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

8 September 1965.

CLINICAL SERVICES LETTER No. 54

TO MEDICAL PRACTITIONERS

Dear Doctor,

SOME NOTES ON POLICY

Advisory Committees

Membership, apart from the chairman,* is confined to men in active practice.

The principal committee is the Medical Services Advisory Committee. Two of its four members are general practitioners; all are appointed on the recommendation of the British Medical Association. There are subcommittees on pharmacology and therapeutics, laboratory services, radiological services, obstetrics, ophthalmology and otology. The Pharmaceutical Advisory Committee is composed of five retail chemists and two from the manufacturing industry.

No action is initiated by this Division on any matter of moment unless the appropriate committee supports it unanimously. If one or more members are unwilling to support a proposal, nothing is done about it.

In certain matters, however, where only one course of action is considered to be feasible, the Department alone may take the responsibility, although the committee is kept informed of the facts. The decision to stop the South Island Experiment was an instance.

Similarly, if a question is regarded as a purely medical one, due attention is given to the views of the pharmaceutical committee, but action may still be taken on a recommendation of the medical committee even if the chemists disagree. Labelling with the proper name might have provided an example of this, but in the end the pharmaceutical committee backed the proposal unanimously.

Prescriptions for Corticosteroids

Recently the Pharmacology and Therapeutics Committee consulted a group of experienced medical men about the control of the corticosteroids. These were selected individuals, with no collective responsibility; they did not constitute an advisory committee. All were agreed that the existing system of control should be changed, but they had differing ideas as to what should replace it. This does not contradict the principle stated above. The advisory committee, whose duty it is to advise the Minister, gave careful thought to the views expressed by the group, and then drew up their own recommendations, which were unanimous.

It is realised that many doctors object to the requirement of a specialist recommendation on corticosteroid prescriptions, but the consensus of opinion appears to be that the hazards of these drugs still call for some form of control. It is also believed to be desirable that patients should be supplied with printed cards of instruction when therapy is commenced. This is done through the hospital dispensaries. A forthcoming issue of Therapeutic Notes will deal with the precautions which are necessary in using these drugs.

*The chairman is the Director of Clinical Services.

[P.T.O.]

Part-charges on Prescriptions

It is intended, in future, to supply more information in Prescribers' Notes about the reasons why part-charges have been imposed. There are always good reasons for this, but they are seldom easy to express in a few words.

The imposition of a charge means that negotiations with the manufacturer or agent about a fair price have broken down, often after prolonged exchanges of views. Two points may be emphasised:

(a) "*A fair price*". In everyday matters it is the customer who decides whether or not the price which is asked is reasonable. It is the same here. The Department has a duty to the taxpayer to buy in the best market.

(b) General charges on prescriptions are intended as a deterrent to abuse. This is not the case with part-charges under the New Zealand system. The charge represents the gap between the price which is asked for a particular preparation and the amount which we believe it is reasonable to pay. There is always an alternative available without extra charge. Lists of suitable alternatives to various drugs will be issued shortly.

"Hospital Board" Drugs

With a few notable exceptions, the question of cost now has little or no influence on the advisory committee in deciding whether or not to impose restrictions, once a drug has been accepted for inclusion in the Tariff. Drugs are no longer kept on the "Hospital Board" list merely to save money. In nearly every case the sole consideration is the question of safety. In other instances the intention may be to encourage the use of some alternative drug which should be the first choice.

Three times a year the committee reviews the "Hospital Board" list with a view to de-restricting drugs if it is thought to be safe to do so.

If you feel that these matters should be left to the judgment of the practitioner, please remember that it was the New Zealand system of control of the Drug Tariff, and nothing else, which saved it from the thalidomide disaster.

PLEASE NOTE from 15 September:

Furazolidine tablets available from chemists.

Glucose-oxidase test strips NOT available on Medical Practitioners' Supply Orders.

Yours faithfully,

A. W. S. Thompson. T. L. Hayes

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