



Department of Health,
P.O. Box 5013,
Wellington.

1 May 1978.

CLINICAL SERVICES LETTER No. 178

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

Bogus Doctors

An Australian ambulance driver with no medical qualifications recently established himself in general practice in one of our North Island towns, saw patients, and issued prescriptions. Following his exposure certain steps were taken by the Department of Health to make it more difficult for a similar imposture to occur in future.

No system can be completely foolproof. It is, therefore, the duty of all who are associated with the delivery of health care not to take at face value the unknown doctor seeking to establish a practice locally. The highest index of suspicion should be reserved for anyone coming from overseas. Apart from departmental officers, those most likely to be in a position where their suspicions might be aroused are medical practitioners, nurses, and pharmacists.

Any case of doubt should be reported immediately to this office for checking with the Medical Council.

Passing on Medical Benefits

The department has been informed that not all practitioners, including some specialists, are crediting their patients with the higher rates of medical benefits introduced on 1 January 1978. The Social Security Act 1964 requires that benefits be passed on in full. Section 98 (4B) of that Act states "... it is hereby declared that failure by a medical practitioner to credit any person chargeable with the amount of any benefit may be professional misconduct."

The requirement applies with respect to all charges made direct to patients and must also apply to claims on the Accident Compensation Commission since in that case it is the commission that is chargeable. The department will refer any case coming to its notice to the Medical Practitioners Disciplinary Committee.

Breast Prostheses Benefit

It should be pointed out that in those cases where a bilateral mastectomy is performed the patient is entitled to two prostheses for which two benefits can be claimed.

New Zealand Medic-Alert Foundation

It has been brought to our notice that some medical practitioners may not be aware of what this organisation does, or how to contact it.

The foundation is a non-profit organisation whose main purpose is to educate and encourage the public to wear on their person information about any medical problems which should be known in an emergency. It is sponsored by the Lions Club of Upper Hutt.

Medic-Alert in New Zealand has over 8000 members. The most frequent requests for membership relate to allergies to medicines (penicillin is the most common), diabetes, and epilepsy. There are some 200 hidden medical conditions which qualify a patient for membership of Medic-Alert; a broad spectrum of treatment is therefore involved ranging from medicines, for instance, steroids, anticoagulants, and cytotoxics, to the use of a life-support mechanical device such as an implanted cardiac pacemaker, or a home renal-dialysis unit.

Every endeavour is made to ensure precise wording for engraving of the emblems worn by patients. Difficulty has been experienced in the past because of insufficient information being provided. To this end, a special doctor's certificate form is now being sent to all applicants for membership. The form lists:

Name and address of patient.

Diagnosis.

Clinical significance.

Present medication.

Specialist care (if any).

Emblems are issued by the foundation only on receipt of a certificate from a registered medical practitioner—in some instances applications are referred to a specialist panel of the foundation's Medical Advisory Board for their consideration and advice.

Medical case-history cards are set up for members with the following data:

Full name and address of member.

Next of kin: Name, address, and telephone number.

Name of doctor and address.

Medical condition and all other relevant information, including medication.

A copy goes to the foundation's 24-hour telephone service and is available to any doctor or authorised person at any time.

Applications for membership should be made to:

The Director,

New Zealand Medic-Alert Foundation,

P.O. Box 40-028,

Upper Hutt. Telephone 88 219 Upper Hutt.

The Nurses Act 1977

The Nurses Act 1971 has been amended and a new Act came into force on 1 January 1978.

The main changes brought about by the amendments are:

1. To change some of the registration classes of nurses as follows:

- (1) A new class "general and obstetric" is created.
- (2) The class of registration called obstetric (previously maternity) on its own will in future be available only for the registration of persons trained overseas in that capacity.

All other classes remain unchanged, i.e., registered comprehensive nurses, registered general nurses, registered midwives, registered psychiatric nurses, and registered psychopaedic nurses.

2. The class of nurse previously known as registered community nurses now have their names entered on a roll of nurses and are known as enrolled nurses.

3. The category "male nurse" has been abolished. Men now qualify for any class of registration or enrolment in exactly the same way as women.

4. The Act ensures that due recognition is given to those whose combined qualifications are substantially equivalent to those gained from technical institute nursing programmes and provides for their registration as comprehensive nurses.

Current Titles for Nurses

The new titles used in the nursing profession for both men and women when employed under Hospital Employment Regulations still cause some confusion and bear repetition. They are:

<i>New</i>	<i>Old</i>
Chief nursing officer	Matron in chief
Supervising principal nurse	Supervising matron
Principal nurse	Matron
Assistant principal nurse	Assistant matron
Nurse in charge	Sister in charge
Supervisor	Supervisor
Charge nurse	Ward, departmental or theatre sister
Staff nurse	Staff sister
Staff nurse	Staff nurse

Practice Nurse Subsidies

The State Services Co-ordinating Committee has approved the payment of an interim special allowance of 3.5 percent to general nurses from 11 October 1977.

The maximum salary subsidy which you can claim for your practice nurse can therefore be increased by 3.5 percent backdated to 11 October. The current salaries are listed in Clinical Services Letter No. 172.

The 7 percent cost of living allowance (maximum of \$7 per week) should be calculated after this 3.5 percent increase has been added to the basic salary.

District offices of the department are able to provide further information and advice about these salaries and allowances.

Staff Vacancies in Clinical Services

This year will see the retirement of two of the medical staff of the Division of Clinical Services. Dr H. D. Law, Visiting Medical Practitioner, Auckland, retires in September after 10 years' service with the department, and Dr A. C. D. Parsons, the Assistant Director, retires in November after 9 years' service.

The vacancies will be advertised later in the year. It is thought, however, that a preliminary mention might stimulate interest among practitioners considering the possibility of entering a new and interesting career with the Department of Health. Experience in general practice is an important, although not essential, requirement for both positions.

Assistant Director: Although located at head office, some travel is involved. Duties are administrative, covering many aspects of health and allied benefits, with the opportunity of assisting in the formulation of new policies and negotiating with professional organisations. Close association with various advisory committees such as the Medical Services Advisory Committee and the Pharmacology and Therapeutics Advisory Committee, liaison with other Government departments, as well as the opportunity of meeting visitors to the department from home and overseas combine to make the position one of variety and continuing interest. Close communication with the visiting practitioners enables the assistant director to keep in touch with those in active practice, both general practitioners and specialists.

Visiting Medical Practitioner: Dr Law has been based in Auckland but this would not be a requirement for his successor. He visits doctors in the northern part of the North Island. The position involves a considerable amount of travelling to visit doctors on an informal basis to discuss problems relating to prescribing, health benefits, and many other matters concerned with the delivery of health services. The visiting practitioner has no disciplinary functions and is regarded as a valuable personal link between the department and the profession, the views of whom are always welcomed by the Division of Clinical Services.

Further information about these important positions is available on application to the Director, Division of Clinical Services.

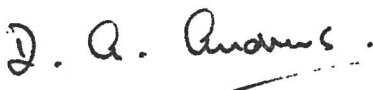
Clinical Services Letter No. 177

The Division of Clinical Services apologises for the late arrival of Clinical Services Letter No. 177 and other information about Drug Tariff amendments. It is realised that considerable inconvenience was caused to practitioners, pharmacists, and patients.

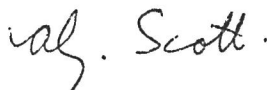
Every endeavour is made to ensure that our publications are delivered 3 weeks prior to the date of implementation. The process involved, however, is very complex and includes about 50 different steps each of which can be subject to a holdup. On this occasion some opposition to certain part-charges and major printing and distribution problems resulted in the unusual delay.

At its meeting on 19 April the Pharmacology and Therapeutics Advisory Committee reconsidered the various part-charges imposed or due to be imposed as a result of recommendations made at recent meetings. The committee did not recommend any amendment to the decisions previously made.

A pricing error has resulted in the 25 mg tablet of Surmontil remaining without a part-charge. Unless a suitable price reduction is made a part-charge will be implemented as from 1 August 1978.



(D. A. Andrews)
Director,



(A. G. Scott)
Deputy Director,

Division of Clinical Services.