New South Wales Medical Professional Standards Committee

Craddock, Dr Mark Christopher [2012] NSWMPSC 8 (23 August 2012)

Last Updated: 3 September 2012

PROFESSIONAL STANDARDS COMMITTEE INQUIRY

CONSTITUTED PURSUANT TO PART 8 OF

THE HEALTH PRACTITIONER REGULATION NATIONAL LAW (NSW) No 86a

TO HOLD AN INQUIRY INTO

A COMPLAINT IN RELATION TO

Dr Mark Christopher James Craddock

Date of Inquiry:	**Tuesday, 5 June 2012**
Committee members:	Ms Diane Robinson, Chairperson
	Dr George Abouyanni
	Dr Michael Lowy
	Ms Jennifer Houen
Legal Officer assisting Committee:	Ms Christine Campbell

Appearances for Health Care Complaints Commission:	Ms Sophia Beckett of Counsel, instructed by Ms Jamie Dinihan, Legal Officer
Appearances for Dr Craddock:	Ms Kristina Stern, Senior Counsel, instructed by Ms Kerrie Chambers / Mr Feneil Shah, Solicitors, HWL Ebsworth Lawyers
Date of decision:	**23 August 2012**
Publication of decision:	A non-publication direction has been made. Refer to pages 7 & 24 of this decision for details of non-publication direction

SUMMARY

A complaint was made in relation to Dr Craddock consulting, in his home, with a young male patient concerning that patient's homosexuality. Dr Craddock prescribed Cyprostat to the patient and the prescribing occurred in circumstances where Dr Craddock failed to adequately assess the patient and failed to provide appropriate medical management of the patient's therapeutic needs. In addition, the drug prescribed was not clinically indicated for the patient. At the relevant time, Dr Craddock and the patient were members of the same church and the consultation had been initiated and arranged by another church member known to Dr Craddock and the patient.

Dr Craddock admitted the substantive Particulars of the Complaint and that they amounted to unsatisfactory professional conduct. At the time of the Inquiry Dr Craddock had conditions on this registration, which were imposed as interim conditions following urgent proceedings held under s. 66 of the now repealed Medical Practice Act 1992. Those proceedings dealt with the circumstances before this Inquiry which, following a referral of the matter to the Health Care Complaints Commission for investigation, have given rise to the complaint now made by the Health Care Complaints Commission.

The outcome of this Inquiry was that Dr Craddock was found guilty of unsatisfactory professional conduct. He was severely reprimanded and practice restrictions were placed on his registration.

COMPLAINT

1. A Complaint dated 28 October 2011 against Dr Mark Christopher James Craddock was referred by the NSW Health Care Complaints Commissioner to be dealt with by a Professional Standards Committee. It was prosecuted before this Committee by the Director of Proceedings acting as nominal complainant.
2. The Complaint against Dr Mark Christopher James Craddock is as follows:

Dr Craddock has been guilty of unsatisfactory professional conduct within the meaning of section 139B of the Health Practitioner Regulation National Law (NSW) No 86a (the National Law) in that he has:

> *(i) demonstrated that the knowledge, skill or judgment possessed, or care exercised, by him in the practice of medicine is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience.*

PARTICULARS OF COMPLAINT

3. The Particulars of the Complaint are as follows:

At all relevant times, the practitioner was registered as a radiologist and a general practitioner. The practitioner was a member of the ***Exclusive Brethren*** *church.*

Patient A, then 18 years old, was also a member of the ***Exclusive Brethren*** *church. The practitioner knew of Patient A through a church connection, specifically, Patient A was staying with one of the practitioner's friends whilst in Sydney on an extended working holiday visa from New Zealand. The consultation was initiated and arranged by another member of the* ***Exclusive Brethren*** *church.*

On or about 14 February 2008, Patient A consulted with the practitioner for professional assistance in relation to issues concerning sexuality. At the consultation, Patient A advised the practitioner that he was a homosexual.

1. *At the consultation, the practitioner failed to provide appropriate medical management of Patient A's therapeutic needs in that he:*

   (i) failed to obtain a medical history from Patient A;

   (ii) failed to physically examine Patient A;

   (iii) failed to refer Patient A to a counsellor or psychologist in relation to dealing with his sexuality;

   (iv) prescribed cyproterone acetate (cyprostat) to Patient A, (50 mg to be taken twice per day with 5 repeats where each repeat lasts one month) which was not clinically indicated for use in relation to a young and healthy male patient and in circumstances where the practitioner:

A. *was aware that Patient A was seeking medical assistance to cure his homosexuality;*

B. *had not identified or been informed of any clinical symptoms indicating the drug in Patient A's case;*

C. *failed to refer Patient A to a counsellor despite the recommendation on the cyprostat product information that all patients taking the drug be referred to a counsellor;*

D. *failed to obtain a past medical history or conduct a physical examination of Patient A;*

E. *failed to obtain a past sexual history from Patient A;*

F. *failed to discuss significant potential side effects of the drug with Patient A;*

G. *failed to arrange a follow-up appointment with Patient A; and*

H. *failed to communicate the details of his consultation with Patient A's regular general practitioner.*

2. *The practitioner failed to observe appropriate professional boundaries in that he consulted with Patient A at his home rather than his surgery.*

THE MEANING OF UNSATISFACTORY PROFESSIONAL CONDUCT

4. Section 139B of the National Law states:

   Meaning of "unsatisfactory professional conduct" of registered health practitioner generally

   (1) Unsatisfactory professional conduct of a registered medical practitioner includes each of the following:

   (a) **Conduct significantly below reasonable standard**

   "*Conduct that demonstrates that the knowledge, skill or judgment possessed, or care exercised, by the practitioner in the practice of practitioner's profession is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience.*

5. The phrase "significantly below" is not defined in the National Law. However in the Second Reading speech when the National Law's predecessor, the *Medical Practice Act* 1992 (which contained a similar definition of unsatisfactory professional conduct), was introduced to Parliament it was stated that:

   "The first main purpose of the bill is to refocus the Health Care Complaints Commission (HCCC) on investigating serious complaints about health service providers. To achieve this, Commissioner Walker recommended that unsatisfactory professional conduct be redefined so that only significant instances involving lack of skill, judgment, or care will result in an investigation or disciplinary action. ..... the reference to 'significant' in that context may refer to a single act or omission that demonstrates a practitioner's lack of skill, judgment or care, or it may refer to a pattern of conduct. In any individual case, that will depend on the seriousness of the circumstances of the case."

STANDARD OF PROOF

6. For the Complaint to be proved, the Committee must be reasonably satisfied on the balance of probabilities that Dr Craddock's conduct satisfies the statutory definition of unsatisfactory professional conduct.

7. As stated in Briginshaw v Briginshaw [1938] HCA 34; (1938) 60 CLR 336 *"Reasonable satisfaction is not a state of mind that is attained or established independently of the nature and consequence of the fact or facts to be proved. The seriousness of an allegation made, the inherent unlikelihood of an occurrence of a given description, or the gravity of the consequences flowing from a particular finding are considerations which must affect the answer to the question whether the Issue has been proved to the reasonable satisfaction of the tribunal. In such matters 'reasonable satisfaction' should not be produced by inexact proofs, indefinite testimony, or indirect inferences".*

EXHIBITS

8. The Committee considered the following documents which were provided by the parties prior to the hearing: A folder tabbed 1 to 18 from the HCCC and a folder tabbed1 to 14 from Dr Craddock.
9. During the Inquiry, further documents were tendered on behalf of Dr Craddock, being three letters

of commendation issued in July 1983 and a Schedule of Pharmaceutical Benefits – Emergency Drug Supplies. These documents became items 15 and 16 respectively, in the Respondent's folder of documents. The HCCC also tendered a confirmation of registration status for Dr Craddock dated 31 May 2012 (tab 1).

PRELIMINARY ISSUES

10. Directions Hearings were held in this matter on 4, 28 and 29 May 2012 before the Chairperson and attended by the parties' counsel.

Admissions

11. Dr Craddock made a significant number of admissions in relation to the Particulars and the Complaint. The only matter not admitted was the assertion made in the preamble to the Particulars that the consultation with Patient A was initiated by another member of the **Exclusive Brethren** church. Dr Craddock admitted that the consultation was arranged by a church member but denied that it was initiated by that church member.

12. Dr Craddock also admitted that his conduct constituted unsatisfactory professional conduct within the meaning of the National Law.

Amendments to the Particulars

13. At the commencement of the Inquiry, leave was granted to amend Particular 1 (iv) E to state that Dr Craddock failed to obtain an adequate past sexual history from Patient A. This reflected the admissions made by Dr Craddock.

Respondent's objections to evidence presented by the HCCC

14. During the Directions Hearing on 28 May 2012 the Respondent's objections to the HCCC's documents were considered. A significant number of objections were made by Dr Craddock to the material presented by the HCCC. These objections related to aspects of the Particulars of the Complaint as well as documentary and other evidence presented by the HCCC. Written submissions were made by Dr Craddock outlining his objections and the reasons for them. The HCCC also presented written submissions in response to the objections.

15. Dr Craddock's objections related to evidence concerning his involvement with the **Exclusive Brethren** church. His counsel submitted that the Complaint does not allege that Dr Craddock's religion interfered with his practice of medicine or influenced the standard of care he provided to Patient A. Indeed the HCCC expert, Dr Bittar, was asked about this and was not satisfied that Dr Craddock's religious beliefs influenced his decision to prescribe Cyprostat to Patient A. Accordingly, the references to Dr Craddock's involvement with the **Exclusive Brethren** church, it was submitted, are not relevant and are likely to be prejudicial. It was suggested that these references may lead the Committee to make inferences or discriminatory assumptions, which are not relevant to the Complaint. It was asserted that the prejudicial effect of this evidence is likely to outweigh any probative value it may have.

16. The HCCC submitted that the evidence relating to Dr Craddock's involvement with the **Exclusive Brethren** church was relevant in establishing the background and context to the Complaint. The HCCC acknowledge that it is not alleged that Dr Craddock treated Patient A on

the basis of his religious beliefs and the doctrines of the **Exclusive Brethren** church are not in evidence. It was submitted that redacting all references to the church would result in an artificial and incomplete presentation of the evidence and prevent the Committee understanding the true context of the consultation.

17. The Chairperson was referred to a number of decisions, including *Pochi v Minister for Immigration and Ethnic Affairs [1979] AATA 64; Kostas v HIA Insurance Services Pty Ltd [2010] HCA 32; (2010) 241 CLR 390* and *TA Miller Ltd v Minister of Housing and Local Government [1968] 1 WLR 992*. Amongst other things, these cases discuss the evidentiary freedoms and limits for tribunals, which are not bound by the rules of evidence, but which must observe procedural fairness.

18. Having considered this case law and the written and oral submissions of the parties, the Chairperson excluded some evidence on the basis that its prejudicial effect is likely to outweigh its probative value. It was also determined to redact certain words, which were unnecessarily inflammatory and therefore prejudicial. However, it was decided that general references to the **Exclusive Brethren** church should remain.

19. It is not suggested that the material relating to the **Exclusive Brethren** church is to be used for the purpose of showing that Dr Craddock made medical decisions on the basis of his religious views. That is not alleged and the material is not relevant for that purpose. But it does provide context and background to the Complaint and can be considered as such.

20. Of particular note is the fact that Dr Craddock has made extensive admissions and the issue before the Committee relates primarily to the orders, if any, which should be made in relation to him. In considering appropriate orders, the Committee is required to make a judgement bearing in mind a wide range of factors, including the nature, seriousness and causes of the conduct proved, the need for and the viability of remediation, the likelihood of recurrence and considerations of deterrence, the need for confidence in the profession to be fostered and the overarching concern for the health and welfare of the public. In making this judgement, it is appropriate that all the circumstances of the case are considered.

21. Dr Craddock expressed concern about the Committee making inappropriate inferences or assumptions on the basis of his religious views. However, it should be borne in mind that, unlike a jury, a Professional Standards Committee is an expert panel consisting of legal and community representatives and two medical practitioners whose role, as peers, is to assess and evaluate the evidence concerning Dr Craddock's practice of medicine.

Witnesses

22. Dr Craddock was the only person to give evidence at the Inquiry.

Non Publication Order

23. A non-publication direction was sought and made in the public interest regarding the Respondent's son. The name and address of the Respondent's son and any information, which might identify or refer to the Respondent's son in these proceedings is not to be published by any person.

BACKGROUND

24. Dr Mark Christopher James Craddock (DOB: 20/04/1937) obtained his qualifications, Bachelor

of Medicine Bachelor of Surgery (Hons.1) from the University of Sydney in 1960 and a Diploma in Diagnostic Radiology from the University of Sydney in 1965. Dr Craddock has practiced as a radiologist in a number of hospitals including Canterbury, Ryde and Armidale Hospitals. He also had a private radiology practice in Armidale. Dr Craddock retired from radiology in 1994 to set up a family business.

25. When Dr Craddock returned to medical practice in 1999, he worked as a general practitioner in Armidale and Uralla. In 2005 he returned to radiology and worked half time as a consultant radiologist at Liverpool Diagnostics and half time as a general practitioner working from a surgery attached to his home. Since August 2010, as a result of Section 66 proceedings, Dr Craddock has worked only as a radiologist as he has had conditions on his registration which have prevented him practicing as a general practitioner.

THE INQUIRY

ISSUES

26. With one exception, Dr Craddock has admitted the Particulars of the Complaint and has admitted that his conduct constitutes unsatisfactory professional conduct.

27. Accordingly, the principle issue to be determined by the Committee relates to what orders or directions, if any, are appropriate to be made pursuant to Part 8 Division 3 Sub-division 3 of the National Law.

THE PARTICULARS AND THE COMPLAINT

Particulars

28. At the commencement of the Committee's Inquiry the only matters not admitted were:

(i) the assertion made in the preamble to the Particulars that the consultation with the patient was "initiated" and arranged by another member of the **Exclusive Brethren** church. Dr Craddock admitted that the consultation was arranged by a church member but denied that it was initiated by that church member, and

(ii) Particular 1.(iv) E - that Dr Craddock failed to obtain a past sexual history from Patient A. His counsel submitted that a sexual history was taken, albeit an incomplete one.

With respect to the first matter, Dr Craddock's counsel submitted that the evidence in the letter of complaint from Patient A to the Health Care Complaints Commission (Tab 2) to the effect that *a member of the church recommended that patient A speak to Dr Craddock,* is insufficient to establish that the consultation was initiated by that member of the church.

The HCCC referred the Committee to that same letter, which states,

*"Until last year, I was a member of the **Exclusive Brethren**. Dr Mark Craddock was (and still is) a member. I came out as gay around two years ago, at 18 years of age, and was informed by a leader that "there's medication you can go on for these things". He recommended that I speak to Dr Craddock on the matter with a view to my being placed on medication to "help" me with my "problem".*

Following this recommendation, I was taken by a member of the church to visit Dr Craddock on

the fifth of February 2008."

29. The Committee considered the ordinary meaning of the word initiate. The Macquarie Dictionary defines "initiate" as:

"To begin, set going, or originate; to propose (a measure)"

The Oxford Dictionary identifies the word initiate as deriving from the Latin verb "to begin" and defines it to mean:

"to cause a process or action to begin"

30. The Committee also considered the letter written by Dr Craddock to the HCCC dated 14 May 2012 (Tab 7) in which Dr Craddock states:

"On the afternoon for February 2008 I received a telephone call on behalf of Patient A (sic). I was informed that Patient A (sic) wanted to discuss a problem with me and that the problem was of a confidential nature."

In Dr Craddock's letter to the HCCC dated 17 February 2011 (tab 13) he also states,

"Charles Baker called me about seeing Patient A (sic). Charles Baker is a friend and fellow member of the ***Exclusive Brethren****."*

31. Based on the evidence above, the Committee is satisfied that the consultation between Dr Craddock and Patient A originated in the actions of a member of Dr Craddock's church. That person proposed and organised the consultation and accordingly, the Committee finds that the consultation was both initiated and arranged by a fellow church member.

32. The second issue was resolved between the parties during the Inquiry and leave was granted to amend the particulars to reflect the agreement reached. Particular 1(iv) E was amended to state that Dr Craddock failed to obtain "an adequate" past sexual history from Patient A.

33. The Committee finds, on the basis of Dr Craddock's admissions and the documentary evidence before it, all of the Particulars of the Complaint to be proved.

Unsatisfactory Professional Conduct

34. Dr Craddock is a very well qualified and experienced medical practitioner. Patient A was brought to Dr Craddock seeking help to "cure" his homosexuality. Dr Craddock failed to take a medical history or perform a proper examination for Patient A. He failed to refer Patient A for counselling or psychological support and he prescribed for him a medication which was not clinically indicated. The medication, Cyprostat, can be used to treat advanced prostate cancer or to manage sexual deviation, by the reduction of testosterone. Dr Craddock prescribed Cyprostat without obtaining an adequate sexual history, without discussing potential side effects and without arranging a follow up appointment. His consultation with Patient A took place in this home rather than in his surgery.

35. Unsatisfactory professional conduct is defined in s. 139 of the National Law and the assessment of whether professional conduct satisfies this definition is, in part, made by reference to the views of reasonable members of the profession. For example, in *New South Wales Bar Association v Meakes* *(2006) NSWCA 340*, the New South Wales Court of Appeal said:

"'Professional brethren of good repute and competency' provide the standard for assessing professional misconduct and unsatisfactory professional conduct in the legal profession."

36. As noted above, a Professional Standards Committee constituted by the Medical Council is an 'expert' panel, consisting not only of a chairperson who is legally qualified and a lay member who 'represents' the community, but also two experienced, senior medical practitioners, who can reflect and represent the views and values of reasonable and responsible medical professionals.
37. Dr Craddock admitted that his conduct constitutes unsatisfactory professional conduct and the Committee is comfortably satisfied that in relation to Patient A Dr Craddock failed to demonstrate the knowledge, skill and judgement and failed to exercise the care which is to be expected of a medical practitioner with his level of training and experience.
38. Accordingly the Committee finds that Dr Craddock is guilty of unsatisfactory professional conduct.

ORDERS

39. Having determined that the Particulars are proved and that Dr Craddock is guilty of unsatisfactory professional conduct pursuant to Section 139 B of *the National Law,* the Committee considered what, if any, protective orders were appropriate to impose on Dr Craddock.

Evidence of Dr Craddock

40. Dr Craddock referred to and relied on his statements dated 3 May 2012 and 25 May 2012. He indicated to the Committee that he is willing to comply with Conditions which are essentially the same as the Conditions imposed on him after the Section 66 proceedings.

Radiology practice

41. Dr Craddock told the Committee that he continues to work at Liverpool Diagnostics and Parramatta Diagnostic Imaging. If permitted to continue to practice under his current conditions, he intends to continue working at those clinics. He works for Liverpool Diagnostics on Monday and Wednesday and usually works, with another radiologist, at the Liverpool clinic in the morning and in the afternoon he works at the Chester Hill clinic, where he is the only radiologist on duty. He also does relief work at Parramatta Diagnostic Imaging as required.

42. He said he has very little face-to-face contact with the public but may be called in by a sonographer if there is a difficulty. Dr Craddock's statement, dated 3 May 2012, states at paragraph 23:

Whilst I am trained to perform interventional radiology, it is not currently part of my practice. I have experience with it and when I worked for I-Med prior to 2008 I practised interventional radiology. Prescribing steroids is generally involved as part of that procedure. In addition I keep a supply of emergency drugs with me at all times. As I am the only medical practitioner at Chester Hill rooms I am occasionally called upon to administer drugs such as IV Valium or IM antihistamine. Dr Cohen deals with any emergencies at the Liverpool rooms and I have not been called upon to administer an emergency drug at the Parramatta rooms. I attend the pharmacy periodically to resupply the emergency drugs in my kit. I estimate that I am called upon to administer these drugs in an emergency setting about once every three months. On each occasion a note is made in the patient's file. Other than in these circumstances I do not prescribe medications as part of my current practice.

43. In oral evidence, Dr Craddock said that he sometimes may need to prescribe and administer

medication such as IV frusemide to assist with a kidney X-ray or if a patient has an anaphylactic reaction, adrenaline or IV cortisone may be required. Dr Craddock stated that sometimes Valium is required during a radiological procedure. He said it would be difficult to continue to practice as a radiologist if he could not prescribe medication.

44. In cross examination he said that sometimes he prescribes steroids as part of his radiology practice. Dr Craddock conceded that most of the drugs he requires for his radiology practice are available on the emergency list. However he said sometimes he needs to write a prescription to maintain the supply of such drugs.

Continuing Professional Development (CPD)

45. In his statement dated 3 May 2012 Dr Craddock requests that he no longer be required to report to the Medical Council in relation to this Continuing Professional Development in radiology.

46. In relation to CPD generally, Dr Craddock told the Committee he had recently completed a course "Issues in General Practice Prescribing" at Monash University. He said this course had caused him to reflect on his independence as a GP. He said *"I was too influenced by the patient's expectations"*.

47. He discussed his CPD activities with the Committee. As part of his CPD, Dr Craddock has undertaken a sexual health module and a module on young men's health. He stated that he wished to be competent in this area.

Emergency Medical Assistance

48. Dr Craddock wishes to be able to provide emergency medical assistance and he gave evidence that he had done so on a number of occasions. In 1983 he assisted a person on a Qantas flight to Honolulu. Some years ago he assisted a cyclist injured on Mona Vale Road and on another occasion a young boy involved in a motor vehicle accident on Pennant Hills Road.

49. Dr Craddock was asked about the need to prescribe medications in relation to providing emergency assistance. He said he has access to emergency supplies through his doctor's bag, but that sometimes other medications such as heparin can be advantageous in an emergency. He wishes to be able to continue to prescribe medications for such purposes.

50. Dr Craddock was asked to explain what he considered to be a medical emergency. He stated it could involve an acute cardiac situation requiring defibrillation or IV adrenalin. He was asked, if he received a phone call from a member of the church requiring assistance, how he would determine if the situation constitutes a medical emergency. Dr Craddock replied that this won't happen as he is no longer working as a GP. When asked what he would do if contacted after hours with a request for an urgent prescription, Dr Craddock said "*I can't get involved; I've been too accessible"*.

Patient A

51. In relation to his consultation with the Patient A, Dr Craddock said that his approach had been too simplistic. He said he had *"left too much to the patient"*. He acknowledged that he didn't fully consider the appropriateness of the medication. He conceded that he prescribed too much medication for Patient A, with the number of repeats he had included and that with hindsight he should not have prescribed him Cyprostat at all. Dr Craddock acknowledged that Cyprostat is a medication usually prescribed by a specialist. He said he was not in the habit of using it and only

prescribed it on request.

52. Dr Craddock acknowledged that he should have undertaken baseline testing before prescribing this medication, however, because Patient A was not an Australian resident he thought at the time that the costs of such tests would be too expensive. He accepted that he should have discussed this matter with Patient A and given him the option of having such tests.

53. Dr Craddock also stated that he now understood he should not have seen the patient in his home. He understood that Patient A had a sensitive problem and he allowed this aspect to influence him. Dr Craddock asserted that prior to the consultation he was not aware that Patient A was coming to see him in relation to his homosexuality. He now acknowledges that he should have seen Patient A in his professional rooms. Dr Craddock said that at the time he didn't see the use of his home for a consultation as a boundary issue. He said he didn't think about boundary issues until the section 66 hearing. He acknowledged that when it became apparent that Patient A had a medical issue he should have moved to his professional rooms. However Patient A became distressed and he did not think it was appropriate to move. Dr Craddock conceded that he had failed Patient A and said he had learnt a deep lesson from adopting a "*simplistic approach to a complex issue*".

54. Dr Craddock said that when he was a GP he had seen patients outside of business hours. He said that patients might ask for his advice or possibly the name of a specialist for referral. He said that when patients called him after hours he would try to help people if they needed him. Dr Craddock acknowledged that people were coming from some distances, such as Canberra and Victoria, to consult with him. One couple came from Victoria to seek advice in relation to infertility issues. Many of these people are members of his church and they came to discuss a range of medical issues with him. Dr Craddock told the Committee that he is the only medical practitioner in New South Wales who is a member of the **Exclusive Brethren** church. There are only two other **Exclusive Brethren** medical practitioners he is aware of - one in Queensland and one in South Australia.

55. Dr Craddock admitted that in relation to Patient A, he had not obtained an adequate sexual history. In fact he only asked Patient A to give a percentage estimate of his homosexual as opposed to heterosexual feelings. He asked if Patient A had engaged in homosexual activity but he did not ask about the extent or nature of this activity and the number of sexual partners. He said that he had a gut feeling that Patient A's homosexual activity was limited. Dr Craddock said that he thought he had asked Patient A sufficient questions about his sexual history. He felt he didn't need to go further and he perceived that Patient A was uncomfortable. Dr Craddock acknowledged that his initial reaction was out of step with the current approach and that he had been "delayed in his thinking' on this issue.

56. Dr Craddock said that having now completed CPD courses on men's sexual health he understands he could should have asked in more detail about the number of sexual partners Patient A had had and the nature of the contact. Dr Craddock said he assumed that there had been anal and possibly oral intercourse but maybe he was wrong.

57. When asked why he had not physically examined Patient A he said he believed the patient would have told him if he had any concerns. When questioned about whether the issue of HIV came up, Dr Craddock said he assumed Patient A would raise that concern if he had been exposed. Dr Craddock assumed all homosexuals would be regularly tested for HIV. In cross examination Dr Craddock did acknowledge that the doctor must take the initiative in terms of eliciting information in relation to sexual history, particularly when the patient is 18 years of age and is not forthcoming

with information.

58. Dr Craddock told the Committee that he had not been confident in taking a sexual history from Patient A. He said he now understood that every aspect of anatomy and physiology would be relevant in such situations and that mental health issues are also an important consideration when an 18-year-old comes to see a doctor with concerns about their sexuality.

59. Dr Craddock spoke of his familiarity with mental health issues in this context. He said that homosexuality can be a heavy load for a young man and he referred to the risk of suicide in homosexual teenagers. He said that he should have organised counselling for Patient A. When asked why he hadn't done so, Dr Craddock said that what he had done was a starting point and he did not expect that Patient A would not come back to see him. He said Patient A was in a hurry to get away. It was an average consultation which lasted 10 minutes. However he said *"I should have tied it all together"*.

60. Dr Craddock also acknowledged that the side-effects of Cyprostat, such as impotence, could give rise to mental health issues, although he said that it would be unusual for a healthy young man to become impotent on the dose that he had prescribed. Dr Craddock indicated that he did not discuss impotence or recommend counselling in relation to this issue with Patient A. Dr Craddock stated that he had not discussed potential side-effects with Patient A and agreed that he did not consider the drug to have significant side-effects because he had taken it himself without difficulties. Having regard to the product information for his drug, Dr Craddock conceded that the drug was contraindicated for Patient A and that he had not considered ordering a liver function test.

61. When asked why he thought Patient A would come back to see him, Dr Craddock said that the patient would have understood that he would be available to see him any time. However a further appointment was not made and Dr Craddock did not recommend that Patient A come back for review. Dr Craddock accepted that, in giving Patient A five repeats for Cyprostat, this indicated he may not need to come back for review. He also acknowledged that was potentially dangerous for Patient A to have that quantity of medication unsupervised.

62. The Committee asked Dr Craddock to explain why his consultation with Patient A occurred as it did. Dr Craddock said that his problem was that he attempted to please everyone. He referred to his background and stated that he had come from a poor family and his parents had divorced. He said that he has been willing to help patients to the extent that it has caused problems for himself.

General Practice

63. Dr Craddock told the Committee that since conditions were imposed on his registration he has ceased to practice as a GP. He has not prescribed Cyprostat or had any further dealings with patients taking Cyprostat. Patients who were seeing him as their general practitioner have been advised to find alternative care. Some patients are members of Dr Craddock's church but not all are church members. Dr Craddock said that if people contact him for assistance, he directs them to other medical practitioners. He said that requests for medical assistance are few and far between now as he has not worked as a GP for almost 2 years. He acknowledged that some church members still approach him for medical advice or referral and that he tells them he is unable to provide that.

64. When asked about his future plans, Dr Craddock stated that he wished to continue to work as a medical practitioner for as long as his health allowed. He acknowledged that at the time of the

section 66 proceedings he indicated a desire to increase his practice as a general practitioner. However he told the Committee that he is willing to relinquish his general practice. When asked why his recent continuing professional development had focused on general practice, he said that he still hopes he may be granted more liberty to practice as a GP, but despite that hope he is willing to relinquish general practice.

References

65. Dr Craddock's Counsel referred to the professional references from colleagues in a range of specialities, which testify to his professionalism and expertise.

EVIDENCE OF OTHER PROCEEDINGS

66. Pursuant to clause 5 of Schedule 5D the Committee can have regard to evidence, findings and other decisions, which may be relevant to this Inquiry.

Professional Standards Committee (PSC) Inquiry decision – 2004

67. Included in the HCCC's documents is a 2004 decision of a Professional Standards Committee Inquiry concerning Dr Craddock. This Inquiry arose out a complaint that Dr Craddock had inappropriately prescribed an antidepressant for a patient without seeing or examining the patient, without diagnosing the patient or assessing the appropriateness of the treatment and without adequately informing or advising the patient. The patient and her husband were members of the same church as Dr Craddock and following a telephone conversation with the husband, Dr Craddock prescribed antidepressant medication for the wife.
68. Dr Craddock made admissions in relation to the Particulars of the Complaint and the Committee found that his conduct amounted to unsatisfactory professional conduct in that he had demonstrated a lack of adequate knowledge, skill, judgment or care in the practice of medicine. Dr Craddock expressed remorse and assured the Committee he had learnt his lesson and would not repeat this behaviour. Dr Craddock was severely reprimanded.
69. When asked about the 2004 PSC, Dr Craddock acknowledged that he knew the patient through his church connections and that he prescribed medication for her in the absence of a doctor/patient relationship, after telephone calls with her husband, without examining her and without discussing possible side effects with her. He said "*I allowed myself to be dragged into a situation I shouldn't have been in. I was trying to help and I thought I knew her well enough.*"
70. Dr Craddock said that when the patient's husband rang him requesting assistance he regarded it as an emergency situation. The husband had said his wife was distraught; she was drinking to excess and couldn't run the household. He said he regarded that as an emergency, but now sees he should not have become involved.
71. Dr Craddock said that the prescribing was done over the telephone. He also said that the patient and her husband were church members, he knew them in this context and when he saw them at church events he may have asked how things were going.
72. When asked what he had learnt from these events, Dr Craddock said he had learnt not to act through a third party. When it was suggested to Dr Craddock that there may be some similarities between the events of 2004 and the current proceedings, Dr Craddock disagreed saying that he and Patient A were face-to-face when he prescribed Cyprostat. He said *"I have learnt not to prescribe at a distance"*.

Section 66 proceedings - July 2010

73. In July 2010 Dr Craddock was the subject of an inquiry in relation to the matters currently before this Committee. Following proceedings under section 66 of the Medical Practice Act 1992, the following practice conditions were imposed by the Council effective from 3 August 2010:
    1. To practice only in the field of radiology.
    2. To obtain Medical Council of NSW approval prior to changing the nature of place of his practice.
    3. The practitioner authorises the Medical Council of NSW to notify his current and future employer of any issues arising in relation to the compliance of these conditions.
    4. To provide the Medical Council of NSW with written evidence of his continuing professional development and maintenance of vocational competence relevant to his employment in radiology. Initially such reports to the Medical Council of NSW are to be forwarded at six monthly intervals.
    5. The practitioner authorises and consents to any exchange of information between the Medical Council of NSW and Medicare Australia where such exchange is necessary to facilitate the monitoring of compliance with these conditions.

The above interim conditions are to have effect until the matter about the practitioner is disposed of, or the conditions are removed by the Medical Council of NSW. Dr Craddock gave evidence at the Inquiry that he had complied with these conditions and there was no evidence to the contrary.

Submissions

74. Both the HCCC and Dr Craddock provided written submissions to the Committee. These submissions addressed the following matters:

The Committee's jurisdiction

75. There is no dispute as to the nature of the Committee's jurisdiction. Dr Craddock's submission expressed it as follows:

The jurisdiction being exercised by the Committee is protective not punitive,

orders being made for the protection of the public and to maintain public confidence and standards in the profession (see Clyne v New South Wales Bar Association [1960] HCA 40; (1960) 104 CLR 186 at 201-202 and Law Society of NSW v

Foreman (1994) 34 NSWLR 408 at 441B, 471B).

76. The HCCC submitted:

The jurisdiction of the Committee in disciplinary matters of this nature is

twofold: to protect the public and to maintain the highest ethical and clinical

standards of the profession. The object of protection of the public involves

considerations of both the likelihood of the conduct being repeated and the

necessity of deterring both the practitioner and others from falling short of the

standards expected of them.

The nature of the Complaint

77. The HCCC characterised Dr Craddock's conduct as serious. It was submitted that he showed limited insight into his conduct, particularly into his loss of professional boundaries in his treatment of Patient A, and that his evidence indicated matters of considerable concern regarding his prescribing practices.

The Commission submits that an appropriate order is that Dr Craddock be

reprimanded given the seriousness of the proved complaint, the previous

2004 complaint, and the limited insight demonstrated by Dr Craddock at the

hearing.

78. Dr Craddock characterised his conduct as follows:

Properly construed, therefore, this is a complaint with a very limited ambit. It

is not at the more serious end of the scale of unsatisfactory professional conduct. It does not involve repeated inappropriate acts or omissions. There is

no element of dishonesty. It does not involve any allegation of pervasive and

ongoing failures to comply with the required standards. There is no complaint

of unethical or unprofessional conduct. The failure to observe professional

boundaries is of a relatively minor matter, Dr Craddock's unchallenged

evidence that the room where the consultation took place was private, and was totally isolated from his home with no risk of anybody coming near.

General Practice

79. The HCCC argue that Dr Craddock's practice should remain restricted to radiology.

It is submitted by the Commission that the circumstances of the subject complaint, taken together with Dr Craddock's evidence at hearing, and his history of a previous matter before the PSC in 2004, are sufficient to justify the imposition of strict conditions in respect of Dr Craddock's continuing ability to practice medicine. Appropriate conditions are submitted to be that he practise only in the area of radiology, and not as general practitioner, however allowing for the provision of emergency medical assistance in limited circumstances, not extending to the ability to prescribe medications to patients in such circumstances.

80. Dr Craddock indicates in his submission that he is willing to comply with a condition that he practice only in the field of radiology. However he also submits that this condition is not necessary. This submission is based on Dr Craddock's level of remorse, his insight and his attempts through CPD to address deficiencies in his practice.

Dr Craddock is plainly a doctor who has been willing to provide medical assistance over and above that which is usually offered in a GP practice. He shows a valuable commitment to the

service of his community. It reflects well on Dr Craddock that he has willingly assisted those in his community both as regards providing assistance in identifying suitable specialists for referrals, and as regards making himself available to provide proper medical care on weekends and after hours. This is to his credit.

81. Dr Craddock's submission concludes by stating:

In all the circumstances the Committee should be satisfied that Dr Craddock has considerable insight, showed considerable remorse, and that the protection of the public does not require that he be precluded from working as a GP in the future.

Prescribing medication

82. The HCCC submit that Dr Craddock's evidence indicates matters of concern in relation to his prescribing practices and that it is appropriate to restrict Dr Craddock's ability to prescribe medication to only those drugs required in his radiology practice that might be insufficiently provided for by the emergency drug supplies in "the doctor's bag". Such drugs are limited to those routine medications supplied in the course of his radiology practice: intra-articular steroids; local anaesthetics; frusemide; adrenalin; and Diazepam.

83. Dr Craddock strongly resists limiting the medication which he would be permitted to prescribe on the basis that it would be inappropriate and unsafe for him to be precluded from prescribing any identified medication which may be appropriate as part of his radiology practice, either now or as knowledge as to such matters develops in the future. Dr Craddock says that if the Committee finds that his practice should be limited to the field of radiology then prescribing should take place in that setting and that comprises the appropriate (and the only appropriate) limitation upon his prescribing.

Emergency Medical Situations

84. Dr Craddock expressed a wish to be able to provide medical attention and treatment in "emergency" situations. The HCCC counsel caution reading the wording of any condition concerning 'emergency" treatment, although they agree that providing limited medical assistance in emergencies is reasonable without the prescribing of medication.

85. Dr Craddock's submission proposes the following conditions in relation to emergency treatment:

5. To provide emergency medical assistance by way of supply/administration of any medication provided in the doctor's bag as permitted by the Pharmaceutical Benefits Scheme in circumstances where no other option is reasonably available for the patient and care is only provided until such a time as medical services are no longer required;

6. Provision of emergency medical assistance in condition 5 does not include prescribing any medication.

Proposed orders

86. The HCCC propose that Dr Craddock be reprimanded and that his registration be subject to a number of Conditions. Dr Craddock submits that given the nature of this matter and the extent of his insight and remorse, a reprimand is not necessary for the protection of the public or the maintenance of standards or confidence in the profession. Although he indicated to the Committee that he would be prepared to abide by his current Conditions, Dr Craddock submitted that such

Conditions were in fact not necessary.

87. Both the HCCC and Dr Craddock prepared draft orders for consideration by the Committee.

REASONS FOR DECISION

88. Dr Craddock made extensive admissions in relation to the particulars, which, as amended, state as follows:

At all relevant times, the practitioner was registered as a radiologist and a general practitioner. The practitioner was a member of the ***Exclusive Brethren*** *church.*

Patient A, then 18 years old, was also a member of the ***Exclusive Brethren*** *church. The practitioner knew of Patient A through a church connection, specifically, Patient A was staying with one of the practitioner's friends whilst in Sydney on an extended working holiday visa from New Zealand. The consultation was initiated and arranged by another member of the* ***Exclusive Brethren*** *church.*

On or about 14 February 2008, Patient A consulted with the practitioner for professional assistance in relation to issues concerning sexuality. At the consultation, Patient A advised the practitioner that he was a homosexual.

1. *At the consultation, the practitioner failed to provide appropriate medical management of Patient A's therapeutic needs in that he:*

   (i) failed to obtain a medical history from Patient A;

   (ii) failed to physically examine Patient A;

   (iii) failed to refer Patient A to a counsellor or psychologist in relation to dealing with his sexuality;

   (iv) prescribed cyproterone acetate (cyprostat) to Patient A, (50 mg to be taken twice per day with 5 repeats where each repeat lasts one month) which was not clinically indicated for use in relation to a young and healthy male patient and in circumstances where the practitioner:

A. *was aware that Patient A was seeking medical assistance to cure his homosexuality;*

B. *had not identified or been informed of any clinical symptoms indicating the drug in Patient A's case;*

C. *failed to refer Patient A to a counsellor despite the recommendation on the cyprostat product information that all patients taking the drug be referred to a counsellor;*

D. *failed to obtain a past medical history or conduct a physical examination of Patient A;*

E. *failed to obtain an adequate past sexual history from Patient A;*

F. *failed to discuss significant potential side effects of the drug with Patient A;*

G. *failed to arrange a follow-up appointment with Patient A; and*

H. *failed to communicate the details of his consultation with Patient A's regular general practitioner.*

2. *The practitioner failed to observe appropriate professional boundaries in that he consulted with Patient A at his home rather than his surgery.*

89. Dr Craddock has also admitted that his conduct constitutes unsatisfactory professional conduct.

90. The Committee has found all of the Particulars proved and the Committee is comfortably satisfied that Dr Craddock is guilty of unsatisfactory professional conduct. The Committee considers that Dr Craddock's conduct cannot be characterised as trivial or inconsequential. Given his failings in relation to basic patient examination and care, his irregular prescribing practice, boundary violation, and the consequent risks faced by Patient A in all these circumstances, the Committee regards his conduct as a serious example of unsatisfactory professional conduct.

91. In addition, Dr Craddock has been before a Professional Standards Committee on another occasion in circumstances which are not entirely dissimilar to the circumstances of this matter. His assertion at that time that he had learnt his lesson does not appear to have been borne out.

92. The Committee considers Dr Craddock should be reprimanded in the strongest possible terms.

93. Dr Craddock's future practice intentions are to continue to work as a medical practitioner. He is currently working as a radiologist and the Committee notes no concerns have been raised in relation to Dr Craddock's practice as a radiologist. Dr Craddock wishes to practice again as a GP (although he says he accepts that he may be precluded from doing so). The Committee is concerned that the circumstances of this complaint arise from his general practice.

94. It is Dr Craddock's view that as a general practitioner he has been too accessible to patients, too willing to help and too influenced by the patient's expectations. Dr Craddock, as a caring GP, has been keen to help and support his patients, many of whom are members of his church, who approach him for medical assistance. He has gone out of his way to help patients by taking calls at night and undertaking consultations on weekends at the patients' convenience. He has seen patients from interstate and rural areas on some occasions. However it is in the context of this practice that Dr Craddock has failed to exercise proper medical judgement and has prescribed inappropriately.

95. The Committee notes that the earlier Professional Standards Committee Inquiry, also dealt with a prescribing issue in his general practice, where he prescribed an antidepressant over the telephone, after talking to the patient's husband and without having consulted with, seen or diagnosed the patient or without having discussed other options with the patient. The patient and her husband were also members of Dr Craddock's church.

96. It was not alleged that Dr Craddock's religious beliefs influenced his prescribing in this matter. Although the consultation was initiated and arranged by Mr Baker, who was a member of the same church there was no evidence that the referral was done on behalf of that church. However, membership of the same church was a common denominator for Dr Craddock and Patient A and therefore part of the factual circumstances of the complaint. Dr Craddock's own assessment of his difficulties is that he has been too accommodating and had tried to please everyone. The Committee considered that his desire to help may have been particularly strong in relation to members of his own congregation and may have made Dr Craddock less able to manage

professional boundaries and standards with these patients.

97. Dr Craddock's counsel asserts that he has shown a high degree of insight into his conduct and that his insight is clearly genuine as reflected in his willing and comprehensive admissions, in his oral evidence, and in the steps that he has taken to further understand his prescribing error. It is submitted that Dr Craddock's remorse, insight and his efforts to further educate himself ensure that the matters the subject of the complaint will not recur and the Committee can have great confidence that Dr Craddock would not repeat such behaviour again.

98. Although Dr Craddock stated in his oral evidence that he had failed Patient A, the Committee is concerned that Dr Craddock places considerable responsibility for much that went wrong in his consultation with Patient A, on Patient A himself. He said that he expected Patient A would know Dr Craddock was available for further consultations, that Patient A would raise a medical issue, request an examination or discuss concerns about HIV if necessary. The Committee considered that Dr Craddock's insight into his responsibilities was limited. Although he recognised his professional conduct was unsatisfactory, his assessment of the problem - that he should have been more independent and not always tried to please the patient – is a simplistic and inadequate evaluation of his medical duties in the situation.

99. The Committee is satisfied that in the interests of public health and safety and to foster confidence and appropriate standards in the medical profession, Dr Craddock should not practice as a GP.

100. In relation to the question of Dr Craddock's prescribing of medication, he asserted in his oral evidence that he needs to be able to prescribe medication to practice effectively as a radiologist. However, he also said that he usually prescribes only to top up the supply of medications in the clinic and in his written statement dated 3 May 2012 he acknowledged that he rarely needs to prescribe medications. The Committee also notes that Dr Craddock is not in sole practice as a radiologist.

101. The Committee has no concerns about Dr Craddock's practice as a radiologist. There are a number professional references from specialists, which attest to his clinical attributes, although they do not comment directly on his prescribing skills. The Committee considers it appropriate that Dr Craddock continue to prescribe only to the extent and for the purposes necessary for his current radiology practice.

102. Dr Craddock wishes to provide treatment in emergency situations. The Committee notes that his understanding of an emergency situation in the past has been very broad. During the hearing Dr Craddock referred to 'emergency" and 'pressing" medical situations respectively in respect of his past treatment of both the prescription of anti-depressant medication of a member of his church via her husband over the telephone in 1999, and in respect of the treatment of a couple from Victoria in respect of their infertility problems. However, he also gave examples of assisting a motorcyclist after an accident and a person during an aircraft flight. He stated that he had an ongoing wish to be available to "help people if a crisis arises" including being able to conduct CPR, use a defibrillator, or resuscitate.

103. Whilst Dr Craddock can provide assistance and treatment in emergency situations the Committee considers that it is not appropriate for him to prescribe any medication in relation to emergency treatment. The Committee also considers that he should provide emergency medical assistance until alternative medical care becomes available. In addition Dr Craddock should keep a log of any emergency medical treatment he provides and submit that log to the Medical Council at reasonable

intervals.

FINDINGS

104. The Committee must be reasonably satisfied of any findings that it makes. In forming its views the Committee has taken into account the written and oral evidence and oral submissions presented at the hearing and the written submissions of the parties following the conclusion of the Inquiry.
105. The Committee finds all of the Particulars of the Complaint proven and finds that Dr Craddock is guilty of unsatisfactory professional conduct within the meaning of section 139B of the National Law.

DETERMINATION

106. Having found all of the particulars of the complaint proven, the Committee finds that Dr Craddock is guilty of unsatisfactory professional conduct within the meaning of section 139B of the National Law in that he has demonstrated that the knowledge, skill or judgment possessed, or care exercised, by him in the practice of medicine is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience.
107. Accordingly, the Committee has determined that he should be reprimanded in the strongest possible terms and that practice conditions be imposed upon his registration for the protection of the public.

ORDERS

108. Pursuant to section 146A and 146B of the National Law (NSW) the Committee makes the following orders:

(a) In accordance with section 146B (1)(a) of the National Law (NSW) the Committee severely reprimands Dr Craddock.

(b) In accordance with section 146B (1)(b) of the National Law (NSW) the Committee directs that the following practice conditions be imposed on the practitioner's registration:

(a) To practice only in the field of radiology and any patient consultations, review, treatment or prescribing is to occur in that setting.

(b) To only prescribe medication in his place of practice to radiology patients requiring medication as part of their radiology treatment, including but not limited to, local anaesthetics, steroids or intra-articular steroids, analgesics, anti-emetics, anti-spasmodics, beta-blockers, sedatives, contrast medications and NAC contrast agents.

(c) To obtain approval from the Medical Council of New South Wales (the Council) prior to changing the nature or place of his practice.

(d) The practitioner authorises the Council to notify current and future employer/s of any issues arising from compliance with these conditions.

(e) The practitioner authorizes and consents to any exchange of information between the Council and Medicare Australia where such exchange is necessary to facilitate the monitoring of compliance with these conditions.

(f) To provide emergency medical assistance by way of supply/administration of any medication provided in the doctor's bag as permitted by the Pharmaceutical Benefits Scheme in circumstances where no other option is reasonably available for the patient and care is only provided until such time as medical services are no longer required to be provided by him. The provision of emergency medical assistance in this condition does not include the prescribing of any medication.

(g) The practitioner is to maintain a log of all occasions where he renders emergency medical assistance outside his field of practice referred to above. Such log is to document the following information:

(i) the date on which emergency medical assistance was rendered,

(ii) the patient's name,

(iii) the nature of the medical emergency,

(iv) the location where the emergency medical assistance was rendered, and

(v) a description of what emergency medical assistance was provided by the practitioner.

This log must be submitted to the Council on a three (3) monthly basis until such time as the Council determines that the submissions of the log entries are no longer required.

109. These conditions may be altered, varied or removed by the Medical Council of New South Wales and the Medical Council is the appropriate review body for the purposes of Division 8 of Part 8 of the National Law (NSW).

110. However, should the practitioner seek to change or remove any of the conditions imposed as a result of this Committee's orders when his principal place of practice is anywhere in Australia other than in New South Wales, sections 125 to 127 inclusive of the *Health Practitioner Regulation National Law* are to apply, so that a review of these conditions can be conducted by the Medical Board of Australia.

PUBLICATION OF DECISION

111. Pursuant to section 171E(1) of the National Law (NSW) the Committee provides copy of this written statement of decision to the Dr Mark Christopher James Craddock, Ms Kerrie Chambers of HWL Ebsworth Lawyers, the Health Care Complaints Commission and the Medical Council of NSW.
112. Pursuant to section 171E(3) of the National Law (NSW) the Committee provides a copy of this written statement of decision to the Medical Board of Australia.

NON-PUBLICATION DIRECTION

113. Pursuant to Schedule 5D, clause 7 of the National Law (NSW), the Chairperson may:

(a) direct that the name of any witness is not to be disclosed in the proceedings,

Or

(b) direct that all or any of the following matters are not to be published:

- the name and address of any witness,
- the name and address of a complainant,
- the name and address of a registered medical practitioner,
- any specified evidence,
- the subject-matter of a complaint.

114. The power to make non-publication directions is granted to the Chairperson by Schedule 5D, clause 7 of the National Law (NSW) in general terms – *"if the person presiding thinks it appropriate in the particular circumstances of the case"*. In as much as there is a structure to the Chairperson's exercise of this power (as a result of the linkage between this power and the statutory context of sections 171A and 171E of the National Law (NSW) 176 and 180), the relevant matters to be considered by the Chairperson at this stage of the proceedings concerns matters of public interest connected to the subject matter of the proceedings.

115. The Chairperson is of the view that there are public interest reasons at work in this matter that require the non-publication of the name and address of the Respondent's son and any other information which might identify or refer to the Respondent's son.

116. This direction does not operate to exclude any provision of the National Law and does not preclude the Council from undertaking its statutory functions.

117. 'Publication' may include communicating either in writing or verbally to any person.

APPEAL and REVIEW

118. An appeal to the Medical Tribunal against this decision is available under section 158 of the National Law (NSW), or section 158A if the appeal is with respect to a point of law. Such an appeal is to be made within 28 days of handing down of the decision (or such longer period as the Executive Officer of the Medical Council may allow in any particular case).
119. The Committee's order to impose conditions may be reviewed at any time by the Medical Council of New South Wales by lodging an application with the Executive Officer of the Council. Should Dr Craddock's principal place of practice be anywhere other than NSW at the time of seeking a review, an application may be lodged with the Medical Board of Australia in accordance with sections 125 to127 of the *Health Practitioner Regulation National Law*.

_____

Ms Diane Robinson

Chairperson

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Date