



# ANNUAL REPORT

# 1985

MEDICAL COUNCIL OF NEW ZEALAND

ANNUAL REPORT YEAR ENDING 30 JUNE 1985

Incorporating the report of

THE MEDICAL EDUCATION COMMITTEE

MEMBERS OF THE MEDICAL COUNCIL

(At 30 June 1985)

MEDICAL COUNCIL OF NEW ZEALAND  
ANNUAL REPORT FOR 1985

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- Appointed by Governor-General  
on recommendation of:
- Dr W.S. Alexander (Chairman) Minister of Health
  - Professor D.S. Cole (Deputy Chairman) ex officio, Dean, University of Auckland School of Medicine
  - Dr R.A. Barker ex officio, Director-General of Health
  - Dr R.H. Briant Royal Australasian College of Physicians
  - Professor G.L. Brinkman ex officio, Dean, University of Otago Medical School
  - Dr T. Farrar Royal New Zealand College of General Practitioners
  - Dr R.G. Gudex Royal New Zealand College of Obstetricians & Gynaecologists
  - Mrs P.C. Judd Minister of Health
  - Professor R.W. Medlicott Minister of Health
  - Dr W.J. Pryor New Zealand Medical Association
  - Dr E.C. Watson Royal Australasian College of Surgeons
- Secretary: Mr K.A.G. Hindes
- Assistant Secretary: Mr J.R. Coster B.A.
- Council Offices: 59 Cambridge Terrace, Wellington 1.
- Postal Address: P.O. Box 9249, Courtenay Place, Wellington.
- Telephone: 847-635
- Solicitor: Mr D.J. White (Young Swan Morison McKay)
- Bankers: Bank of New Zealand, Mayfair Branch, Wellington
- Auditors: Miller Dean & Partners, P.O. Box 11253, Wellington

MEDICAL EDUCATION COMMITTEEMembership as at 30 June 1985

	<u>Appointed by:</u>
Dr W.J. Pryor	Medical Council - Chairman
Dr P.M. Barham	Royal New Zealand College of General Practitioners
Professor G.L. Brinkman	ex officio, Dean, University of Otago Medical School
Professor D.S. Cole	ex officio, Dean, University of Auckland School of Medicine
Dr A.G. Dempster	Faculty of Medicine, University of Otago
Professor J.D. Hunter	ex officio, Dean, Christchurch Clinical School, University of Otago
Dr J.L. Jardine	Royal Australasian College of Surgeons
Professor R.H. Johnson	ex officio, Dean, Wellington Clinical School, University of Otago
Professor J.D.K. North	Faculty of Medicine, University of Auckland
Professor T.V. O'Donnell	Royal Australasian College of Physicians
Professor R.J. Seddon	Royal New Zealand College of Obstetricians & Gynaecologists
Professor F.T. Shannon	Faculty of Medicine, University of Otago
Dr I.J. Simpson	Faculty of Medicine, University of Auckland
Associate Professor S.R. West	New Zealand Medical Association
Dr A.J. Sinclair	Department of Health (Observer)

Committees

Committees appointed by the Council to deal with its principal activities.

Medical Practitioners Data Committee

Professor G.L. Brinkman (Chairman)  
Dr W.S. Alexander  
Mr K.A.G. Hides  
Miss C. Leatham (Statistician)  
Dr G.C. Salmond  
Professor D.C.G. Skegg

Preliminary Proceedings Committee

Dr E.C. Watson (Convener)  
Professor D.S. Cole (In his absence, Dr R.H. Briant)  
Mr D.J. White (Legal Appointee)

Specialist Registration Sub-Committee

Dr R.H. Briant (Convener)  
Professor D.S. Cole

Finance & General Purpose Committee

Dr T. Farrar (Chairman)  
Dr W.S. Alexander  
Mr K.A.G. Hides  
Dr E.C. Watson

Office Staff

Secretary	Mr K.A.G. Hides
Assistant Secretary	Mr J.R. Coster
Clerk	Mrs M.A. Murphy
Clerk	Mrs E.M. King
Typist/Receptionist	Mrs J.L. Davies

In accordance with the Medical Practitioners Act 1968, Section 14(5A), I have the honour of presenting the Report of the Medical Council of New Zealand for the year ended 30 June 1985.

Changes have occurred in the membership of the Council during the past year. Mr D.V. Sutherland of New Plymouth had been appointed by the Minister to be the lay member of Council. Mr Sutherland brought a very considerable knowledge of local body affairs as well as wide experience in the business field. In many ways he provided a very constructive and helpful contribution to Council deliberations and frequently brought problems into wider perspective and thus enabled better decisions to be made. Mr Sutherland, however, found that his many other commitments prevented him from giving as much attention to Council matters as he wished and he resigned from his position at the end of 1984. Council would like to thank him for his assistance during the time he was a member of Council and we shall certainly miss his wisdom.

Mr Sutherland has since been replaced by Mrs P.C. Judd of Auckland. It is a pleasure to welcome her to Council and we look forward to the contribution which she will make.

On his election as Chairman of Council of the New Zealand Medical Association, Dr J.M. Broadfoot has resigned from the Medical Council. His successor will be nominated by the Medical Association in due course.

The 1984 Annual Report referred to changes and improvements in the administrative activities of Council of which an important component was the shift to new premises in Cambridge Terrace. While these new premises have given Council staff a better environment in which to work and have enabled Council to meet in its own accommodation, the situation is still far from completely satisfactory. The Webb Street property has been sold and the funds set aside for the possible purchase or fitting out of leased accommodation of a better standard and location. Enquiries for suitable premises are continuing. The conversion of appropriate Council activities to computer processing will require additional space and this is one of the reasons why a further shift of Council premises is contemplated.

Council has continued to provide the profession with as much information of its activities as is possible given the requirements that most disciplinary hearings are required to be confidential. Council was pleased that the organising committee for the Biennial Conference of the New Zealand Medical Association held in Hamilton in May, was prepared to set aside part of the programme at which an open forum was conducted. Members of Council presented short statements on a number of matters of current importance to the profession and it was possible for doctors attending the Conference to offer comment, criticism and suggestions as to how Council should proceed. The first topic discussed was the approach on guidelines for bio-ethical procedures which had been foreshadowed in the 1984 report. A working party document prepared by a Dunedin group had been circulated to the other organisation which had agreed to join with the Medical Council in an approach to Government. Following their acceptance of this document as a reasonable proposal for Government action, it was submitted to the Deputy Prime Minister

and Minister of Justice under the joint signatures of the Medical Council of New Zealand, the New Zealand Medical Association, the New Zealand Law Society, the Royal Society of New Zealand and the Medical Research Council. Government has acknowledged receipt and it considering it along with other proposals in this field. The activities of the working party engaged on a review of the disciplinary process were considered at some length. It was agreed that the working party proposals should be referred back to the Council of the New Zealand Medical Association and to the Medical Council for further consideration and then the working party be reconvened to attempt to provide a final version of the changes suggested. As part of an intended revision of the Medical Practitioners Act, they would be incorporated in a draft bill on which submissions to a Parliamentary Select Committee could be made. These further steps are in progress.

The Conference had earlier in the day discussed the provision of Medical care for the doctor and his family. At this forum, consideration centred on the recognition, treatment and rehabilitation of the 'sick doctor'. A proposal was examined to set up a fund by contributions from the profession. Fellowships awarded to doctors ready for reintroduction to the practising profession would enable them to have financial support during a period of retraining, rehabilitation and re-establishment. A number of organisations including the New Zealand Medical Society on Alcoholism and Drug Dependency are involved in this area and further discussions are proceeding.

The composition and constitution of the Medical Council of New Zealand has been under review since the changes which took place in the General Medical Council of the United Kingdom in 1979 following the Merrison report. A discussion document prepared by the Medical Council outlined some of the suggestions which had been raised and these were further explored during the forum. Six of the twelve members of the present Council are nominated by the various professional bodies. Some, dissatisfied with the method by which such nominations are achieved, expressed their feeling that a general election among members of the profession would provide a more democratic way of achieving these appointments. Discussions are continuing with the organisations currently making nominations to the Medical Council and further proposals will be circulated to the profession in due course.

On January 1 1985, the Australian Medical Council was constituted. This Council comprises the Presidents of the State Medical Boards together with nominees of the Universities. It has three principal functions:

1. The accreditation of Medical Schools in Australia.
2. The examination of foreign medical graduates seeking to practise in Australia.
3. The encouragement of uniform standards of registration in the various States and Territories.

While the Australian authorities have conducted an examination for foreign medical graduates for a number of years they are only beginning the process of accreditation of local medical schools. There are likely to be consideration advantages to both countries if the committees concerned with accreditation remain in close contact and adopt comparable criteria. It is desirable that any local accreditation be linked in some way with the recognition currently given to Australian and New Zealand Medical Schools by

the General Medical Council of the United Kingdom. The Australian Medical Council has invited the Chairman of the Medical Council of New Zealand to attend its meeting in July to facilitate this exchange of views and information.

As at the date of this report no progress had been made on the establishment of an indicative register for general practice. When the Minister of Health met the Medical Council in November 1984, he indicated that he was not yet ready to confirm the approval given by his predecessor for such a register. The matter will be raised with the Minister again.

The Legal Assessor to the Medical Council of New Zealand, Mr A.A.T. Ellis, QC, has been appointed a Judge of the High Court. Mr Ellis has been the Legal Assessor for Council for three years and we have come to value the wisdom of his advice and appreciate his impartiality. Council has had to consider a number of quite complicated cases and his advice on evidence and procedure has been invaluable. He had followed his distinguished predecessor Mr Justice Eichelbaum to the bench of the High Court and we congratulate him on this elevation.

The probationary registration examination was again conducted by the Wellington Clinical School of Medicine of the University of Otago. Two candidates passed the examination and two candidates passed after a supplementary examination. There is a steady stream of inquiries from foreign medical graduates for entry to the Medical Register, but Council policy is to require all recent graduates to sit the examination and the examination requirement is waived only for the doctors already holding higher qualifications or who have considerable experience. The issue of a temporary registration certificate to an overseas graduate seeking postgraduate instruction in New Zealand has always been part of Council policy. The applicant for temporary registration is required to sign a statement that at the completion of the period of training he or she will leave New Zealand. This requirement has led to considerable difficulty in some cases where a temporary registrant's home conditions have deteriorated and it would be difficult to carry out this obligation. Council has therefore restated its policy in relation to temporary registration and in particular has indicated the very exceptional circumstances in which a temporary registrant may be granted probationary registration at the completion of the period of postgraduate training. Candidates required to sit the probationary registration examination are given a letter of acceptance by the Medical Council, and it has proved possible for many of these doctors to obtain some exposure to New Zealand medicine as clinical assistants to assist them in the preparation for their examination. This problem of bridging experience is also one of the major difficulties encountered in Australia and a somewhat generous arrangement is being considered. We will keep this development under close observation.

Financial matters continue to be of concern. Details of Council finances are given in the Financial Statement and Balance Sheet and are explained in the report of the Chairman of Finance and General Purposes Committee and in his notes on the accounts. While the Disciplinary Fund has been heavily drawn on this year the value of an adequate reserve has been demonstrated. The level of the Annual Practising Certificate fee is not adequate for maintaining an appropriate level of Council activity. It is Council's view that the funds derived from the sale of the Webb Street property should be applied to the provision of suitable

accommodation. At present costs, these funds are more than adequate for the partitioning and furnishing of rental accommodation. Should the purchase of owner-occupier premises be regarded as the most appropriate and economic method of providing a permanent home for the Council, mortgage finance will be required and will involve considerable servicing. Should leasing be the solution we could expect to pay at least three times our present rental for suitable premises.

It is again a pleasure to express my appreciation of the contribution made by my colleagues on the Council. Each member of the Council has some area of responsibility or expertise which makes a valuable contribution to Council activities. Attendance at Council meetings involves two, sometimes three days each quarter. Council members are also called upon to assist the Chairman in many ways between Council meetings with advice, information or to make local enquiries. These various tasks place a considerable demand on Council members and it is a great pleasure to acknowledge the support and assistance I have received. I am also most grateful for the assistance given by the Secretary and the members of his staff. This year has been quite difficult for not only have they had to adjust to new quarters, but a number of unexpected changes in staff have occurred and there have been periods in which the office has been uncomfortably short-staffed. Nevertheless, the work has been done with its usual efficiency and it is a pleasure to thank Mr Hindes and his staff for their efforts and for their support during the year.

In recording progress which has been made during the year culminating in the production of discussion documents on the constitution of the Medical Council and on revision of the disciplinary procedures, it is important for members of the profession to realise that in the next twelve months there must be considerable progress made on reaching a consensus, if we are to achieve a legislative deadline of a Draft Bill for the 1987 Legislative Programme.

W.S. Alexander  
Chairman

REPORT OF THE PRELIMINARY PROCEEDINGS COMMITTEE

The Preliminary Proceedings Committee is a statutory committee of three members, two of whom are members of the Medical Council and a third a solicitor appointed by Council to be the legal arm of the Preliminary Proceedings Committee. The Committee is set up quite specifically to screen complaints which may amount to a charge of disgraceful conduct in a professional respect. Such a charge would then be heard before the Medical Council. Complaints considered to amount to the lesser charge of professional misconduct may be prosecuted by the legal member of the Preliminary Proceedings Committee before the Medical Practitioners Disciplinary Committee. It must be emphasised that the Preliminary Proceedings Committee has no power to convict or issue a penalty. It may, however, issue a letter of warning to a medical practitioner or if it sees fit, dismiss the complaint.

The following complaints were received in the past twelve months.

Alleged inadequate professional services	6
Improper relations with female patients	5
Serious drug or alcohol abuse	3
Conduct likely to bring the Profession into disrepute	1

In addition sixteen further complaints were received in which settlement was achieved by correspondence with the complainant. One court conviction required to be prepared for consideration by the Medical Council.

Investigations into some of the complaints listed above have reached a stage where charges of disgraceful conduct in a professional respect are to be laid, but the opportunity for a Hearing before the Medical Council has not yet occurred.

Considerable public interest surrounded the investigation of complaints and subsequent charge preferred against Dr Ian Duncan. The Preliminary Proceedings Committee had considered the evidence and decided to present a charge of disgraceful conduct in a professional respect at the meeting of the Medical Council in March this year. An application for Judicial Review of the findings of both the Medical Practitioners Disciplinary Committee and the Preliminary Proceedings Committee heard before Mr Justice Jeffries earlier this year, resulted in deferment of the Hearing before the Medical Council. The application failed except in one important respect. Several complaints against Dr Duncan, which in the opinion of the Committee amounted to disgraceful conduct in a professional respect were formulated as a single charge. Mr Justice Jeffries considered that each complaint required a corresponding charge to be made relating to it, even though he accepted that the complaints lodged were all individually and thoroughly investigated by the Preliminary Proceedings Committee. The particular finding of Mr Justice Jeffries relating to the Preliminary Proceedings Committee charges is the subject of an appeal to the Court of Appeal which will be heard later this year.

As a result of a suggestion that a full revision of the Medical Practitioners Act is necessary, a sub-committee of the Medical Council, representatives of the Council of the New Zealand

Medical Association, together with the Medical Practitioners Disciplinary Committee, have had several meetings to consider changes as they relate to that part of the Act concerned with discipline. Some of the changes contemplated are very sweeping and there is need for much further thought if agreement is to be reached for such changes to be incorporated into the Statute.

Medical discipline is an essential feature of medical practice in this country and must be rigorously maintained to reassure the public and for the continuation of high standards. It cannot, however, be maintained without considerable expenses, almost wholly of a legal nature. It is important therefore for fellow practitioners to understand that these expenses involved can only be paid through an annual disciplinary levy. The financial return from the recovery of expenses and fines of a party found guilty of disgraceful conduct in a professional respect is relatively quite small.

E.C. Watson  
Convener

REPORT OF THE SPECIALIST REGISTRATION SUB-COMMITTEE

In the past year 119 doctors have been added to the Specialist Register. The Council acknowledges the major role of the Colleges and Specialist Societies in acting as reference bodies to assess the applicants' qualifications and making recommendations to the Council.

Thirteen doctors' applications for Specialist Registration have not been approved. Some applicants have not had the full five years experience in their specialty and some have overseas qualifications not equivalent to the New Zealand ones. Other applicants with appropriate qualifications do not function as specialists in New Zealand and in this regard are not considered appropriate for specialist listing.

The Council would like to state that Specialist Registration is not usually an essential step in gaining specialist hospital posts. Indeed, at present, the only important practical implications of Specialist Registration is that such listing is necessary for full Specialist Benefit payments by the Health Department. There is therefore no merit in an early application for specialist listing and it is advised that Doctors defer their application until such time as all the criteria are fulfilled (see Medical Practitioners Registration of Specialist Regulations 1971 and Amendments), and specialist practice is imminent.

However, some appointment committees may wish to have an indication of Specialist Registration eligibility when considering candidates for positions; the Council is in correspondence with referral bodies regarding a specialist-eligible category.

R.H. Briant  
Convener

REPORT OF THE MEDICAL EDUCATION COMMITTEE

The Medical Education Committee met on two occasions during the year - 11 October 1984 and 17 April 1985.

MEMBERSHIP

There were several changes during the year. Professor R.A. Boas who was appointed in 1982 as the nominee of the Faculty of Medicine of the University of Auckland, has retired. Dr I.J. Simpson has joined the Committee as his replacement. Professor J.H. Heslop, who has served on the Committee since 1979, retired and was succeeded by Dr A.G. Dempster, representing the Faculty of Medicine of the University of Otago. Finally Dr L.J.E. McLennan, a member from 1981, has retired and his replacement as the nominee of the Royal New Zealand College of General Practitioners was Dr P.M. Barham.

HOSPITAL INSPECTIONS

Representatives from the Medical Education Committee continued the programme of three yearly visits to hospitals for the purpose of accreditation for intern training, (i.e. the Conditional Registration year). The report compiled following each visit is given to the particular hospital board for comment, before being considered by the Medical Education Committee for final approval by the Medical Council in relation to such matters as run categorisation and overall suitability.

The hospitals visited were:-

Auckland Hospital Board Group, Mater Misericordiae, Timaru, Taumarunui and Nelson.

The visit to Auckland Hospital Board Group is now a major exercise and required the visiting team of four to divide into two groups in order to see all the institutions.

Following the Auckland visit the Medical Education Committee received a letter which raised for the first time the effect of the heavy workload experienced by some resident staff in Auckland Hospitals on the educational needs of the intern year. While the Medical Education Committee cannot in any way interfere with the relationship between the employing hospital board and the resident medical staff in relation to terms and conditions of service, it is of concern to the Medical Education Committee when service demands become so pressing that the educational requirements of the intern year may not be fulfilled. We understand that steps have been taken to improve staffing in the particular problem area drawn to our attention. However, it is clear that the Medical Education Committee will be required to take careful note at future visits to ensure that the better staffing situation for Junior Hospital Medical Officers is maintained, and that the educational value of the intern year is not jeopardised by service demands.

UNDERGRADUATE CURRICULUM

The statement which follows has been prepared after consultation with the Medical Faculties of the two Universities concerned and embodies the Medical Council's view of the definition of a Medical Graduate.



"By the time of qualification, graduates should be educated and humane individuals with an understanding of the structure and functions of the human body in health and disease, of normal and abnormal human behaviour, of the techniques of diagnosis and treatment, of preventive medicine and of medical conduct and ethics sufficient to provide the basic knowledge, attitudes and skills to justify Conditional Registration and prepare them for vocational training and continuing education throughout their professional career".

A proposal for the establishment of an accreditation committee has been submitted to Council and funding for these activities will be included in a subsequent budget.

#### GERIATRICS

It was drawn to the attention of the Medical Education Committee that there were no candidates in the advanced training programme for Geriatrics. The Medical Education Committee has communicated with the Royal Australasian College of Physicians and with the Council for Postgraduate Medical Education on this subject. It is understood there will be a Chair in Geriatric Medicine established at the University of Auckland School of Medicine. As well, the Council for Postgraduate Medical Education in its proposed reorganisation is likely to become more active in medical education in determining where deficiencies exist in Postgraduate Medical Education and in promoting remedial action.

There has also been a proposal for a centrally administered scheme for specialist training with the aim of ensuring that candidates might be encouraged into fields such as geriatrics. The Medical Education Committee intends to keep this matter under close scrutiny.

#### NATIONAL CONFERENCE ON THE ROLE OF THE DOCTOR IN NEW ZEALAND - IMPLICATIONS FOR MEDICAL EDUCATION

A submission to the National Conference including the above definition of a medical graduate has been submitted to the Conference Planning Committee. The Medical Education Committee was informed that Professor Cox of the University of New South Wales, who is attending the Conference as a resource person and co-ordinator, will have the additional task of carrying the conclusions and recommendations from the Conference to the Medical Schools and Universities. The Medical Education Committee has asked for the opportunity to comment on these.

It is hoped that the expectations of the Planning Committee will be realised, and that it will provide the community with an opportunity of indicating its perception of the role of Medical Practitioners in modern society.

Should the Conference express a clear consensus for a significant change in the role of the Medical Practitioner, it may be necessary for the Medical Council to review its definition of a medical graduate accordingly. This expression will also be of

assistance to the Accreditation Committee on Medical Schools when meeting the Medical Faculties, and considering the ways in which their courses and curricula meet the perceived needs of the community.

W.J. Pryor  
Chairman

REPORT OF THE MEDICAL PRACTITIONERS DATA COMMITTEE

Information provided through the annual questionnaire is proving of increasing value as the analysis of the data becomes more refined. For instance, the Council has been able to provide pertinent information on Medical manpower to the Committees responsible for the New Zealand Medical Association's current salary negotiations. The data is also being analysed to determine what has happened to the large graduating classes from both medical schools in the last five years in view of the current shortages of Resident Medical officers. This will involve follow-up questionnaires to about 1,200 New Zealand doctors at present overseas. The work pattern of women graduates is also being analysed to enable more accurate predictions of the future medical work force.

Once again I would appeal to all doctors to make sure their questionnaire is accurate and complete before returning it, as this year 1,600 questionnaires (30% of the total) were improperly completed which involves a great deal of extra work for the staff and additional expense.

TABLE

NEW ZEALAND MEDICAL WORKFORCE

	1981		1982		1983		1984	
	Total	N.Z. Graduates	Total	N.Z. Graduates	Total	N.Z. Graduates	Total	N.Z. Graduates
Active	5037	3457	5210	3666	5403	3854	5437	3936
Full-time Equivalents	4742.4	3278.0	4894.4	3475.3	5043.8	3634.5	5061.3	3704.1
House Officers	573	471	611	539	648	599	627	598
Registrars	595	375	623	439	662	495	695	565
Medical Officers of Special Scale	152	79	159	80	166	81	159	77
General Practitioners	1856	1225	1908	1271	1968	1321	1998	1353
Other Primary Medical Care	65	39	61	34	73	43	89	55
Specialists	1710	1226	1748	1255	1784	1267	1770	1239
Miscellaneous (non-specialist)	86	42	100	48	97	48	99	49

Notes on Table insert

The total number of doctors practising in New Zealand has increased by 400 over the three year period between 1981 to 1984. As some are only working part-time, the increase in full-time equivalents is 319.

Over this same period the number of junior hospital doctors (i.e. House Officers and Registrars) has increased by 154, general practitioners by 142 and specialists by 60.

G.L. Brinkman  
Chairman

NEW ZEALAND MEDICAL WORKFORCE, AS AT 30 JUNE 1985

Total Doctors on register	7964
Total active Doctors (issued with practising certificates)	6337
New Zealand Population (March 1984)	3,234,900
Ratio active Doctors to Population	1:510
Temporary registrants	102
New Probationary registrants	12
Names removed from register (Various reasons)	220
Doctors deceased	52

REPORT OF THE SECRETARY FOR THE REGISTRATION YEAR ENDING 30 JUNE 1985

1. MEETINGS

Four meetings were held during the year.

2. REGISTRATION

The following statement shows the number of doctors who have been registered during the year:

Registration as a Medical Practitioner

University of Auckland	1
University of Otago	1
University of Adelaide	3
University of Melbourne	3
Monash University	2
University of New South Wales	4
University of Queensland	4
University of Sydney	3
University of Tasmania	1
University of Western Australia	4
University of Birmingham	5
University of Bristol	4
University of Cambridge	4
University of Leeds	2
University of London	15
University of Manchester	3
University of Newcastle	2
University of Sheffield	4
University of Southampton	4
M.R.C.S. Eng., L.R.C.P. Lond.	1
University of Aberdeen	4
University of Dundee	2
University of Edinburgh	2
University of Glasgow	1
L.R.C.P. Edin., L.R.C.S. Edin., L.R.C.P. & S. Glasg.	1
Queens University, Belfast	1
University of Dublin	2
University of Wales	2
University of Cape Town	7
University of Natal	1
University of Alberta	1
University of British Columbia	2
University of Calgary	1
Dalhousie University	2
McGill University	1
University of Manitoba	1
Queen's University	1
University of Toronto	1
University of Western Ontario	1
University of Ceylon	1
University of Hong Kong	1
University of Kerala	1
University of Oregon	1
University of Saigon	1
Medicine Licentiat, Kardinska Medico-Kirurgiska Institutet	1

Conditional Registration

University of Auckland	118
University of Otago	180
University of New South Wales	1
University of Western Australia	1
University of British Columbia	1
	<hr/>
	301
	<hr/>

3. REMOVAL OF NAMES FROM THE REGISTER

On disciplinary grounds	1
Deceased	52
At own request	27
Failure to notify change of address	38
Overseas graduates not resident in New Zealand last three years	<u>102</u>
	<hr/>
	220
	<hr/>

4. RESTORATION OF NAMES TO THE REGISTER

New Zealand graduates	8
Overseas graduates	15
	<hr/>
	23
	<hr/>

5. CHANGE OF NAME

Twenty five applications were approved.

6. TEMPORARY REGISTRATION

Certificates of Temporary Registration were granted during the year as follows:

For giving postgraduate instruction	12
For obtaining postgraduate experience	90
	<hr/>
	102
	<hr/>

7. PROBATIONARY REGISTRATION

Twelve Certificates of Probationary Registration were issued during the year and eight practitioners were granted registration as a medical practitioner after probationary service.

8. TOTAL REGISTRATIONS

The number of registered practitioners on the Register as at 30 June 1985 was 7,964.

9. ANNUAL PRACTISING CERTIFICATES

The number of Annual Practising Certificates issued for the practising year 1 April 1984 to 31 March 1985 was 6,337.

10. MEMBERSHIP OF COUNCIL

Mr D.V. Sutherland resigned and was replaced by Mrs P. Judd. Dr J.M. Broadfoot also resigned.

11. DISCIPLINARY CASES

Five disciplinary cases were considered.

12. REGISTER OF SPECIALISTS

This Register now has the names of 1,828 specialists on it.

13. OFFICE OF THE COUNCIL

The Council provides a secretariat for the Dental Council of New Zealand and has premises at 59 Cambridge Terrace, Wellington 1. The Council's postal address is P.O. Box 9249, Courtenay Place, Wellington, and the telephone number is 847-635.

K. Hinds  
Secretary

CHANGES OF ADDRESS

Section 26 of the Medical Practitioners Act 1968 requires every registered medical practitioner to notify the Council by registered post of any change of his registered address within one month of making such change. Failure to do so constitutes an offence and any person who fails to comply is liable on summary conviction to a fine not exceeding \$200.

The Council is the one body in New Zealand which is expected to know the current address of every doctor and receives numerous enquiries from members of the public and organisations throughout the country for such information.

During the last twelve months 1,800 changes of address were actioned by the Council's staff. Many other doctors failed to notify a change of address and as a consequence their names have been removed from the Register after numerous and costly attempts to contact them.

The Council wishes to draw this matter to the attention of all registered medical practitioners in an attempt to obtain compliance with the Act.

Many changes of address are still being sent to our old address of P.O. Box 5135, which is incorrect. The correct address is P.O. Box 9249, Courtenay Place, Wellington.

REPORT OF THE FINANCE AND GENERAL PURPOSES COMMITTEE

This Report covers the period from 1 July 1984 to 30 June 1985 although it should be noted that the financial statements cover the period 1 April 1984 to 31 March 1985. The Committee has met nine times during the year.

There have been difficulties over our negotiations with the Minister to have the fee for the Annual Practising Certificate, which is the main source of Council income, raised to a satisfactory level. The fee was set at \$20 in 1979. It was expected that it could be kept at this level for approximately five years. An application supported by a budget and proposals for development in Council activities were submitted towards the end of 1983 to be applied to the 1984/85 financial year. Eventually the application for an increase was declined. The Finance and General Purposes Committee reviewed its estimates and indicated that there would be a deficit of the order of \$20,000 for the 1984/85 year and in actual fact this has turned out to be \$23,890. In November 1984 careful estimates for the year ending 31 March 1986 were presented. In view of the deficit in the 1984/85 year and with several developments in mind which would involve additional expenditure Council felt that an increase to \$40 in the Annual Practising Certificate fee was justified. In March 1985 we were notified that the increase permitted was only \$5 making the new fee \$25. There appear to be three principal reasons for a departure from earlier procedures in which the requested increases had always been authorised.

First, Hospital Boards and therefore indirectly the tax payer pay for the Annual Practising Certificates of some 1,757 doctors (28% of the Annual Practising Certificates issued). The amounts involved so far as expenditure from the public purse is concerned are relatively small. We were further advised that the percentage increase could not be sustained by Government policy. The third factor criticised in the budget submitted was the existence of the Building Fund, and Council's desire to add to this fund with a view to obtaining suitable permanent accommodation. Most of the Building Fund represents capital gain from the sale of the Webb Street property. Independent advice given is that a proper application of this money would be the acquisition of an owner-occupier floor in a suitable location on the fringes of the business district in Wellington. It is clear however that the option of the purchase of an owner-occupier floor is not favoured by Government and further discussions will be required to resolve on the one hand the Council's need for improved accommodation, and on the other hand an appropriate use to which this money can be put.

Whatever decision is made in this matter the fact remains that at present the Council is occupying premises of indifferent quality which do little to enhance the image either of the profession or of the Council. Whether improved accommodation is purchased or leased it remains clear that Council cannot meet the higher costs of improved accommodation and in addition expand its range of activities and its service to the profession without a significant increased in income. This can only be achieved by an increase in the Annual Practising Certificate fee.

One of the functions anticipated, if funds permitted, was the computerisation of Council records. Council has commissioned and received a preliminary report on the advisability of computerisation from the firm Computer Sciences of New Zealand Limited. It is clear from the report that the present accommodation cannot meet the needs of modern data processing equipment. An extension of the functions of the Medical Education Committee in providing assessment procedures for the Undergraduate Curriculum will obviously require significant financial support. The processes of improved communication with the profession will also involve additional cost. We would like to improve production quality of this annual report, and would be anxious to conduct further meetings with the profession in order that the proposed revisions of the disciplinary functions and of the composition of the Council can have the widest possible discussion before legislation is enacted. The present proposals of themselves will call for considerable financial outlay in that the size of the Council may well be increased and its range of responsibilities in the disciplinary area enlarged. Even apart from these items the everyday running of the Council's affairs will incur increased expenditure to meet rises in salaries and other costs, and it seems that the rate of increases in these have been under-estimated by those who had the task of approving our budget.

The members of the Medical Council and its staff work extremely hard to try and run an efficient organization. They are always seeking to improve performance and hopefully offer some leadership to the profession. The added burdens of these financial restraints do not make these tasks any easier.

T. Farrar  
Chairman

COMMENTS FROM THE CHAIRMAN OF THE FINANCE AND  
GENERAL PURPOSES COMMITTEE ON THE FINANCIAL STATEMENTS

A. REVENUE AND EXPENSES

As a result of changes in presentation explained in 2(c) of Notes to Accounts by Miller Dean and Partners, there is a difference shown between the total income for the year 1984 given in last year's Annual Report as \$226,592 and the figure shown in the current report for 1984 of \$204,947. This difference-\$21,645-is the amount of the 1984 Government grant towards the manpower survey. There is a corresponding difference in total expenditure for 1984 of the same amount (\$21,645).

The gross income for the Medical Council for 1985 totalled \$199,455, this being a decrease of \$5,492 on 1984.

Expenditure for the current financial year totalled \$223,345, an increase of \$20,772 on 1984.

Net deficit amounted to \$23,890 compared to a net surplus of \$2,372 in 1984 and \$9,469 in 1983.

The reasons for this deficit and the fact that it will increase in the forthcoming year have already been given in the report from the Finance and General Purposes Committee.

B. CURRENT LIABILITIES

The increase from \$35,327 in 1984 to \$120,905 in 1985 is accounted for by the earlier despatch of Annual Practising Certificate forms this year. This has resulted in a larger income in March 1985, as compared to the previous year.

C. DISCIPLINARY PAYMENTS

Payments totalled \$133,145, an increase of \$88,757 over 1984. Reserves have fallen by \$37,809 to \$170,513. With the disciplinary levy being held by the Council at \$10 for the forthcoming year, income is expected to be around the \$64,000 level. As disciplinary expenses are likely to increase even further, it is expected that the reserve will be substantially diminished.

T. Farrar  
Chairman

# Miller, Dean and Partners

CHARTERED ACCOUNTANTS

COLIN F. DEAN, J.P., A.C.A., A.C.I.S.  
 JOSEPH KETKO, A.C.A.  
 DAVID N. A. DAVIS, B.COM., A.C.A., A.C.I.S.  
 RODNEY TAUCHER, A.C.A.  
 JOHN W. LITTLE, B.C.A., A.C.A.

8TH FLOOR,  
 WELLINGTON TRADE CENTRE BUILDING,  
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AUDIT REPORT

AUDITORS' REPORT

TO THE MEMBERS OF MEDICAL COUNCIL OF NEW ZEALAND

We have audited the Financial Statements in accordance with accepted auditing standards and have carried out such procedures as we considered necessary.

In our opinion, according to the best of our information and the explanations given to us and as shown by the said records, the financial statements are properly drawn up so as to give a true and fair view of the financial position of the Council as at 31st March 1985 and the results of its activities for the year ended on that date.

*Miller, Dean + Partners*

WELLINGTON

16 August 1985

CHARTERED ACCOUNTANTS

MEDICAL COUNCIL OF NEW ZEALAND

FINANCIAL STATEMENT FOR YEAR ENDED 31ST MARCH 1985  
NOTES TO ACCOUNTS

1. GENERAL ACCOUNTING POLICY

The general principles recommended by the New Zealand Society of Accountants for the measurement and reporting of results and financial position on the basis of historical costs (except for the particular policies stated below) have been adopted.

PARTICULAR ACCOUNTING POLICIES

(a) Depreciation

Furniture and Fittings - Straight line depreciation is applied at 10% p.a.  
 Office Equipment - Straight line depreciation is applied at 20% p.a.

(b) Legal Expenses and Recovery

No provision has been made for legal proceedings which have not been settled and/or claimed for at balance date. Recovery of legal expenses is accounted for on a cash basis.

2. CHANGES IN ACCOUNTING PROCEDURE & PRIOR YEAR ADJUSTMENT

(a) Changes in Accounting Procedure

In previous years disciplinary expenses and recovery of those expenses were paid/received through the General Account. For this financial year most disciplinary expenses are paid direct from the Disciplinary Fund.

(b) Prior Year Adjustment

The prior year adjustment of \$11889 relates to expenses previously paid from the General Account and now reimbursed by the Disciplinary Account.

(c) Changes in Presentation

The following changes in presentation explain the difference between the 1984 comparative figures and the accounts as presented last year.

The Government Grant towards the Medical Manpower Report has been offset against the Medical Manpower and Associated Expenses.

1984 \$21,645      1985 \$20,000

Accountancy fee previously grouped with General Expenses has been combined with the audit fee.

3. SALE OF WEBB STREET PROPERTY

The property was sold in April 1984. Proceeds from the sale have been placed in deposits under the Building Fund.

4. FIXED ASSETS

	Cost Revalued Amount 31/3/85	Accumulated Depreciation to 31/3/85	Book Value 31/3/85	Book Value 31/3/84
Land				24000
Building				43750
Motor Vehicle				3065
Fixtures and Office Equipment	19505	3650	15855	1934
			<u>15855</u>	<u>72749</u>

5. INVESTMENTS

<u>(a) Building Fund</u>	<u>1985</u>	<u>1984</u>
U.E.B. Industries Ltd - Debenture @ 18% Maturing 30/9/85	22555	18914
Michael Veal & Associates - 1st Mortgage @ 11% Maturing 9/5/86	20000	
Marac Holdings Ltd - Debenture @ 16.5% Maturing 11/9/86	19003	
Westpac Merchant Finance Ltd - Debenture @ 13.25% Maturing 17/5/86	146596	
Medical Securities Ltd - Debenture @ 15.5% Matured	-	16639
B.N.Z. Auto Save	1974	-
	<u>\$210128</u>	<u>\$35553</u>
	=====	=====

(b) Disciplinary Fund

Marac Holdings Ltd - Debenture @ 12.75% Interest in Advance - Maturing 3/5/85	\$194842
	=====

6. BUILDING RESERVE

Balance as at 1/4/84	35553
Plus - Interest Received for Year	24067
Capital Gain on Sale of Building Including \$9000 transferred from Unrealised Capital Gain	111089
Transfer from Accumulated Capital	39710
	<u>\$210419</u>
	=====

7. COUNCIL AND COMMITTEE EXPENSES

(a) As this is the first year that the Medical Education Committee expenses have been separately recorded, comparative figures are not available and have been recorded with Council Expenses.

(b) Chairmans Honorarium

The 1985 honorarium relates only to the Council, the 1984 amount also includes the honorarium paid to the convenor of the Preliminary Proceedings Committee.

MEDICAL COUNCIL OF NEW ZEALANDBALANCE SHEETAS AT 31ST MARCH 1985

	<u>1985</u>	<u>1984</u>
<u>CURRENT ASSETS</u>		
Petty Cash	50	20
Bank of New Zealand - General Fund	65710	9745
- Disciplinary Fund	2611	11967
Bank of New Zealand - Term Deposits - General	-	40000
- Disciplinary -	-	195000
B.N.Z. Finance Limited-on Telephone Call Deposit	25000	-
- General Account	5197	-
- Disciplinary Account	874	1725
Payments in Advance & Sundry Debtors	1404	12213
Interest Accrued	-	12213
	<u>100846</u>	<u>270670</u>
	=====	=====
<u>INVESTMENTS (Note 5)</u>		
Building Fund	210128	35553
Disciplinary Fund	194842	-
	<u>404970</u>	<u>35553</u>
	=====	=====
<u>FIXED ASSETS (Note 4)</u>	15855	72749
	<u>\$521671</u>	<u>\$378972</u>
	=====	=====
<u>CURRENT LIABILITIES</u>		
Sundry Creditors	13723	14787
Payments Received in Advance	107182	20540
	<u>120905</u>	<u>35327</u>
	=====	=====
<u>TERM LIABILITY</u>		
Housing Corporation Loan	-	25475
	<u>400766</u>	<u>318170</u>
	=====	=====
<u>CAPITAL ACCOUNT</u>		
Accumulated Capital	19834	65295
Unrealised Capital	-	9000
Disciplinary Reserve	170513	208322
Building Reserve (Note 6)	210419	35553
	<u>\$521671</u>	<u>\$378972</u>
	=====	=====



MEDICAL COUNCIL OF NEW ZEALAND  
REVENUE STATEMENT  
FOR YEAR ENDED 31ST MARCH 1985

	<u>1985</u>	<u>1984</u>
<u>FEES RECEIVED</u>		
Annual Practising Certificate	127882	122346
Certificate of Good Standing	3622	3020
Medical Registration Certificate	1050	850
Change of Name	260	150
Registration Fees - including conditional, temporary & probationary	33364	34402
Specialist Registration Fee	5560	4289
Probationary Registration Exam Fee	4275	4200
<u>INCOME FROM FEES</u>	<u>176013</u>	<u>169257</u>
<u>OTHER INCOME</u>		
Administration Fee - Dental Council	5000	5000
Interest Received	8811	8493
Recovery of Disciplinary Expenses	3160	15590
Rent of Premises	-	470
Sales of Medical Registers	6471	6137
<u>INCOME FROM OTHER SOURCES (Note 2c)</u>	<u>23442</u>	<u>35690</u>
<u>TOTAL INCOME FOR YEAR</u>	<u>199455</u>	<u>204947</u>
Less Expenses as per Schedule	223345	202573
<u>NET DEFICIT FOR YEAR ENDED 31/3/85</u>	<u>(23890)</u>	
<u>NET INCOME FOR YEAR ENDED 31/3/84</u>		2374
Accumulated Capital Brought Forward	65295	93554
Plus Depreciation Recovered on Sale of Building	6250	
Plus Prior Year Adjustment (Note 2b)	11889	
	<u>83434</u>	
	59544	95928
Less Transfer to Building Reserve (Note 6)	39710	30633
<u>ACCUMULATED CAPITAL</u>	<u>\$19834</u>	<u>\$65295</u>
	=====	=====

SCHEDULE OF EXPENSES  
FOR YEAR ENDED 31ST MARCH 1985

	<u>1985</u>	<u>1984</u>
<u>ADMINISTRATION AND OPERATING EXPENSES</u>		
Audit and Accountancy Fee (Note 2c)	2860	1650
Advertising	506	28
Depreciation	4145	2301
Electricity	757	1055
General Expenses (Note 2c)	3302	3348
Legal Expenses	3850	14310
Micro-Film Files	4334	-
Medical Manpower & Associated Expenses (Net after Government Grant (Note 2c))	1941	3722
Motor Vehicle Expenses	603	584
Photocopying Expenses	1363	813
Probationary Registration Exam Expenses	4000	3620
Postage	9284	6855
Printing & Stationery	19337	15221
Salaries	104282	99630
Superannuation	7164	6562
Temp Staff	4286	-
Telephone & Tolls	4219	2853
<u>TOTAL ADMINISTRATION &amp; OPERATING EXPENSES</u>	<u>176233</u>	<u>162552</u>
<u>COUNCIL AND COMMITTEE EXPENSES</u>		
Council Expenses - Chairman's Overseas Travel	2017	-
- Chairman's Honorarium (Note 7b)	2996	3975
- Fees & Travelling Expenses (Note 7a)	18148 )	25621
Medical Education Committee	) )	
- Fees & Travelling Expenses	8239 )	
- Hospital Visits	5009 )	
<u>TOTAL COUNCIL AND COMMITTEE EXPENSES</u>	<u>36409</u>	<u>29596</u>
<u>RENTAL/PROPERTY EXPENSES</u>		
Cleaning	1664	1974
Interest on Mortgage	385	3609
Rent, Rates and Insurance	8501	4022
Repairs and Maintenance	153	820
<u>TOTAL RENTAL/PROPERTY EXPENSES</u>	<u>10703</u>	<u>10425</u>
<u>TOTAL EXPENDITURE</u>	<u>\$223345</u>	<u>\$202573</u>

MEDICAL COUNCIL OF NEW ZEALAND  
REVENUE STATEMENT FOR DISCIPLINARY RESERVE ACCOUNT  
FOR YEAR ENDED 31ST MARCH 1985

	<u>1985</u>	<u>1984</u>
Levies Received	64090	122210
Plus Interest Received	29733	22739
Recovery of Disciplinary Costs	<u>13402</u>	<u>-</u>
	107225	<u>144949</u>
 Less Payments:		
Fees and Honorarium	4430	-
Legal Expenses (Medical Council and Preliminary Proceedings Committee)	74136	8458
Medical Practitioners' Disciplinary Committee	49124	35930
Miscellaneous	1606	-
Disciplinary Expenses paid to General Account	1893	-
Travel Expenses	<u>1956</u>	<u>-</u>
<u>TOTAL EXPENSES</u>	<u>133145</u>	<u>44388</u>
Net Deficit for Year ended 31/3/85	25920	
Net Income for Year ended 31/3/84		100561
Disciplinary Reserve Balance brought forward	208322	107761
Less Prior Year Adjustment (Noted 2b)	<u>11889</u>	<u>196433</u>
<u>TOTAL DISCIPLINARY RESERVE</u>	<u>\$170513</u>	<u>\$208322</u>