

1 December 1965.

CLINICAL SERVICES LETTER NO. 57

TO MEDICAL PRACTITIONERS

(Copy to chemists - please note last item).

Dear Doctor,

PAMPHLET: "WHERE SHOULD I PRACTISE?"

(Copies posted to doctors in October)

"Estimated Practice Populations"

The figures quoted in this pamphlet for places other than urban areas are approximations only. They are based on the assumption that in any particular district the number of services per head of population will not in normal circumstances vary greatly from place to place. Where, however, overworked doctors are coping with much larger than average practices, these estimates may fall far short of the true figures.

Corrections

The following figures, based on local information, are believed to be more accurate than those printed in the pamphlet:

Page	Doctors	Place and Population	Estimated Practice Population	Estimated Population per Active G.P.
18	1	Alexandra (2,890)	5,500	2,750
	1	Clyde (422)		
20	9	Cambridge (5,660)	11,350	1,410
	5	Tokoroa (9,300)	16,000	3,200
21	4	Gore (7,920)	12,000	3,000

Errors

Invercargill Urban Area (page 21): For "3 E.N.T.", read "1 E.N.T.; 2 Eye and E.N.T."

Nelson Urban Area (page 23): For "1 Eye" read "5 Eye".

Auckland District (page 14): For "Waimauku (3,457)", read "Waimauku (345)".

Most of these alterations entail corresponding minor adjustments to the figures for other localities in the districts affected.

It is again emphasised that doctors interested in taking up practice in any district should make inquiries locally. Figures quoted in this pamphlet are intended as no more than a rough guide.

INFORMATION FOR CONSULTANTS

Two consultants have asked us to draw attention to the lack of information often given to specialists by referring practitioners when patients are sent in consultation. We quote:

"We are particularly concerned about drugs. Both from the point of view of safety and from over-prescribing or double prescribing and the economy aspect, it is essential that a specialist be given information as to what drugs the patient has had in the past, and in particular what he is having at present.

"It might be said that the patient should know because of the naming of drug labels, but often they do not know, and in any case this is putting the onus on the patient rather than on the doctor.

"This problem is as great in relation to hospital clinics as it is with private consultations."

HOSPITAL PRESCRIPTIONS

To assist chemists, prescriptions for items to be issued through hospital dispensaries should be written on separate forms.

EXTENDED SUPPLY PRESCRIPTIONS

Extended supplies for more than one month (maximum three months) are dispensed by the chemist in monthly lots unless:


- (a) The doctor endorses the prescription otherwise; or
- (b) The patient or chemist endorses the prescription, stating the special circumstances.

Experience has shown that further issues are often not taken up by the patient; so supplies "all at once" should be ordered with discretion and with due regard to the circumstances.

Yours faithfully,



(A. W. S. Thompson)
Director.



(T. L. Hayes)
Assistant Director.

Division of Clinical Services.