COMMISSION OF INQUIRY NO. 1 OF 2005 MEDICAL BOARD OF QUEENSLAND

This is the annexure marked "MDG-38" mentioned and referred to in the Statement of MICHAEL STEVEN DEMY-GEROE dated this 17th day of May 2005.



Queensland Health

BUNDABERG HEALTH SERVICE DISTRICT MEDICAL SERVICES

Enquiries to:

Dr Darren Keating

Telephone: Facsimile: Our Ref: 4150 2210 4150 2029 DK:sh

31 January 2005

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

Dear Sir/Madam

RE: DR JAYANT PATEL

The Bundaberg Health Service District has extended the contract of Dr Jayant Patel to 31 March 2009.

Please find enclosed the following documentation:

- Application for Registration Form M1
- > Form 1
- Form 2
- Assessment
- Payment for Medical Board Registration

Should you require any further information, please contact Sue on 07 4150 2220.

Yours sincerely

Dr/Darren Keating

Director of Medical Services

ledical Board of Oneensland

Renewal of Registration as a Medical Practitioner (Special Purpose Registration Section 135 Area of Need)

Location:

Email:

Website:

Counter Hours:

Payment enquiries: General enquiries:

19th. Floor Forestry House 160 Mary Street, Brisbane

9.00am to 4.00pm Monday to Friday

(07) 3225 2513 (07) 3234 0176

medical@healthregboards.qld.gov.au www.medicalboard.qld.gov.au

Section 145, Medical Practitioners Registration Act 2001

You are eligible to renew your Special Purpose Registration if you are continuing in your current Special Purpose Activity as approved by the Board. To continue in this activity after 31 March 2005 the Registration Fee payable is:

TIME REQUESTED	FEE
0-3 Months	\$75.00
3-6 Months	\$150.00
6-12 Months	\$299.00

If it is proposed that the currently approved activity should be amended in any way a new application for registration will need to be submitted. This application for renewal of registration MUST NOT be used if it is intended that the special purpose activity will change.

Documents required to renew your Special Purpose Registration under Section 135

Area of Need certification;

- Advise as to your progress towards obtaining the AMC certificate, Fellowship to an Australian specialty College or Royal Australian College of General Practitioners;
- Area of Need Form 1 and Form 2, available from the Board's website www.medicalboard.qld.gov.au;
- Assessment Report, available from the Board's website www.medicalboard.qld.gov.au.

Your renewal cannot be processed without these documents. The above documents MUST be received no later than 31 March 2005. Without them your renewal application will be considered incomplete and your registration WILL EXPIRE on 31 March 2005.

APPLICATION FOR RENEWAL OF SPECIAL PURPOSE REGISTRATION

I Jayant Patel, registration number 1030450, of c/- Bundaberg Base Hospital Bourbong Street - BUNDABERG, QLD, 4670, intend continuing in my current approved activity as described below and hereby apply to relewal of special purpose registration: 0 7 FEB 2005

To fill an area of need at Bundaberg Base Hospital, or any other public hospital authorised by the Medical perintendent on a temporary basis. RECEIVED

I consent to the Medical Board of Queensland making enquiries with any medical practice or hospital in which I have been employed during my current period of special purpose registration for the purposes of obtaining assessments, or regarding any matters relevant to this application. I declare that the below statements are true and correct and that all documente and supporting material lodged with this application are true and correct. I also undertake to comply with all relevante gelation, codes of practice, and Medical Board of Queensland policies

MUST BE COMPETED BY REGISTRANT

nature of Applicant Printed Name of Applicant

Date:

FITNESS TO PRACTICE STATEMENTS	Yes	No
 Tick relevant box Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse, dependence, or blood borne virus) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise medicine? 		X
2. Do you have a criminal history? (see accompanying information sheet for an explanation of criminal	<u> </u>	X
history'). 3. Have you been registered as a medical practitioner or specialist under the <i>Medical Practitioners</i> Registration Act 2001 or the Medical Act 1939 (repealed), or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, and the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way?		×
d Have you ever been registered as a health practitioner in any State or Territory or a foreign		

	Country, a action?	nd t	he regi	stration	wa	s, or i	is cui	rrentl	y, car	ncelle	d or sus	pended	as a r	esult of di	sciplinary		X
5.	Have you Territory, c					registr	ration	ı as	a he	alth	practitio	ner in	any /	Australian	State or		X
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Form 1.

AREA OF NEED POSITION DESCRIPTION (For Completion by employer)

Name of Applicant: Dr Jayar Title of Position: Director of (Attach Position Description	☐ Urban ☐ General practitioner SurgerySite: ☐ Rural Field: ☐ Hospital ☐ Remote ☐ Specialty
Service requirements of the position	Outline details including pre-requisite skills
General Practice - (provide details of case- mix below)	
Medical	
Surgical	To provide Surgical Services to Outpatients and Inpatients presenting to the Bundaberg Base Hospital. To assess patients presenting to Surgical Clinics. To operate in theatre. To participate in "on-call" roster over night and weekends in conjunction with Staff Surgeons. To educate and guide junior medical staff at ward rounds, clinics and in theatre. To provide education sessions to medical students regarding surgical presentations. Dr Patel has been in this role for the past 12 months and his performance is rates as excellent.
Obstetrics/Gynaecology	
Anaesthetics	·
Emergency 	
Mental Health	
Other discipline	
Special Skills Required	
Supervision Available	
Consultant advice available	
Signed o	n behalf of

Employer.....

Comment:

SUMMARY OF EXPERIENCE SUITABLE TO THE AREA OF NEED (For completion by applicant)

	Name: Jayans-	°a Le C
	Qualification: Genes19	Surgeon
	(Attach full curriculum vitae)	
5	Clinical Experience (Provide dates)	
	General Practice Note: General Practitioner applicants should provide details of experience in the following disciplines; applicants seeking registration in only one discipline need not provide details for others.	,
	Medical	
	Surgical	Director of Scotters Boundary Base Hospital General Scotters.
	Obstetrics/ Gynaecology	
N	Anaesthetics	
	Emergency	
	Mental Health	
	Other discipline	
	Experience in independent practice	Signed: (Medical practitioner)

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION Queensland Government Queensland Health



DETAILS OF	SPONSORED DO	CTOR:	
SURNAME:	PATEL		Given name(s): Jayant
GENDER:	MALE		DATE OF BIRTH: 10.04.50
COUNTRY OF	CITIZENSHIP: U	INITED STATI	TES OF AMERICA AUSTRALIAN PERMANENT RESIDENT: NO
QUALIFICAT	TONS (PLEASE SI	PECIFY ISSUING	INSTITUTION AND DATE OBTAINED):
MBBS-SA	URASHTRA UI	VIVERSITY, IN	NDIA – 1973
MS (GENER	AL SURGERY) SAURASHTR	RA UNIVERSITY, INDIA – 1976
DIPLOMA ()F AMERICAN	BOARD OF SU	SURGERY 1988, RECERTIFIED 1996
RELEVANT I	OSTGRADUATE	EXPERIENCE A	AND TRAINING (PLEASE SPECIFY):
REFER TO A	ATTACHED CV	ī	
EMPLOYER:	BUNDABERG	HEALTH SER	RVICE DISTRICT
	GEOGRAPHICAL R WILL BE REQU		INCLUDE SPECIFIC NAME OF PRIVATE PRACTICE AND/OR HOSPITALS THAT TISE AT):
BUNDABE	RG HEALTH SE	RVICE DISTR	RICT
*			
Is the prop	OSED LOCATION	v: Ru	LURAL
PUBLIC HOS	PITALS/HEALTH	i Service Dist	TRICTS OR PRIVATE HOSPITALS
POSITION (PL	EASE SPECIFY: J	HO/SHO; PHO; SM	SMO; SPECIALIST): DIRECTOR OF SURGERY - SMO
DEPARTMENT	i/specialty: D	EPARTMENT	T OF SURGERY
CLINICAL DIS	CIPLINE/SUB SPE	CIALTY:	
PUBLIC HOS	PITALS MUST CO)MPLETE:	
WAS THIS A D	DIRECT APPOINTM	MENT BY THE HO	OSPITAL: NO
IF NO, NAME	OF RECRUITMEN	TAGENCY: WA	⁷ AVELENGTH
PRIVATE PR	ACTICE ONLY		
TYPE OF PLA	CEMENT:		
GENERAL	.PRACTICE		SPECIALIST: DISCIPLINE
IF GENERAL	PRACTICE:		
☐ BONA FID	E LOCUM] VACANCY	☐ DEPUTISING SERVICE ☐ AFTER HOURS

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



DATE OF REGISTRATION REQUESTED: FROM: 01.04.05 TO: 31.03.06
MEDICAL REGISTRATION IS LIMITED TO A MAXIMUM OF 12 MONTHS. A NEW AREA OF NEED APPROVAL WILL BE REQUIRED FOR FURTHER REGISTRATION.
DATE OF VISA REQUESTED: FROM: 01.04.05 TO: 31.03.09
STATUS OF APPLICATION:
EXTENSION OF EXISTING SPONSORSHIP
NOTE: THE SPONSORED DOCTOR MUST HAVE AGREED TO THE PROPOSED PERIOD OF SPONSORSHIP OR THE EXTENSION OF THE PERIOD OF SPONSORSHIP.
SPONSOR DECLARATION:
I CONFIRM THAT THE DETAILS ON THIS APPLICATION ARE CORRECT,
I HAVE OBTAINED THE PERMISSION OF THE SPONSORED DOCTOR TO SUBMIT THIS APPLICATION ON THEIR BEHALF.
Signature of Sponsor:
DR DARREN KEATING DIRECTOR OF MEDICAL SERVICES BUNDABERG HEALTH SERVICE DISTRICT RETURN ADDRESS: PO Box 34, BUNDABERG QLD 4670
TELEPHONE: 07 4150 2210 FACSIMILE: 07 4150 2029
E-MAIL: JUDITH_WOODS@HEALTH.QLD.GOV.AU
PLEASE COMPLETE AS SIGNED FORM WILL BE EMAILED BACK TO SPONSOR.
QUEENSLAND HEALTH USE ONLY
THE APPLICATION FOR DR Jayant Patel
TO OBTAIN A VISA TO WORK IN AUSTRALIA AS A TEMPORARY RESIDENT DOCTOR IS
Supported Not Supported
TO SEEK REGISTRATION IN AN AREA OF NEED PURSUANT TO SECTION 135/S143A OF THE MEDICAL PRACTITIONERS REGISTRATION ACT 2001, IS.
Supported Not Supported
COMMENTS:
SIGNATURE: DATE: 1/2/05 DATE: 1/2/05
SIGNATURE: DATE: /(PRINCIPAL MEDICAL ADVISED MEDICAL ADVISED PUBLIC DELEGED)

ASSESSMENT FORM SPECIAL PURPOSE REGISTRANTS – SECTION 135 AREA OF NEED - QLD

The information on this form contributes to decisions on registration for overseas-trained doctors with special purpose registration to practise in an area of need.

Instructions

- . Clinical Supervisor/s to tick appropriate boxes in columns provided
- Ticks under 'Requires substantial assistance' and/or 'Requires further development', require comments by the clinical supervisor at the end of this form
- If 'Requires substantial assistance' and/or 'Requires further development' are ticked, the doctor in consultation with the supervisor must complete the Improving Performance Action Plan at the end of this form.

Name Jayant Patel

Position Director of Surgery

Period of Assessment December 03 – January 05

	Requires substantial assistance	Requires further developmen t	Consistent with level of experience	Performanc e better than expected	Performanc e exceptional	N/A Not observed
CLINICAL				•		
Knowledge base Demonstrates adequate knowledge of basic and clinical sciences.				/		
Clinical skills Elicits and records accurate, complete history and clinical examination findings.				~		
Clinical judgement/decision making skills Organises, synthesises and acts on				~		
information and applies knowledge base. Emergency skills			,			
Acts effectively and when appropriate acknowledges own limitations and seeks help			V			
Procedural skills Performs procedures competently			V			
COMMUNICATION Patient and Family Interacts effectively and sensitively with patients and families/care givers.	A Proposition of the Control of the			/		
Medical Records/Clinical Documentation Provides clear, comprehensive and accurate records.				/		
PERSONAL AND PROFESSIONAL Professional Responsibility. Demonstrates punctuality, reliability, honesty, self-care.					/	
Teaching Participates in teaching other healthcare professionals, patients and/or care providers.			to succe and	an en de de	/	
Time management skills Organises and prioritises tasks to be undertaken.				~		
Teamwork and colleagues Works and communicates effectively within a team.			/			

Supervisors n	nust comment or	n the following:				
List strengths:	Dr Raw vo	a very com	ued & armsia	ssui dunician	, who h	as out
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Improving Pe	erformance Action	n Plan (to be comp	oleted by Registran	t with Supervisor	r)	
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	erformance Action		oleted by Registrand Tasks (including		r)	Review Date
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Is	ssue	Actions/	Tasks (including	j timeframes)		Date
Is Has the regis	trant had a forma	Actions/	Tasks (including	j timeframes)		Date No
Has the regist	trant had a forma	Actions/	on about this ass	j timeframes)	Yes	Date
Has the registers: Registrant	trant had a forma	Actions/	Tasks (including	j timeframes)		□ No