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PROFESSIONAL STANDARDS COMMITTEE INQUIRY

CONSTITUTED PURSUANT TO PART 12 DIVISION 1
of THE MEDICAL PRACTICE ACT 1992 to HOLD AN INQUIRY INTO
A COMPLAINT IN RELATION TO

DR SANAA MOHAMMED ISMAIL

Committee members:	Dr Arthur Glass, PhD Chairperson (Legally qualified, not a registered medical practitioner) Dr Judith Branch (Registered medical practitioner) Dr Donald Child, AM (Registered medical practitioner) Dr Catherine Berglund, PhD (Lay person)
Legal Officer assisting Committee:	Ms Miranda St Hill, Legal Director
Health Care Complaints Commission Hearing Officer	Ms Lisa Fackender
Dr Ismail's adviser	Mr Don Munro, Solicitor, TressCox Lawyers
Date of decision:	23 June 2009
Publication of decision:	No non-publication directions have been made

SUMMARY

1. On 6 November 2005 Vanessa Anderson (referred to as patient A in the Complaint) was struck on the head by a golf ball. She suffered a depressed fracture of the skull. She was taken to Hornsby Hospital and then admitted to Royal North Shore Hospital. In the course of her treatment she was prescribed an increase in the dose of Oxycodone for pain relief by Dr Ismail (the Respondent). Vanessa Anderson died in Hospital on 8 November 2005. Her death was the subject of a Coronial inquest. The Deputy State Coroner found that Vanessa had died from "respiratory arrest due to the depressant effect of opiate medication".
2. An investigation by the HCCC resulted, among other matters, in a Complaint being made against Dr Ismail. This Committee was to conduct an Inquiry into this matter on 24 and 25 June 2009. On 25 May 2009 by way of s 175(1) *Medical Practice Act 1992* Dr Ismail admitted the subject matter of the Complaint. In these circumstances the Committee decided not to hold an Inquiry but deliberated on the basis of the written material before it.
3. The Committee reprimanded Dr Ismail and ordered that she attend a course in communications.

COMPLAINT

4. A complaint dated 30 September 2008 against Dr Ismail was referred by the NSW Health Care Complaints Commissioner to be dealt with by a Professional Standards Committee with the Director of Proceedings acting as nominal complainant. The complaint against Dr Ismail is as follows:

The Health Care Complaints Commission of Level 13, 323 Castlereagh Street, Sydney NSW, having consulted with the New South Wales Medical Board in accordance with sections 39(2) and 90B(3) of the Health Care Complaints Act and section 51(1) of the Medical Practice Act 1992 ("the Act")

HEREBY COMPLAINS THAT:

Dr Sanaa Mohammed Ismail of 901/4 Francis Road, Artarmon NSW 2064 ("the practitioner"), being a medical practitioner registered under the Act,

Has been guilty of unsatisfactory professional conduct within the meaning of section 36 of the Act in that:

She has demonstrated that the knowledge, skill or judgment possessed, or care exercised, by the practitioner in the practice of medicine is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience; and / or

She has contravened clause 5 and Schedule 2 of the Medical Practice Regulation 2003 relating to the requirement to keep proper medical records.

PARTICULARS OF COMPLAINT

5. The particulars of the complaint are as follows:

At all relevant times the practitioner was employed as an Anaesthetics Registrar at Royal North Shore Hospital (RNSH), St Leonards.

On 6 November 2005 Patient A, aged 16 years, was transferred from Hornsby Hospital to RNSH after sustaining a closed head injury earlier that day. She was assessed by a Neurosurgical Registrar in the emergency department of RNSH - charted for analgesia, regular observations and a repeat CT scan. She was admitted to the Neurosurgical Unit. Patient A was scheduled for surgery on 8 November 2005 to elevate the skull fracture.

Particular 1

On 7 November 2005 the practitioner, when reviewing the patient for a pre-anaesthetic consultation, and in response to a complaint from Patient A and / or Patient A's family of continuing pain, prescribed Patient A a dosage of 5 – 10mg of oxycodone (Endone) every three hours as required, in circumstances where:

- (a) The recommended adult dosage of oxycodone is 5 – 10mg orally every 4 – 6 hours.*
- (b) The medication order as written allowed for a maximum dosage of oxycodone to be administered by nursing staff, namely 10mg every 3 hours. This was dispensed by nursing staff and resulted in Patient A receiving an excessive amount of Oxycodone.*
- (c) Patient A had been administered other sedative / analgesics, and was still receiving Panadeine forte q.i.d.*

Particular 2

In relation to the Oxycodone order referred to in particular 1 above, the practitioner:

- (a) Failed to communicate to nursing staff instructions for the dispensing of the variable dosage regime, including a maximum 24 hour dose, and*
- (b) Failed to document in the medical record instructions for the dispensing of the variable dosage regime, including a maximum 24-hour dose.*

EXHIBITS

6. The Committee has considered the following documents: 2 folders of documents provided by the HCCC (tabbed 1 to 31), Dr Ismail's written admission of the complaint dated 26 May 2009, and written submissions provided by Dr Ismail and the HCCC dated 3 June 2009.

ISSUES

7. The issues to be determined by this Committee are:
 - (i) What orders it should make under Part 4 Division 4 of the Act
 - (ii) Whether it should make orders concerning publication of the decision by way of s 180(4) of the Act

BACKGROUND

8. Dr Ismail (DOB 26 October 1965), MBChB King Abdul Aziz University, Saudi Arabia 1992 was first registered in NSW on 6 October 2000 as a Postgraduate Trainee to work as a Registrar in Anaesthetics. Her registration has been renewed annually since then with conditions imposed on her registration that reflect her ongoing position as a Registrar at a nominated hospital. Prior to her registration in NSW, from 1997 to 2000, she worked as a Registrar of Anaesthetics at King Abdul Aziz University Hospital, Jeddah, Saudi Arabia.
9. At the date of the matters set out in the Complaint (November 2005) Dr Ismail was employed as a Registrar of Anaesthetics at Royal North Shore Hospital. She had worked there as a Registrar since 2000.
10. Her current registration status is that she remains registered in the Postgraduate Trainee category. Her registration is subject to the following conditions:
 - To work under supervision in position/s approved by the Board:
 - a) Position: Fellow
 - b) Field: Anaesthetics
 - c) Locations: Port Macquarie Base Hospital
 - May not undertake any work as a medical practitioner outside the approved position/s
 - To demonstrate satisfactory performance in accordance with the Board's requirements
11. We have been informed by her solicitor that Dr Ismail has met all the formal College requirements for FANZCA other than the formal project which has been submitted but is awaiting approval.
12. Dr Ismail currently lives in Port Macquarie.
13. On 25 May 2009 Dr Ismail's solicitor wrote to the Board forwarding Dr Ismail's written admission of the subject matter of the HCCC Complaint dated 30 September 2008.
14. On 27 May 2009 a Directions Hearing was held by way of a teleconference with the Chairperson assisted by Ms St Hill, Mr Munro, and Ms Fackender participating. It was agreed that the parties would provide written submissions to the Committee including submissions as to any appropriate orders to be made by the Committee; any request for non-publication directions; any submissions as to publication of the written decision on the Board's website; and who should be provided with a copy of the Committee's written decision. The parties were advised that following consideration of all documents

provided to the Committee, including the written submissions, the Committee would decide whether it considered that any inquiry need be conducted.

15. The Committee, assisted by Ms St Hill, discussed the documentary material provided by the parties and the parties were advised on 9 June 2009 that the Committee was of the view that no hearing in person would be required.

REASONS FOR DECISION

16. There is no need to hold an Inquiry into the Complaint in this matter as the Respondent has admitted its subject matter in writing to the Committee (see s 175 of the Act). In these circumstances the Committee may exercise its powers under Part 4 Division 4 of the Act (see s 60). The relevant powers in this matter are set out in sections 61 and 62. Section 61 reads as follows:

A Committee may do one or more of the following:

- (a) caution or reprimand the person,
- (b) order that the person seek and undergo medical or psychiatric treatment or practicing,
- (c) direct that such conditions, relating to the person's practicing medicine, as it considers appropriate be imposed on the person's registration,
- (d) order that the person complete such educational courses as are specified by the Committee,
- (e) order that the person report on his or her practice at the times, in the manner and to the persons specified by the Committee,
- (f) order that the person seek and take advice, in relation to the management of his or her medical practice, from such persons as are specified by the Committee.

17. With regard to the appropriate Orders the Committee notes its jurisdiction in these disciplinary proceedings is both to protect the public and to assist in maintaining the appropriate clinical and ethical standards of the profession. With the object of protecting the public in mind we must take account of both the likelihood of Dr Ismail repeating the conduct she has admitted to and also the need to deter others from falling short of the expected standards. It is not our role to punish Dr Ismail.
18. Among the material we have before us is Dr Ismail's evidence before the Coronial inquiry as well as the decision of the Coroner handed down on 24 January 2008. We also have a report from the HCCC's peer reviewer Dr Robert Turner dated 12 November 2006; as well as expert reports provided by the Respondent from Dr James Wilkinson dated 20 March 2007 and Dr Timothy McCulloch dated 22 March 2007.
19. We note that these materials pre-date the Complaint before us and that they canvass matters that are beyond our specific remit. Nonetheless we have

been assisted by these documents in as much as they are relevant to the matters before this Committee.

20. In the light of all the material before us we consider that a reprimand is appropriate, as an indication of the Committee's view of the seriousness of the matters Dr Ismail has admitted.
21. It is an aspect of our responsibility to consider the likelihood of Dr Ismail repeating the conduct the subject of this Complaint. The particulars of unsatisfactory conduct set out in the Complaint relate to (1) the unsatisfactory practice in relation to increasing the prescription of oxycodone and (2) the failure to communicate to the nursing staff the proper dispensing of the drug and the failure to document these instructions in the medical records. With regard to the first particular we have no doubt that Dr Ismail has learnt a great deal about the prudent prescription of analgesic medication from her involvement in these distressing circumstances. In addition, since November 2005 she has apparently obtained annual renewal of her trainee registration whilst continuing to work at the Royal North Shore Hospital and its approved secondment network up until her transfer to Port Macquarie in April 2009. Moreover, she has met all the formal College requirements for FANZCA other than the formal project which has been submitted but is awaiting approval. We do not consider that the matters set out in Particular one call for any further other orders on our part. We note that Dr Ismail remains subject to the registration conditions set out above at paragraph 10.
22. However, with regard to the second particular, we think that Dr Ismail would benefit from completing a course in clinical communication. This suggestion was put forward in the HCCC's submission and we agree with this proposal. We note that the courses offered by the Cognitive Institute focus on oral rather than written communication. We have directed that a copy of this decision be sent to Dr Ismail's current supervisor so that this aspect of her work (i.e. written communication skills) can be singled out for supervision and guidance.
23. More generally, we note that the tragic death of Vanessa Anderson has been the subject of a Root Cause Analysis investigation by Royal North Shore Hospital and a Coronial inquiry. Further, the HCCC investigated aspects of Ms Anderson's treatment at Royal North Shore Hospital. The Commission made the following recommendations to Royal North Shore Hospital:

"In light of its findings, the Commission recommended that Royal North Shore Hospital should:

 - Implement the policy developed by the Department of Health concerning the management of closed head injuries, and educate its staff about the policy
 - Introduce policies and procedures with respect to lines of responsibility between teams when prescribing medication to manage pain
 - Develop a brochure for patients and their families on the management of pain in patients with closed head injuries
 - Educate all medical and nursing staff on communicating with consultants and senior medical officers regarding the admission and management of patients
 - Educate staff on proper documentation in the patient record

- Educate nursing staff on documenting all their observations of patients – including routine observations
- Introduce the auditing of medical records
- Take steps to eliminate the loss of medical records during the transfer of patients within the hospital
- Educate staff about the ability to view radiological data electronically

The Commission is monitoring the hospital's implementation of these recommendations.

In addition, the Commission wrote to the Australian and New Zealand College of Anaesthetists, the Royal Australasian College of Surgeons and the Clinical Excellence Commission, recommending training and education for junior doctors about the need for caution when prescribing analgesic drugs for patients with closed head injuries.”

FINDINGS

24. The Committee is satisfied that Dr Ismail has admitted the subject matter of the Complaint to it in writing.
25. In its deliberations as to what orders to make in this matter the Committee has considered the written evidence and the submissions by the parties.

DETERMINATION

26. Dr Ismail is guilty of unsatisfactory professional conduct in relation to the subject matter of the Complaint.

ORDERS

27. **A.** In accordance with section 61(1)(a) of the Act, the Committee orders that Dr Ismail be reprimanded.
28. **B.** In accordance with section 61(1)(c) of the Act the Committee directs the following conditions be imposed on Dr Ismail's registration:

Dr Ismail is required to participate in and complete within 18 months from the date of this Decision, at her own expense, all components of the Clinical Communication Program (CCP) for General Practitioners, conducted by the Cognitive Institute. The CCP is conducted over six months and comprises three phases:

1. Preparation and Goal Setting (over a 6-week period prior to Phase 2)
2. Residential Workshop (3 days) in Brisbane, Queensland.
3. Implementation and Mentoring.

She is required to supply to the NSW Medical Board:

- a) Within 4 weeks of the date of receipt of this Decision, copy of a letter confirming registration with the Cognitive Institute.
- b) Within 1 week of receiving each from the Institute, copies of the Progress Statements for both Phase 1 and Phase 2 of the Program.

Within 1 week of receipt, a copy of the Institute's Certificate detailing satisfactory completion (or otherwise) of all Program components.

C. The appropriate review body for review of these orders is the New South Wales Medical Board.

PUBLICATION OF DECISION

29. Pursuant to section 180(1) of the Act the Committee provides copy of this written statement of decision to Dr Ismail, the Health Care Complaints Commission and the Board.
30. Pursuant to section 180(3) of the Act the Committee provides a copy of this written statement of decision to:
 - Mr Munro of TressCox Lawyers
 - Director General of NSW Health
 - Mr and Mrs Anderson
 - Northern Sydney and Central Coast Area Health Service
 - Dr Ismail's current supervisor
31. The Committee recommends the Board bring this decision to the attention of the Royal Australian and New Zealand College of Anesthetists for educational purposes.

APPEAL

32. An appeal against this decision is available under section 87 of the Act, or section 88 if the appeal is with respect to appoint of law. Such an appeal is to be made within 28 days of the handing down of the decision (or such longer period as the Registrar may allow in any particular case).



Dr Arthur Glass, PhD
Chairperson

23 JUN 2000
