LU

ANNUAL REPORT

1983

THE MEDICAL COUNCIL OF NEW ZEALAND

P.O. BOX 5135,
WELLINGTON, N.Z.

11 October 1983.

Dear Doctor,

I have much pleasure in sending you a copy of our first Annual Report. This gives an account of Council's activities in its various areas of responsibility and we hope that the information provided will lead to further interest and comment among members of the profession.

The Medical Council began life as the Medical Board 68 years ago. Over the past several years the Council has sought to inform the profession by way of an Annual Report but has been unable to do so because of a defect it its Statute. The 1982 Amendment to the Medical Practitioners Act which came into force at the end of last year remedied this defect and permitted the Council to issue this the first Annual Report in its 68 years of existence.

The accounts as printed are prepared for us by our Auditors and give a factual but limited insight into the finances of the Council.

Council's income comes principally from the Annual Practising Certificate (APC) which has been set at $20 for some time. Expenditure in the year under review was only just covered by the income available and some upward adjustment of the APC is inevitable.

A new item is the Disciplinary Levy Fund. This was designed to protect both Council and NZ Medical Association from what was becoming a serious drain on their finances and to spread this burden among all practising doctors. This result has been achieved in the year under review but with a considerable surplus. This result provides not only for possible further expenditure on cases not fully resolved, but also establishes a cushion against a major expensive disciplinary exercise and there is already one of these on the horizon. The experience in the year under review may not be typical in that costs were awarded and paid in many of the cases heard. It is our intention to continue for at least the current year at the present level of levy and then decide in the light of experience whether any adjustment is desirable. It would not be our intention to accumulate a large fund in this account.

On behalf of the Medical Council of New Zealand,

Yours sincerely,

(W.S. Alexander)
Chairman.

MEDICAL COUNCIL OF NEW ZEALAND

ANNUAL REPORT YEAR ENDING 30 JUNE 1983

Incorporating the report of

THE MEDICAL EDUCATION COMMITTEE

MEMBERS OF THE MEDICAL COUNCIL

(at 30 June 1983)

	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 P.D. Delany	New Zealand Medical Association
Dr T. Farrar	Royal New Zealand College of General Practitioners
Dr B.W. Grieve	New Zealand College of Obstetricians & Gynaecologists
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

Council Offices: 81 Webb Street,
Wellington 1.

Postal Address: P.O. Box 5135, Wellington.

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 COMMITTEE

Membership as at 30 June 1983

	Appointed By
Dr W.S. Alexander	Medical Council - Chairman
Associate Professor R.A. Boas	Faculty of Medicine, University of Auckland
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
Associate Professor J.H. Heslop	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
Dr L.J.E. McLennan	Royal New Zealand College of General Practitioners
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	New Zealand College of Obstetricians & Gynaecologists
Professor F.T. Shannon	Faculty of Medicine, University of Otago
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. Hindes
Miss C. Leatham (Statistician)
Dr G.C. Salmond
Professor D.C.G. Skegg

Penal Cases Committee

Dr E.C. Watson (Convenor)
Dr B.W. Grieve
Mr D.J. White (Legal Appointee)

Specialist Register Committee

Dr B.W. Grieve (Convenor)
Professor D.S. Cole

Finance & General Purposes Committee

Dr P.D. Delany (Convenor)
Dr W.S. Alexander
Dr T. Farrar
Mr K.A.G. Hindes
Dr E.C. Watson

Office Staff :		
	Secretary	Mr K.A.G. Hindes
	Assistant Secretary	Mr J.R. Coster
	Clerk	Miss M.A. Macleod
	Clerk	Mrs E.M. King
	Typist	Mrs C.R. Tongue

CHAIRMANS REPORT

In accordance with the Medical Practitioners Act (14)(5A) I have the honour to present the report of the Medical Council of New Zealand for the year ended 30 June 1983. This Report will give members of the profession information on the activities of the Medical Council and Medical Education Committee and thus will stimulate interest and comment.

The Council has lost three members in the past year. Dr G.P.G. Sim who had performed a valuable service as Convenor of the Penal Cases Committee died in April 1982. Dr H.J.H. Hiddlestone resigned as Director-General of Health on accepting an important WHO posting. The deliberations of the Council gained much from his advice and administrative expertise founded on sound judgement and personal qualities which were recognised widely throughout New Zealand and overseas. Dr A.O.M. Gilmour resigned as appointee of the Royal Australasian College of Physicians in June 1983. He had served as a member of Council for many years and had been Chairman for two years at the time of his retirement. He had also served as Chairman of the Medical Education Committee.

The 1982 Amendment to the Medical Practitioners Act provides for the appointment of a lay member of the Council. This member has not yet been appointed. Many Council decisions have to balance the public interest against the expectations of individual members of the profession and it will be most helpful to have the public interest specifically represented.

The registration of doctors continues as the Medical Council's prime function. Council has been giving much consideration to the rules for probationary registration for graduates of some overseas universities. With the power to require such graduates to submit to an examination it will be possible to establish a definite procedure. Oversight of the first hospital year experience for New Zealand graduates remains an important function of the Medical Education Committee.

Disciplinary matters continue to demand much attention from the Council and its Penal Cases Committee. A great deal of thought has been and continues to be given to the appropriate guidelines for disseminating information on Council decisions in this field both to the profession and to the public.

A statutory body is governed by the terms of its statute and changes involve time-consuming discussions with Ministers, departmental officials and with professional representatives. This report is the first step in what we hope will be a progressive improvement in providing information about Council activities. It is the hope of the present Council that as far as is possible within the limits of confidentiality in respect of personal and individual matters the activities of the Council can be explained to the profession, and where necessary, or appropriate to the public it is set up to protect.

Consideration continues to be given to the question of membership of the Council. It has been realized that the 1968 Act which came into force on 1 April 1969 established terms for members appointed under Section 3(1)(d) and (e) which are all for the same period. It follows that an amendment to the Act will be necessary before the terms of such members can be staggered.

Members of Council are not representatives of the organizations nominating them but act as individuals in the public interest. Nevertheless it now seems to some groups that the four senior colleges enjoy a special privilege by virtue of Section 3(1)(e). The General Medical Council of the United Kingdom has broadened its composition to allow for elected members but this has created further problems in its turn. Careful thought on the possible alternatives suited to the New Zealand scene is needed before a revised constitution is submitted to professional bodies for comment.

Present conditions make budgeting a difficult task. Maintaining the register for several thousand doctors is time-consuming and requires extreme care and accuracy. As will be seen in the report of the Finance and General Purposes Committee the question of accommodation and modern methods of record-keeping are under continuous review.

The disciplinary levy has resulted in funds being available to meet costs of hearings before the Medical Practitioners Disciplinary Committee and the Medical Council. This was intended to produce a fund sufficient to protect both the Medical Council and the N.Z. Medical Association from the mounting costs of disciplinary procedures. At the moment it appears that this has been achieved with a considerable surplus. There are several appeals pending on disciplinary matters and it is not possible to indicate what the possible costs might be in the event that any of these appeals were successful. The experience to date suggests that the disciplinary levy will not require to be varied in the near future.

It is a pleasure to record the thanks of all members of the Medical Council and the Medical Education Committee to the Secretary Mr Hindes, Assistant Secretary Mr Coster and the office staff for their unfailing courtesy and helpfulness during the year. The background of an efficient organization makes it possible for the work of the Council to be carried out by doctors with heavy professional commitments.

DR A.O.M. GILMOUR O.B.E., D.Sc. (HON.), M.B., Ch.B., F.R.C.P., F.R.A.C.P., HON. F.A.C.P.

Dr Michael Gilmour resigned as appointee of the Royal Australasian College of Physicians at the June 1983 meeting of the Medical Council. This also brought to an end his period of service as Chairman of the Council.

His long and valuable service to the Council commenced with his appointment to the Medical Education Committee of the Council in 1968. He served on this Committee until 1975 when he was appointed to be a member of the Council itself. Following the retirement of Norman Greenslade in 1979, Michael Gilmour undertook the duties of Chairman of the Medical Education Committee until June 1982. At considerable personal sacrifice he accepted the greater additional responsibility of Chairmanship of the Medical Council following the untimely death of Humphrey Gowland.

With unfailing tact and a remarkable ability to relate to doctors of all disciplines he guided the Medical Council through a difficult period. Under his calm leadership he restored the necessary stability while at the same time he promoted significant amendments to the Medical Practitioners Act to enhance the relevance of the Council in the present medical scene.

He brought distinction and sound judgement to the office as well as sympathy and understanding to the often difficult decisions he was called upon to make. He has served the Medical Council and the medical profession with dedication and notable success. In this way Michael and Christine Gilmour have earned the gratitude of all New Zealand doctors.

We wish him well in the future and know that he will continue to enjoy his clinical activities relieved of these administrative burdens.

DISCIPLINE

1. Penal Cases Committee

The statutory committee known as the Penal Cases Committee (PCC) will in future be called the Preliminary Proceedings Committee (PPC) if a recently proposed amendment to the Medical Practitioners Act becomes law.

As the name suggests, the function of this committee is to act as a screening committee for deviations of behaviour by medical practitioners which could be construed as disgraceful professional conduct. The committee is composed of three members, two of whom are members of the Medical Council and the other member is a solicitor appointed by the Council.

The PCC has no power to impose any penalty but is required to decide if a matter referred to it constitutes a serious breach of conduct. If the committee is of the opinion that the case should be inquired into by the Council it frames an appropriate charge and refers it to the Council. The PCC may refer a less serious case to the Medical Practitioners Disciplinary Committee and also has the power to decide that there is no case to answer. A decision to refer a charge to the Medical Council is left to the legal member of the PCC to arrange prosecution of the charge before the Council. Medical members of the PCC are disbarred from sitting on the Council when the charge is heard.

The avenues of access to the PCC are informal and complaints may be referred to it from various corporate bodies as well as lay and professional individuals. Convictions in the courts for criminal offences by medical practitioners are also referred to the PCC.

Summary of cases determined by the Committee in last twelve months -

Alleged unprofessional conduct with patients	2
Alleged professional incompetence	2
Alleged grossly improper prescribing of drugs of abuse	2
Total	6

Of the above cases the two relating to improper prescribing were laid as charges to the Medical Council, three cases were rejected by the PCC on the grounds that there was no case to answer and the other case (alleged professional incompetence) was referred to the Medical Practitioners Disciplinary Committee (MPDC). A further three complaints are still being investigated by the PCC.

A number of complaints from patients were referred directly to the MPDC or the Ethical Committee of the NZMA without being enquired into by the PCC and a small number of letters from complainants were answered directly by the Convener of the PCC.

2. Medical Council in its Disciplinary Role

The Council considered two cases in the last year, both were charges laid by the PCC and concerned grossly improper prescribing of drugs of abuse. Both doctors were found guilty of disgraceful conduct in a professional respect and the decisions have been published in the New Zealand Medical Journal.

The Council also heard three appeals by doctors against decisions of the MPDC. One appeal was allowed and the other two were dismissed.

In the case of the appeal which was allowed and in view of the considerable interest shown in this case in the Press at the time, the following comments made by the Chairman of Council when announcing the Council's decision, are reproduced.

> "We consider that Dr........... failed to concern himself adequately with the nature of the anaesthetic used after the epidural had failed. In our view he was justified in assuming that the Anaesthetist had the patient's allergy to suxamethonium in mind but he overlooked the possibility that she was unaware of the results of the skin tests. This constituted an error of judgment but in the circumstances it did not amount to professional misconduct. The appeal was therefore allowed and we quashed the orders made against Dr........ in Paragraph 1 of the order of the Medical Practitioners Disciplinary Committee. We do not make any order in respect to Dr........ costs either in regard to the original hearing or this appeal".

One of the appeals dismissed involved a complaint made by the Accident Compensation Corporation for improper certification. The Council dismissed the appeal but the doctor concerned is proceeding with an appeal to the High Court.

The other appeal concerned a finding of professional misconduct against a doctor who had disclosed information about a patient and the patient's family without their permission. Council upheld the finding of professional misconduct but in the light of the circumstances disclosed at the hearing revoked the penalty of censure.

The Council was notified of one conviction in a District Court during the year but no disciplinary action has been taken against the doctor concerned. Investigation established that the incident resulting in conviction was a manifestation of an underlying illness and the doctor concerned has agreed to undertake treatment and remain under surveillance.

FITNESS TO PRACTISE

Under Section 34 of the Medical Practitioners Act 1968 Medical Superintendents and all medical practitioners have a legal duty to advise the Council if a doctor, who is a patient, is unable to perform his professional duties satisfactorily, and that, because he may attempt to perform those duties, it is necessary in the public interest to prevent him from so doing. Medical Officers of Health have a similar responsibility if they consider any doctor unable to perform his professional duties.

In the last twelve months one medical practitioner was suspended under this section and one application for revocation of suspension was declined.

Four cases were dealt with informally without the doctors concerned having to be suspended. This action was taken because the persons involved were regarded as "sick doctors" and they had voluntarily agreed to acceptable treatment and surveillance which is continuing.

Of continuing concern is the situation where a doctor, frequently elderly with a small practice, allows himself to become an "easy mark" for those seeking drugs of abuse either for personal consumption or for trading. In a number of cases it is distressing to have to consider suspending a doctor who should really have retired.

MEDICAL EDUCATION COMMITTEE

During the year Prof. J.C. Dower retired and was replaced by Prof. J.D.K. North. Prof. J. Mortimer retired and was replaced by Prof. F.T. Shannon. Assoc. Prof. S.R. West replaced Dr W.S. Alexander as N.Z.M.A. nominee, Dr Alexander having been appointed by the Medical Council to be Chairman of the Committee. Following the retirement of Dr T. Lawrie from the post of Director, Hospitals Division of the Health Department, Dr A.J. Sinclair the new Director became the Health Department observer at the Committee.

Meetings of the Committee were held on 14 October 1982 and 28 April 1983.

Hospital visits in respect of approvals for pre-registration house surgeons (interns) were carried out and reports considered on Cook, Wanganui, Northland, Masterton, Timaru, Taranaki Base, Hawera, Tokoroa, Te Kuiti, Tokanui, Waikato, Nelson, Wairau, Carrington, Southland and Seddon Memorial (Gore). Appropriate recommendations were made to the Medical Council. In situations where adequate educational supervision was considered to be lacking or doubtful advice on reorganisation of runs was given. In one hospital approval for pre-registration training in 1984 will not be given unless staffing improvements can be made. In each case the visitors report is made available to the hospital administration who have an opportunity to comment on and in some cases object to visitor's observations and recommendations. In most instances a mutually acceptable recommendation can be made to the Medical Council or a further visit is arranged after the hospital concerned has had an opportunity to rectify a problem.

Registration Procedures Booklet

Some progress has been made in updating the section on Functions and Duties of Intern Supervisors and in preparing an expanded description of categorization of runs preparatory to reprinting this booklet. The N.Z. College of O. & G., the Faculty of Anaesthetists and the College of Psychiatrists have assisted with their opinions. It is hoped that discrepancies can be minimized between categories of comparable runs in different hospitals.

Undergraduate Curriculum

The Medical Education Committee (MEC) has a statutory duty to consider the content of the undergradaute curriculum. In general terms the New Zealand schools adhere to the outlines laid down by the General Medical Council of the U.K. to ensure reciprocity. At this stage MEC has invited submissions from both Medical Schools and both Clinical Schools and may well decide to invite comments more widely.

Resident Medical Officers Establishment Committee

MEC has nominated its Chairman or his deputy for appointment by the Minister to this Committee. One of the terms of reference is "to coordinate submissions on the educational needs of 8th year house surgeons and registrars". MEC has this matter on its agenda and will prepare submissions.

Secretary

Mr John Coster, Assistant Secretary of the Medical Council has taken over the duties of Secretary of the Medical Education Committee.

MEDICAL MANPOWER MOVEMENT in NZ–NZ Medical Council

NEW REGISTRATIONS (excluding Temporary & Probationary)

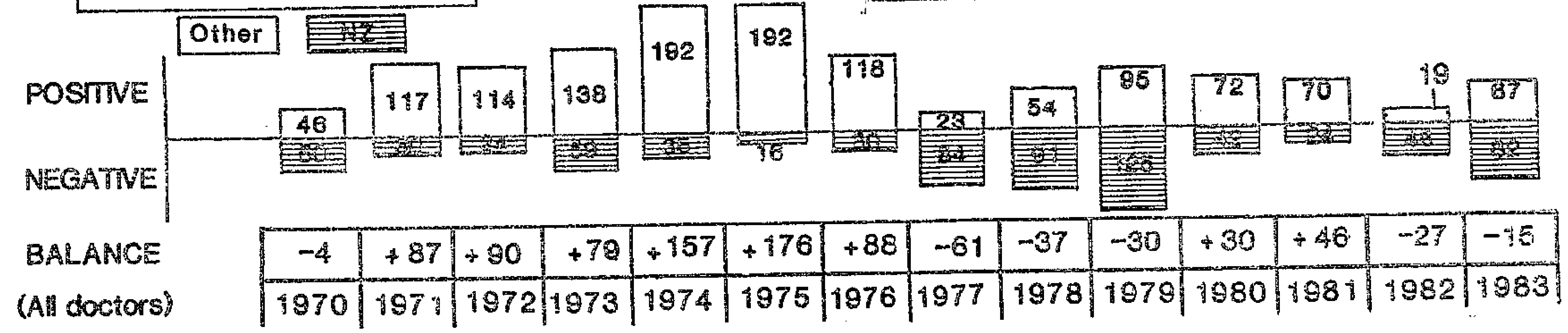
30/6/83 7597 on Register N.Z. pop. 3190,100 Mar.'82
about 5995 practising doctors in N.Z. (APC)
69 died in year Ratio 1:532
1448 names removed (various reasons)
Temporary Reg. 107 Probationary 9 new

300
280
260
240
220
200
180
160
140
120
100
80
60
40
20

NZ
UK
AUST.
INDIA
CAN.

NZ 298
UK & IRELAND 95
Australia 27
Canada 25
SA 13
Other 7

Year 31/3	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Total	207	164	216	227	257	354	450	517	588	588	522	476	476	383	489	465



BALANCE (All doctors)	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
	−4	+87	+90	+79	+157	+176	+88	−61	−37	−30	+30	+46	−27	−15

REGISTRATION

The graph on the adjacent centre fold summarises some of the numerical features of the current registration of medical practitioners in New Zealand.

The figures for the nett gain and loss or 'long term' migration of doctors are provided by the Immigration Department and the HSR Unit of the Health Department and show the annual 'balance sheet' for the movement of doctors.

Figures are available for a more detailed analysis of the countries of origin or destination.

The new registration figures include a number of Australian and Canadian interns who are not 'long term' migrants. Over the last nine years analysis of 'long term' migrants shows that 150 Australians appear to have remained. The 1981-1982 figure for long term registration of Australians was 44, where as the equivalent figure for New Zealanders remaining in Australia is believed to be 20.

The figure of 1,448 for removals for 1983 represents a large number of Far-Eastern doctors who had registered in the early 1970's and have now been removed under the non-residential Section (27A) introduced in 1979. There are still 1,602 doctors on the Register without Annual Practising Certificates (APC's) but in 1980 the figure was 2,659.

There is no longer any reciprocity in full registration even within the Commonwealth. Instead registering authorities recognise individual medical degrees and thus New Zealand degrees are acceptable in Australia and the United Kingdom.

Similarly New Zealand recognises all Australian, British, South African and Canadian degrees (S15, Third Schedule). Provided Immigration approval is available, such graduates are automatically registered on proof of qualification and of good standing.

Temporary Registration

63 doctors currently hold this form of registration. The majority are from South East Asia and the South Pacific. It is specifically designed for visiting doctors either giving or receiving medical education and for obtaining experience or carrying out research (S33 of the Act). In some countries this is called Limited Registration.

The Council normally will extend this registration on an annual basis until the end of a specific approved training programme, subject to satisfactory progress and the approval of the sponsoring organisation.

From time to time Temporary registrants wish to transfer to Probationary and thence to Full registration. The Council now very rarely permits this and only under the most exceptional conditions.

Some hospitals have seen this form of registration as a way of filling vacant specialist posts and while this may be appropriate on occasions, continued use of overseas doctors for this purpose is discouraged.

Probationary Registration

Most countries have examinations for approving registration of graduates from overseas universities whose medical degrees are not recognised. AMEC in Australia, PLAB in the United Kingdom and ECFMG, VQE and now FMGEMS in the United States of America are all examples of tests incorporating English, Basic Medical and Clinical Sciences.

The Medical Council in New Zealand has never had an examination although the ECFMG has been used as a guide.

Instead the Council gives its approval to a degree and experience and then registers the applicant for a Probationary year served in an approved New Zealand hospital before Full registration. No registrant failed to gain Full registration who completed the year.

From 1971 up to the end of 1982 there have been 187 successful Probationary registrants; 57 came from India or Sri Lanka, 51 from Europe, 33 from the United States of America, 29 from Scandinavia, 6 from the Middle East, 11 from the Philippines and a few other countries. 61 others (33 from India and Sri Lanka, 10 from South East Asia and 18 others) were declined. 94 doctors who had been Probationary registrants (50%) subsequently left the country.

For those who remain and are adequately documented, as far as can be determined 56 are in specialist practice and 37 in general practice.

Council has however had continuing problems in making the original decision to permit the Probationary period to commence and it has proved extremely difficult to be consistent in the light of widely differing circumstances in the individual cases.

Legislation was introduced in 1982 (S33A, 1A) which permits the Council to require a candidate to 'undertake to pass an examination set by the Council for the purpose of satisfying itself that the applicant has sufficient knowledge and experience to practice efficiently Medicine and Surgery in a hospital etc.'. It may be an oral, written and practical examination.

One such specific examination was set and passed by a candidate in 1983 and discussions are being held with the Medical Schools to formalise this process in the near future. The examination is not obligatory but at Council's discretion.

Conditional Registration

The supervision of this first hospital year is under the Medical Education Committee and is discussed under that heading in this Report. During 1982-1983, 313 were registered in this category including 15 from overseas (approved degrees).

Specialist Register

In 1968, after a great deal of discussion, the new Act (S39) included an empowering Section for the concept of a Register of Specialists. In 1971 the corresponding regulations were promulgated and this supplementary register has been published annually. There were 1,687 names on it in 1983.

These regulations specify the additional characteristics embodied in the description of a specialist including qualifications, training and practical experience recognition by colleagues and, 'as far as is practical', a limitation of his practice to that branch of medicine.

The Register is indicative and there is no compulsory requirement designated in the Act indeed a number of senior consultants have not sought to be included.

All specialist registration applications are referred to advisory specialist bodies, usually the Colleges. If there is an unfavourable recommendation a sub-committee of the Council reviews the application and recommendation and advises Council accordingly.

From time to time the categories and criteria for qualification are reviewed after consultation. In 1980 the regulations were amended to exclude sub-categories under Internal Medicine and to incorporate the implications of the MRCOG, FRCS and MRCP Diplomas which are now manifestly out of step with the normal specialist College diplomas in the Commonwealth. Since then holders of these diplomas, require for approval an additional Certificate of Accreditation from the particular College which covers the three year experience over and above the period of training needed for the Diploma or equivalent experience.

The Specialist Register is available to the public and to various bodies as a clear statutory recognition of a full and adequate preparation for specialist practice. It has become the normal standard for hospital appointment in the New Zealand public hospitals and to a large extent for other purposes including private hospital privileges and as a guide to various bodies requiring a specialist designation such as for specialist prescribing.

Indicative General Practitioner Registration

During 1982-1983 the Council has had extensive discussions with the NZMA, The Royal New Zealand College of General Practitioners and various other bodies about this form of vocational registration.

It became clear at a combined meeting on 15 October 1982, convened by the Medical Council, that the concept of an overall Vocational Register (indicative) with Sections for both specialists and GP's was not acceptable. The NZMA and its specialist advisors indicated they would support two different lists, the one being the existing indicative Specialist Register and the other a new list of GPs covering both those already in established practice and also younger colleagues who attain a prescribed level of training and experience in this special discipline of Medicine.

The existing Act has no empowering clause for a GP Register as such, but after taking legal advice it became clear that using the same empowering S39 a set of regulations and a Register for General Practitioners could be introduced.

For the purposes of this procedure General Practice could be regarded as having specialty status. This avoided the linguistic problem of describing GPs as specialists in Family or General Practice but allows for an indicative GP Register to be proceeded with. At the present time the whole issue is being prepared for submission to the Minister of Health.

MEDICAL PRACTITIONERS DATA COMMITTEE

The committee is responsible for the collection and collation of information from the annual questionnaire, which is stored on the University of Otago computer. Thanks to the cooperation of the profession, we now have an excellent data base, which the Council is prepared to make available to legitimate researchers provided confidentiality is maintained.

The data which is held by the Council is regarded as probably the best in the Commonwealth due to the high response rate.

The data is published annually by the Management Services and Research Unit of the Department of Health in the Blue Book series.

The Council is very conscious of its undertaking to the profession that the information has been supplied on the basis of guaranteed anonymity and should be used for statistical purposes only. The Council has recently reaffirmed its previous policy of not releasing any information obtained from the annual questionnaire except statistical data.

THE FINANCE AND GENERAL PURPOSES COMMITTEE

This Committee looks after the housekeeping affairs of the Council. It meets in the intervals between ordinary Council meetings, but can be called at any time. It reports to the full Council. The Committee oversees the day to day financial affairs of Council. It also has the responsibility for staff and accommodation.

Staff

The Council has been extremely grateful to the Secretary for his ever present enthusiasm and the considerable administrative skills exhibited. It has been recognised by Council for some time that the Secretary carried an extremely heavy work load. For this reason the post of Assistant-Secretary was established and an appointment made in 1982.

Accommodation

The building at 81 Webb Street is owned by the Council. It is old and requires periodic maintenance. Last year the building was re-roofed.

For day to day office requirements the building is just adequate. For meetings a nearby Conference room is hired. When disciplinary meetings are held more spacious accommodation is desirable to meet the needs of the parties, their counsel and stenographer.

The Committee has been considering suitable alternatives and comparing costs. A Building Fund was instituted in 1982.

Finances

For attendance at Council meetings members are paid a fee of $80 per day and the Chairman $90 per day. These fees were set six years ago. This Committee has proposed and Council agreed that the rate for both the Council and the Medical Education Committee should be $120 per day and $140 per day for the Chairman, in conformity with similar Committees, to take effect when the Price and Wage freeze ends.

It was agreed that the honorarium to the Convenor of the Penal Cases Committee should be raised to $2,000 per annum. The honorarium of the Chairman of Council is automatically adjusted. The present honorarium of the Chairman is 1/20th of the 4th merit step on the Hospitals Specialists' Scale, (currently $2,975).

Members of Committees of Council are to be paid for attendance at Committee meetings, in proportion to the proposed daily rate.

proposed daily rate.

Management

The Medical Council is a complex and multi-faceted organisation of considerable importance to the profession, to the Department of Health, to the Government and to the country generally. Considerable administrative expertise is necessary for the proper functioning of the organisation. An approach has been made to the State Services Commission to ask their advice regarding general administrative matters, and the possible up-dating of office and other equipment, to ensure efficiency remains at high peak during the important years ahead.

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 2,050 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.

AUDIT REPORT

AUDITORS' REPORT TO THE MEMBERS OF MEDICAL COUNCIL OF NEW ZEALAND

We have audited the financial statements on pages 1 to 4 in accordance with accepted auditing standards, and have carried out such procedures as we considered necessary.

In our opinion the financial statements give a true and fair view of the financial position of the Council as at 31st March 1983 and the results of its activities for the year ended on that date.

Miller Dean + Partners

Chartered Accountants

WELLINGTON
24th May 1983

MEDICAL COUNCIL OF NEW ZEALAND

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) Revaluation of Land and Building

Land and Building have been revalued at 100% of Government Valuation dated 1/7/79 and the resulting surplus credited to Unrealised Capital Account.

DEPRECIATION

(b) Building

Straight line depreciation as applied to building at 2½% per annum of the revalued base with the life expectation of 40 years.

FIXTURES & OFFICE EQUIPMENT

Straight line depreciation is applied at 10% after revaluation to $2,000 as at 1/4/81 with life expectation of 10 years.

MOTOR VEHICLE

Diminishing value method of depreciation is applied at 20% per annum.

2. MORTGAGE (Secured)

Housing Corporation

Balance as at 31st March 1983 $28,493

Interest Rate from 1st April 1983 increased from 12% to 13% per annum.

Repayment Terms: Quarterly Interest and Principle $1,657.

3. FIXED ASSETS

	Cost/ Revalued Amount	Depreciation to 31/3/83	Book Value 1983	Book Value 1982
Land	24,000	-	24,000	24,000
Building	50,000	5,000	45,000	46,250
Motor Vehicle	9,353	5,522	3,831	4,789
Fixtures and Office Equipment	2,338	634	1,704	1,600
			$74,535	$76,639

4. DISCIPLINARY RESERVE

A Special Reserve has been established this year for the unexpended Disciplinary Levy.

MEDICAL COUNCIL OF NEW ZEALAND

BALANCE SHEET

FOR YEAR ENDED 31ST MARCH 1983

		1983	1982
CURRENT ASSETS			
Bank - General Account	77,432		56,201
- Disciplinary Fund	77,882		61,260
Bank - Term Deposits - General	40,000		60,000
- Disciplinary Fund	95,000		-
Interest Accrued	667		2,751
Payment in Advance	747		-
Petty Cash	20		20
		291,748	180,232
INVESTMENT			
U.E.B. Debenture @ 18% Maturing 30/9/85		15,000	-
FIXED ASSETS (notes 1 & 3)		74,535	76,639
		$381,283	$256,871
CURRENT LIABILITIES			
Sundry Creditors	8,562		10,774
Payments Received in Advance	138,279		122,090
		146,841	132,864
TERM LIABILITY (Note 2)			
Housing Corporation Loan (Secured)		28,493	31,259
CAPITAL ACCOUNT			
Accumulated Capital	83,748		68,571
Net Income for Year	9,469		15,177
	93,217		83,748
Unrealised Capital (Note 1)	9,000		9,000
Disciplinary Reserve (Note 4)	103,732		-
		205,949	92,748
		$381,283	$256,871

MEDICAL COUNCIL OF NEW ZEALAND

REVENUE STATEMENT FOR DISCIPLINARY RESERVE ACCOUNT

FOR YEAR ENDED 31ST MARCH 1983

Levies Received	121,569	
Plus Interest Received	8,689	
		130,258
Less Payments:		
Medical Practitioners Disciplinary Committee	20,229	
Medical Council	6,285	
Miscellaneous	12	
		26,526
NET DISCIPLINARY RESERVE Transferred to Capital Account		$103,732

MEDICAL COUNCIL OF NEW ZEALAND

REVENUE STATEMENT

FOR YEAR ENDED 31ST MARCH 1983

		1983	1982
FEES RECEIVED			
Annual Practising Certificates	120,800		117,776
Registration Fee	33,871		33,486
Specialist Registration Fee	4,870		5,480
Sundry Fees & Registrations	3,750		3,670
		163,291	160,412
OTHER SOURCES OF INCOME			
Government Grant (Computer costs)	18,270		10,000
Interest Received	12,494		9,828
Recovery of Legal Costs	11,600		7,922
Rent & Administration Fee	5,520		5,520
Reimbursement from Disciplinary Fund	6,285		-
Sales of Medical Registers	6,342		5,792
		60,511	39,062
TOTAL INCOME		223,802	199,474
LESS EXPENSES			
Audit Fee	650		550
Computer Processing	23,692		32,039
Depreciation	2,442		2,647
General Expenses	5,603		2,837
Interest on Mortgage	3,671		3,975
Legal Expenses	20,543		15,203
Postage, Stationery & Telephone	23,354		20,169
Salaries & Superannuation	92,455		71,818
Council & Committee Expenses	33,101		31,828
Property Expenses	8,822		3,231
TOTAL EXPENDITURE		214,333	184,297
NET INCOME FOR YEAR transferred to Capital Account		$9,469	$15,177