

DEPARTMENT OF HEALTH,
P.O. BOX 5013,
WELLINGTON.

4 August 1972.

CLINICAL SERVICES LETTER NO. 116

TO MEDICAL PRACTITIONERS

Dear Doctor,

DOCTORS PRACTISING IN DESIGNATED RURAL AREAS: MILEAGE ALLOWANCE FOR STUDY PURPOSES

It is particularly important that rural doctors should be encouraged to attend, along with their urban colleagues, clinical meetings and study courses organised at their base hospitals.

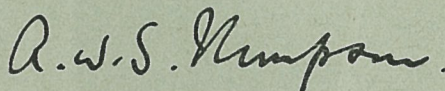
Accordingly, the Minister of Health has approved the payment of a mileage allowance to doctors in designated rural areas when attending clinical meetings and study courses at their nearest base hospital.

This approval also applies to special-area doctors if their attendance at such meetings or study courses at the nearest base hospital involves travel outside the doctor's special area.

Please note:

- (a) The allowance is payable in respect of mileage involved in travelling to and from the hospital from the doctor's usual place of residence, at the current general medical services rate of 12.5c per mile.
- (b) As, however, this mileage is not directly related to the provision of general medical services, it does not qualify for the rural practice bonus.
- (c) Commencing date for payment of claims was 1 June 1972.

Yours faithfully,



(A. W. S. Thompson)
Director,



(A. H. Paul)
Deputy Director,

Division of Clinical Services

VIRUS HEPATITIS

Dr W. R. Lang, Senior Physician, Infectious Diseases Unit, Auckland Hospital, writes as follows:

"I read with interest Dr Austad's article in Therapeutic Notes, No. 109.

"I am sure that readers, and Dr Austad himself, will be pleased to learn that the situation in Auckland as regards serum hepatitis due to transfusions has now radically changed from that quoted from Dr G. I. Nicholson's paper. Dr J. M. Staveley, Director of the Auckland Blood Transfusion Centre, and I checked through our figures for cases of hepatitis, H.A.A. positive, most of whom, if admitted to a public hospital, come under my care. We found that in the period June 1971 to June 1972 no such cases which could have contracted hepatitis from transfusion had occurred. An approximate estimate of the number of patients transfused with blood would be 8,000, and in addition there were others who received plasma alone.

"Our changed circumstances are due to modern screening methods, the application of which is greatly to Dr Staveley's credit and reassuring to all concerned."