



Medical Council

OF ★ NEW ★ SOUTH ★ WALES

Annual Report 2016-17



President's Message



The financial year 2016/17 was a significant one with several transformative projects completed which will enhance the capacity of the Medical Council of New South Wales (Council) to carry out its regulatory responsibilities in ensuing years.

Importantly, the Council implemented an organisational restructure, with teams now clustered according to case management principles. The new structure better reflects the interplay between conduct, health and performance issues for practitioners involved in our programs. It is already delivering benefits, with staff working more efficiently and proactively in managing assessments and improved public facing and intake services.

In November 2016, the Council met with senior staff and developed a three-year strategic plan which focuses on improving our capacity to deliver quality decisions as a transparent regulator. Several projects linked to the Council's strategic focus on decision-making, including an innovative online learning program for hearing members, are now already underway.

Our workload continued to rise with 2,300 complaints received about 1,902 medical practitioners; a three percent increase on the previous year.

The majority of medical practitioners who come to the Council's attention do not require ongoing involvement. However, the matters we manage across our programs are increasingly complex and require considerable skills in assessment, decision-making, practitioner engagement and monitoring.

The Council also began a major piece of work on a new Drug and Alcohol Policy to be introduced next year. The Policy will lead to more consistent and robust monitoring of medical practitioners who experience problems with alcohol or other drugs.

Key aspects of the Council's work include its engagement with stakeholders to improve professional standards and its collaboration with regulators to identify trends and develop common evidence-based standards. In 2016, the Council initiated a partnership with all NSW medical schools to deliver curriculum-based education to medical students. The program aims to help future doctors avoid being the subject of complaints from patients. It also promotes the importance of managing their personal health and wellbeing.

The Council also worked with the Health Care Complaints Commission to develop practice monitor conditions in response to findings of the Independent Review of the Use of Chaperones. This review was commissioned by the Australian Health Practitioner Regulation Agency and the Medical Board of Australia. The partnership between the Council and the Commission means practice conditions imposed as a result of sexual assault complaints are dealt with sensitively whilst protecting public safety and are consistent with approaches adopted nationally.

I look forward to the coming year and seeing the results from our investment in improving our processes and decision-making. I thank the Council and hearing members for their tireless efforts in supporting high professional medical standards and protecting public safety. I particularly thank the Health Professional Councils Authority staff who have displayed commitment, skill and professionalism during a period of change and who have embraced the Council's commitment to continuous improvement.

A handwritten signature in black ink, appearing to read 'Greg Kesby'.

Dr Greg Kesby

President

Medical Council of New South Wales

Regulation of
Medical Practitioners
in 2016/17

Summary overview



2,300

**New complaints
received during the
year related to**

Conduct – 508
Performance – 1,689
Health – 103
70 complaints were mandatory
notifications



34,255

**Registered Medical
Practitioners
in NSW**

3% more than the previous year
30.8% of Medical Practitioners in Australia
5.6% of Medical Practitioners in NSW had
complaints made about them –
1,902 practitioners



3,280

Complaints managed

980 open at start of year
2,300 received during the year
114 immediate actions including reviews
366 assessments and hearings concluded
2,101 closed during the year
1,179 open at year end
340 active monitoring at year end



2,115

Outcomes for closed complaints*

1,328 discontinued	23 registration cancelled
489 no further action	21 registration surrendered
75 no jurisdiction or referred	18 resolution or conciliation
63 conditions on registration	17 caution or reprimand
55 withdrawn	11 counselling
	5 registration suspended
	5 orders but no conditions
	5 change to non-practising

* A complaint may have more
than one outcome

Achievements

Organisational review - Gladesville

The Medical Council completed an organisational restructure and redesign of job roles which has already resulted in improvements in customer service and efficiencies through improved case management and workflows.

Drug and alcohol screening procedure

We led a major cross-Council initiative to develop a new drug and alcohol screening procedure for impaired practitioners and students in response to the national drug and alcohol screening protocol by the Australian Health Practitioner Regulation Agency (AHPRA). New drug and alcohol policy and procedures will be implemented in 2017/18, which will lead to more cost effective and consistent screening processes across all NSW health professional councils.

Strategic planning

We developed a strategic plan in consultation with all Council members in late 2016 which identified quality decision-making as a priority over the next three years. This strategic focus will ensure our members have best practice tools, training and resources so they can make consistent evidence-based decisions when weighing up public risk and regulatory intervention. Six priority projects linked to the plan commenced during the year and include an online training module for hearing members, and a proactive ongoing education program for hearing members and other decision-makers.

Monitor conditions

The Council partnered with the Health Care Complaints Commission (HCCC) to develop practice monitor conditions in response to the Independent Review of the Use of Chaperones, which was commissioned by AHPRA and the Medical Board of Australia. This partnership with the HCCC means practice conditions which are imposed as a result of sexual assault complaints are dealt with sensitively and are consistent with approaches adopted federally.

New Initiatives

Quality improvement

The Medical Council is committed to implementing data and research initiatives to support high quality decision-making.

High quality data is essential to enable the Council to make good quality decisions. To promote the capture and maintenance of accurate data, the Council established a data quality program in 2017. The efforts made by the new Quality Team and many staff mean the Council now has more accurate and useful data to guide its regulatory activities.

To further support our Council and hearing members in high quality decision making, the Council initiated a formal Hearing Member Education Plan. The program consists of a blended learning approach to training Council and hearing members that includes the development of e-learning modules which will be available in 2018.

Research projects

This year the Council completed a research project evaluating the effectiveness of the Council's Health Program for practitioners impaired by alcohol or other drugs. A number of quality improvement recommendations have been implemented as an outcome of the research project and evaluation process. A committee is also working on two journal articles for publication to inform the wider academic and medico-legal community.

As well as implementing a formal research commission framework, the Council's Research Committee began developing several research projects to improve the Council's evidence base for regulatory action. A research project, currently in commission to be undertaken in the next reporting year, will examine public interest from the consumers' perspective.

Council Communications

The Medical Council website is the Council's primary communications tool to engage with medical practitioners and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation including workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

In 2016 the Council initiated a new comprehensive education program for NSW medical students. The Council now delivers presentations to all medical students at every NSW university medical school at various stages of the students' curriculum. The presentations de-mystify the process of complaints and notifications, including the threshold for mandatory notification and health impairment. The program aims to assist future doctors avoid being the subject of complaints from patients and promotes the importance of managing their own health and wellbeing.

This initiative has strengthened the Council's relationship with NSW medical schools. The schools have expressed increasing interest in working with us more effectively to manage students with health problems. A NSW Medical Schools Deans Forum will be convened in 2017 to foster these relationships and work together to manage the challenges encountered when dealing with health and mandatory notification issues.

Our active liaison with the Australian Medical Association (AMA) has fostered relationships with other regulatory stakeholders through the AMA Doctors' Health and Wellbeing Forum. The Council also strengthened partnerships with the Doctors' Health Advisory Service and the Australian Salaried Medical Officers Federation (ASMOF).

The Council continues to work with the medical indemnity insurers, with regular meetings with representatives, as well as ongoing collaboration on matters of mutual interest, such as strategies to reduce unnecessary distress experienced by participants in the Council's programs.

Similarly, the Council maintains strong links with the Medical Benevolence Association of NSW, an organisation which provides a confidential support service for doctors and their families and others in NSW.

Programs

Health

A medical practitioner's health problems may impair his or her capacity to practise medicine safely or effectively. The Medical Council has a long-established Health Program which aims to manage impaired medical practitioners and medical students in a constructive and non-disciplinary manner while safeguarding the public. More information about the Health Program is available at www.mcnsw.org.au

During the year, 131 medical practitioners and medical students participated in the Health Program, a 5% increase on the previous year. Sixty-nine complaints were referred to 62 Impaired Registrants Panels, with 59 matters concluded by year end.

Performance

Where a medical practitioner has been the subject of a complaint about professional performance, the Council acts to support the primary objective of public safety.

The Medical Council uses Performance Interviews, Performance Assessments and Performance Review Panels to determine whether a practitioner's professional performance is of a standard which could reasonably be expected of a practitioner of an equivalent level of training or experience. Where inadequacies are identified, the Performance Program focuses on education and retraining to address unsatisfactory patterns of practice. This is typically achieved by imposing conditions on registration such as a requirement to undertake training courses but may also include a requirement for supervision of the practitioner by another practitioner approved by the Council. These conditions are monitored by the Medical Council for compliance.

During the year, 210 complaints were referred to the Performance Program, a 3% increase on the previous year. In dealing with these complaints the following actions were completed:

- 74 performance interviews
- 23 performance assessments (excluding re-assessments)
- 22 Performance Review Panels.

Conduct

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

More information about disciplinary procedures and hearings is available at www.mcnsw.org.au.

A number of disciplinary proceedings were conducted during 2016/17.

PSC matters included:

- 11 matters open at the beginning of the year
- 15 new referrals during the year
- 15 matters closed by the end of the year
- 11 matters open at the end of the year.

NCAT complaint matters included:

- 25 matters open at the beginning of the year
- 24 new referrals during the year
- 25 matters closed by the end of the year
- 24 matters open at the end of the year.

Monitoring

The Medical Council's Monitoring Program is responsible for monitoring compliance with orders and conditions imposed on a medical practitioner's registration, following a Health, Performance, or Conduct outcome. It also includes monitoring of conditions imposed as a result of the Council's urgent action proceedings.

Orders and 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 remediating the medical practitioner. Examples include requiring a practitioner to undertake specific courses or participate in supervision, and/or requiring a practitioner to attend for treatment in order to manage their health and allow them to continue to practise. This may include regular review by the Council appointed practitioners or participating in alcohol or drug testing.

During the year, 83 practitioners successfully exited the Program.

At 30 June 2017, the Medical Council was monitoring 340 practitioners, a slight increase of 6% on the previous reporting year. A practitioner may be subject to more than one condition. Conditions are included on the National Register of Health Practitioners.

Case Studies



DR G: COMPLAINT LEADS TO IMPROVED PERFORMANCE AND END TO PROFESSIONAL ISOLATION

In 2013 a complaint was referred to the Medical Council in relation to Dr G, a 45-year-old solo GP. The complaint related to Dr G's misdiagnosis of a 15-year-old boy who was suffering from a twisted testis. To get more information about Dr G and this complaint, the Performance Committee asked Dr G to attend a Performance Interview. Having discussed with Dr G his practice and the circumstances of the complaint, the interviewers were concerned that Dr G may not have adequately assessed the boy and was undertaking very little general practice continuing education. The committee was concerned that, as a solo practitioner, Dr G was professionally isolated. It recommended he undergo a Performance Assessment.

The Performance Assessors spent a day watching Dr G in practice and reviewing his patient records. They were concerned that Dr G's basic clinical skills and medical records were not at the level expected of a doctor of his level of training and experience. They recommended he undertake a number of education courses through the Royal Australian College of General Practitioners. They also recommended he attend a Performance Review Panel.

When Dr G attended his Performance Review Panel, it was clear that he had seriously reconsidered his approach to practice and education. He had undertaken a number of courses related to clinical skills and was enjoying using his rediscovered clinical skills. Working with his medical indemnity insurer he had improved his medical record keeping. He was in final discussions about joining a neighbouring group general practice and was looking forward to the prospect of again working in a team.

Having considered Dr G's response to the Performance Assessment and the changes he was making, the Performance Review Panel decided Dr G could leave the Performance Program.



DR X: A SECOND CHANCE TO OVERCOME ADDICTION

Dr X is a 55-year-old surgeon who was originally notified to the Council when he self-reported a charge of driving under the influence of alcohol. He was assessed by a Council-appointed practitioner where a history of intermittent but hazardous consumption of alcohol was noted. An Impaired Registrants Panel was convened and Dr X joined the Health Program. Conditions were agreed to, including that he abstain from alcohol and attend for regular alcohol screening tests. He remained compliant with his conditions and exited the program three years after the notification.

Two years later, Dr X was notified to the Council after an involuntary admission under the NSW Mental Health Act relating to alcohol dependence and depression. An urgent hearing was convened where Dr X conceded he had relapsed. Conditions were imposed on his registration requiring him to abstain from alcohol, attend for regular alcohol screening tests and undergo breath-testing for alcohol on his days of practice, in addition to other practice and health conditions. He was subsequently suspended from clinical practice due to non-compliance with his conditions, however was reinstated with altered conditions and is currently being monitored by the Council. He remains abstinent from alcohol, engaged in treatment, and in active clinical practice.

Case Studies continued



DR J: SUCCESSFUL JOURNEY FROM DISCIPLINARY ACTION TO FULL PRACTISE

Dr J had conditions imposed on his registration by the Council's interim action powers (section 150) in 2010. The conditions restricted Dr J's access to particular drugs. The complaint was investigated and referred to the NSW Civil and Administrative Tribunal (NCAT).

In 2014, NCAT reprimanded and imposed conditions on Dr J's registration. These conditions continued to restrict his access to particular drugs, prohibited him from conducting particular procedures and required him to be mentored.

Dr J was compliant with his conditions, assisting the Council with any compliance queries. He demonstrated insight about the conduct which led to the conditions being imposed. His conditions were gradually eased and in mid 2017, the remaining conditions were removed by the Council.

Council members

Nineteen members sit on the Medical Council as prescribed under section 41E of the National Law.

Registered medical practitioner members:

- Dr Gregory John Kesby MBBS Hons (UNSW), BSc Hons (UNSW), PhD (Cambridge), DDU (ASUM), FRANZCOG, CMFM, MAICD – Royal Australian and New Zealand College of Obstetricians and Gynaecologists nominee
- Adjunct Associate Professor Richard George Walsh MBBS (Sydney), FANZCA – Australian and New Zealand College of Anaesthetists nominee
- Clinical Associate Professor Stephen Adelstein MB BCh (Wits), PhD (Sydney), FRACP, FRCPA, FFSc (RCPA) – NSW Minister for Health 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
- Dr Stephen Richard Buckley MBBS (UNSW), FACRM, FAFRM (RACP) – Royal Australasian College of Physicians nominee
- Professor Anthony Andrew Evers MBBS (Sydney), FRACS, FRCS, Master of Bioethics (Monash) – Royal Australasian College of Surgeons nominee
- Dr Jennifer Kendrick 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

Part 2: Reports from Health Professional Councils

- Dr Brian Morton 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 John Frank Charles Sammut MBBS (Hons) (Sydney), FACEM – Australasian College for Emergency Medicine nominee

Legal member:

- Vacant

Community members:

- Mr David Bell MBA (Sydney), BEcon (UQld), BA (UNSW), GAICD, JP (NSW) – NSW Minister for Health nominee
- Mr Kenneth Hong BA (Bond), GDLP (College of Law), GDL (Sydney) – Community Relations Commission nominee
- Dr Alix Genevieve Magney BA Sociology (Hons), PhD Sociology (UNSW) – NSW Minister for Health nominee
- Mr Jason Masters BEc (Flinders), GAICD, CFIAA, CRMA, CGEIT, CFE, JP – NSW Minister for Health nominee
- Ms Lorraine Poulos RN (SVH), Grad Cert HSM (ECU) – NSW Minister for Health nominee
- Ms Frances Taylor BA/BSocWk (Sydney) – NSW Minister for Health nominee

Dr Gregory Kesby is appointed by the Governor as President of the Medical Council.

Adjunct Associate Professor Richard Walsh is appointed by the Governor as Deputy President of the Medical Council.

Senior Officers

Executive Officer

Ms Caroline Lamb, BA (Queensland), LLB (UNSW), FCIS, GAICD, M Bioethics (Sydney), is the Executive Officer and Assistant Director, Medical of the Health Professional Councils Authority.

Medical Director

Dr Stuart Dorney, MBBS FRACP is the Medical Director, Medical Council of NSW and Health Professional Councils Authority.

Senior officers are employed by the HPCA as an executive agency of the Ministry of Health, as are all other staff working both directly and indirectly with the Council. Councils cannot employ staff under the National Law.

Council meeting attendance

The Medical Council met six times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Dr Gregory John Kesby – President	6	6	1 October 2007 – 30 June 2018
Adjunct Associate Professor Richard Walsh – Deputy President	6	6	1 July 2012 – 30 June 2018
Clinical Associate Professor Stephen Adelstein	5	5	1 August 2008 – 1 June 2017
Mr David Bell	4	6	12 November 2014 – 30 November 2017
Ms Narelle Bell*	4	4	12 November 2014 – 30 November 2017
Dr Roger Gregory David Boyd	4	5	1 July 2012 – 1 June 2017
Dr Stephen Richard Buckley	5	6	1 July 2015 – 30 June 2018
Professor Anthony Andrew Evers	4	6	1 October 2009 – 30 June 2018
Mr Kyung (Kenneth) Hong	4	6	1 July 2015 – 30 June 2018
Professor Cheryl Anne Jones ^	3	4	1 July 2012 – 31 December 2017
Dr Jennifer Kendrick	5	6	1 July 2015 – 30 June 2018
Associate Professor Ross Kerridge	4	6	1 July 2015 – 30 June 2018
Dr Alix Genevieve Magney	5	6	1 July 2012 – 31 December 2017
Mr Jason Masters	6	6	1 July 2012 – 31 December 2017
Dr Brian Morton	4	6	1 July 2015 – 30 June 2018
Dr Julian Parmegiani	6	6	1 July 2012 – 31 December 2017
Ms Lorraine Poulos	3	6	7 January 2009 – 30 June 2017
Dr John Frank Charles Sammut	4	5	18 June 2014 – 01 June 2017
Ms Frances Taylor	6	6	1 July 2015 – 30 June 2018

* Ms Narelle Bell resigned 28.02.17

^ Professor Cheryl Jones resigned 27.02.17

- 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

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

The Council appointed the following regulatory committees and panels during the year.

Professional Standards Committee

The Council appointed 15 Professional Standards Committees.

Professional Standards Committees (PSC) may investigate matters where unsatisfactory conduct is indicated. The powers of a PSC include:

- Cautioning or reprimanding a practitioner
- Directing that conditions are imposed on a practitioner's registration
- Ordering a practitioner to:
 - undergo medical or psychiatric treatment or counselling
 - complete an educational course
 - report on practice
 - take advice about management of practice

A PSC comprises four members who must not be Council members. Two PSC members must be registered in the same profession as the practitioner who is subject of the complaint, one member must be an Australian lawyer and not a registered health practitioner and one member must not be a health practitioner.

Impaired Registrants Panels

The Council appointed 62 Impaired Registrants Panels. Sixty nine complaints were referred to these panels and 59 matters were concluded during the year.

Impaired Registrants Panels (IRP) deal with matters where a registered medical practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may also be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Performance Review Panels

The Council appointed 22 Performance Review Panels.

Performance Review Panels (PRP) review matters where unsatisfactory professional practice is indicated. The PRP examines evidence to establish whether a practitioner is performing to a standard reasonably expected of practitioner with their level of training and experience.

A PRP consists of three people who may also be Council members. At least two panel members must be registered in the same profession as the practitioner who is subject of the complaint and one member must not be a health practitioner. Panel members are required to undergo probity checks.

Council Committees

Councils may establish committees to assist with Council functions. Committee members 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.
- Corporate Governance Committee – makes recommendations about the rules, practices and processes by which Council business is conducted.
- 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.

Medical Council members generally serve on at least two committees to assist the Council to exercise its functions. In 2016/17 five non-Council Members also sat on the following committees.

Medical Council Committees and Membership

Conduct	Health	Performance	Corporate Governance	Executive	Research
Council Members					
Chair: Richard Walsh	Chair: Anthony Eyers	Chair: John Sammut	Chair: Roger Boyd	Chair: Greg Kesby	Chair: Cheryl Jones
Anthony Eyers	Stephen Adelstein	David Bell	Stephen Adelstein	Roger Boyd	Stephen Adelstein
Kenneth Hong	David Bell	Narelle Bell	David Bell	Anthony Eyers	Anthony Eyers
Cheryl Jones	Narelle Bell	Roger Boyd	Narelle Bell	Cheryl Jones	Greg Kesby
Jennifer Kendrick	Roger Boyd	Stephen Buckley	Kenneth Hong	Jason Masters	Alix Magney
Ross Kerridge	Stephen Buckley	Kenneth Hong	Greg Kesby	John Sammut	Jason Masters
Greg Kesby	Ross Kerridge	Cheryl Jones	Jason Masters	Richard Walsh	
Alix Magney	Greg Kesby	Jennifer Kendrick	Frances Taylor		
Jason Masters	Alix Magney	Greg Kesby	Richard Walsh		
Julian Parmegiani	Brian Morton	Brian Morton			

Medical Council Committees and Membership continued

Conduct	Health	Performance	Corporate Governance	Executive	Research
Lorraine Poulos	Julian Parmegiani	Frances Taylor			
John Sammut	Lorraine Poulos	Richard Walsh			
Frances Taylor					
Non-Council Members					
Martine Walker		Elizabeth Tompsett			Peter Procopis
		Choong-Siew Yong			
		Geoff Brieger			

Meetings and events

Members or key staff represented the Medical Council at the following meetings and events during the year.

Medical Council representation at meetings and events.

Name of Meeting / Event	Attended By	Attendee Role
International Association of Medical Regulatory Authorities Conference 2016	Dr Greg Kesby	Participant
	Dr Roger Boyd	Participant
	Dr Alix Magney	Participant
	Mr Jason Masters	Participant
	Dr John Sammut	Participant
	Ms Frances Taylor	Participant
	Prof Richard Walsh	Participant
	Ms Caroline Lamb (HPCA)	Participant
	Dr Stuart Dorney (HPCA)	Participant
Meetings with National Board	Dr Greg Kesby	Participant
Joint meeting of the Medical Board of Australia, Medical Council of New Zealand, and the Australasian, New Zealand and Australian specialist colleges.	Dr Greg Kesby	Participant

Overseas travel

No overseas travel was undertaken by Council members or staff during the financial year.

Remuneration

Council members received the following remuneration.

President	\$45,464 per annum
Deputy President	\$27,162 per annum
Council Members	\$12,037 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 to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

Education and research account expenditure this year included:

- Siggins Miller: \$45,000 for a health research project.

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	13,660,950
Operating expenditure	11,305,836
Gain / (loss) on disposal	-
Net result	2,355,114
Net cash reserves* (cash and cash equivalents minus current liabilities)	12,125,621

* Included in the cash reserves is an Education and Research bank account balance of \$2,528.

The Medical Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	13,837,056
Operating expenditure	14,684,650
Net result	-847,594

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