

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 17<sup>th</sup> day of May 2005.



**BUNDABERG HEALTH SERVICE DISTRICT  
MEDICAL SERVICES**

Enquiries to: Dr Darren Keating  
Telephone: 4150 2210  
Facsimile: 4150 2029  
Our Ref: 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

A handwritten signature in black ink, appearing to read "D. Keating", written over a large, sweeping flourish.

Dr Darren Keating  
**Director of Medical Services**

# Medical Board of Queensland

ABN 35 789 357 327

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

Location: 19<sup>th</sup> Floor Forestry House  
160 Mary Street, Brisbane

Counter Hours: 9.00am to 4.00pm  
Monday to Friday

Payment enquiries: (07) 3225 2513  
General enquiries: (07) 3234 0176  
Email: [medical@healthregboards.qld.gov.au](mailto:medical@healthregboards.qld.gov.au)  
Website: [www.medicalboard.qld.gov.au](http://www.medicalboard.qld.gov.au)

M135  
Oct. 2004

### 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.

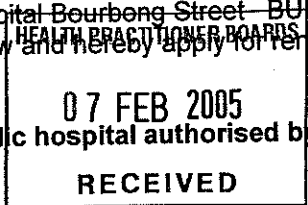
### Documents required to renew your Special Purpose Registration under Section 135

- 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](http://www.medicalboard.qld.gov.au);
- Assessment Report, available from the Board's website [www.medicalboard.qld.gov.au](http://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, Bourong Street - BUNDABERG, QLD, 4670, intend continuing in my current approved activity as described below and hereby apply for renewal of special purpose registration:



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

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 documents and supporting material lodged with this application are true and correct. I also undertake to comply with all relevant legislation, codes of practice and Medical Board of Queensland policies.

Jayant Patel  
Printed Name of Applicant

Jayant Patel  
Signature of Applicant

2. 2. 05  
Date:

### MUST BE COMPLETED BY REGISTRANT

#### FITNESS TO PRACTICE STATEMENTS

Tick relevant box	Yes	No
1. 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 history').		X
3. Have you been registered as a <b>medical practitioner</b> or <b>specialist</b> under the <i>Medical Practitioners Registration Act 2001</i> or the <i>Medical Act 1939</i> (repealed), or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, <b>and</b> the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way?		X
4. Have you ever been registered as a <b>health practitioner</b> in any State or Territory or a foreign		



**AREA OF NEED POSITION DESCRIPTION**

(For Completion by employer)

Name of Applicant: Dr Jayant Patel

Title of Position: Director of Surgery.....Site:

Urban

Rural

Remote

Field:  General practitioner

Hospital

Specialty

(Attach Position Description if Available)

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 on behalf of

Employer.....

Comment:

**SUMMARY OF EXPERIENCE SUITABLE TO THE AREA OF NEED**

(For completion by applicant)

Name: Jayant Patel

Qualification: General Surgeon

(Attach full curriculum vitae)

Clinical Experience (Provide dates)	
<p><b>General Practice</b>                      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.</p>	
<p><b>Medical</b></p>	
<p><b>Surgical</b></p>	<p>Director of Surgery                      Bunclebury Base Hospital                      General Surgery - all aspects</p>
<p><b>Obstetrics/ Gynaecology</b></p>	
<p><b>Anaesthetics</b></p>	
<p><b>Emergency</b></p>	
<p><b>Mental Health</b></p>	
<p><b>Other discipline</b></p>	

Experience in independent practice:

Signed: Jayant Patel  
 (Medical practitioner)

# QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



<b>DETAILS OF SPONSORED DOCTOR:</b>	
SURNAME: PATEL	GIVEN NAME(S): JAYANT
GENDER: MALE	DATE OF BIRTH: 10.04.50
COUNTRY OF CITIZENSHIP: UNITED STATES OF AMERICA AUSTRALIAN PERMANENT RESIDENT: NO	
<b>QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):</b>	
MBBS – SAURASHTRA UNIVERSITY, INDIA – 1973	
MS (GENERAL SURGERY) SAURASHTRA UNIVERSITY, INDIA – 1976	
DIPLOMA OF AMERICAN BOARD OF SURGERY 1988, RECERTIFIED 1996	
<b>RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):</b>	
REFER TO ATTACHED CV	
<b>EMPLOYER: BUNDABERG HEALTH SERVICE DISTRICT</b>	
<b>PROPOSED GEOGRAPHICAL LOCATIONS (INCLUDE SPECIFIC NAME OF PRIVATE PRACTICE AND/OR HOSPITALS THAT THE DOCTOR WILL BE REQUIRED TO PRACTISE AT):</b>	
BUNDABERG HEALTH SERVICE DISTRICT	
<b>IS THE PROPOSED LOCATION:</b>	RURAL
<b>PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS</b>	
POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): DIRECTOR OF SURGERY - SMO	
DEPARTMENT/SPECIALTY: DEPARTMENT OF SURGERY	
CLINICAL DISCIPLINE/SUB SPECIALTY:	
<b>PUBLIC HOSPITALS MUST COMPLETE:</b>	
WAS THIS A DIRECT APPOINTMENT BY THE HOSPITAL: NO	
IF NO, NAME OF RECRUITMENT AGENCY: WAVELENGTH	
<b>PRIVATE PRACTICE ONLY</b>	
<b>TYPE OF PLACEMENT:</b>	
<input type="checkbox"/> GENERAL PRACTICE	<input type="checkbox"/> SPECIALIST: DISCIPLINE .....
<b>IF GENERAL PRACTICE:</b>	
<input type="checkbox"/> BONA FIDE LOCUM	<input type="checkbox"/> VACANCY
<input type="checkbox"/> DEPUTISING SERVICE	<input type="checkbox"/> 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](mailto: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 (PRINCIPAL)

MEDICAL ADVISER / MEDICAL ADVISER, RURAL HEALTH SERVICES / PRINCIPAL PROJECT OFFICER)



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

**Supervisors must comment on the following:**

List strengths: Dr Patel is a very committed & enthusiastic clinician who has continued to a very effective member of staff and Director of Surgery. He has a very strong work ethic which is a model for others. Dr Patel is a willing and effective teacher who has continued to make strong contributions.

List areas for improvement: Nil significant.

Comments on 'Requiring substantial assistance' and/or 'Further development' - give specific examples:

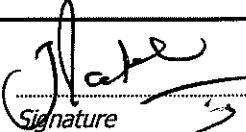
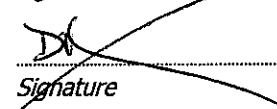
.....  
 .....  
 .....

**Improving Performance Action Plan (to be completed by Registrant with Supervisor)**

Issue	Actions/Tasks (including timeframes)	Review Date

Has the registrant had a formal feedback session about this assessment?  Yes  No

**Signatures:**

<b>Registrant</b>	<u>J. PATEL</u> Name (please print)	 Signature	<u>4.2.05</u> Date
<b>Clinical Supervisor</b>	<u>D.P. KEATING</u> Name (please print)	 Signature	<u>2/2/05.</u> Date
<b>Designation</b>	<u>DIRECTOR OF MEDICAL SERVICES</u>		