## Main Layout Outer Registration Details

# Dr Gregory Miles Emerson Medical Practitioner

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**Specialist** 

No. MED0001382310

### Registration details

Profession

**Medical Practitioner** 

Registration number

MED0001382310

Registration status

Registered

Conditions

General: Yes, see details

Specialist - Emergency medicine: Yes, see details

Undertakings

None

Reprimands

None

Registration expiry date

The registration expiry date is the end date for the annual registration period. Sometimes a practitioner will appear on the register with a registration expiry date that is in the past. This may be because their renewal application is still being finalised, or during a one month "late period" after the expiry date. However, they are still able to practise.

Date of first Registration in profession

12/03/1999

# **Registration Type - General**

**Registration Expiry Date** 

30/09/2023

#### Conditions

#### **Show less**

On 29 September 2022, the Medical Board of Australia imposed the following conditions on the registration of Dr Gregory Emerson under the Health Practitioner Regulation National Law.

### **Supervised practice**

1. The Practitioner must only practise as a general or specialist medical practitioner in the field of emergency medicine, in a hospital emergency department when supervised by another registered health practitioner (the supervisor).

For the purposes of this condition, 'supervised' is defined as:

The Practitioner must consult with the supervisor, who is accessible by telephone or other means of communication about the management of patients and/or performance of the Practitioner when necessary and otherwise at monthly intervals.

- 2. Within 14 days of the notice of imposition of these conditions, the Practitioner must, on the approved form (HPN10), nominate a primary supervisor and at least one alternate supervisor to be approved by the Board. The Practitioner must ensure that each nomination is accompanied by an acknowledgement, on the approved form (HPNA10), from each nominated supervisor that they are willing to undertake the role of supervisor and are aware that Ahpra will seek reports from them.
- 3. In the event that no approved supervisor is willing or able to provide the supervision required the Practitioner must cease practice immediately and must not resume practice until a new supervisor has been nominated by the Practitioner and approved by the Board.
- 4. Within 14 days of the notice of the imposition of these conditions, the Practitioner is to provide to Ahpra, on the approved form (HP10) acknowledgement that Ahpra may:
- a. obtain information from relevant authorities (such as but not limited to Medicare)
- b. obtain information and/or a report from the senior person at each place of practice on a quarterly basis, and
- c. obtain a report from the approved supervisor on a quarterly basis.
- 5. Within 14 days of the notice of the imposition of these conditions, the Practitioner is to provide to Ahpra on the approved form (HPS10), acknowledgement from the senior person at each place of practice that Ahpra may seek reports from them.

### Limitations on practice

6. The Practitioner may practise only in place(s) of practice approved by the Board or Ahpra.

For the purposes of this condition, 'practise' is defined as any role, whether remunerated or not, in which the individual uses their skills and knowledge as a medical practitioner in their profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills of a medical practitioner in a direct non-clinical relationship with a client, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the medical practitioner industry.

For the purposes of this condition, the following practice locations have been approved:

Mater Hospital Brisbane.

- 7. Within 14 days of the notice of imposition of these conditions, the Practitioner must provide to Ahpra, on the approved form (HP7), acknowledgement that Ahpra may:
- a. Seek reports from the Director of Medical Services/other as appropriate (the senior person) at each place of practice on at least a quarterly basis or as otherwise required.
- b. Request and access from the senior person at each place of practice copies of rosters, pay slips, or the equivalent.
- c. Have contact with and access information from, where relevant, Medicare, private health insurers and/or practice billing
- 8. Within 14 days of the notice of the imposition of these conditions the Practitioner must provide to Ahpra, on the approved form (HPS7), acknowledgement from the senior person at each place of practice that they are aware Ahpra will seek reports from them.
- 9. Within 21 days of the notice of the imposition of these conditions the Practitioner must provide to Ahpra, on the approved form (HPC), the contact details of a senior person, such as the Director of Medical Services at each current place of practice. In

providing this form, the practitioner acknowledges that Ahpra will contact the senior person and provide them with a copy of the conditions on the practitioner's registration or confirm that the senior person has received a copy of the conditions from

the practitioner. The practitioner will be required to provide the same form:

- a. within seven days of the commencement of practice at each subsequent place of practice, and
- b. within seven days of each and every notice of any subsequent alteration of these conditions.
- 10. All costs associated with compliance with the conditions on their registration are at the Practitioner's own expense.

**Endorsements** 

None

Notations

None

**Registration Requirements** 

None

### **Registration Type - Specialist**

Specialty

**Emergency medicine** 

Registration Expiry Date

30/09/2023

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- b. within seven days of each and every notice of any subsequent alteration of these conditions.
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| Endorsements None              |
|--------------------------------|
| Notations<br>None              |
| Registration Requirements None |

### Personal details

Sex

Male

Languages (in addition to English)

### Qualifications

- Fellowship of the Australasian College for Emergency Medicine, Australasian College for Emergency Medicine, Australia,
- Bachelor of Medicine / Bachelor of Surgery, University of Otago, New Zealand, 1987

# Principal place of practice

| Suburb SOUTH BRISBANE |
|-----------------------|
| State QLD             |
| Postcode<br>4101      |
| Country<br>Australia  |