health practitioner or student, without reasonable excuse, to comply with a direction under section 145B to undergo an examination is, for the purposes of this Law and any inquiry or appeal under this Law, evidence that the practitioner or student-

- (a) for a registered health practitioner, does not have sufficient physical and mental capacity to practise the health profession in which the practitioner is registered; or
- (b) for a student, does not have sufficient physical and mental capacity to undertake clinical training in the health profession in which the student is registered.

Division 4 Impairment [NSW]**152 Persons may notify Council of impairment matters concerning practitioners or students [NSW]**

A person may notify the Council of a matter the person thinks indicates a registered health practitioner or student has or may have an impairment.

152A Commission may refer impairment matters to Council [NSW]

- (1) If the Commission becomes aware of a matter the Commission considers indicates a registered health practitioner or student has or may have an impairment, the Commission may refer the matter to the Council for the health profession in which the practitioner or student is registered.
- (2) This section does not affect the functions of a Council in relation to a complaint made to the Commission or a matter referred to the Commission for investigation.

152B Council may require registered health practitioner to undergo examination [NSW]

- (1) If a Council reasonable believes a registered health practitioner has or may have an impairment, the Council may, by written notice given to the practitioner, require the practitioner to undergo an examination by another registered health practitioner.
- (2) The notice must state-
 - (a) that the registered health practitioner is required to undergo an examination by a registered health practitioner; and
 - (b) the name of the registered health practitioner who is to conduct the examination; and
 - (c) if the examination is to be conducted at a particular time and place, the time and the place at which the examination is to be conducted; and
 - (d) that if the registered health practitioner fails to undergo the examination as required by the notice, the failure may constitute evidence that the practitioner does not have the sufficient physical and mental capacity to practise the practitioner's health profession.
- (3) The fee charged by the registered health practitioner for conducting the examination must be at the expense of the Council.
- (4) If the registered health practitioner fails, without reasonable excuse, to comply with the notice, the failure is evidence the practitioner does not have sufficient physical and mental capacity to practise the practitioner's health profession.

152C Council may require student to undergo examination [NSW]

- (1) If a Council reasonable believes a student has or may have an impairment, the Council may, by written notice given to the student, require the student to undergo an examination by a registered health practitioner.
- (2) The notice must state-
 - (a) that the student is required to undergo an examination by a registered health practitioner; and
 - (b) the name of the health practitioner who is to conduct the examination; and

-
- (c) if the examination is to be conducted at a particular time and place, the time and the place at which the examination is to be conducted; and
 - (d) that if the student fails to undergo the examination as required by the notice, the Council may suspend the student's registration until the student undergoes the examination.
- (3) The fee charged by the registered health practitioner for conducting the examination must be at the expense of the Council.
 - (4) If the student fails, without reasonable excuse, to comply with the notice, the Council may suspend the student's registration until the student undergoes the examination.
 - (5) The suspension takes effect when written notice of it is served on the educational provider with which the student is undertaking the approved program of study or that arranged the clinical training for the student.

152D Referral of impairment matters concerning practitioners or students [NSW]

- (1) A Council may decide to refer a matter to an Impaired Registrants Panel if the Council considers the matter indicates a registered health practitioner or student has or may have an impairment. This is not limited to matters that are the subject of a complaint to the Council.
- (2) Subsection (1) applies whether or not the matter is the subject of a complaint to the Council.
- (3) If the Council is aware a complaint has been made to the Commission about a registered health practitioner or student who is the subject of a referral to an Impaired Registrants Panel, the Council must notify the Commission of the referral.

152E Panel must inquire into matters referred to it [NSW]

- (1) An Impaired Registrants Panel must inquire into any matter referred to it and may obtain reports and other information concerning the matter from any source it considers appropriate.
- (2) The Panel may ask the registered health practitioner or student who is the subject of the referral, to attend before the Panel for the purpose of enabling the Panel to obtain information on the matter and make an assessment.

152F Panel not to take action while Commission investigating [NSW]

An Impaired Registrants Panel is not to investigate or take any other action in relation to a matter if the Panel is aware the matter is the subject of an investigation by the Commission, while the investigation is being conducted.

152G Council to give notice of proposed inquiry [NSW]

- (1) A Council must give notice to a registered health practitioner or student of any proposed inquiry by an Impaired Registrants Panel concerning the practitioner or student.
- (2) The notice must include sufficient details of the matters to which the inquiry is to relate.

152H Practitioner or student entitled to make representations [NSW]

- (1) A registered health practitioner or student who is the subject of an inquiry by an Impaired Registrants Panel is entitled to make oral or written representations to the Panel about the matters being or to be the subject of the inquiry.
- (2) This section does not prevent the Panel from conducting an inquiry in the absence of the registered health practitioner or student to whom it relates, if the practitioner or student has been given notice of the inquiry.

152I Assessment, report and recommendations by Panel [NSW]

- (1) An Impaired Registrants Panel must make an assessment about a matter referred to it, based on the results of its inquiry into the matter.
- (2) On the basis of its assessment, the Panel may do any one or more of the following-
 - (a) counsel the practitioner or student concerned or recommend the practitioner or student undertake specified counselling;
 - (b) recommend the practitioner or student concerned to agree to conditions being placed on the practitioner's or student's registration or to having the practitioner's or student's registration suspended for a specified period;
 - (c) make recommendations to the Council that referred the matter to it as to action that the Panel considers should be taken in relation to the matter.
- (3) The must give a written report about the matter to the Council that referred the matter to it.
- (4) The report must detail-
 - (a) the results of the Panel's inquiries and assessment in respect of the referral; and
 - (b) any action taken by the Panel in relation to it.

152J Voluntary suspension or conditions on registration [NSW]

A Council may impose conditions on a registered health practitioner's or student's registration, or suspend the practitioner's or student's registration, if:

- (a) An Impaired Registrants Panel has recommended the Council do so; and
- (b) the Council is satisfied that the practitioner has voluntarily agreed to the conditions.

152K Review of conditions [NSW]

- (1) A registered health practitioner or student who agrees to conditions being imposed on the practitioner's or student's registration, or to have the registration suspended, may by written notice to the Council ask-
 - (a) that the conditions be altered or removed; or
 - (b) that the suspension be terminated or shortened.
- (2) On receipt of the request, the Council must require an Impaired Registrants Panel to review the matter and give a written report to the Council on the results of its review.

-
- (3) If the Panel recommends that the Council refuse to alter or remove any of the conditions, or refuse to terminate or shorten the suspension, the Council may do so.
 - (4) The Council must give the health practitioner or student written notice of its decision.
 - (5) The Council may specify in the notice a period in which a further request by the practitioner or student under this section is not permitted.
 - (6) The Council may refuse a request that the conditions be altered or removed, or that the suspension be terminated or shortened, if it is made during that period.

152L Some matters to be dealt with as complaints [NSW]

- (1) If an Impaired Registrants Panel recommends that a registered health practitioner or student agree to conditions being imposed on the practitioner's or student's registration or to having the practitioner's or student's registration suspended and the practitioner or student fails to agree with the recommendation, the Council must deal with the matter that was the subject of the referral to the Panel as a complaint against the practitioner or student.
- (2) If the Panel recommends that a matter referred to it be dealt with as a complaint, the Council is to deal with the matter as a complaint against the practitioner concerned.
- (3) In any other case that the Council thinks it appropriate to do so, the Council must deal with the matter as a complaint against the health practitioner or student concerned.

152M Prohibition or conditions on student [NSW]

- (1) An Impaired Registrants Panel that investigates a matter about a student may recommend to the Council that referred the matter to the Panel that it is in the public interest for the Council-
 - (a) to suspend the student's registration; or
 - (b) to impose specified conditions on the student's registration.
 - (2) If the Council is satisfied it is in the public interest to do so, the Council may by written order take the action recommended by the Panel.
 - (3) The order takes effect when notice of it is served on the education provider with which the student is undertaking the approved program of study or who arranged clinical training for the student.
 - (4) An order remains in force for the period, not more than 2 years, specified in the order unless it is sooner revoked by the Council.
 - (5) The Council may issue further orders in respect of a student but only on the recommendation of an Impaired Registrants Panel.
-

Division 6 Appeals to Tribunal [NSW]**Subdivision 2 Appeal against actions by Council [NSW]****159 Right of appeal [NSW]**

- (1) A person may appeal to the Tribunal for a health profession-
 - (a) against a suspension by the Council for the health profession under Division 3 or a refusal to end a suspension; or
 - (b) against conditions imposed by the Council for the health profession on the person's registration under Division 3 or 4 of the alteration of the conditions by the Council; or
 - (c) against a refusal by the Council for the health profession to alter or remove conditions imposed by the Council under Division 3 in accordance with a request made by the person under section 150I; or
 - (d) against a decision by the Council for the health profession to give a direction or make an order in relation to the person under section 148E; or
 - (e) against a refusal by the Council for the health profession to alter or remove conditions imposed on the person's registration, or to end a suspension, imposed under Division 4 in accordance with a request made by the person under section 152K.
- (2) An appeal may not be made in respect of a request by a person that is rejected by a Council because it was made during a period in which the request was not permitted under section 150I or 152K.

159A Appeal by student against order [NSW]

- (1) A student may appeal to the Tribunal for a health profession against a decision of the Council for the health profession to issue an order-
 - (a) suspending the student's registration; or
 - (b) imposing conditions on the student's registration.
- (2) The appeal must be lodged with the Executive Officer who must refer it to the Tribunal.
- (3) The appeal must be within 28 days, or the longer period as the Executive Officer may allow in a particular case, after notice of the Council's decision is given to the student.
- (4) On an appeal, the Tribunal may by order terminate, vary or confirm the order, as it thinks proper.

159C Tribunal's powers on appeal [NSW]

- (1) On an appeal, a Tribunal may by order terminate, vary or confirm a period of suspension or revoke, vary or confirm the conditions, as it thinks proper.
- (2) A Tribunal's order must not cause a suspension or conditions imposed by a Council to have effect beyond the day on which a related complaint about the person is disposed of.

Subdivision 4 Miscellaneous [NSW]**161 When appeal must be made [NSW]**

An appeal under this Division or Division 13, other than an appeal on a point of law, must be made-

- (a) within 28 days after the day the person making the appeal was given notice of the decision being appealed against; or
- (b) within the longer period allowed by the Executive Officer.

161A Lodgement of appeal [NSW]

The appeal must be lodged with the Executive Officer who must refer it to the Tribunal.

161B Appeal does not stay decision [NSW]

An appeal under this Division does not operate to stay the effect of the decision being appealed against unless the Chairperson or a Deputy Chairperson of the Tribunal otherwise orders

Division 8 Reviews [NSW]**163 Appropriate review body [NSW]**

- (1) For the purposes of this Division, the **appropriate review body** is-
 - (a) if the order being reviewed provides that it may be reviewed by a Council, the Council; or
 - (b) if the Chairperson of the Tribunal decides, on application by the person the subject of the review, that a National Board is the appropriate review body, the National Board; or
 - (c) otherwise, the Tribunal.
- (2) An application for review by a person must be lodged with the Executive Officer of the Council for the health profession in which the person is or was registered.

163A Right of review [NSW]

- (1) A person may apply to the appropriate review body for a review of-
 - (a) a prohibition order made in relation to the person; or
 - (b) a relevant order made in relation to the person.
- (2) A person may also apply to the appropriate review body for a review of an order made under this Division.
- (3) An application for review of an order may not be made-
 - (a) while the terms of the order provide that an application for review may not be made; or
 - (b) while an appeal to a Tribunal or the Supreme Court in respect of the same matter is pending.

163B Powers on review [NSW]

- (1) The appropriate review body must conduct an inquiry into an application for review and may then do any of the following-

-
- (a) dismiss the application;
 - (b) make an order ending or shortening the period of the suspension concerned;
 - (c) make a reinstatement order;
 - (d) make an order altering or removing the conditions to which the person's registration is subject, including by imposing new conditions.
- (2) If the appropriate review body makes an order altering a critical compliance condition, or removing a critical compliance condition and imposing a new condition, the altered condition or new condition is a **critical compliance condition** unless the body orders otherwise.
 - (3) A **reinstatement order** is an order that the person be registered subject to the same conditions and limitations (if any) to which the person's registration was subject immediately before the person ceased to be registered.
 - (4) The appropriate review body may also impose conditions on the person's registration or alter the conditions to which the person's registration is to be subject under the reinstatement order.
 - (5) The order on a review under this section may also provide that the order is not to be reviewed under this Division until after a specified time.

163C Inquiry into review application [NSW]

- (1) A review under this Division is a review to determine the appropriateness, at the time of the review, of the order concerned.
- (2) The review is not to review the decision to make the order, or any findings made in connection with the making of that decision.
- (3) In addition to any other matter the review may take into account, the review must take into account any complaint made or notified to a Council or a National Board, or a former Board under a repealed Act, about the person, whether the complaint was made or notified before or after the making of the order that is the subject of the review and whether or not the complaint was referred under Subdivision 2 of Division 3 or any other action was taken on the complaint.

Division 13 – Impaired Registrants Panels [NSW]

173 Establishment of Impaired Registrants Panels [NSW]

- (1) There are to be Impaired Registrants Panels established for the purposes of this Law.
- (2) A Panel has and may exercise the jurisdiction and functions conferred or imposed on it by or under this Law or any other Act.

173A Council to establish Panel when required [NSW]

- (1) If a Council decides to refer a matter to an Impaired Registrants Panel, it must appoint 2 or 3 persons to sit as the Panel for the purpose of dealing with the matter.
- (2) A Panel must include-
 - (a) at least one person who is registered in the same health profession as the

registered health practitioner or student who is the subject of the Panel's proceedings; and

- (b) at least one medical practitioner.
- (3) If the health profession has divisions, the member appointed under subsection (2)(a) must be registered in the same division of the health profession as the registered health practitioner or student the subject of the complaint.
- (4) A person may be appointed to sit on a Panel whether or not the person is a member of the Council, but not if the person has previously dealt with the particular matter before the Panel in the person's capacity as a member of the Council.
- (5) A member of a Panel, while sitting on the Panel, is entitled to be paid at the rate decided by the Minister in consultation with the Council.

173B Decisions of Panel [NSW]

- (1) If an Impaired Registrants Panel consists of 2 members-
 - (a) a decision supported by both members of the Panel is the decision of the Panel; and
 - (b) if the members of the Panel disagree as to any matter dealt with by the Panel, the Panel's report to the Council must include details of the disagreement and the reasons for it.
- (2) If a Panel consists of 3 members-
 - (a) a decision supported by the majority of the members is the decision of the Panel; and
 - (b) the Panel's report to the Council must include any minority decision.

Division 14B Miscellaneous [NSW]

176B National Board to give notice to registered health practitioner's employer

- (1) This section applies if-
 - (a) a National Board-
 - (i) decides to take health, conduct or performance action against a registered health practitioner; or
 - (ii) receives notice from an adjudication body that the adjudication body has decided to take health, conduct or performance action against a registered health practitioner; or
 - (iii) receives notice from a co-regulatory authority that an adjudication body in the co-regulatory jurisdiction has decided to take health, conduct or performance action against a registered health practitioner; and
 - (b) the National Board has been advised by the registered health practitioner that the practitioner is employed by another entity.
- (2) The National Board must, as soon as practicable after making the decision or receiving the notice, give written notice of the decision to take health, conduct or performance action against the registered health practitioner to the practitioner's employer.

176F Confidentiality of protected reports

- (1) A person must not, directly or indirectly-
 - (a) disclose a protected report to another person that the person has obtained in the exercise of the person's functions under this Law; or
 - (b) make a record of, or disclose to another person, information contained in a protected report that the person has obtained in the exercise of the person's functions under this Law.Maximum penalty: 50 penalty units.
- (2) Subsection (1) does not apply to the disclosure by a person of a protected report or information contained in a protected report-
 - (a) for the purpose of exercising functions under this Law; or
 - (b) to the Commission.
- (3) A protected report may not be admitted or used in civil proceedings before a court other than with the consent of-
 - (a) the person giving the report; and
 - (b) the person the subject of the report.
- (4) A person may not be compelled to produce a protected report, or to give evidence in relation to the report or its contents, in civil proceedings before a court.

SECTION FOUR:

USEFUL INFORMATION

Recommended Reading

The following list of books and websites covers a variety of mental health issues.

Stress management and anxiety

1. Lampe L (2004) Take Control of Worry. Sydney: Simon & Schuster
2. Wilson P (1995) Instant Calm. Ringwood: Penguin
3. McKay M, Davis M, Fanning P (1981) Thoughts and Feeling: The Art of Cognitive Stress Intervention. Oakland: New Harbinger
4. Brantley J, Millstine W (2005) Five good minutes – 100 morning practices to help you stay calm and focussed all day long. Oakland: New Harbinger
5. Merlevede P, Bridoux D, Vandamme R (2001) Seven Steps to Emotional Intelligence. Carmarthen UK: Crown House

Enhancing mood

6. Holmes R, Holmes J (1993) The Good Mood Guide. London: Dent
7. Church M (2005) High Life: Balance Your Body Chemistry and Feel Uplifted 24/7. ABC Books
8. Tanner S, Ball J (1989) Beating the Blues: A Self-help Approach to Overcoming Depression. Sydney: Doubleday
9. Yapko Michael (1997) Breaking the Patterns of Depression. Doubleday

Books and websites about depression

10. Parker G (2004) Dealing with Depression A common sense guide to mood disorders. Sydney: Allen & Unwin
11. Wigney T, Eysers K, Parker G (Eds) (2007) Journeys with the black dog. Sydney: Allen & Unwin
12. Varma V (Ed)(1997) Managing Manic Depressive Disorders. London, UK: Jessica Kingsley.
13. Wilhelm K (2009) Making sense of the complex depressed patient I. Medical illness, including effects of drugs and alcohol. *Medicine Today*, 10, 4, 36-46; 2. Temperament and personality factors. *Medicine Today*, 10, 5, 32-44; 3. Melancholic and bipolar depression. *Medicine Today* 10, 6, 22-34.
14. Men and depression. *Australian Family Physician*, 38, 3, 102-5
15. Comprehensive information about diagnosis and treatment options for depression and bipolar disorders available at **Black Dog Institute** <http://www.blackdoginstitute.org.au> and **beyondblue** website <http://beyondblue.org.au>.

Re-evaluating life after recovery from depression

16. Fanning P (1988) Visualisation for change. Oakland: New Harbinger
17. Stanton HE (1986) The Plus factor. Victoria: Fontana Books
18. Colliver A (1992) Choosing To Love. Sydney: Random House.
19. O'Hanlon Bill (1999) Do One Thing Different: Ten Simple Ways to Change Your Life. Quill.
20. Free program to help 'tone up' your mind to fend off depression available at <http://www.moodgym.anu.edu.au/>

Substance Abuse

21. DiClemente CC (2003) *Addiction and Change – how addictions develop and addicted people recover.* NY: Guilford
22. Jarvis TJ, Tebbutt J, Mattick RP (1995) *Treatment approaches for alcohol and drug dependence – an introductory guide.* West Sussex, UK: John Wiley & Sons.

Challenging Thought Behaviours

23. McKay M, Fanning P (1991) *Prisoners of Belief – exposing and changing beliefs that control your life.* Oakland: New Harbinger.
24. Edelman S (2002) *Change your thinking.* Sydney: Harper Collins

Self esteem, positive psychology

25. Deroo C, Deroo C (2006) *What's right with me? – positive ways to celebrate your strengths, build self-esteem and reach your potential.* Oakland: New Harbinger
26. McKay M, Fanning P (1987) *Self Esteem. A Proven Program of Cognitive Techniques for Assessing, Improving, and Maintaining Your Self-Esteem.* Oakland: New Harbinger
27. Seligman M (1991) *Learned Optimism.* Sydney: Random House. Martin Seligman's site on positive psychology at <http://www.authentichappiness.sas.upenn.edu>. Information about positive psychology from Australian viewpoint. www.happinessinstitute.com.au

Mindfulness

28. McQuaid JR, Carmona PE (2004) *Peaceful Mind – using mindfulness and cognitive behavioural psychology to overcome depression.* Oakland, Ca: New Harbinger.
29. Brantley J (2003) *Calming your anxious mind – how mindfulness and compassion can free you from anxiety, fear, and panic.* Oakland, Ca: New Harbinger.
30. Brantley J, Millstine W (2007) *Five good minutes at work – 100 mindful practices to help you relieve stress and bring your best to work.* Oakland, Ca: New Harbinger.
31. Williams M, Teasdale J, Segal Z, Kabat-Zinn J (2007) *The Mindful Way Through Depression – freeing yourself from chronic unhappiness.* New York: Guilford Press.
32. Kundtz D (2000) *Quiet Mind – one minute retreats from a busy world.* Conari Press, San Francisco, CA.
33. Garth M (1994) *The Inner Garden. Meditations for Life from 9 to 90.* Melbourne: Collins Dove

Coping with Pain

34. Nicholas M, Molloy A, Tonkin L, Beeston L (2000) *Manage your Pain.* Sydney: ABC Books.

Bereavement

35. Kumar SM (2005) *Grieving mindfully – a compassionate and spiritual guide to coping with loss.* Oakland, CA: New Harbinger

Expressive Writing and Health

36. Schaefer EM (2008) *Writing through the darkness – easing your depression with paper and pen.* Berkeley, CA: Celestial Arts, Ten Speed Press
 37. DeSalvo L (1999) *Writing as a way of healing: how telling our stories transforms our lives.* Boston, MA: Beacon
-

-
38. Pennebaker JW (2004) Writing to heal – a guided journal for recovering from trauma and emotional upheaval. Oakland, Ca: New Harbinger
 39. Adams K (1990) Journal to the self – twenty-two paths to personal growth. New York: Warner

Eating disorders

40. Fairburn C, Overcoming Binge Eating. Guildford Press
41. Kausman R, If Not Dieting ...then What? Allen and Unwin
42. Treasure J, Schmidt U. Getting Better Bite by Bite – Survival Kit for Sufferers of Anorexia Nervosa. Taylor and Frances
43. Useful websites are www.smart-eating.com; www.eatingdisorderexpert.co.uk and www.bulimiahelp.org

Healthy Aging

44. Kersley SE (2009) Get ready for retirement–how to have a life after work. Lexington, Kentucky: www.lulu.com
45. Lee I, Jones J (2008) In Full Bloom – a brain education guide for successful aging. Sedona, AZ: Best Life Media.
46. Gediman CL, Crinella FM (2005) Brain fit – 10 minutes a day for a sharper mind and memory. Nashville, Ten: Thomas Nelson.
47. Kersley SE (2010) Life after medicine – for doctors who want a trouble-free transition. Oxon, UK: Radcliffe Publishing
48. Leviton R (1995) Brain Builders! A lifelong guide to sharper thinking, better memory, and an age-proof mind. New York: Reward Books.
49. Lee I (2005) Human Technology – a toolkit for authentic living. Sedona, AZ: Healing Society

Career-related

50. Houghton A (2005) Know Yourself – the individual's guide to career development in healthcare. Oxon, UK: Radcliffe
51. Houghton A (2005) Finding Square Holes – discover who you really are and find the perfect career. Carmarthen, Wales: Crown House
52. Rothschild B (2006) Help for the Helper – self-care strategies for managing burnout and stress. New York: WW Norton & Co
53. Laster L (1996) Life after Medical School – 32 doctors describe how they shaped their medical careers. New York: WW Norton & Co
54. Kersley S E (2010) Life After Medicine – for doctors who want a trouble-free transition. Radcliffe Publishing, Oxon, UK.
55. Gatchel RJ (2005) Clinical Essentials of Pain Management. Washington, DC: American Psychological Association.

General interest

56. Leeds R (2008) One Year to an Organized Life – from your closets to your finances. Da Capo Press, Philadelphia, PA.
57. Biddulph S (1995) Manhood: An Action Plan for Changing Men's Lives. Sydney: Finch.
58. Cusick A (1995) Choices. Sydney: Simon & Schuster.
59. Blackburn R (2007) Green is Good – Smart Ways to Live Well and Help the Planet. Harper Collins Publishers, Sydney, Australia.

The **Royal Australian and New Zealand College of Psychiatry** has **Clinical Practice Guidelines** available at <http://www.ranzcp.org/resources/clinical-practice-guidelines.html> available for **Anorexia Nervosa**, Bipolar Disorder, Deliberate Self Harm, Depression, Panic Disorder and Agoraphobia and Schizophrenia, in clinician and consumer versions.

There is also a statement on treatment guidelines for ADHD in adults [http://www.ranzcp.org/images/stories/ranzcp-attachments/Resources/College Statements/Practice Guidelines/pg6.pdf](http://www.ranzcp.org/images/stories/ranzcp-attachments/Resources/College%20Statements/Practice%20Guidelines/pg6.pdf)

Contact Details

Doctors Health Advisory Service

The Doctors Health Advisory Service is a confidential 24 hour referral and advice and support service for medical practitioners experiencing problems with their health.

Website: www.dhas.org.au

Address Level 2, 69 Christie Street
(attended part time) ST LEONARDS 2065

HELPLINE: (02) 9437 6552

Email: admin@dhas.org.au

Doctors in Recovery Group – The Northside Clinic

The Doctors in Recovery Group meets at 8pm every Monday night (excepting public holidays). It convenes in the day patient centre.

Address: Northside Clinic, 2 Greenwich Road
GREENWICH NSW 2065

Telephone: (02) 9433 3555

Facsimile: (02) 9433 3599

Alcoholics Anonymous

Website: <http://www.aa.org.au/>

Address: National Office of AA
48 Firth Street
ARNCLIFFE NSW 2205

Telephone: (02) 9599 8866

Medical Benevolent Association

The Medical Benevolent Association (MBA) is a not for profit organisation providing emotional and financial support to Medical Practitioner's and their families in time of distress. The MBA employs a trained social worker to act as an adviser to Medical Practitioners.

Website www.mbansw.org.au

Address: The Medical Benevolent
Association
Level 6, 69 Christie Street
ST LEONARD NSW 2065

Telephone: (02) 9987 0504

Facsimile: (02) 9987 2970

Social Worker- Ms Meredith McKay

Telephone: (02) 9987 0504

Pharmaceutical Services – Department of Health

Responsible for all drug prescribing – including Schedule 8 & Schedule 4D prescribing authorities.

Street Address: 73 Miller Street
NORTH SYDNEY NSW 2060

Mailing Address: Deputy Chief Pharmacist
Director, Pharmaceutical Regulatory Unit
Legal and Regulatory Services Branch
Locked Bag 961
NORTH SYDNEY NSW 2059

Telephone: (02) 9879 3214

Facsimile: (02) 9859 5165

Pharmaceutical Services (December 2010), *Drugs of Addiction (Schedule 8)* [online], available from

http://www.health.nsw.gov.au/resources/publichealth/pharmaceutical/drugsofaddiction_schedule8_pdf.asp

Pharmaceutical Services (December 2010), *Prescribed Restricted Substances (Schedule 4 Appendix D drugs)* [online], available from

http://www.health.nsw.gov.au/resources/publichealth/pharmaceutical/prescribed_restricted_substances.asp

Pharmacotherapy Credentialling Sub-Committee (Methadone etc)

Responsible for reviewing applications for authority to be a pharmacotherapy provider.

Mailing Address: Pharmacotherapy Credentialling Sub-Committee

C/ Drug Programs Bureau
NSW Department of Health
Locked Mail Bag 961
NORTH SYDNEY NSW
2059

Telephone: (02) 9391 9944

Facsimile: (02) 9391 9101

Medical Board of Australia

Responsible for registration of medical practitioners in Australia.

Mailing Address: PO Box 16085
Collins Street West
MELBOURNE VIC 8007

Telephone: (AHPRA helpline) 1300 088 590

Good Medical Practice: A Code of Conduct for Doctors in Australia

To access the Code of Conduct, please see the Medical Board of Australia website www.medicalboard.gov.au

SECTION FIVE:**LOCATING THE COUNCIL*****Medical Council of New South Wales - Contact Details***

Contacts:	<i>Team Leader- Health Program</i> – general inquiries about your participation in the Health Program. (02) 9879 2201
	<i>Principal, Monitoring</i> – inquiries regarding compliance with conditions of registration. (02) 9879 2235
Street address:	Building 45 Gladesville Hospital Grounds Off Punt Road Gladesville NSW
Postal address:	PO Box 104 Gladesville NSW 1675
DX:	22808 Gladesville
Telephone:	(02) 9879 2200
UDT Hotline	1800 654 068
Facsimile:	(02) 9816 5307
E-mail:	mcnsw@mcnsw.org.au
Office hours:	9.00am to 5.00pm Monday to Friday (excluding Public Holidays)

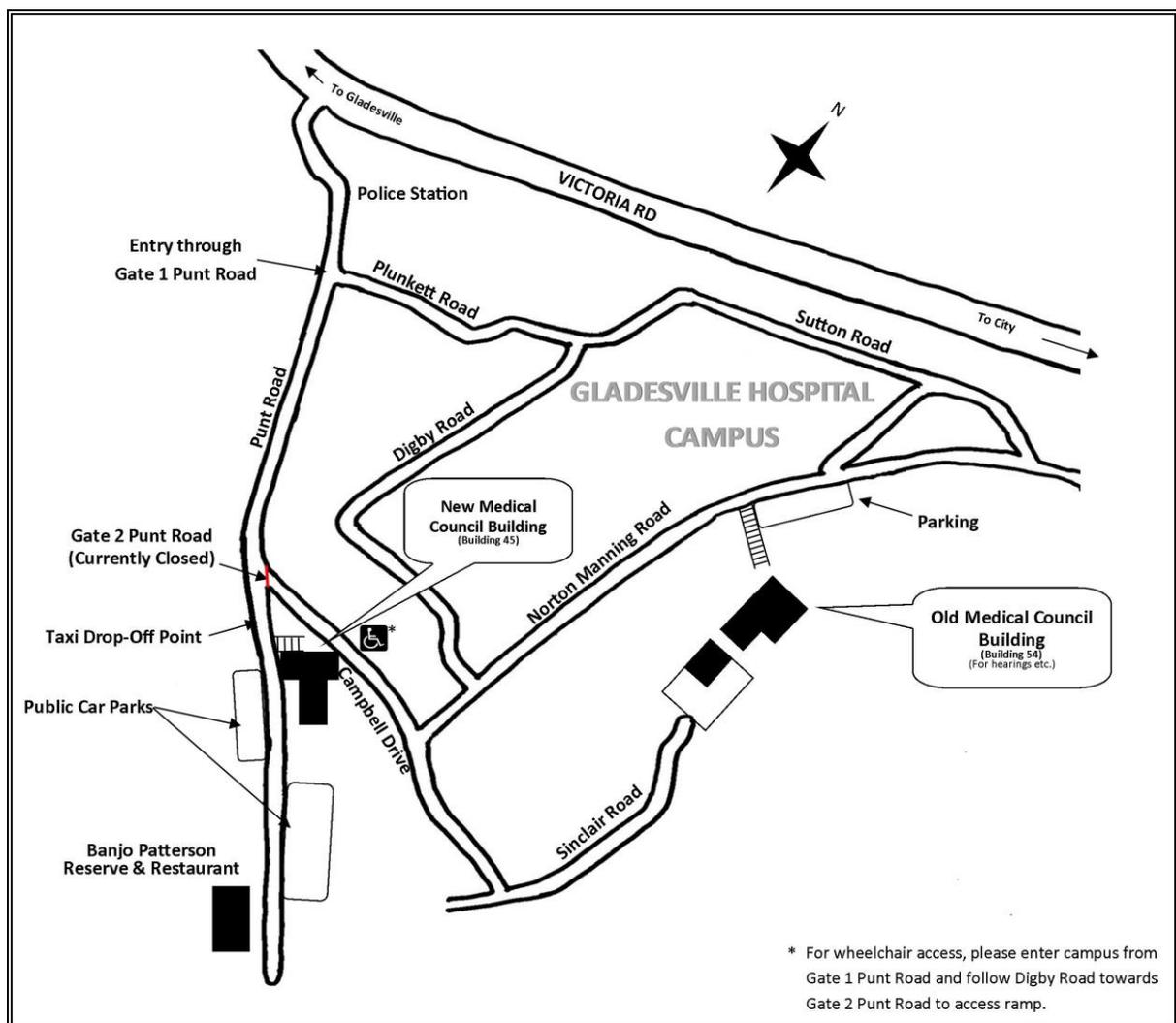
Map of Gladesville Hospital

The venue of each hearing is detailed in the correspondence forwarded prior to the hearing.

Public Transport

There are buses operating from the city to the Gladesville Hospital Grounds - via Victoria Road.

Bus routes 500, 507, 510, 515, 518, 520 operate from Circular Quay via Town Hall.
Bus route 501 operates from Town Hall via Central Station.



SECTION SIX:

APPENDIX

Diagnostic pathways and decision parameters

BACKGROUND

The Medical Council of NSW adopts a non-disciplinary approach to impaired doctors and is increasingly aware of the need both to facilitate and support appropriate treatment and to provide a number of pathways for impaired registrants. These pathways are determined by the nature of the impairment, its duration, other comorbidities and complications and the context within which the registrant works.

There are a number of critical decision points that the Council faces in relation to individual registrants, notably:

1. entry to the Health Program
2. easing registration conditions
3. approving employment
4. dealing with breaches of conditions
5. referring to the Conduct stream
6. allowing return to work following suspension
7. exit from the Impaired Registrants Program
8. applications by suspended or deregistered impaired practitioners to the Medical Tribunal, requesting restoration to the Medical Register

While the Council is not directly involved in the treatment of impaired registrants, it expects that you will seek and comply with appropriate treatment and develop a treatment plan in conjunction with your treating practitioner. In developing a treatment plan, you should consider the parameters outlined in this paper.

The parameters also assist the Health Committee, Council and Medical Tribunal in their dealings with impaired registrants.

This paper sets out a framework for dealing with impaired registrants throughout the duration of their impairment and defines parameters to be considered at each critical decision point, in order to achieve satisfactory and consistent decisions.

These decision parameters are based on the Council's experience conducting the Impaired Registrants Program as well as advice from specialist consultants and qualitative and quantitative research conducted within and external to the program.

DECISION PARAMETERS

1. NATURE OF IMPAIRMENT

This section describes the common impairments that are sufficiently serious to affect doctors' working lives.

It is neither feasible nor desirable to adopt a rigid, one-size-fits-all approach to impaired registrants. However, much is known about the natural history of the conditions that commonly result in a practitioner being considered to be impaired. This knowledge forms the framework for Council decisions.

The most common disorders affecting impaired registrants referred to the Health Program are alcohol and substance abuse and mental illness, particularly depression.

1.1 Abuse and dependence syndromes

Natural History:

Substance abuse has an acute phase (characterised by positive affect, reward and reinforcement mechanisms), chronic effects (with tolerance, dependence and/or sensitisation and negative affect), detoxification (with varying intensity of withdrawal syndromes), and then varying degrees of craving.

The course is similar for all drugs, including alcohol, being dominated by relapse and remission visually represented as a curve with decay over time. Earlier in the course, the management issues are around identifying precipitants and dealing with drug-seeking behaviour and withdrawal syndromes. Relapse occurs in up to 70% of those who withdraw from opiates, alcohol or nicotine in the following weeks to months. There is evidence from doctors' health programs that the prognosis in the early stages for those with drug or alcohol dependence is improved if doctors engage in a specific treatment program and take time off from their work to do so rather than attempting 'to carry on as usual'.

Later, the concerns are around the medical and social effects of longstanding use. The long term management may be best viewed as similar to any other remitting and relapsing illness. For **alcohol**, these include the neurological effects (on cognitive function and fine motor skills) and on the liver. These effects are wholly or partly reversible when alcohol ingestion ceases. For **narcotics**, this relates to the various medical hazards of intravenous administration.

Australian doctors have low rates of smoking cigarettes compared to the general population, where rates are also falling. This means that doctors with **nicotine dependence** constitute a highly unusual group and nicotine dependence may signal the presence of alcohol abuse/dependence, other substance abuse, depression or another major psychiatric disorder. They also incur the problems associated with long-term smoking (risk of cardiovascular and cerebrovascular disease and the manifold risks to health). Nicotine dependence is also associated with increased rates of clinical depression and suicidal ideation.

There is also evidence from functional brain imaging studies that dependence syndromes *per se* (including stimulants, narcotics, nicotine) affect judgment and decision-making. This is an evolving research field.

Demography:

Alcohol use in medical practitioners reflects patterns in the general community. Referral to the Council program is often late, generally occurring in the 50s. This is partly because early signs are unreliable and there may be a significant degree of denial by the registrant and those around him/her. Doctors in their 40s and above have tended to be fairly conservative in their use of recreational 'street drugs'. However, a recent UK study of junior doctors (Lancet, Sept, 1999) revealed that 11% were regular cannabis users and 10% were regular users of other recreational drugs such as ecstasy and cocaine, while 60% drank alcohol above the safe drinking levels. This raises the possibility that medical students and younger doctors may exhibit greater use of illicit drugs as older doctors in the future.

There are other specific drugs that are preferred by doctors; narcotics, notably pethidine and sedatives, often self prescribed benzodiazepines. Pethidine dependence tends to be the most treatment refractory of all the dependence syndromes. This may be related to specific pharmacological characteristics of the drug. Referral to the Council occurs most commonly in the in mid life.

Implications for affected Registrants:

- Consider some initial 'time out' from practice
- Seek treatment in a specific treatment program
- Expect difficulties in the early stages of treatment. Structure monitoring accordingly
- Expect to be monitored by the Council over 3 – 5 years

1.2 Mood Disorders

Major depression

Natural History:

Early onset Major Depression occurs in the context of a number of predisposing factors, including a history of emotional or physical abuse, early onset of anxiety disorders, health and lifestyle issues, substance abuse and feelings of being trapped and helpless in social and /or work contexts. It can also reflect a cyclical change of mood in those where there are significant underlying personality traits that cause distress to the individual and those around him/her. It is important to seek to restore normal function but also to address the predisposing factors to diminish the possibility of further episodes.

Depression may be melancholic (associated with psychomotor change affecting planning judgment, motor skills and speed) and some individuals may become psychotic. There is also a significant suicide risk. Melancholic depression in younger people (prior to 50s or 60s) can herald bipolar disorder or be due to the effects of stimulant abuse/dependence. Non-melancholic depressions are more common and include a number of types where personality traits are amplified. Depression of this type will not come to the notice of the Council unless there are complicating factors.

Late onset depression (after the age of 65 years) is mediated through emerging vascular disease, other ill health and can herald an evolving dementia. This 'vascular depression' is also more likely to be melancholic in type. Those with late onset depressions require observation over time because illness is likely to recur and their depression may herald other forms of physical or cognitive impairment, overlapping with issues mentioned under 'cognitive impairment'.

Demography:

Major depression is reported in up to 1 in 5 Australians, with women more likely to be afflicted than men. However, doctors are vulnerable for a number of reasons. Some personality characteristics (eg, perfectionistic, dislike of conflict, high expectations of self), coupled with high level of responsibility at work and constant sleep disruption can place doctors at greater risk. Major depression can occur earlier in life or with a late onset (over 65 years). Practitioners who come to the Council's attention cross a wide age range.

Implications for affected Registrants:

- Ensure that your work is appropriately supported
- Expect longer-term monitoring in late-onset and melancholic depression

Bipolar disorder

Natural History:

Bipolar disorder typically has a relapsing course and while full recovery was always thought to be the norm, bipolar episodes may lead to subtle cognitive impairment between episodes and there is often substantial social damage particularly following manic episodes. Referral to the Council often follows episodes which result in significant social and work dysfunction and/or involuntary admission to a psychiatric unit.

Referrals may also come through the Conduct stream as manic registrants, when behaviourally disinhibited, may commit sexual and other interpersonal indiscretions, make unwise decisions, become irritable and 'disruptive' and enthusiastically apply themselves to causes that seem inappropriate. These behaviours are deemed to be out of character with their usual behaviour and are usually clearly part of an 'episode'.

After recovery from an episode, there should be a review of the longitudinal history for the individual, coupled with assessment of the severity of the episode and their insight into the disorder and its impact. These factors should be considered before determining whether the registrant should be discharged from the Program with a CRIA (see appendix) or continue with some form of low level support.

Demography:

Bipolar Disorder affects 1-2% of the population with onset in the 20s and 30s.

Implications for affected Registrants:

- Expect long-term monitoring
- Exit from the Impaired Registrants Program is the goal, especially for participants who have good social support and engagement with their GP and psychiatrist, backed up with a mental health plan and advance directives to come into play during relapse – leading to a CRIA. When these are not present, the Committee may suggest be less willing to consider Exit.

1.3 Cognitive impairment

Natural History:

Mild cognitive impairment [MCI] often presents with subjective memory loss, some objective memory loss and possibly other cognitive impairment. Later, there are changes in personality, more evident memory loss, onset of depression and psychotic symptoms. Behavioural disinhibition related to frontal lobe involvement can present as poor judgment and decision making, lack of tact, uncharacteristic outbursts to patients and colleagues, sexual indiscretions, motor accidents, increased use of alcohol or drugs.

There may be significant barriers to the practitioner's retirement, including fear, misinformation, personality factors, work history, family/marital factors.

Conventional cognitive tests are often not sensitive enough to demonstrate mild cognitive decline. While the Mini Mental State Exam [MMSE] can give a rough indication of severity, there are ceiling effects, so that educated elderly individuals can still score well (29-30) with a mild-moderate degree of dementia. More sophisticated testing is required.

Demography:

The incidence of **dementia** rises rapidly with age, affecting less than 5% of 65-year-olds and 20% of 80-year-olds. Those with a healthy lifestyle and tertiary education generally have a later onset of dementia, so that doctors are on the lower side of these age-related rates.

Implications for affected Registrants:

- With functional evidence of dementia, full cognitive assessment is necessary.
- Consider a graceful retirement (with adoption of Non-Practising Registration).

1.4 Anorexia nervosa

Natural History:

Of the eating disorders, **Anorexia Nervosa** is usually the only one that leads to Council referral. The deliberate weight loss fuelled by body image distortion and fear of fatness leads

to an emaciated appearance with expression of concern by others (patients and staff members) about a registrant's ability to perform their work. There are occasional self-referrals.

There is usually a period of years of disordered eating prior to the situation being sufficiently grave for Council involvement. Anorexia Nervosa is a chronic condition and during its course, there has often been an accommodation to the disorder so that behaviours which others would regard as abnormal or dysfunctional are no longer regarded as such by the sufferer. There are consequently often significant differences between the registrant's view of their function and that of the Council and its agents.

There may be issues related to earlier experience in life (eg, childhood sexual, physical or emotional abuse) that are overlooked because of the concerns about extreme weight loss. These experiences can be part of the motivation to study medicine (to look after others in a way that was not available to the registrant). If not addressed, these issues can affect motivation for recovery and doctor-patient interactions. They are however, difficult to tackle and are the purview of the treating psychiatrist. The role of the CAP to ensure that important issues in the treatment of the individual participant are being considered.

The problems, which impact on work in a clinical setting include subtle cognitive dysfunction and depression related to a low body weight, and medical consequences of anorexia (eg, osteoporosis, cardiac arrhythmias, hypotension, lowered immunity). Those with chronic anorexia often choose to try to function at a weight that is just above the absolute minimum Body Mass Index [BMI] or weight that is seen as 'safe'. A BMI of 17.5 may be associated with subtle cognitive dysfunction. A BMI of 15 requires hospitalisation of the individual (Russell).

There is a potential to relapse into anorexia or bulimia in times of stress.

Demography:

Onset is generally in the mid-teens or early adult life.

Implications for affected Registrants:

- Progress is based on an objective measure, BMI. Should a registrant's BMI fall below 17.5, monitoring in the Impaired Registrants Program is appropriate. At a BMI of 15, suspension may be required.

1.5 Personality disorder (particularly "Cluster B" - Borderline, Antisocial, Narcissistic, and Obsessional)

Natural History:

Registrants with personality disorders often present more as 'disruptive doctors' as a result of a complaint or concern from others (both patients and staff), rather than self referral. Others, particularly with 'Cluster B' disorders come to notice due to matters related to alcohol/substance abuse, or depression or suicide attempts. They may also be referred from the Conduct Stream with depression or suicidal ideation contingent on discovery of the consequences of their behaviour.

The behaviours that cause concern are usually longstanding rather than part of discrete episodes, although they may be more pronounced during periods of stress and substance abuse. For those with 'Cluster B' personality traits, depression tends to be part of unstable mood control rather than discrete clinical episodes. Those with anxious and perfectionistic traits are vulnerable to depression.

Some of these registrants will have had difficult, deprived and abusive childhoods. These issues may have been 'psychologically buried' but may re-emerge during the years of clinical training and as a junior medical officer, when they have to deal with a variety of challenging

clinical situations, including talking to other people who have been abused. The registrants may have great difficulty in discussing these sensitive issues. If not addressed, these issues can affect motivation for recovery and doctor-patient interactions. They are however, difficult to tackle and are the purview of the treating psychiatrist. The role of the Council-Appointed psychiatrist is to ensure that important issues in the treatment of the individual registrant are being considered.

Implications for affected Registrants.

- The Council will consider co-morbidities such as substance abuse and depression.
- Given that the Council's focus is public protection, decisions will focus on the functional consequences for patients.

1.6 Psychotic disorders

Natural History:

The prognosis for **Schizophrenia** has been significantly improved with assertive early intervention. Despite this, there is a range of severity, and compliance with treatment may be compromised by the presence of significant psychotic experiences that render the sufferer distrustful. Ongoing substance abuse may also compromise treatment. In the small group of registrants who are distrustful and lack insight, there are often significant difficulties in reaching a mutually agreeable management plan. For some, the degree of disruption to cognitive processing and interpersonal relationships may challenge their ability to complete their medical studies. This is a complex area but in some cases, it is better to encourage an alternative career choice.

Psychotic episodes can also be part of a Bipolar Disorder or Major Depression. If this is the case, they are likely to recur with subsequent episodes and increase the possibility of the need for ongoing Health Program involvement if they are to continue to be registered with the Council.

A few individuals will develop a late onset psychosis as part of a later onset depression, early dementing process or in the context of a medical illness. This is generally self-limiting or leads to retirement due to factors relating to the index illness.

Demography:

Schizophrenia is a serious psychiatric disorder with an onset in the late teens and to mid-20s in men and mid 20s to 30s in women. The lifetime risk is about 1%: the presentation in young men is often complicated with substance abuse. Those with an onset in high school are unlikely to negotiate entry into a medical faculty but there will be some who develop the disorder during their medical studies.

Implications for affected Registrants:

- It may be wise to consider an alternative career
- The Council will consider co-morbidities such as substance abuse
- You will require long-term, close monitoring

2. COMPLIANCE WITH CONDITIONS

The dual aims of registration conditions are to protect the public and, where possible, to allow impaired registrants to remain in the medical workforce. It is only through compliance with conditions that the Council can be assured that these objectives are met.

No consideration will be given to easing any condition of registration unless a registrant has been fully compliant with all conditions for a period of at least 12 months.

Drug testing:

A registrant should be able to demonstrate **18 months** of full compliance and negative thrice-weekly drug tests, before consideration is given to easing to random drug testing. Registrants should be able to demonstrate a further **12 months** of full compliance and negative random drug testing prior to testing being ceased.

A related issue is that of authority to prescribe Schedule 8 drugs (drugs of addiction).

As doctors pass through the Impaired Registrants Program with clear urine drug screening, there is usually an expectation that their Schedule 8 Authority will be returned. It appears that this relates to;

- a belief that return of Schedule 8 Authority is their right
- a belief that return of Schedule 8 Authority is a reward for their compliance and rehabilitation.
- a belief that return of Schedule 8 Authority marks the end of an unhappy chapter in their career with the restoration of 'clean' registration.
- real or perceived need

Unless there is a demonstrable need for the doctor to have Schedule 8 Authority, its return may be withheld, or limited to prescribing oral Schedule 8 drugs. In some circumstances, it may be appropriate to limit authority to prescribing but not handling, possessing or administering Schedule 8 drugs.

It should be noted that a doctor can exit the Impaired Registrants Program with unconditional registration and still have their prescribing authority limited.

Breach of Conditions

Breach of conditions are always to be viewed in the context of the remaining decision parameters. In particular, the nature of the impairment provides helpful guidance when the Council considers the consequences of the breach.

For example, early relapse and breach in the case of drug dependence is not entirely unexpected and is usually managed within the Impaired Registrants Program. Serious or repeated breach of conditions after the initial 12-month period stabilisation period in the program either demonstrates a willful disregard for the Council's requirements, or is a manifestation of the practitioner's impairment. Either way, managing serious and repeated breaches by imposing further conditions is generally ineffective and the matter will be referred to the conduct stream where the doctor's registration may be suspended or withdrawn by the Medical Tribunal.

There are special consequences for practitioners who have Critical Compliance Conditions on their registration and who breach those conditions. These practitioners are referred to the section "Breach of Conditions" on page 42 of this handbook.

3. PROFESSIONAL SUPPORT

Registrants who have supportive professional relationships and work environments are more likely to manage satisfactorily without the involvement of the Council. Those that work in solo practice or are secretive about their impairment require closer supervision by the Council.

All impaired registrants are encouraged to discuss their impairment with their employers and selected colleagues.

4. PERSONAL SUPPORT

Personal support and engagement with the community are recognised as positive predictors of recovery from all disorders, but particularly from addiction. They demonstrate insight on the part of the impaired practitioner and they increase the chances of early identification of illness or relapse in addition to providing an environment in which recovery or stabilisation can occur.

5. INSIGHT AND MOTIVATION TO CHANGE /WORK WITH PROGRAM

It is apparent that a registrant's insight into their impairment and circumstances is a critical factor when considering their progress through the Impaired Registrants Program.

Insight is, to a large extent, the most important factor distinguishing illness from impairment. An ill doctor who is insightful and practises within their capability is clearly not impaired. An ill doctor who lacks insight into the impact of their illness on their practice is clearly impaired and should enter or remain on the Impaired Registrants Program.

Application of these Decision Parameters

1. Each relevant decision parameter will be given explicit consideration at every critical decision point relating to a registrant's progress through the Impaired Registrants Program.
2. This document guides Council Appointed practitioners in their reports to the Council.
3. This document guides Council Review Interviewers in their reports to the Health Committee.
4. This document guides the Health Committee in their decision making.
5. This document guides the Medical Tribunal in relation to applications from suspended or deregistered impaired practitioners for restoration to the Medical Register.

Medical Council Policy: Health Program participants with Bipolar Disorder

BACKGROUND

In 2003, the Council endorsed a set of decision parameters that are considered at each critical decision point in a practitioner's involvement with the Health Program. The objective of the decision parameters is to achieve appropriate and consistent decisions in relation to program participants.

The key decision parameters relate to:

1. The nature of the practitioner's impairment
2. The practitioner's compliance with their registration conditions
3. The practitioner's personal and professional support
4. The practitioner's insight into their impairment and motivation to work with the Health Program.

The decision parameters have proved to be very successful and have largely met the original objective of guiding appropriate and consistent decision making. The nature of the practitioner's impairment is a major factor in determining their progress in the Health Program.

Since the endorsement of the decision parameters, the Health Committee's practice has been to bring all practitioners with Bipolar Disorder on to the Health Program and to maintain them in the Health Program in the long term, albeit with low level monitoring.

At the March 2007 Health Forum, the following points were noted

- Bipolar Disorder is recurrent for the majority of sufferers. 55% have 4 or more episodes of mania; 11% have 20 or more episodes of mania
- Many do not fully recover between episodes
- Only 1 in 4 has no symptoms in between episodes
- There is commonly selective mild cognitive impairment in verbal learning, memory and sustained attention. This may be due to medication

However

- The Council does not actually do much for well practitioners with Bipolar Disorder, other than keeping them in the system in case destabilisation occurs.
- If the Council is confident the practitioner is stable and in appropriate care, participation in the Health Program should not be for life. In fact it may be destructive for it to be so.

The Council must find a balance between its responsibility to protect the public and the needs of individual practitioners. The Health Forum endorsed a system whereby practitioners with stable illness and good support mechanisms may not need to enter the Health Program or may be able to exit the Health Program, providing certain safeguards are in place.

Following consultation on a discussion paper prepared after the Health Forum, the Council's Health Committee has endorsed the following policy.

POLICY

- A. Before making a decision about a practitioner's further participation in the Health Program, the following factors should be considered. Not all will be relevant for each practitioner, and they should not be quantified into tick-a-box criteria. Stable illness,

strong support mechanisms and practitioner insight are key considerations.

1. Illness and treatment

- Number of episodes
- Frequency of episodes
- Severity and impact of episodes (eg required involuntary treatment)
- Length of episodes (eg how much time off work)
- Nature of episodes (eg manic, hypomanic, depressed, mixed)
- Risks associated with episodes (eg suicidality, risks at work)
- Co-morbid conditions (eg substances, personality disorder, and medical especially as it might impact on treatment such as thyroid/renal problems)
- Stability of psychiatric care (eg same / changes of psychiatrist)
- Stability of care by a General Practitioner
- Stability of treatment (eg same / many changes of medication)
- Complications of treatment (eg likely to need changes in medication)
- Complexity of treatment (eg mono vs polypharmacy to stay well)
- Nature of treating team

2. Compliance

- Compliance history with the Health Program

3. Professional support

- Job stability
- Supports at work
- Other professional supports (eg outside supervision)
- Stresses at work (eg nature of job, interpersonal)
- Professional and job plans
- Stage of career

4. Personal support

- Personal and social supports
- Engaged in a 'holistic' approach to treatment (eg bio-psycho-social)

5. Insight and motivation

- Nature and depth of insight into illness and impact on ability to work safely
- Relapse strategies in place (eg early warning signs and response plan)
- Collaborative approach to working with Council
- Positive approach to working with their treating doctor
- Positive approach to their illness and staying well

B. It is important that early warning mechanisms remain in place if it is thought that further participation in the Health Program is unnecessary. As a prerequisite, the practitioner must:

- authorises the treating psychiatrist in writing to advise the Council if he/she is non-compliant with treatment, terminates treatment against advice, does not attend for treatment, changes treating practitioners or if there are concerns that his/her illness is adversely affecting his/her practice of medicine
- authorises the treating general practitioner in writing to advise the Council if he/she is non-compliant with treatment, terminates treatment against advice, does not attend for treatment, changes treating practitioners or if there are concerns that his/her illness is adversely affecting his/her practice of medicine.



Chronic Relapsing Illness Authorisation

_____	_____
NAME:	MPO:
ADDRESS: _____	

I authorise my treating practitioners to contact the Medical Council if I am non-compliant with treatment, terminate treatment against advice or if there is any concern about my mental state.

Should I change treating practitioners, I undertake to notify the Medical Council of the new practitioner's name.

Treating specialist (psychiatrist): _____

Address: _____

Treating general practitioner: _____

Address: _____

Signed: _____

Dated: _____

Reproduction & use of this Handbook

No part of this 'Health Program - Participants Handbook' may be copied, reproduced or distributed by any party without that party having first obtained the express written permission of the Medical Council of New South Wales.

Inquiries regarding the reproduction, copying or distribution of this document should be directed to:

Health Program Manager
Medical Council of New South Wales
PO Box 104
GLADESVILLE NSW 1675

Revised and reprinted – January 2011 (with amendments May 2018)