



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

6 October 1978

## CLINICAL SERVICES LETTER NO. 183

### **Medical Discipline: Informal Inquiries**

Since 1950 an arrangement has existed whereby some practitioners considered to be providing excessive services have been visited by the medical officer of health and a representative of the Divisional Executive of the New Zealand Medical Association. This procedure is known as the informal preliminary inquiry. In many cases no further action is necessary following such a visit but on some occasions a recommendation is made that a complaint be laid with the Medical Practitioners Disciplinary Committee.

After discussions with the Medical Council and the New Zealand Medical Association it has been agreed that the scope of these informal inquiries should be widened. The mechanism will now be used when problems relating to various aspects of the social security legislation and other legislation administered by the department, including the excessive prescribing of controlled drugs or prescription poisons, come to the notice of the medical officer of health. It may also be used when it becomes known that practitioners have personal problems relating to physical or psychiatric illness including the excessive use of alcohol or drugs of dependence. An early, informal visit of this type to a colleague requiring help and advice may well be all that is required in many cases without the need to consider disciplinary or other action.

The department has stressed to medical officers of health that informal visits of this nature should only be undertaken with the consent of the practitioner concerned and that he should be aware of the possible implications of any inquiry.

### **Radiological Benefit**

As announced in the Budget, from 1 September 1978 there will be a 20 percent increase in the radiological benefit. There is no change in the schedule of radiological examinations covered by this benefit.

Under Regulation 4 (2) (b) of the Social Security (X-ray Diagnostic Services) Regulations 1941 an X-ray *taken at the request of an employer* for the purpose of ascertaining the condition of the health of any person is not covered by the radiological benefit unless that person is known or suspected by a medical practitioner to be suffering from a disease or illness. This means that employers should normally pay the full cost of screening examinations.

However, if the medical officer of health is of the opinion that an X-ray of any person would be in the interests of the public health before entering, or during, employment, he may authorise payment of the radiological benefit. This regulation does *not* apply when a medical practitioner himself requests the radiological examination.

### **Medicines Available Under the Drug Tariff from Hospital Pharmacies Only**

From time to time patients complain that they have not been advised by their practitioner that a prescription written for them can only be dispensed free of charge at a public hospital pharmacy. It is not until the prescription is presented at a retail pharmacy that they are made aware of the situation.

Practitioners are requested to inform their patients whenever they prescribe medicines which are restricted in this way. It is also necessary to avoid writing these prescriptions on the same form as prescriptions to be dispensed at a retail pharmacy.

### **Pharmaceutical Benefits: Special Approvals**

To avoid delay, applications should be sent to the Director, Division of Clinical Services, Department of Health, P.O. Box 5013, Wellington, and not to the Medical Officer of Health.

Practitioners are reminded that when applying on behalf of a patient for a special supply of a medicine at the cost of public funds, the following information is essential in support of the application:

1. Name of patient.
2. Brief clinical particulars (the diagnosis alone is often sufficient).
3. Name of medicine required, together with a statement that, after a suitable preliminary trial, it has been found to have distinct advantages over previous therapy.
4. An indication by the practitioner that it would be unreasonable for the patient to have to pay for the medicine in question.

Objections are frequently made to this requirement. The fact is, however, that the whole principle of approving a special supply at the cost of public funds turns on this question. Most of these medicines are expensive, and often a suitable and cheaper alternative is available; the practitioner should therefore have little difficulty in deciding whether or not it would be reasonable to expect that patient to pay for the supply.

5. Signature of the practitioner, together with printed name and address.

We are sometimes asked for an endorsed prescription or an approval number to be sent direct to the patient. This can lead to difficulties, for the name or address of the patient may be hard to decipher, and some of these approvals have gone astray. We find it safer, therefore, to post the approvals to the practitioner whose name and address is usually printed on the application, or

can be verified from the Medical or Dental Registers. When an application is received which does not show the practitioner's name or address, or has been written from a public hospital, and in addition the practitioner's signature is illegible, we are in real trouble.

Once an application has been approved, the approval number must be written in full on each prescription for the medicine for that particular patient. Often the suffix "Hosp.", or "Chem.", is omitted. "Hosp." indicates that, unless the patient is to pay for the medicine, the prescription should be presented at a hospital pharmacy. Conversely, prescriptions annotated "Chem." are to be dispensed at a retail pharmacy, but it is no longer necessary for repeats of these prescriptions to be sent to the Division of Clinical Services for the Director-General's stamp of approval. Little imagination is required to appreciate the inconvenience to patient and pharmacist when the suffix is omitted if the prescription for an approved supplementary pharmaceutical benefit medicine is presented at the wrong pharmacy.

### **Specialist Benefit and Letters of Referral**

Some specialists have asked how long letters of referral should be retained. The Department recommends that they be retained for a period of 3 years.

### **Lithium Therapy**

The recent release of lithium for general availability on the Drug Tariff makes it imperative that all practitioners should be aware of the potential dangers of such therapy.

Well-documented hazards of lithium maintenance therapy include goitre, hypothyroidism, thyrotoxicosis, weight gain, hypercalcaemia, hypermagnesaemia, hyperparathyroidism, increase in antinuclear antibodies, raised antidiuretic hormone plasma levels, and mild cognitive impairment.

More recently there have been reports of chronic renal lesions, largely interstitial nephritis, associated with long-term use and not necessarily linked with any history of acute intoxication.

These reports underline the importance of reserving lithium therapy for suitable patients. All patients on long-term therapy should be monitored not only by serum lithium determinations but also by careful clinical evaluation including observation of renal function. Creatinine clearance testing should be repeated annually. The necessity for protracted lithium treatment should also be carefully assessed.

### **Pregnancy Tests and Intrauterine Devices**

In addition to those pregnancy tests and intrauterine devices listed in Clinical Services Letter No. 182, payment will be made for the following:

- Prepurex pregnancy test kits

- Kabi Copper-T intrauterine devices

### **Practice Nurses: Increases in Salary Rates for Subsidy Purposes**

Agreement has been reached between the Hospital Service Committee and the New Zealand Nurses Association on improved and restructured salary scales for nurses. Salary rates for practice nurses will be increased in the same manner. In addition, the recently announced General Wage Order Allowance will also be payable.

This is an interim notice only. Medical Officers of Health will be informed of full details nearer 11 October, when the increases are to be implemented. Full details will also be included in the next Clinical Services Letter.

### **Vacancies for General Practitioners in Special Areas**

There are vacancies in three special areas at present, the most important of these being at Mangakino. There will also be several vacancies in 1979. Any practitioner interested in working in one of these interesting areas can obtain further information from the Division of Clinical Services.


General practitioners are also urgently required for private practices in Hokitika, Taihape, Kurow, and Twizel. For further information interested practitioners should contact either the Medical Officer of Health of the appropriate district or the Division of Clinical Services.

### **List of Medicines Carrying a Part Charge**

The Chemists' Guild produces and issues to its members a monthly list of medicines carrying a part charge and the size of the part charge in each case.

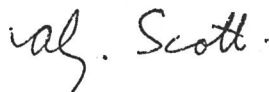
Arrangements have been made to purchase from the Chemists' Guild sufficient copies for distribution to interested medical practitioners.

If you would like to receive the monthly list, free of charge, please notify your district health office as soon as possible to enable us to order a sufficient number of copies.



(D. A. Andrews)

Director,



(A. G. Scott)

Deputy Director,

Division of Clinical Services