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Queensland
Government

Queensland Health

**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


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:

19th Floor Forestry House
160 Mary Street, Brisbane
9.00am to 4.00pm
Monday to Friday

Counter Hours:

Payment enquiries:

(07) 3225 2513
(07) 3234 0176

General enquiries:

Email:

medical@healthregboards.qld.gov.au

Website:

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;
- 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 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

COI.0001.0003.00020

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 medical practitioner or specialist 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, <u>and</u> the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way?	2005	X
4. Have you ever been registered as a health practitioner in any State or Territory or a foreign		

Country, and the registration was, or is currently, cancelled or suspended as a result of disciplinary action?		X
5. Have you ever been refused registration as a health practitioner in any Australian State or Territory, or in another country?		X
6. Are you currently under investigation by any authority in any Australian State or Territory or in any other country?		X
7. Do you have a reasonable command of the English language?	X	

IMPORTANT NOTES:

- Apart from question 7, if you answer "Yes" to any of the above questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).
- The term 'health practitioner' includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.
- Please note that if your registration is renewed, you must notify the Board of any of the following future changes:
 - A change in your name (within 21 days). Documentary evidence -e.g. Certified copy of Marriage Certificate or Deed Poll - **MUST BE SUPPLIED.**
 - A change in your address (within 21 days). You are not required but we request that you also notify any change of email address.
 - The withdrawal or cancellation of your qualification for registration (within 21 days).
 - Before carrying on a business providing professional services under a business name other than your own name, you must give the Board notice of the business name. If there is a change to the information in the notice, you must give the Board notice of the change within 14 days.
 - Conviction for an indictable offence in Queensland or under a corresponding law (within 30 days). Please use form MHPPS385A.
 - If you are a party to proceedings in a court claiming damages or compensation for alleged negligence by you or in the practice of your profession and in which either a judgment has been delivered or in respect of which there has been a settlement of the proceedings (within 30 days). Please use form MPPS385B.
 - If you are registered under a corresponding law and your registration, licence or certification under that law is affected by disciplinary action or is otherwise cancelled, suspended or made subject to a condition or an undertaking (within 30 days). Please use form MPPS385C.
- The Board may enquire with relevant authorities regarding an applicant's criminal history.
- The Board will cooperate with authorities of other States, territories or countries in providing information on undertakings agreed to or conditions imposed on a registration.

PRIVACY STATEMENT

The Medical Board of Queensland respects your privacy. The Medical Board is collecting the information on this form in order to renew your registration as a medical practitioner and carry out other functions relevant to the administration of the Medical Practitioners Registration Act 2001.

Your name, registration address, qualifications, type of registration and any conditions of registration (as required by legislation) will be entered on the Register, which is available to the public for inspection (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).

The Office of Health Practitioner Registration Boards will, on behalf of the Medical Board, disclose personal information to external organisations that conforms to 'reasonable use' that the registrants and the Board might expect with regard to the distribution of information. If you would like further information on this, you can access the Office of Health Practitioner Registration Boards Privacy and Security Policy on the worldwide web at www.healthregboards.qld.gov.au/docs/ohrboprivacyplanv101.pdf. Alternatively, contact the Privacy Officer on +61 (0) 7 3234 1548.

For this payment to be accepted you must complete all sections below. **DO NOT DETACH**

To assist with credit card processing, please provide a daytime contact no:- _____

VISA

MASTERCARD

BANKCARD

CARD NUMBER _____

EXPIRY DATE _____

CARD HOLDER'S NAME

JAYANT PATEL

CARD HOLDER'S SIGNATURE

Jayant Patel

(Print)

AMOUNT \$ 299.00

HAS YOUR ADDRESS CHANGED?

If so please write your new address here.

Phone No _____ Email address: _____

AVAILABILITY OF YOUR ADDRESS FOR INSPECTION

Is your registration address your residential address? YES NO

If "Yes" do you agree that it be available for inspection on the Register? YES NO

If you do not tick these boxes, and your current address on the Register is not a PO Box, an address will NOT appear against your name on the Register



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AREA OF NEED POSITION DESCRIPTION

(For Completion by employer)

Name of Applicant: Dr Jayant Patel

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

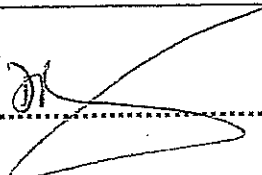
- Urban
 Rural
 Remote

- 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:



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Form 2.

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)	
General Practice <small>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.</small>	
Medical	
Surgical	Director of Surgery Bamburgh Base Hospital General Surgery - all aspects
Obstetrics/ Gynaecology	
Anaesthetics	
Emergency	
Mental Health	
Other discipline	

Experience in independent practice:

Signed: Jayant Patel
(Medical practitioner)

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
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			✓			
Procedural skills Performs procedures competently			✓			
COMMUNICATION						
Patient and Family Interacts effectively and sensitively with patients and families/care givers.				✓		
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.					✓	
Time management skills Organises and prioritises tasks to be undertaken.				✓		
Teamwork and colleagues Works and communicates effectively within a team.			✓			JOP



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 leader 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:

Registrant	Name (please print) _____	Signature _____	Date _____
Clinical Supervisor	<u>Dr P. KERRING</u> Name (please print)	<u>[Signature]</u> Signature	<u>2/2/05.</u> Date
Designation	<u>DIRECTOR OF MEDICAL SERVICES</u>		

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