

PROFESSIONAL SERVICES
REVIEW TRIBUNAL

No 6 of 1997

BETWEEN : **CHRISTOPHER DEAN HEINRICH**
Applicant

AND : **LOUISE HELEN**
MARGARET MORAUTA
Respondent

TRIBUNAL : The Hon A.R. Neaves, President
Dr N.J. Radford, Member
Dr M. Williams, Member

DATE : 7 August 1998

DECISION

The Determination made herein by the respondent and dated 29 October 1997 is set aside.

...Alan R. Neaves (sgd)....
(Alan R. Neaves)
President

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REASONS FOR DECISION

THE TRIBUNAL:

Nature of the Proceeding

This matter comes before the Tribunal by way of a reference by the Minister for Health and Family Services pursuant to subsection 115(1) of the Health Insurance Act 1973 (Cth) ("the Act"). The reference followed the request made on behalf of Dr Christopher Dean Heinrich ("the applicant") pursuant to subsection 114(1) of the Act that the determination made by Louise Helen Margaret Morauta ("the respondent") dated 29 October 1997 be referred to a Professional Services Review Tribunal for review. The respondent made the determination as the Determining Officer appointed under subsection 106Q(1) of the Act. It is described as a final determination and was made pursuant to sections 106T and 106U of the Act.

History of the Matter

2. On 20 July 1996, a document was signed by Dr R.P. Tomlins who described himself as Medical Director and Manager, Professional Services Branch. In signing the document, Dr Tomlins purported to act on behalf of the Health Insurance Commission and pursuant to section 86 of the Act. The effect of the document was to refer to the Director of Professional Services Review "the conduct of Dr Christopher Dean Heinrich in relation to whether he has engaged in inappropriate practice in connection with the rendering and initiating of Medicare services as defined by the Act". The document identified the referred services (see subsection 87(1) of the Act) as "all Medicare services rendered by Dr

Heinrich from his practice location in the State of South Australia”. Although the document refers

to “the referral period”, no period was specified. It is, however, common ground that the referral period was the calendar year 1995. The document summarised the reasons for the decision to refer in the following terms:

The Health Insurance Commission is concerned that Dr Heinrich has rendered an inappropriately high rate of long and prolonged consultations and home visits. The high average number of services per patient rendered by Dr Heinrich is also of concern. In addition, the Health Insurance Commission has concerns about Dr Heinrich’s high rate of initiation of pathology.

3. Paragraphs 4 to 7 of the document elaborated on each of those concerns. Paragraph 8 identified in 5 subparagraphs the matters which the Commission took into account in forming a view about the appropriateness of the applicant’s practise. The document continued:

For these reasons, the Health Insurance Commission has formed the view that Dr Heinrich’s conduct in connection with the rendering and requesting of Medicare services constitutes inappropriate practice.

4. The document then set out further material relating to the applicant and his practice under the following headings and sub-headings:

- . Background of Referred Person and his Practice
- . Details of Health Insurance Commission Concerns:
 - . High Proportion of Level C and D Consultations
 - . High Proportion of Level C and D Hospital Visits
 - . High Average Number of Services per Patient
 - . High Rate of Initiation of Pathology
- . Other Details of Dr Heinrich’s Practice
 - . Specialist Referrals
 - . Diagnostic Imaging
 - . Prescribing
 - . Flow-on Costs Generated by Dr Heinrich
- . Chronological Record of this Referral

5. Annexed to the referral document were seven attachments and five reports.

6. As to the validity of the referral and what was done pursuant to it, reference should be made to item 5 in Schedule 1 to the Health Insurance Amendment Act (No 1) 1997 (Cth), which came into operation on 6 November 1997, inserting in section 86 of the Act the following subsection:

(5) If, after 30 June 1994 but before the commencement of this subsection, a member of the Commission's staff (within the meaning of the Health Insurance Commission Act 1973 purported to refer conduct of a person to the Director under this section, then for all purposes:

- (a) the referral is taken to be, and always to have been, made by the Commission; and*
- (b) all proceedings, matters, acts and things taken, made or done (or purporting to have been taken, made or done) because of the referral are taken to have, and always to have had, the same force and effect as they would have, or would have had, if the referral in fact had been made by the Commission.*

7. The referral document and its attachments set out in considerable detail the material the Commission took into account in forming the view that “Dr Heinrich’s conduct in connection with the rendering and requesting of Medicare services constitutes inappropriate practice”. It will be necessary to refer to some of this material later in these reasons.

8 On 27 August 1996, after the applicant had been given an opportunity to make written submissions stating why the referral should be dismissed, the Director of Professional Services Review, Dr A.J. Holmes, signed an instrument under sections 93 and 95 of the Act setting up Professional Services Review Committee No 20 (“the Committee”) to consider whether the applicant had engaged in inappropriate practice. The Committee comprised a chairperson and two members. The chairperson was described as a medical practitioner. Each of the members was described as a vocationally registered medical practitioner.

9. The Committee held a hearing on 23 October 1996, 7 November 1996 and 19 February 1997 at which the applicant gave evidence (not on oath or affirmation) and addressed the Committee. He also provided documentary material to the Committee, including written submissions prepared by his solicitors.

10. Pursuant to section 106L of the Act, the Committee gave to the Determining Officer a written report dated 26 May 1997. The Committee unanimously concluded that the applicant’s conduct in connection with the rendering of the services the subject of the referral was unacceptable to the general body of medical practitioners practising in general medical practice in Australia and that the applicant had, therefore, engaged in inappropriate practice as defined in paragraph 82(1)(a) of the Act. The Committee’s conclusion was expressed to relate to the applicant’s conduct in:

- 1. Claiming a high proportion of Level C and Level D [surgery] attendances which were not clinically justified;*

2. *claiming a high proportion of Level C and Level D Home, Hospital and Nursing Home Visits which were not clinically justified; and*
3. *maintaining his clinical notes in the manner he did.*

11. The respondent, pursuant to subsection 106S(1) of the Act made a draft determination. The applicant was then afforded an opportunity to make written submissions suggesting changes to the draft determination. The applicant took advantage of that opportunity and his solicitors furnished a written submission to the respondent under cover of a letter dated 5 September 1997.

12. On 29 October 1997, pursuant to section 106T of the Act, the respondent made a final determination in accordance with section 106U of the Act relating to the applicant. The final determination, having recited that the Committee had found that the applicant had engaged in inappropriate practice as defined in section 82 of the Act, directed that:

- i) *in accordance with paragraph 106U(1)(b) of the Act, Dr Heinrich be counselled by the Director, Professional Services Review or the Director's nominee;*
- ii) *in accordance with paragraph 106U(1)(c) of the Act, Dr Heinrich repay to the Commonwealth the amount of \$87,565.75 being an amount equivalent to the Medicare benefits paid for 40% of the inappropriate services rendered during the period of the referral under items 36, 37, 40 and 43 (Level C attendances) and items 44, 47, 50 and 51 (Level D attendances) in Group A1 of Part 2 of the General Medical Services Table, and that any Medicare benefit that would otherwise be payable for those services cease to be payable;*
- iii) *in accordance with subparagraph 106U(1)(g)(i) of the Act, Dr Heinrich be disqualified for a period of 12 months from the time when this determination takes effect in respect of the provision of all services to which an item relates in Group A1 of Part 2 of the General Medical Services Table; and*
- iv) *in accordance with paragraph 106U(1)(h) of the Act, Dr Heinrich be fully disqualified for a period of 3 months from the time when this determination takes effect.*

13. By letter dated 15 November 1997 addressed to the Minister for Health and Family Services, the solicitors for the applicant requested, pursuant to section 114 of the Act, that the final determination be referred to a Professional Services Review Tribunal for review. The letter set out the following as the grounds on which the request was made:

1. *That in making the Final Determination extraneous, irrelevant and prejudicial matters were taken into account.*

2. *That in the process of attempting to assess the “magnitude of the inappropriate practice described by the Committee”, the Determining Officer misinterpreted and/or misapplied reasoning of the Committee. (See in particular paragraphs 6.1 to 6.3 of the Final Determination).*
3. *That in formulating the Final Determination the Determining Officer went behind the Committee’s findings.*
4. *That the Determining Officer erred in respect of the direction made under section 106U(1)c). In particular:*
 - a. *the reasoning purporting to support the direction is flawed both in terms of interpretation of the Committee’s finding and interpretation of the legislative provisions, and*
 - b. *the Determining Officer went behind the Committee’s finding in attempting to quantify the scope of the inappropriate services, and*
 - c. *the terms of the Committee’s finding (in its “Conclusion”) did not enable any section 106U(1)(c) direction to be made.*
5. *That the direction made under section 106U(g) is excessively harsh and punitive. In particular:*
 - a. *the services from which the practitioner is disqualified go far beyond those specified in the Committee’s finding, and*
 - b. *the services left available to the practitioner are so narrow as to effectively preclude him from continuing in private practice.*
 - c. *The direction made does not appear to conform with the restriction envisaged by the Determining Officer. (See paragraphs 5.13 to 5.15)*
6. *That the direction made under section 106U(h) is excessively harsh and punitive.*

14. The request was subsequently forwarded to the President of this Tribunal. The Tribunal heard the matter in Adelaide on 26 and 27 March 1998. The publication of a decision in the matter has been delayed pending the delivery by the Full Court of the Federal Court of Australia of judgment in the matter of Adams v Yung.

The Applicant

15. The following statement with respect to the applicant's training, qualifications and experience, which was not the subject of critical comment before us, is taken from the Committee's report:

1. *Dr Heinrich graduated from the University of Adelaide in 1968. After graduating, Dr Heinrich worked as an intern at the Children's Hospital in Adelaide then as an intern training in the medical and surgical area of the Repatriation General Hospital, Adelaide.*
2. *After completing his second year as an intern in 1969, Dr Heinrich moved to the UK where he eventually took up a position in a large children's hospital outside London.*
3. *On his return to Australia in 1971, Dr Heinrich began general practice in partnership with Drs Mellor and Thomas at Kensington Park, Adelaide. In August 1991, the partnership was dissolved and Dr Heinrich began his present practice in association with Dr Denise Thomas.*
4. *The Referral states that Dr Heinrich was vocationally registered during the Referral Period.*

16. During the referral period the applicant practised at 248A Kensington Road, Leabrook, South Australia. Leabrook is a suburb of Adelaide, some five kilometres to the east of the centre of the city. A little more than three-quarters of the Medicare services provided by the applicant during the referral period were billed directly to Medicare by the applicant and the relevant Medicare benefits were paid to him.

Role of the Tribunal and the Legislation

17. On 19 June 1998, a Professional Services Review Tribunal, differently constituted, published reasons for its decision upon the review of a determination made under sections 106T and 106U of the Act in relation to Dr Juan Sabag. In those reasons the Tribunal set out its understanding of the role of the Tribunal in reviewing such a determination and set out relevant provisions of the legislation.

18. We agree with what the Tribunal there said and would wish these reasons to be read as if paragraphs 16 to 25 inclusive of the reasons in the matter of Dr Sabag were incorporated herein.

The Committee's Report

19. As has already been mentioned, the features of the applicant's conduct that led the Committee to conclude that he had engaged in inappropriate practice were his conduct in:

1. *Claiming a high proportion of Level C and Level D [surgery] attendances which were not clinically justified;*
2. *claiming a high proportion of Level C and D Home, Hospital and Nursing Home Visits which were not clinically justified; and*
3. *maintaining his clinical notes in the manner he did.*

In relation to the third of those features the Committee concluded that the manner in which the applicant maintained his clinical notes was “substandard and unacceptable”.

20. The Committee did not base its finding of inappropriate practice on the part of the applicant on the other matters that were referred to in the referral document as matters of concern to the Health Insurance Commission, namely the high average number of services per patient rendered by the applicant in the referral period and the high rate of initiation of pathology services in that period. In relation to the former of those concerns, the Committee said:

Therefore, the Committee does not conclude that Dr Heinrich necessarily saw patients unnecessarily. Rather, the conduct that was unacceptable was his claiming of attendances as Level C and Level D (as found in Part A and B above). The Committee considers that the general body of general practitioners would share this view.

In relation to the initiation of pathology, the Committee found that:

there was insufficient evidence to support [a] conclusion that Dr Heinrich’s conduct in relation to his initiation of pathology would be considered unacceptable by the general body of general medical practitioners.

21. No submission was put to the Tribunal that the findings of the Committee referred to in the preceding paragraph should be reviewed.

Consultation Services Rendered by the Applicant

22. Paragraphs 4 and 5 of the referral document were in the following terms:

4. *High Proportion of Level C and D Consultations:*

During the referral period Dr Heinrich provided 5,285 level C consultations (items 36, 37, 40 and 43) and 342 level D consultations (items 44, 47, 50 and 51) out of a total of 10,778 consultations. 49% of all consultations provided by Dr Heinrich were level C or D. Dr Heinrich is ranked above the 95th percentile for item 36 as a proportion of total consultations, and above the 85th percentile in terms of item 44 as a proportion of total consultations, when compared with all active general practitioners in Australia. During the referral period Dr Heinrich provided no level A consultations. The Health Insurance

Commission believes that some of the services rendered by Dr Heinrich would not be reasonably medically necessary for the care of his patients.

5. *High Proportion of Level C and D Home, Hospital and Nursing Home Visits:*

During the referral period, Dr Heinrich provided 477 level C home visits (item 37) and 69 level D home visits (item 47). Dr Heinrich is ranked above the 99th percentile in terms of the item 37 as a proportion of total consultations, and above the 95th percentile in terms of item 47 as a proportion of total consultations, when compared with all active general practitioners in Australia. In addition, Dr Heinrich provided 440 level C hospital consultations (item 40) and 78 level D hospital consultations (item 50) out of a total of 1031 hospital consultations. 50.2% of hospital consultations were level C or D. Similarly, Dr Heinrich provided 42.7% of 1013 nursing home visits at level C (402) or D(31). The Health Insurance Commission is concerned that some of the home, hospital and nursing home visits provided by Dr Heinrich were not reasonably medically necessary for the care of these patients.

23. It is to be noted that the number of level C consultations shown in paragraph 4 of the referral document, namely 5,285, is incorrect. The correct figure is 4,943. The figure of 5,285 shown in the referral document is the total of the 4,943 level C consultations (items 36, 37, 40 and 43) and the 342 level D consultations (items 44, 47, 50 and 51) rendered by the applicant. Further, paragraph 4 of the referral document should show the total number of consultations as 10,774. The incorrect figures also appear in the Committee's report.

24. The annexures to the referral document show that, during the referral period, the applicant provided 11,160 services to 1,686 patients. Of the total number of services, 10,774 were consultations being level B (items 23, 24, 33, 35 in Group A1 of Part 2 of the General Medical Services Table), level C (items 36, 37, 40, 43) or level D (items 44, 47, 50, 51) consultations. There were no level A (items 3,4,19 and 20) consultations. From the referral document and its annexures the following details of the distribution of the consultation services for which the applicant claimed payment of Medicare benefits appear:

	Level A	Level B	Level C	Level D	Total
Surgery Consultations	0	4,074	3,624	164	7,862
Home Visits	0	322	477	69	868
Hospital Visits	0	513	440	78	1,031
Nursing Home Visits	0	580	402	31	1,013
Total	0	5,489	4,943	342	10,774

In his evidence before the Committee, the applicant said he did not charge for level A consultations.

25. At the relevant time, a level A consultation was a professional attendance by a general practitioner for an obvious problem characterised by the straightforward nature of the task that required a short patient history and, if required, limited examination and management. A level B consultation was a professional attendance by a general practitioner involving taking a selective history, examination of the patient with implementation of a management plan in relation to one or more problems, or a professional attendance of less than 20 minutes duration involving components of a service to which certain other items applied. A level C consultation was a professional attendance by a general practitioner involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to one or more problems, and lasting at least 20 minutes, or a professional attendance of less than 40 minutes duration involving components of a service to which certain other items applied. A level D consultation was a professional attendance service by a general practitioner involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to one or more complex problems, and lasting at least 40 minutes, or a professional attendance of at least 40 minutes duration for implementation of a management plan.

26. One of the annexures to the referral document set out, in relation to each of 40 of the applicant's patients, the services claimed by the applicant to have been rendered to that patient during the referral period. The following table shows, in

summary form, the number of level B, level C and level D consultations claimed to have been rendered to each of those patients during the referral period:

Patient	Consultations			Total
	Level B	Level C	Level D	
1	66	36	3	105
2	57	37	1	95
3	10	77	8	95
4	35	43	6	84
5	19	38	1	58
6	20	49	4	73
7	11	51	3	65
8	11	51	2	64
9	30	30	1	61
10	24	31	5	60
11	35	19	4	58
12	26	26	6	58

13	34	18	-	52
14	22	22	6	50
15	19	25	-	44
16	46	2	-	48
17	32	13	1	46
18	23	14	9	46
19	15	25	2	42
20	44	1	-	45
21	36	7	-	43
22	44	-	-	44
23	25	19	-	44
24	43	-	-	43
25	4	16	21	41
26	2	32	6	40
27	11	26	3	40
28	12	26	2	40
29	14	26	-	40
30	6	30	3	39
31	4	32	3	39
32	6	28	4	38
33	8	27	2	37
34	15	21	-	36
35	10	27	-	37
36	20	16	-	36
37	11	19	-	30
38	3	30	3	36
39	5	26	3	34
40	5	30	-	35

The total number of consultations provided to the 40 patients during the referral period was 2,021 distributed as follows:

Level B	863
Level C	1,046
Level D	<u>112</u>
Total	2,021

Other material that was before the Committee enables each of the patients to be identified by name.

27. Another annexure to the referral document, described as “Daily Items Report”, showed, on a daily basis, the number of services claimed by the applicant to have been rendered. An analysis of the material produces the following table showing the number of days during the referral period on which the applicant claimed to have rendered more than 20 services:

Number of Services	Number of Days
21 – 30	50
31 – 40	57
41 – 50	111
51 – 59	38
-	256

28. Other annexures to the referral document were:

- A document described as “Top 40 Multiple Servicing Report” showing the applicant’s servicing pattern in respect of 40 families; and
- An Estimated Time Report listing the estimated time, on a daily basis, necessary to perform the services claimed to have been rendered by the applicant.

29. Prior to the commencement of the hearing by the Committee, the applicant was given notice to produce:

- The clinical records for all patients seen by him on 5, 6, and 7 June 1995, 29 and 30 September 1995 and 1 October 1995;
- The clinical records for 20 of the 40 patients the subject of the document referred to in paragraph 26 of these reasons, being the patients to whom odd numbers are assigned in the table set out in that paragraph; and
- The clinical records for 10 families chosen from the first of the documents identified in paragraph 28 of these reasons.

30. During the course of the hearing by the Committee, certain other documents were required to be produced. Burnside War Memorial Hospital was required to produce its records in respect of six named patients, being patients listed in the table set out in paragraph 26 of these reasons and identified by the numbers 3, 7, 11, 27, 31 and 39. The names of four of those patients (those identified by the numbers 3, 7, 11 and 27) also appeared on one or other of the lists of patients to whom services were rendered by the applicant on 5 and 6 June 1995, 29 and 30 September 1995 and 1 October 1995. The applicant was asked to produce his clinical records relating to four other patients whose names appeared on a list before the Committee described as “List of Top 40 Patients That Have Received Items 36, 37, 44, 47, 65001-73921 Either Rendered or Ordered by Dr Heinrich”.

31. It is a matter of concern to the Tribunal that the material available to it for the purpose of the review of the determination made on 29 October 1997 does

not include all of the clinical records that were before the Committee. Some of the clinical records that are not before the Tribunal relate to patients in relation to whom the applicant was specifically questioned by the Committee.

32. During the course of the hearing, the Committee questioned the applicant in relation to services rendered to 11 patients. Of those patients, six were patients included in the list of 20 patients selected from the document referred to in paragraphs 26 of these reasons, being the patients to whom the numbers 3, 5, 7, 23, 25 and 27 are assigned in the table set out in that paragraph. The Tribunal, however, has access to the applicant's clinical records in respect of two only of those patients, those to whom the numbers 23 and 25 are assigned in that table. The Tribunal also has access to the clinical records of Burnside War Memorial Hospital in respect of the patients to whom the numbers 3, 7 and 27 are assigned in that table. It does not have before it any clinical records in respect of the patient assigned the number 5 in that table. The Tribunal has before it clinical records in respect of only one of the five remaining patients in relation to whom the applicant was questioned by the Committee.

33. In relation to both the surgery consultations and the home, hospital and nursing home visits claimed to have been rendered by the applicant during the referral period, the Committee concluded that:

Dr Heinrich had claimed to render a high number of Level C and Level D Consultations in circumstances where the level of services could not be justified.

The Committee considered the applicant's conduct in this regard "would be unacceptable to the general body of general medical practitioners in Australia". In relation to the surgery consultations, the Committee did not in its report identify the patients or the services that were the foundation for the conclusion reached. In relation to the home, hospital and nursing home visits, the Committee referred specifically to services rendered to two patients (one a patient treated at home, the other at Burnside War Memorial Hospital) and added that those examples were "indicative only of the instances heard by the Committee".

34. The Committee was clearly hampered in its task by the poor quality of the clinical notes kept by the applicant with respect to his patients and the applicant's inability to provide the necessary detail by way of oral evidence. The clinical notes were, so the Committee found, "completely below an acceptable standard". The Committee commented:

Dr Heinrich asserted that his notes served him as an 'aide memoire' in referring to matters concerning patients. It was clear to the Committee that the notes failed to do this at any practical level. In addition to writing that was frequently indecipherable (even to Dr Heinrich), there was no clear statement of the clinical problem, of the findings on assessment or of the intended plan of management. The Committee was asked to accept what Dr Heinrich said he 'would have' done at a particular consultation. The Committee repeatedly reminded Dr Heinrich that it was necessary to be able to indicate what 'was' done.

This he was unable to do from his notes. The Committee considers this to be unacceptable.

35. The Tribunal has examined the clinical records of the applicant that are before it and endorses the Committee's comments. The keeping of records in the fashion of those kept by the applicant makes it almost impossible to identify and examine the details of individual services. The result for the applicant is to put a premium on keeping inadequate clinical records.

36. While referring to the Committee's report, we should comment upon the inaccuracies which appear in paragraph 5 under the sub-heading "A. High Proportion of Level C and Level D Attendances". In the preceding paragraph of its report the Committee states that, in the taking of evidence, it grew in concern regarding the long hours that the applicant declared that he worked and had formed the opinion "that it was not reasonable to conclude that Dr Heinrich was able to apply himself at an acceptable and necessary level of clinical involvement during the Referral Period". Paragraph 5 then states:

For example, in one instance (7 June 1995), to have met the criteria for long and prolonged attendances during that day, Dr Heinrich would have had to complete approximately 15 hours of 'patient-contact' to perform the level C and D consultations claimed. This would be in addition to the 3 hours which would be needed to perform the other 41 more abbreviated attendances claimed on that day. This is inconsistent with the hours which Dr Heinrich claimed he spent in consulting. In another instance (4 July 1995), Dr Heinrich would have needed to have spent 8 hours performing level C and D attendances, in addition to 3 hours necessary to perform 41 attendances of lesser complexity. Again, this was not inclusive of 'non-patient-contact' time on those days. These examples are for illustration only and are by no means an exhaustive list. The Committee invited Dr Heinrich to respond and account for such lengthy hours but he did not do so during the hearing.

37. In relation to 7 June 1995, the Estimated Time Report annexed to the referral document shows that to provide the 16 level C and 4 level D consultations said to have been rendered by the applicant on that day would have required "patient-contact" time of only 8 hours. The more abbreviated attendances on that day totalled 20 requiring an estimated time of 3 hours 20 minutes. Forty-one was the total number of attendances on that day, not the number of abbreviated attendances. In relation to 4 July 1995, 41 was, again, not the number of attendances of lesser complexity but the total number of services said to have been rendered on that day. Those services consisted of 19 level B consultations, 20 level C consultations and 2 level D consultations.

Conclusion

38. Applying the reasoning of the majority judgment in Adams v Yung (Federal Court of Australia, 15 May 1998, unreported), the Tribunal is bound to conclude that the Committee failed to fulfil the task assigned to it in that its report does not

give sufficient detail to permit identification in a justifiable way of the number or proportion of the relevant services rendered by the applicant that are said to constitute conduct amounting to inappropriate practice as defined in section 82 of the Act. Nor does an analysis of the material that is before this Tribunal enable that deficiency to be remedied. Consequently, the only course open to the Tribunal is to set aside the determination of the respondent dated 29 October 1997 and we so decide.

Counsel for the applicant:	Ms A. Vanstone QC and Mr T.J.H. Jackson
Solicitors for the applicant:	Wallmans
Counsel for the respondent:	Mr R Downing
Solicitors for the respondent:	Australian Government Solicitor
Dates of hearing:	26 and 27 March 1998
Place of hearing:	Adelaide
Date of decision:	7 August 1998

This and the preceding 14 pages comprise the decision and the reasons for decision of the Professional Services Review Tribunal constituted by The Hon. A.R. Neaves, Dr N.J. Radford and Dr M. Williams given on the 7th day of August 1998.

Dated this 7th day of August 1998

----Diane Popple (sgd)-----
(Registrar)