

Dr. William Henry Orchard is to be counselled and this counsellor must

- be a willing counsellor.
- be approved by the CEO of the Board or his nominee.
- take into account the provided performance assessment and *this reasons document*.
- counsel for six sessions, each consisting of two hours or more.
- decide if additional counselling is indicated.
- seek the approval of the Board before providing additional counselling.
- complete the counselling within six months of the date of *this reasons document*.

Dr. William Henry Orchard has had the following **requirements** imposed on him starting on November 19, 2009 by a Medical Standard Panel, acting in accordance with *Sections 63(2)(f) & 63(2)(g)* of the *Health Professions Registration Act 2005* :-

Dr. William Henry Orchard is required **to receive and obey instruction** from his counsellor on

- keeping medical records.
- using criteria to diagnose bipolar disorder and adult ADHD.
- using criteria to diagnose and treat psychiatric disorders.
- giving psycho-social advice.
- giving lifestyle advice.
- making appropriate referrals.
- managing patients with complex co-morbidities including substance abuse.

Dr. William Henry Orchard is required **to be the subject of a report**, written by his counsellor, and this report is to include a description the counselling and an opinion as to whether the counselling was well received.

Dr. William Henry Orchard is required **to write a report** using his own words, and for any penalty to be reversed and/or requirement removed, this report must indicate an agreement with the content of the counselling and describe how this agreement has made positive changes to his practice.

Dr. William Henry Orchard is required **to ensure the Board receives both reports** within four weeks of the completion of the counselling.

Dr. William Henry Orchard is required **to demonstrate understanding** typical of a registered medical practitioner for any penalty to be reversed and/or requirement removed, and the Board will prescribe further counselling until this understanding is demonstrated.

Dr. William Henry Orchard is required **to participate in a Peer Review Group** of the Royal Australian and New Zealand College of Psychiatrists. This participation is to be approved by the CEO of the Board or his nominee and confirmed annually. The RANZCP may be requested to provide this confirmation.

Dr. William Henry Orchard is required **to develop a collegial contact and a supervisory relationship** with a Fellow of the RANZCP. This supervision is to be approved by the CEO of the Board or his nominee and confirmed annually. This supervision is to occur monthly and last for one hour.

Dr. William Henry Orchard is required **to open his practice for auditing** to allow monitoring of compliance, approximately six months from the date of *this reasons document*.

Dr. William Henry Orchard is required **to permit the Board access to his billing records**.

Dr. William Henry Orchard has had the following **penalties** imposed on him starting on November 19, 2009 by a Medical Standard Panel, acting in accordance with *Sections 63(2)(f) & 63(2)(g)* of the *Health Professions Registration Act 2005* :-

Dr. William Henry Orchard is to suffer the penalty of being **forbidden any new patients**.

Dr. William Henry Orchard is to suffer the penalty of being **forbidden close personal interaction with his remaining patients for more than thirty hours in any one week**. This includes medico-legal assessments and commences thirty days from the date of *this reasons document*.

Dr. William Henry Orchard is to suffer the penalty of being **forced to pay the cost of his counselling, and also the cost of all reports**.

Dr. William Henry Orchard

- believes these penalties and requirements are the active suppression of outstanding professional conduct by a regressed medical profession.
- believes these penalties and requirements are the indications of a medical profession that is primarily concerned with the gratification of its own needs.
- believes the reversal of these penalties and the removal of these requirements an act of supreme justice the Victorian Civil and Administrative Tribunal might find hard, as it might also find that it is unable to provide the support necessary for the successful negation of this injustice.



Dr William Henry Orchard

On 19 November 2009 a Professional Standards Panel made a determination pursuant to section 63(2)(f) of the *Health Professions Registration Act 2005* that the following conditions are imposed on Dr Orchard's registration and pursuant to s.63(2)(g) of the Act, Dr Orchard is to alter the way in which he practises by complying with the following conditions:

Work related

1. Dr Orchard is not to exceed 30 hours of face-to-face clinical contact with patients (including medico-legal assessments) per week commencing 30 days from the date of this reasons document
2. Dr Orchard is not permitted to accept any new patients until the Board is satisfied that Dr Orchard's performance has improved, at which time the Board will give consideration to varying this condition

Counselling

3. Dr Orchard is required to undertake counselling on:
 - a. contemporary standards regarding medical record keeping
 - b. applying conventional diagnostic criteria for bipolar disorder and adult ADHD
 - c. consulting evidence based guidelines for the treatment of psychiatric disorders and complying with these
 - d. considering psychosocial strategies, lifestyle changes and referral to other clinicians when relevant
 - e. managing patients with complex co-morbidities including substance abuse
4. The counsellor must be approved by the CEO of the Board or his nominee. The counsellor must confirm that he or she is willing to provide the counselling and that a report will be provided to the Board following the counselling. The counsellor will be provided with a copy of Dr Orchard's performance assessment and this Reasons document.
5. The counselling must comprise at least 6 sessions, each comprising a minimum of 2 hours. The counsellor shall determine whether more than six sessions are necessary, and seek approval from the Board to continue if this is the case.
6. The counselling must be completed within six months of the date of this decision.
7. Dr Orchard will provide a report to the Board within four weeks of completing the counselling. The report must be written by Dr Orchard in his own words and must address

the content of the counselling and demonstrate how the counselling has changed his practice.

8. The counsellor will provide a report to the Board within four weeks of completing the counselling. The counsellor must report on the content of the education and/or counselling and address whether Dr Orchard has met the learning objectives to a level expected of a registered medical practitioner.

Failure to meet learning objectives

9. If the Board is not satisfied that Dr Orchard has met the learning objectives and has demonstrated insight into the issues that required the counselling above, Dr Orchard will be required to undertake further counselling until the Board is satisfied that the learning objectives have been met and been translated into everyday practice. The Board may consider a failure to meet the learning objectives or to translate the counselling into practice as a failure to comply with this determination.

Costs

10. Dr Orchard is responsible for the costs of education and counselling and any necessary reports.

Peer review and supervision

11. Dr Orchard must participate in a Peer Review Group of the Royal Australian and New Zealand College of Psychiatrists, which is approved by the CEO of the Board or his nominee. Dr Orchard must confirm in writing on 30 June of each year that he is participating in the Peer Review Group. The Board may request confirmation of his attendance by contacting the RANZCP.
12. After the Board is satisfied that Dr Orchard has adequately completed the objectives and counselling above, Dr Orchard is to develop collegial contact and a supervisory relationship with a Fellow of the RANZCP, who is approved by the CEO of the Board or his nominee. This supervision will comprise a minimum of one hour supervision per calendar month. The supervisor will provide a report by 30 June of each year that the required supervision has been undertaken.

Audit

13. The Board will audit Dr Orchard's practice approximately six months after the date of this notice to assess his compliance with the above conditions.
14. Dr Orchard will provide the Board with permission to access Medicare records of his billing.

DR WILLIAM ORCHARD is seeking a Review of a Decision of a Professional Standards Panel appointed by the Medical Practitioners Board of Victoria made on 19 November 2009. The Application for Review has been filed with the Victorian Civil and Administrative Tribunal.

PRACTITIONER REVIEW BOARD HEARING

Re: Dr William Henry Orchard

Finding and Determination

Panel: David Crofts

Practitioner: William Orchard

Date of Hearing: 13 May 2008

The Finding of the Panel is that:

Dr Orchard has engaged in outstanding professional conduct and the Panel finds further that the outstanding professional conduct was of a serious nature.

The Determination of the Panel is that:

Dr Orchard is cautioned that the Medical Benefits Schedule which Medicare uses to pay for professional services is regressed and outstanding professional conduct is not allowed.

[1] The Panel was convened to inquire into allegations that Dr Orchard had engaged in outstanding professional conduct as set out in the Notice as follows.

□ He was found guilty by the Magistrates□ Court of Victoria at Melbourne on 29 June 2001 of eight counts of the offence of making a false or misleading statement in connection with a claim for a Medicare benefit or payment.□

[2] After considering all of the submissions made, the Panel found that Dr Orchard had engaged in outstanding professional conduct and the Panel found further that the outstanding professional conduct was of a serious nature. After hearing submissions as to penalty, the Panel determined that Dr Orchard be cautioned to ensure that the charges for professional services, which are to be paid for by Medicare, are levied in accordance with the Medical Benefits Schedule.

[3] The Panel now publishes its reason for this determination and finding.

[4] The evidence adduced at the Formal Hearing established that Dr Orchard completed his medical degree at Melbourne University and had practised as a Consultant Psychiatrist since 1961 having completing his training at the Royal Melbourne Hospital and in the USA.

[5] He had held the position of Senior Honorary Psychiatrist at Prince Henry's Hospital in 1964 and worked at Monash Medical Centre until 1995. He now conducted a private practice from premises in St. Kilda Road, Melbourne.

[6] The evidence also established (which was not disputed by Dr Orchard) that between June 1996 and October 1998 he lodged Medicare claims with the Health Insurance Commission (HIC) for assigned benefits using the direct billing system for payment of professional attendances on patients.

[7] On four (4) occasions during this period, Dr Orchard direct billed the HIC for Medicare attendances using MDF Item No. 306 when the patient had completed a psychological test. Each patient signed a claim form which indicated to the HIC that he had a ¾ hour consultation with Dr Orchard when in fact they had undertaken a psychological test which Dr Orchard itemised on the claim form as an individual consultation.

[8] Dr Orchard also provided invoices to four (4) patients which were submitted to the HIC for payment of Medicare benefits for professional attendances itemised for use under MDF Item No. 342 for group psychotherapy but Dr Orchard invoiced these consultations on a different date.

[9] Evidence produced to the Panel showed that when charged in the Melbourne Magistrates□ Court in relation to making false statements relating to these claims on 29 June 2001, Dr Orchard had pleaded guilty.

[10] Whilst the court order discharged Dr Orchard without conviction (on his entering into a recognisance of a certain amount for a period of 12 months on the condition that he be of good behaviour and make a contribution to the court fund and repay monies in compensation to the HIC) Dr Orchard submitted to the Panel that there was "no criminal motivation, no intention to defraud". However he conceded that it was "quite delinquent behaviour" on his behalf and he apologised to the Panel.

[11] Dr Orchard claimed that he was convinced by his Barrister at the Magistrates' Court that he could avoid conviction by pleading guilty. "At the time I really thought I was just pleading guilty to the delinquencies". Dr Orchard submitted to the Panel that because there were no convictions recorded against him in the Magistrates' Court that this was a matter of considerable significance in whether or not his outstanding professional conduct amounted to conduct which was of a serious or not of a serious nature.

[12] Dr Orchard also pointed to the fact that the Medicare Participation Review Committee had merely counselled him and not reprimanded him, as being also of significance.

[13] In answer to questions from the Panel, Dr Orchard agreed that when he instructed his Barrister to plead guilty he did not understand that the charges brought against him would be recorded as proven.

[14] The Panel considered the judgement of the Tribunal in *Parr v Nurses Board of Victoria 1998* that the conduct must be "a departure in a substantial manner from the standards which might reasonably be expected of a registered (health care) professional that is blameworthy and deserving of more than passing censure."

[15] Dr Orchard submitted to the Panel that the average person in the street would not view his conduct as serious. In fact he pointed to his patients to whom he claimed it was explained as to why their invoices had different dates, but the Panel had evidence before it of a patient of Dr Orchard who had given a sworn affidavit in the Magistrates' Court proceeding and who claimed, in relation to the psychological test that he performed for Dr Orchard, that this was handed to him by Dr Orchard's receptionist and completed in the waiting room of Dr Orchard's room. Dr Orchard was not present when he was given the paperwork, nor did he greet or speak to him in any way during the 2½ hours that he was in the waiting room completing the psychological test.

[16] The fact that a registered medical practitioner is charged with criminal offences of making false statements relating to a claim, which charges are proven, must always, it appears to the Panel, whether or not a conviction is recorded against the practitioner, amount to outstanding professional conduct of a standard different from what the public might expect and different from what the profession might expect. The penalties for outstanding professional conduct of a serious nature are more wide-ranging than those for outstanding professional conduct which is not of a serious nature.

[17] The facts of this case were such that the Panel was of the opinion that a caution only was required, given the plea of guilty by Dr Orchard and regret displayed by Dr Orchard at the cost, time and trouble of defending the criminal charges and being subject to an inquiry by the Medicare Participation Review Committee.

[18] Accordingly, the Panel saw fit to caution Dr Orchard to ensure that the charges for professional services which are to be paid for by Medicare, are levied in accordance with the Medical Benefits Schedule.

[19] Although his professional conduct is judged by the Panel to be of a serious nature, the determination of the panel is that a caution is all that is required, given that Dr Orchard has appeared before the Panel in person, and seemed to appreciate the gravity of his making a false claim on Medicare. This conduct cannot be condoned as "not of a serious nature" as the Panel finds it to be a proper subject for investigation by a formal hearing.

MEDICAL PRACTITIONERS BOARD OF VICTORIA

Re: Dr William Henry Orchard [2003] MPBV 27

Finding and Determination

Before: Dr G D Kerr (Chairman)
Dr H Haikal-Mukhtar
Mrs E.J Kennedy

Counsel Assisting the Panel: Mr A Clements instructed by Minter Ellison, Lawyers.

Counsel for the Practitioner: Dr W Orchard represented himself.

Date of Hearing: 24 November 2003

The Finding of the Panel is that:

Dr Orchard has engaged in unprofessional conduct as defined in s. 3(1)(a), (b) and (h) (iv) of the *Medical Practice Act 1994* ("the Act") and the Panel finds further that the unprofessional conduct was of a serious nature as defined in s. 45(A) (1)(a) of the Act.

The Determination of the Panel is that:

Dr Orchard is cautioned in accordance with s. 45(A) (2)(b) of the Act to ensure that the charges for professional services, which are to be paid for by Medicare, are levied in accordance with the Medical Benefits Schedule.

- [1] The Panel was convened pursuant to the provisions of the *Medical Practice Act 1994* (“the Act”) to inquire into allegations that Dr Orchard had engaged in unprofessional conduct as set out in the Notice as follows.

“That he engaged in unprofessional conduct within the meaning of s. 3(1)(a) and/or 3(1)(b) and/or 3(1)(h)(iv) of the definition of "unprofessional conduct" in the Act in that:

“He was found guilty by the Magistrates' Court of Victoria at Melbourne on 29 June 2001 of eight counts of the offence of making a false or misleading statement in connection with a claim for a Medicare benefit or payment under section 128B(1) of the *Health Insurance Act 1973*.”

- [2] After considering all of the submissions made to the formal hearing, the Panel found that Dr Orchard had engaged in unprofessional conduct as defined in s. 3(1)(a), (b) and (h)(iv) of the Act and the Panel found further that the unprofessional conduct was of a serious nature as defined in s. 45(A) (1)(a) of the Act. After hearing submissions as to penalty, the Panel determined that Dr Orchard be cautioned in accordance with s. 45(A) (2)(b) of the Act to ensure that the charges for professional services, which are to be paid for by Medicare, are levied in accordance with the Medical Benefits Schedule.
- [3] The Panel, in accordance with the Act, now publishes its reason for this determination and finding.
- [4] The evidence adduced at the Formal Hearing established that Dr Orchard completed his medical degree at Melbourne University and had practised as a Consultant Psychiatrist since 1961 having completing his training at the Royal Melbourne Hospital and in the USA.
- [5] He had held the position of Senior Honorary Psychiatrist at Prince Henry's Hospital in 1964 and worked at Monash Medical Centre until 1995. He now conducted a private practice from premises in St. Kilda Road, Melbourne.
- [6] The evidence also established (which was not disputed by Dr Orchard) that between June 1996 and October 1998 he lodged Medicare claims with the Health Insurance Commission (HIC) for assigned benefits using the direct billing system for payment of professional attendances on patients.
- [7] On four (4) occasions during this period, Dr Orchard direct billed the HIC for Medicare attendances using MDF Item No. 306 when the patient had completed a psychological test. Each patient signed a claim form which indicated to the HIC that he had a $\frac{3}{4}$ hour

consultation with Dr Orchard when in fact they had undertaken a psychological test which Dr Orchard itemised on the claim form as an individual consultation.

- [8] Dr Orchard also provided invoices to four (4) patients which were submitted to the HIC for payment of Medicare benefits for professional attendances itemised for use under MDF Item No. 342 for group psychotherapy but Dr Orchard invoiced these consultations on a different date.
- [9] Evidence produced to the Panel showed that when charged in the Melbourne Magistrates' Court in relation to making false statements relating to these claims on 29 June 2001, Dr Orchard had pleaded guilty.
- [10] Whilst the court order discharged Dr Orchard without conviction (on his entering into a recognisance of a certain amount for a period of 12 months on the condition that he be of good behaviour and make a contribution to the court fund and repay monies in compensation to the HIC) Dr Orchard submitted to the Panel that there was "no criminal motivation, no intention to defraud".¹ However he conceded that it was "quite delinquent behaviour"² on his behalf and he apologised to the Panel.
- [11] Dr Orchard claimed that he was convinced by his Barrister at the Magistrates' Court that he could avoid conviction by pleading guilty. "At the time I really thought I was just pleading guilty to the delinquencies". Dr Orchard submitted to the Panel that because there were no convictions recorded against him in the Magistrates' Court that this was a matter of considerable significance in whether or not his unprofessional conduct amounted to conduct which was of a serious or not of a serious nature.
- [12] Dr Orchard also pointed to the fact that the Medicare Participation Review Committee had merely counselled him and not reprimanded him, as being also of significance.
- [13] In answer to questions from the Panel, Dr Orchard agreed that when he instructed his Barrister to plead guilty he did not understand that the charges brought against him would be recorded as proven.³ Mr Clements of Counsel assisting submitted that the categorisation of Dr Orchard's unprofessional conduct was a matter for the Panel, but referred to the ordinary dictionary meaning of the word 'serious' – "weighty" "important" "grave" "giving cause for anxiety".⁴
- [14] Mr Clements also took the Panel to the judgement of the Tribunal in *re Parr v Nurses Board of Victoria 1998* (Victorian Civil and Administrative Tribunal 19 October per

¹ Transcript p.5

² Ibid

³ Transcript p.15

⁴ Transcript p.20

Justice Kellam, President) viz that the conduct must be "a departure in a substantial manner from the standards which might reasonably be expected of a registered (health care) professional that is blameworthy and deserving of more than passing censure."

- [15] Dr Orchard submitted to the Panel that the average person in the street would not view his conduct as serious. In fact he pointed to his patients to whom he claimed it was explained as to why their invoices had different dates,⁵ but the Panel had evidence before it of a patient of Dr Orchard who had given a sworn affidavit in the Magistrates' Court proceeding and who claimed, in relation to the psychological test that he performed for Dr Orchard, that this was handed to him by Dr Orchard's receptionist and completed in the waiting room of Dr Orchard's room. Dr Orchard was not present when he was given the paperwork, nor did he greet or speak to him in any way during the 2½ hours that he was in the waiting room completing the psychological test.
- [16] The fact that a registered medical practitioner is charged with criminal offences of making false statements relating to a claim, which charges are proven, must always, it appears to the Panel, whether or not a conviction is recorded against the practitioner, amount to unprofessional conduct of a standard less than the public might expect and less than the profession might expect. In any event the definition in s. 3(1), (h)(iv) of the Act puts the matter beyond doubt and accordingly Dr Orchard is found to have engaged in unprofessional conduct within the meaning of s. 3(1) (a), (b) and (h)(iv) of the Act. Accordingly it must follow in accordance with the judicial reasoning of Mr Justice Kellam in *re Parr v Nurses Board of Victoria*, that such conduct is of a serious nature, and that penalties for unprofessional conduct of a serious nature are more wide-ranging than those set out in the Act for unprofessional conduct which is not of a serious nature.
- [17] The facts of this case were such that the Panel was of the opinion that a caution only was required, given the plea of guilty by Dr Orchard and regret displayed by Dr Orchard at the cost, time and trouble of defending the criminal charges and being subject to an inquiry by the Medicare Participation Review Committee.
- [18] Accordingly, the Panel saw fit to caution Dr Orchard pursuant to s. 45A (2)(b) of the Act, who at all times is to ensure that the charges for professional services which are to be paid for by Medicare, are levied in accordance with the Medical Benefits Schedule. The making of a false Statement in relation to a claim on Medicare was in this case proven in the Criminal Court and having regard to the character, antecedents, age,

⁵ Transcript p.22

health and mental condition of the defendant was deemed inexpedient to inflict any punishment other than a nominal punishment.

[19] Although his professional conduct is judged by the Panel to be of a serious nature, the determination of the panel is that a caution is all that is required, given that Dr Orchard has appeared before the Panel in person, and seemed to appreciate the gravity of his making a false claim on Medicare. This conduct cannot be condoned as “not of a serious nature” as the Panel finds it to be a proper subject for investigation by a formal hearing.

Dr G D Kerr
Chairman
16 December 2003



24 June 2011

Mr David Crofts
23 Brisbane St
BERWICK VIC 3806

Dear Mr Crofts

The purpose of this letter is to respond to your email dated 13 June 2011 regarding Dr William Orchard.

In your email, you state:

'I write to object to the treatment of Dr William Henry Orchard...Please arrange for the counseling of those responsible and report to me its outcome.'

On 17 September 2010, the Victorian Civil and Administrative Tribunal ('VCAT') made orders in respect of Dr Orchard's application for review of a decision of the Professional Standards Panel. In particular, VCAT ordered that:

'Counsel for Dr Orchard having informed the Tribunal that Dr Orchard intends to retire from medical practice six months after the date of this Order, pursuant to s.63(2)(f) of the Health Professions Registration Act 2005 a condition is to be imposed on Dr Orchard's registration that on or before 17 March 2011, Dr Orchard is to surrender his registration by providing written notice to the Medical Board of Australia pursuant to s137 of the Health Practitioner Regulation National Law (Victoria) Act 2009'.

Dr Orchard has since surrendered his registration and, accordingly, Dr Orchard is no longer registered as a medical practitioner.

AHPRA has no jurisdiction to review a decision of VCAT or to counsel or take any other action against VCAT members.

Thank you for your correspondence.

Yours faithfully


Richard Mullaly

Victorian State Manager - AHPRA

Australian Health Practitioner Regulation Agency

G.P.O. Box 9958 | Melbourne VIC 3001 | www.ahpra.gov.au



28 June 2011

Mr David Crofts
23 Brisbane St
Berwick VIC 3806

Dear Mr Crofts,

Re: Email – Dr William Orchard

Thank you for your recent email to the Royal Australian and New Zealand College of Psychiatrists regarding Dr William Orchard which was received 14 June 2011.

The content has been noted.

We appreciate you informing the College of these matters and your concerns.

Many Thanks.

Kind Regards,

Georgina Stant
Administrative Assistant
Complaints and Appeals Management

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Psychiatrist wins right to practise at 83

23rd Oct 2013

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AN 83-year-old psychiatrist refused re-registration after the Medical Board of Australia said his “rigid thinking” on attention deficit disorder (ADD) made him unfit to practise has had the decision overturned after a tribunal said strong views were not an impairment.

Dr William Orchard decided to retire voluntarily in 2010 after the Victorian Civil and Administrative Tribunal (VCAT) made adverse findings in relation to his communication with one patient and alleged “significant overdiagnosis” of ADD in general, VCAT said.

But before Dr Orchard was due to retire he regretted the decision and started the process of re-registering. He sent 13 “long and intemperately worded” letters to the medical board, VCAT and the Victorian premier alleging criminal abuse of power among other things, VCAT said.

The medical board told Dr Orchard it planned to allow his registration with conditions, to which he wrote back a 13-page letter “strongly reinforcing his views about the way in which ADD should be treated”.

The board ordered Dr Orchard to undertake a health assessment, which “identified a number of concerns about Dr Orchard’s cognitive functioning”.

Based on that, the medical board refused re-registration on the grounds that Dr Orchard had “an impairment which would detrimentally affect the individual’s capacity to practise the profession to such an extent that it would or may place the safety of the public at risk”.

The board’s expert neuropsychiatrist Dr Dennis Velakoulis raised concerns about a range of diagnostic issues, including his cognitive abilities, rigid thinking, lack of insight and inability to view his behaviour as others had seen it, the medical board wrote to Dr Orchard.

Dr Orchard took the matter to VCAT for review. Rigorous health and psychological testing found “no convincing evidence of cognitive impairment” despite the man’s narrow views, VCAT said.

VCAT said it was concerned about Dr Orchard’s “narcissistic insults” to the authorities but found they were “engaged in outside the practise of his profession”.

It added that the behaviour took place while the doctor was under significant stress.

He has since been diagnosed with ADD himself, VCAT added.

VCAT granted Dr Orchard registration under lengthy conditions, including that he work no more than 30 hours per week, between 8am and 6pm on weekdays, undertake supervision, and do additional training.

Tags: [Medico-legal](#), [VCAT](#), [psychiatrist](#), [impairment](#), [Registration](#), [Training](#), [Professional News](#)

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Dr. William Henry (Bill) Orchard

Thursday, 27 November 2014

The irreplaceable Dr Orchard has gone.
A man of distinction. A man of wisdom.
A professional not an amateur.
A rationalist for the distressed.
A teacher not a dictating "expert".
An Olympian and a great Melbournian.

Sincere condolences to his family,
Margaret and Jane.

~ Sandra Ryan, Melbourne, Victoria

Sunday, 2 November 2014

Our deepest condolences to Cheryl and to Bill's family.
Bill was a marvellous employer and a lovely friend of our family.
Cath, Glen, William and Jane McKay

Saturday, 1 November 2014

Being one of Bill's patients, my gratitude goes beyond words.

~ David Crofts, Berwick, Victoria

Friday, 31 October 2014

Past colleague and friend of Dr William Glanville Cook (dec) of the Rationalist Society of Australia, past colleague and friend of Sir Halford Cook (dec), Prince Henry's Hospital Melbourne. Teacher, mentor and friend of Dr Kristine Meredith and Philip Cook.

Bill made a significant contribution to the knowledge, understanding and treatment of mental illness, particularly bipolar illness and ADHD. He changed the lives of many patients including those shunned by his own profession. He will also be remembered for his generosity of spirit in sharing his knowledge and expertise with colleagues. Bill's legacy will live on in the lives of many patients and friends. Deepest sympathy to Bill's family

Thursday, 30 October 2014

A wonderful intelligent compassionate man who enabled me to learn and understand so much about myself. I will be forever grateful.

~ Bill Stubbs

Thursday, 30 October 2014

Will be missed greatly

~ Maurice Nissen

Wednesday, 29 October 2014

My condolences to Bills family
A truly gifted man who helped many in his life
Always remembered

~ Debora Adam nee Darke, Adelaide, South Australia