



Medical Council of NSW

Annual Report 2018-19

JOINT ANNUAL REPORTS OF THE 15 NEW SOUTH WALES HEALTH PROFESSIONAL COUNCILS
ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTICE COUNCIL CHINESE MEDICINE COUNCIL
CHIROPRACTIC COUNCIL DENTAL COUNCIL MEDICAL COUNCIL MEDICAL RADIATION PRACTICE COUNCIL NURSING
AND MIDWIFERY COUNCIL OCCUPATIONAL THERAPY COUNCIL OPTOMETRY COUNCIL OSTEOPATHY COUNCIL
PARAMEDICINE COUNCIL PHARMACY COUNCIL PHYSIOTHERAPY COUNCIL PODIATRY COUNCIL PSYCHOLOGY COUNCIL

President's Message



This year the Council made significant strides toward our goal of delivering effective, timely and accessible services for health consumers and practitioners who are the subject of a complaint.

Most practitioners who are the subject of a complaint never have another complaint and may require no intervention on the part of the Council. However, a small subset represent a significant risk to the public and the profession and require an early response. So while overall complaints remained stable, the number of times the Council considered urgent action increased. In each of these cases, a doctor's performance or conduct potentially posed a high risk to the community. The Council's active use of its regulatory powers reflects both its protective remit and changing community expectations, especially in relation to matters such as sexual assault and domestic violence.

In 2018 Council commissioned Gail Furness SC to examine the Council and the former NSW Medical Board's management of obstetrician/gynaecologist Dr Emil Gayed who was the subject of many complaints about unsatisfactory performance over two decades. The case highlighted the limitations of the Council's ability to ensure remediation in a small category of poorly performing practitioners and the role of long term restrictions on practice in these cases.

In response to the Furness recommendations, several initiatives aimed at strengthening the Council's ability to identify and manage poorly performing doctors are underway. By looking back over a practitioner's history with the Council, we identified a small group who have been the subject of multiple complaints. This small group represents an ongoing risk and is being more actively managed.

The Council relies heavily on part-time hearing members who make risk-based decisions as delegates of the Council. In order to support them in making consistent, quality decisions the Council has invested in a five module online learning program in conjunction with the NSW Nursing and Midwifery Council. The course is a core induction and refresher course for all hearing members.

A major project has begun to transform our performance program over the next 18 months. It will use evidence-based risk assessment as an aid to decision making and engage the practitioners and their advisors to develop a consensus approach to remediation where possible.

On behalf of the Council, I thank Dr Roger Boyd on his retirement from the Council for his dedicated service over seven years as a Council member. Dr Boyd was the Royal Australian College of Medical Administrators nominee on Council.

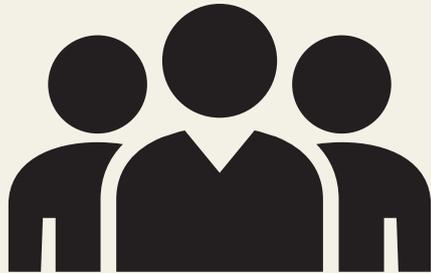
Finally, I would like to thank all our hardworking Council and Committee members, our hearing members and assessors and of course the HPCA staff, whose loyalty and commitment make our work possible.

A handwritten signature in black ink, appearing to read 'Richard Walsh'.

Associate Professor Richard Walsh
President
Medical Council of New South Wales

2018-19 Summary

MEDICAL PRACTITIONERS



36,194

Registered medical practitioners in NSW

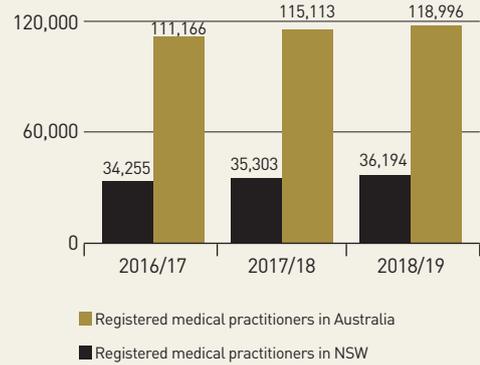
30%

of Australian medical practitioners practise in NSW

6%

of NSW medical practitioners had complaints made about them

3 year trend in number of registered medical practitioners



COMPLAINTS ABOUT MEDICAL PRACTITIONERS



1,270

cases were open at the beginning of the year



2,511

cases were closed during the year



1,277

cases were open at the end of the year



2,518

complaints were received about 2,051 medical practitioners in 2018/19

110

of the complaints received were mandatory notifications about 101 practitioners

Complaints were mainly from:

Patients - **53%**

Complaints were mainly about:

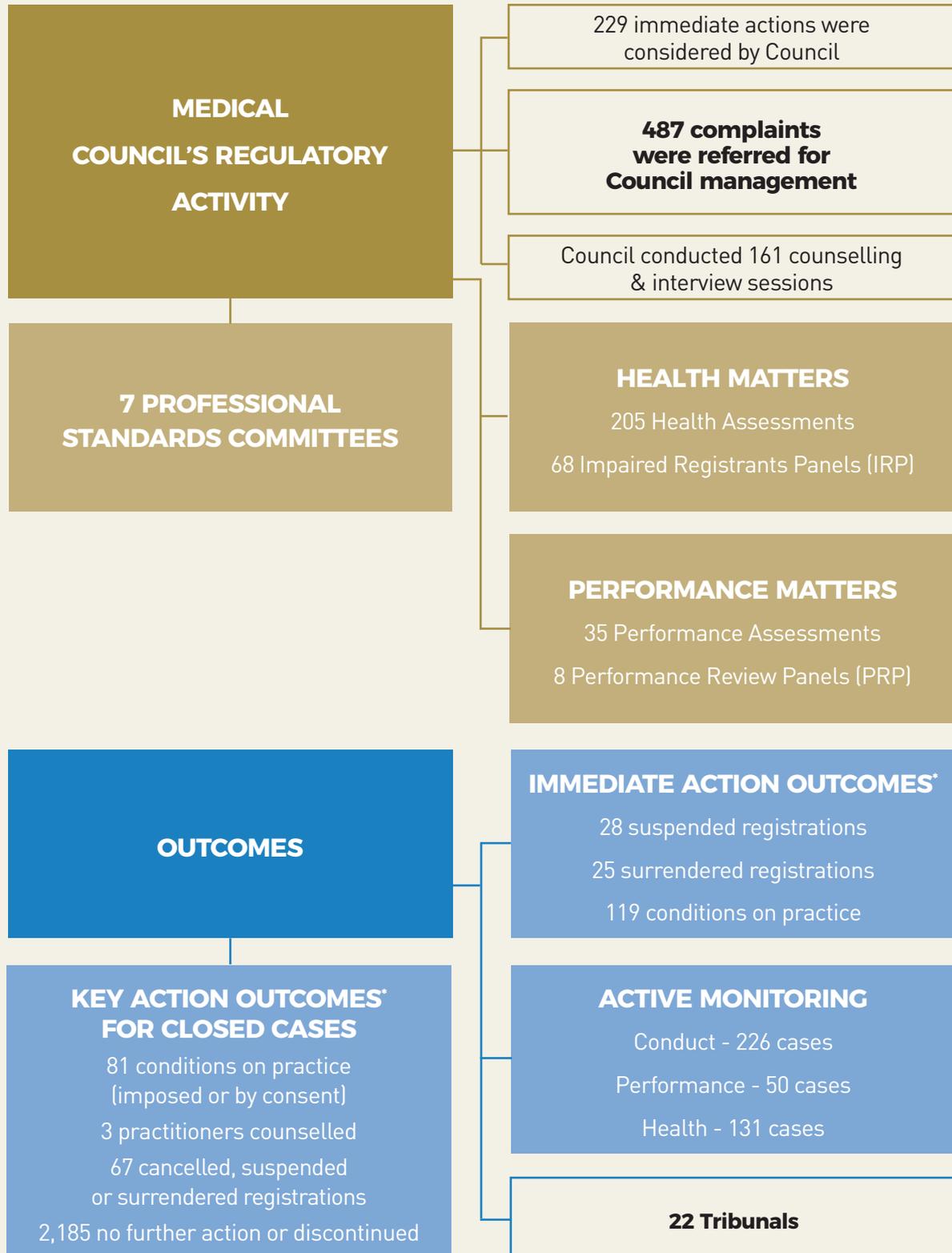
Clinical care - **48%**

3 year trend in number of complaints about medical practitioners



2018-19 Summary

MEDICAL COUNCIL'S REGULATORY ACTIVITY - MATTERS CONCLUDED



*Not all outcomes are included and a complaint may have more than one outcome

Achievements

Look-back project

The Council recognises that the complaint history of medical practitioners is one of many indicators of risk. This was reinforced by Gail Furness SC in her report following her review of the Council's management of Dr Emil Gayed (*see information below on Furness Report into Dr Emil Gayed*).

Accordingly, the Council has undertaken a review of medical practitioners with 10 or more complaints to ascertain residual risk to the health and safety of the public.

As a result of the *Look-back* project, the Council has designed alert tools and processes to ensure complaints and conditions involving this small group of doctors (less than 1% of registered NSW medical practitioners) are actively monitored. Council decision-makers are also better informed about practitioners with significant complaint histories, so that they can better assess the risk to the public when considering regulatory action.

Furness Report into Dr Emil Gayed

In July 2018, the Medical Council engaged Ms Gail Furness SC to conduct an inquiry into the management of complaints about obstetrician/gynaecologist, Dr Emil Gayed, by the former NSW Medical Board and the Council.

Dr Gayed was the subject of multiple complaints over two decades, mostly related to adverse surgical outcomes. Dr Gayed was subject to extensive regulatory action by the Council in response to these complaints. He continued practising until 2017 when the Council suspended his registration. In July 2018, the NSW Civil and Administrative Tribunal (NCAT) cancelled Dr Gayed's registration for three years.

Ms Furness' 188-page report detailed this history and made several recommendations for improved handling of practitioners with a lengthy complaints history. The Council published Ms Furness' report on its website. In doing so, Associate Professor Richard Walsh, the Council's President, stated: *'The Council recognises the importance of prompt, relevant action in response to a finding of unsatisfactory performance by medical practitioners and is committed to improving the effectiveness of its regulatory functions in protecting the public.'*

The Council is committed to improving its operations to ensure consistent, proactive regulatory action is taken against poorly performing doctors. A range of projects and initiatives, a number of which were underway prior to the commissioning of the Furness Report, are detailed in this annual report.

Improving what we do now

As workloads increase, the Council implemented several initiatives during the year to streamline its current Performance Program processes. A sub-team within the Council's Case Management division was established to expedite performance interviews, performance assessments, and performance review panels. Greater use will be made of performance assessments conducted at the Council, using video conferencing where possible. This will improve timeliness and reduce the requirement for practitioners and assessors to travel long distances. The Council has also redesigned the reporting template for performance assessments to clearly highlight any aspects of poor performance that have been identified in the performance assessment.

Contribution to national policy development and reviews

The Council was invited to provide feedback on several national policy reviews conducted by the Medical Board of Australia over the past 12 months.

This included the development of guidelines for medical practitioners who provide complementary and unconventional medicine and emerging treatments. The Council is very supportive of this review as this is an area of increasing public concern. Complementary medicine and emerging treatments can present challenges for health consumers, medical practitioners, patients, and regulators dealing with doctors who are practising these forms of medicine. The Council considers specific national guidelines providing greater clarity about acceptable standards will benefit consumers and practitioners alike.

Online learning for our hearing members launched

In collaboration with the Nursing and Midwifery Council and learning provider the Health Education and Training Institute (HETI), the Council developed and delivered an online professional development course for its panel and hearing members.

This short five module course provides the Council's hearing members with more timely access to core learning and helps support them to make consistent and appropriate decisions on behalf of the Council.

The Council launched the course in December 2018. The majority of the Council's frequently used hearing members had completed the online HETI course by 30 June 2019. All new hearing members are required to complete the HETI course prior to participating in their first hearing or panel.

The Council will evaluate the online course in 2019/2020 to inform a broader education and skills development framework for hearing members.

Business Process Mapping

The Council completed a project in 2018 to document the business processes employed by staff to support the Council's regulatory functions.

This important foundational work underpins future Council service delivery improvements including the redesign of our Performance Program and the wider HPCA Digital Strategy.

New initiatives

Performance Improvement Project

As of 1 July 2019, the Council will undertake a significant transformation project to advance the Performance Program into a validated efficient and effective process.

Delivering more robust and timely processes, the project will further provide new tools and frameworks for dealing with concerns regarding doctors' clinical performance. This will enable the Council to better manage recurring poor performance issues in order to better protect the public. The Council is cognisant of the toll that protracted regulatory action has on practitioners, and the project will also incorporate the recommendations of the Furness review.

The project will transform the Councils' Performance Program over the next 18 months, ensuring alignment with contemporary best practice and consumer expectations. The scope will include a new risk framework to support decision-making; standardised training for all aspects of the program; an evaluation of performance assessment routines/methodology; as well as the implementation of validated performance assessment tools for GPs and commonly represented specialties.

Records digitisation project

A priority for the Council is efficient, secure and long term management of its records including paper-based practitioner registration dating back to the 1950s.

The Council has commenced a project to digitise the practitioner records it holds. This will support more efficient information sharing and collaboration with regulatory partners, the NSW Health Care Complaints Commission (HCCC) and the Australian Health Practitioner Regulation Agency (AHPRA).

This project will be completed over the next two years using existing staff resources.

Research projects

Risk Project

The Council has identified the need for evidence-based tools to support a risk-based approach to decision making, so it can better identify high-risk practitioners and effectively monitor practitioners' compliance with registration conditions.

This research project will identify internationally validated key risk indicators relevant to regulatory decision making at each decision point during the practitioner's journey with the Council. The resulting tool will be an important decision making support for regulatory action.

The Council will engage an external body to undertake the research and develop the risk tool within 12 to 18 months.

Evaluating practitioner conditions to ensure they are effective

The Furness Report highlighted the Council's obligation to continually evaluate the effectiveness of conditions placed on practitioners' registration as a means of maintaining the protection of the public.

As a result, the Council will undertake a research project to consider the effectiveness of practitioner compliance with registration conditions. The Council has allocated funding for the project, which is expected to commence in November 2019 and take 12 months to complete.

All research projects are funded by incomes from medical practitioners' registration fees.

Stakeholder engagement

Engaging with AHPRA

In 2018, regular monthly meetings were held with the national agency, AHPRA and the NSW Board of the Medical Board of Australia (MBA). The regular meetings enable both agencies to work co-operatively on cross-jurisdictional issues, for example, where a complaint about a medical practitioner involves both registration (AHPRA) and regulatory (Council) issues.

Talking with our future doctors

The Council helps to ensure NSW medical students are aware of the role of the Council in regulating medical practitioners and medical students, whilst emphasising the importance of self-care and peer support. During the year the Medical Council delivered presentations to first and final year medical students at the Universities of Sydney, NSW, Western Sydney, Wollongong and Notre Dame.

Supporting quality decision-making through development and training

In line with the Council's strategic goal of supporting quality decision-making, the Council held two professional development events for hearing members and Council decision-makers.

In October 2018, the Council hosted a *connect + learn* event on sexual boundary crossing in the context of medical practice. The keynote speakers included Dr Anne Tonkin, Chair of the Medical Board of Australia and former Chair of the MBA Sexual Boundary Notifications Committee, and Mr Mark Barnett, psychologist and former advisor to Queensland and Victorian Police. This event updated our hearing members' knowledge of risk indicators relevant to sexual assault and grooming. Following the event, over 80% of attendees reported increased confidence in identifying risky behavior and crafting appropriate regulatory responses.

The Council hosted a second *connect + learn* event in June 2019, which explored cognitive impairment in aging practitioners and the associated regulatory challenges for Council decision-makers. Psychiatrist Associate Professor Chanaka Wijeratne provided the keynote presentation at the fully subscribed event which included Council and hearing members and Council Appointed Practitioners. Audience engagement was enhanced through the use of an interactive app.

Communicating with the profession

An important activity for the Council is supporting practitioners by helping them to avoid patient complaints.

The Council produced and distributed four editions of its e-newsletter to the medical profession during the reporting year. The newsletters examined issues linked to trends in Council complaints and offered tips from experts to minimise the chance of patient complaints. The topics explored in the e-newsletter this year included prescribing of addictive medicines, use of social media and the importance of patient communication.

Programs

Intake and Assessment

The Intake and Assessment Team is on the frontline to receive and triage complaints and notifications about registered medical practitioners and medical students. The team liaises closely with the NSW Health Care Complaints Commission (HCCC) and manages the joint consultations at which complaints are considered.

During the reporting year, the Council received 2,518 complaints about 2,051 medical practitioners. Following consultation, the majority of complaints were discontinued as not requiring regulatory intervention. Complaints referred to the Council for further consideration and management totalled 487 and a small number were referred to the HCCC for investigation.

Many complainants feel dissatisfied when their complaints are discontinued. The Council works hard to reassure all complainants that their concerns have been heard and to explain how medical regulation works.

Fitness to Practise

Where public safety may be at risk, the Council must take action. It may do so by imposing conditions on a medical practitioner's registration or in the most serious cases, by suspending the practitioner's registration pending further action by the HCCC or the Council. In 2018/19, the Council undertook 229 immediate action inquiries. This represents a 68% increase on the previous year, continuing an upward trend in the number of high-risk matters being dealt with by the Council under s150 of the law. The Council suspended a practitioner in 14% of immediate action matters and imposed conditions in a further 60% of these immediate action matters. In 25 cases, the practitioner surrendered their registration prior to or during immediate action proceedings.

Performance

Where a complaint is received about a medical practitioner's professional performance, the Council acts to support the primary objective of public safety. The Council applies the legislated standard to determine whether a doctor's performance warrants regulatory intervention. That is, "the standard reasonably expected of a practitioner with an equivalent level of training or experience". Where the professional performance falls below this standard, the Council's Performance Program typically imposes conditions on registration designed to protect the public and to encourage remediation. The Council monitors compliance with these conditions.

The program is non-disciplinary, being designed primarily as protective of patient safety.

The following actions were taken to manage these complaints in the Performance Program in the reporting year:

- performance interviews for 95 practitioners (excluding matters that did not proceed)
- performance assessments for 35 practitioners and performance re-assessments for 2 practitioners
- Performance Review Panels for 8 practitioners

During the course of the year the Council initiated a review of the Performance Program and it is anticipated that the number of Performance Assessments and Performance Review Panels will increase in the next reporting year.

Health

A medical practitioner's health problems may impair his or her capacity to practise medicine safely. The Council's Health Program aims to manage impaired medical practitioners and medical students in a constructive and non-disciplinary manner while still safeguarding the public.

During the year the Council undertook 205 health assessments, a 72% increase on last year and conducted 68 Impaired Registrants Panels, a 30% increase on last year.

Conduct

A complaint which may result in a finding of unsatisfactory professional conduct or professional misconduct by a medical practitioner is dealt with by a Professional Standards Committee (PSC) or the NSW Civil and Administrative Tribunal (NCAT). Less serious matters are addressed in Council counselling interviews with the practitioner.

More information about disciplinary procedures and hearings is available at www.mcnsw.org.au. During 2018/19:

- Counselling interviews closed 59 matters (excluding matters that did not proceed)
- PSCs dealt with 7 practitioners
- 22 medical practitioners were prosecuted before NCAT and at the conclusion of the year 31 matters were listed for hearing.

Monitoring

The Council monitors compliance with conditions.

Conditions are imposed on a medical practitioner's registration to protect the public. Typically these take the following forms:

- Limitations on a medical practitioner's practice. Examples include restricting the type of procedure(s) a medical practitioner may perform or limiting the number of patient consultations per day.
- Conditions aimed at supporting the remediation of the medical practitioner in areas of practise where performance is unsatisfactory. For example, a supervision condition is designed to provide a practitioner with an opportunity to learn from a peer. A condition may be imposed requiring a practitioner to attend a treatment to manage a health issue while continuing in practice. Conditions may require regular review by a Council Appointed Practitioner or participation in alcohol and/or drug testing.

At 30 June 2019, the Medical Council was monitoring 407 practitioners, an increase of 18% on the previous reporting year. Fifty six per cent of active monitoring matters were the result of conduct issues. Thirty-two percent of active monitoring matters resulted from health issues and 12% were due to performance issues. Public conditions imposed on NSW registered medical practitioners are publicly available on the National Register of Health Practitioners.

During the year 67 practitioners exited the Monitoring Program.

Case studies

Dr W: Protecting public safety through immediate action and stakeholder collaboration

A mother was concerned that her child had been given an expired vaccine. The complaint triggered a review by the NSW Public Health Unit (PHU) which referred a complaint about the general practitioner to the Medical Council.

The PHU's review found Dr W had no written vaccine policies or protocols in place and no records or rosters for auditing vaccine expiry dates. Dr W's lack of compliance with vaccine cold storage rules placed her current and former patients at risk, due to the possibility they had received a non-viable vaccine.

The Council took immediate action to protect the health and safety of the public. Dr W was offered the opportunity to consent to an interim condition not to practise medicine. However, she declined the offer and the Council convened immediate action proceedings with Dr W. Towards the conclusion of the discussion with the Council's s.150 panel, Dr W advised she would surrender her registration and (at the age of 77) retire immediately.

Concurrently, the PHU and the NSW Ministry of Health alerted current and former patients at Dr W's practice to advise them that they may need to be revaccinated.

The Council distributed an e-newsletter to all registered NSW medical practitioners highlighting the importance of proper vaccine storage.

This case study illustrates how the Council can use its immediate action powers to engage with a practitioner and its approach to working collaboratively with other health agencies to assess risk and act in a timely way to protect the public.

Dr F: Using our enforcement powers to monitor practitioner conditions

The Council inspected Dr F's medical practice to check that he was complying with conditions imposed prohibiting him from seeing female patients.

At the inspection, the Council's authorised staff found that Dr F was regularly seeing female patients and had therefore been practising in breach of the conditions on his registration. Records were obtained as evidence of these breaches. When Council delegates received this information, Dr F's registration was suspended.

The Council's powers enable proactive monitoring of practitioner compliance with conditions imposed on their registration.

Council Members

Up to 19 members sit on the Medical Council as set out in the National Law. Council members are appointed by the Governor of NSW.

Practitioner members:

- Adjunct Associate Professor Richard George Walsh MBBS (Sydney), FANZCA – Australian and New Zealand College of Anaesthetists nominee
- Dr John Frank Charles Sammut MBBS (Hons) (Sydney), FACEM – Australasian College for Emergency Medicine nominee
- Dr Merran Auland FACRRM, BM.BCh (Oxon), PhD, B.Pharm – Australian College of Rural Remote Medicine nominee
- Dr Roger Gregory David Boyd MBBS (Sydney), MBA (Geneva), MHP (UNSW), FRACMA, AFCHSM, FHKCCM(Hon), GAICD – Royal Australasian College of Medical Administrators nominee (retiring as at 30 June 2019)
- Dr Geoffrey Mark Brieger MBBS (Syd), CU FRANZCOG, FHKAM, MHKCOG, MRACOG - Royal Australian and New Zealand College of Obstetrics and Gynaecology nominee
- Dr Stephen Richard Buckley MBBS (UNSW), FACRM, FAFRM (RACP) – Royal Australasian College of Physicians nominee
- Dr Jennifer Kendrick AM, BSc (Sydney), MBBS (Sydney), MPH (UNSW), GAICD, FRACGP – Royal Australian College of General Practitioners nominee
- Associate Professor Ross Kerridge MBBS, FRCA, FANZCA – Australian Medical Association (NSW) nominee
- Dr Brian Morton AM, MBBS (UNSW), FRACGP, FAMA, AM – Australian Medical Association (NSW) nominee
- Dr Julian Parmegiani MBBS (Hons) (UNSW), FRANZCP, GAICD – Royal Australian and New Zealand College of Psychiatrists nominee
- Dr Elizabeth Tompsett MBBS (Hons) (UNSW), BMedSc (UNSW), PhD (UNSW), FRACS - Royal Australasian College of Surgeons nominee

Legal member:

- Prof Cameron Stewart BEc LLB (Hons) (Macquarie), GradDipLegalPrac (College of Law), GradDipJur, PhD (Sydney), FACLM (Hon)

Community members:

- Mr David Bell MBA (Sydney), BEcon (UQld), BA (UNSW), GAICD, JP (NSW)
- Ms Maria Cosmidis BA, BSW, MM
- Dr Alix Genevieve Magney BA Sociology (Hons), PhD Sociology (UNSW)
- Mr Jason Masters BEc (Flinders), GAICD, CFIAA, CRMA, CGEIT, CFE, JP
- Ms Frances Taylor BA/BSocWk (Sydney)

The Governor appointed Adjunct Associate Professor Richard Walsh as President of the Council.

The Governor appointed Dr John Sammut as Deputy President of the Council.

Senior Officers

Executive Officer

Ms Caroline Lamb BA, LLB, M.Bioethics, GAICD, FCIS is the Executive Officer for the Medical Council. The Executive Officer leads a team that works directly with the Council. Councils cannot employ staff under the National Law. All staff working both directly and indirectly with the Council are employed by the Ministry of Health.

Medical Director

Dr Annette Pantle, MBBS, MPH, FRACMA, FAICD, FAAQHC is the Medical Director of the Medical Council.

Council Meeting Attendance

The Medical Council met six times during the year.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President A/Prof Richard Walsh	6	6	1 July 2012	1 July 2018 – 30 June 2021
Deputy President Dr John Sammut	6	6	1 July 2017	2 June 2017 – 30 June 2019
Dr Merran Auland	6	6	2 June 2017	2 June 2017 – 30 June 2019
Mr David Bell	6	6	12 Nov 2014	1 January 2018 – 30 June 2020
Dr Roger Boyd	6	6	1 July 2012	2 June 2017 – 30 June 2019
Dr Geoffrey Brieger	6	6	1 July 2018	1 July 2018 – 30 June 2021
Dr Stephen Buckley	5	6	1 July 2015	1 July 2018 – 30 June 2021
Ms Maria Cosmidis	6	6	1 July 2017	1 July 2017 – 30 June 2020
Dr Jennifer Kendrick	6	6	1 July 2015	1 July 2018 – 30 June 2021
A/Prof Ross Kerridge	3	6	1 July 2015	1 July 2018 – 30 June 2021
Dr Alix Magney	6	6	1 July 2012	1 January 2018 – 30 June 2020
Mr Jason Masters	6	6	1 July 2012	1 January 2018 – 30 June 2020
Dr Brian Morton	6	6	1 July 2015	1 July 2018 – 30 June 2021
Prof Balakrishnan (Kichu) Nair	1	4	1 July 2017	1 July 2017 – 30 June 2020**
Dr Julian Parmegiani	6	6	1 July 2015	1 January 2018 – 30 June 2020
Prof Cameron Stewart	6	6	1 July 2017	1 July 2017 – 30 June 2019
Ms Frances Taylor	5	6	1 July 2015	1 July 2018 – 30 June 2021
Dr Elizabeth Tompsett	6	6	1 July 2018	1 July 2018 – 30 June 2021

**resigned February 2019

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

Regulatory committees and panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

Regulatory committees and panels include:

- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)
- Professional Standards Committee (PSC)

The Council appoints regulatory committees and panels as needed.

Council committees

Councils may establish committees to assist with Council functions. Committees may include both Council members and non-members who have expertise in the committee's area of focus.

The Medical Council appointed the following committees during the year.

- Conduct Committee – assesses and manages complaints about medical practitioners and students' unsatisfactory professional conduct.
- Health Committee – assesses and manages complaints about medical practitioners and students who are suffering impairment.
- Performance Committee – assesses and manages complaints about medical practitioners whose clinical performance is below the standard which might reasonably be expected of a doctor with that level of experience.
- Executive Committee – acts on behalf of the Council between full Council meetings.
- Research Committee – plans research activities which contribute to building the evidence base for effective regulatory action.

A Corporate Governance Committee, which was dissolved in 2018, made recommendations about the rules, practices and processes by which Council business is conducted.

Medical Council members generally serve on at least two committees to assist the Council to exercise its functions. In 2018/19 seven non-Council Members also sat on the following committees.

Medical Council committees and membership

Table ii: Membership of Medical Council Committees

Conduct	Health	Performance	Executive	Research	Corporate* Governance
Council Members					
Chair John Sammut	Chair Roger Boyd	Chair Jennifer Kendrick	Chair Richard Walsh	Chair Cameron Stewart	Chair Jason Masters
Roger Boyd	Merran Auland	David Bell	Roger Boyd	Roger Boyd	David Bell
Geoff Brieger	David Bell	Geoff Brieger	Jennifer Kendrick	Alix Magney	Maria Cosmidis
Stephen Buckley	Maria Cosmidis	Stephen Buckley	Cameron Stewart	Jason Masters	John Sammut
Maria Cosmidis	Jennifer Kendrick	Ross Kerridge	Jason Masters	Richard Walsh	Frances Taylor
Alix Magney	Ross Kerridge	Brian Morton	John Sammut		Richard Walsh
Jason Masters	Alix Magney	John Sammut	David Bell		
Brian Morton	Julian Parmegiani	Merran Auland			
Julian Parmegiani	Elizabeth Tompsett	Elizabeth Tompsett			
Cameron Stewart	Richard Walsh	Richard Walsh			
Frances Taylor		Frances Taylor			
Richard Walsh					
Non-Council Members					
Greg Kesby	Keith Edwards	Martine Walker		Peter Procopis	
	Glen Smith	Choong-Siew Yong		Anthony Eyers	

* Dissolved – the last meeting was held 2 October 2018.

Meetings and events

The Medical Council was represented at the following meetings and events during the year.

Table iii: Medical Council representation at meetings and events

Name of Meeting / Event	Attended By
NSW Ministry of Health Regulators Forum	A/Prof Richard Walsh – President Caroline Lamb – Executive Officer Dr Annette Pantle – Medical Director
MCNSW, MBA and AHPRA	A/Prof Richard Walsh – President Caroline Lamb – Executive Officer Dr Annette Pantle – Medical Director
HCCC Forum	A/Prof Richard Walsh – President Caroline Lamb – Executive Officer
Medical Board of Australia National Conference	A/Prof Richard Walsh – President Caroline Lamb – Executive Officer Dr Annette Pantle – Medical Director
National Registration and Accreditation Scheme (NRAS) Research Summit	A/Prof Richard Walsh – President Caroline Lamb – Executive Officer Dr Annette Pantle – Medical Director
Medical Board of Australian Stakeholder Forum	A/Prof Richard Walsh – President Dr Annette Pantle – Medical Director
Medical Defence Organisation Liaison Meeting	A/Prof Richard Walsh – President Caroline Lamb – Executive Officer Dr Annette Pantle – Medical Director
AMA Liaison Meeting	A/Prof Richard Walsh – President Caroline Lamb – Executive Officer Dr Annette Pantle – Medical Director
Forum of NRAS Chairs and NSW Council Presidents	A/Prof Richard Walsh – President Caroline Lamb – Executive Officer

Overseas travel

Prof Richard Walsh (President), Dr Jennifer Kendrick (Performance Committee Chair), Ms Caroline Lamb (Executive Officer) and Dr Annette Pantle (Medical Director) attended the biennial conference of the International Association of Medical Regulatory Authorities (IAMRA) in Dubai from 6-9 October 2018 at a cost to the Council of \$54,142.

Ms Lamb presented a paper at the Conference entitled *Regulating Doctors in the Public Interest: a NSW perspective*. A report was subsequently prepared for the Minister for Health outlining the benefits of attending the conference, including keeping abreast of international trends in risk based regulation of medical practitioners. This continues to inform the Council's approach to its regulatory function.

Remuneration

Medical Council member remuneration rates are as follows.

President	\$45,464 per annum
Deputy President	\$27,162 per annum
Council Members	\$15,000 per annum

Council members are reimbursed for expenses when travelling on official business at Council direction.

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and research account

The Medical Council maintains an Education and Research account. This can be used to fund activities that promote better understanding of professional standards and compliance, issues that lead to complaints and how complaints are managed. The account may also be used to fund research activity including Council specific initiatives and collaborative projects.

There was no expenditure from the Education and Research account this year.

Financial management

The Medical Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2018/19	\$
Revenue	14,982,413
Operating expenditure	14,853,029
Gain / (loss) on disposal	0
Other gains / (losses)	(82,634)
Net result	46,750
Net cash reserves* (cash and cash equivalents minus current liabilities)	13,524,460

* Included in the cash reserves is an Education and Research bank account balance of \$2,695.

The Medical Council's budget for the period 1 July 2019 to 30 June 2020 is as follows.

Budget 2019/20	\$
Revenue	15,565,002
Operating expenditure	19,844,376
Net result	(4,279,374)

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.