



Medical Council
OF NEW SOUTH WALES

Medical Council of NSW

Annual Report 2017-18

President's Message



This year was busy and productive with the Council beginning to leverage the benefits from a restructure completed the previous year.

This resulted in improvements and efficiencies across our program areas as well as building on the foundations for the Council to continue its role as a recognised leader in medical regulation. In particular our growing research and data analytic capability is contributing to soundly based decision making.

These improvements were achieved during a year in which our complaint workload continued to increase. 2,599 complaints were received by the Council concerning 2,088 practitioners (of over 35,000 in NSW), a 13 per cent increase of complaints on 2016/17. Hopefully, our success will be measured by declining numbers of complaints about a smaller number of practitioners.

Many medical practitioners who are referred to us do not require ongoing regulatory intervention. However a trend, evident again this year, is the increasing number of complaints about doctors whose unsatisfactory professional performance is compounded by a variety of contributing factors requiring considerable expertise to ensure our assessment, decision-making, and monitoring activities are both fair and consistent. Many practitioners who are the subject of complaints do not fall into 'conduct', 'performance' or 'health' categories established under the legislation by which the Council is governed. Our challenge is to manage these practitioners effectively so as to ensure the safety of the public and that they continue to serve the medical needs of their communities.

To grow our capacity to manage these challenges we continue to invest in projects to support quality risk assessment and decision-making, a core strategic goal of the Council. This year we undertook a major collaboration with the NSW Nursing and Midwifery Council to develop an online learning program for decision makers due for completion in November 2018.

Evidence suggests that more than 10% of the adult population has a drug or alcohol problem and sadly medical practitioners are no exception. This year the Council successfully implemented a new policy which will result in more consistent and robust monitoring of medical practitioners with conditional registration as a result of a history of substance misuse. The introduction of the new Drug and Alcohol Policy was a significant achievement involving consultation with stakeholders, education of Council decision-makers and engagement with practitioners participating in our health program.

As part of its role in promoting better regulation and public safety, the Council contributed responses to the NSW Parliamentary Committee on the Health Care Complaints Commission Inquiry into the Cosmetic Health Service Industry, to several policy papers issued by the Medical Board of Australia for consultation, and to ongoing dialogue with officials from the Ministry of Health and others on opportunities to further improve the regulation of medical practitioners in NSW.

Part 2: Reports from Health Professional Councils

Our work could not continue without the commitment of our Council members and delegates in the service of the community and the medical profession. On behalf of all of us at the Council and those we serve, I thank Professor Tony Eyers, as the Royal Australasian College of Surgeons nominee on the Council, for his outstanding nine years' service to the Council. I also particularly thank my predecessor, Dr Greg Kesby, whose 10-year term on the Council ended on 30 June 2018, including the last 3 years as President. Dr Kesby's commitment to high professional standards as the bedrock of public safety and his determination to include the voice of the community in Council decision-making were among many hallmarks of his Presidency.

The Council members are only the tip of an iceberg of dedicated contributors to the work of the Medical Council. We could do nothing without our Hearing Members and Assessors, our Council appointed practitioners, our co-regulators, and every one of the HPCA staff supporting our Council, who work tirelessly to ensure the Council's work is undertaken efficiently and with compassion. I thank them all and I look forward to continuing excellence in regulation of our industry.



Associate Professor Richard Walsh

President

Medical Council of New South Wales

Regulation of Medical Practitioners in 2017/18

SNAPSHOT



Practitioner information

35,303

medical practitioners registered in NSW

3% more than last year

30.7% of registered medical practitioners in Australia

2,088

NSW medical practitioners had complaints made about them

9.8% more than last year (n 186 more)

5.9% of registered medical practitioners in NSW



Complaints received

2,599

new complaints were received

13% more than last year (n 299 more)

3.4% of complaints were mandatory notifications (n 88)

49.9% of complaints were about clinical care (n 1,298) followed by:

- communications 10.4% (n 271) and
- pharmaceutical/medication issues 7.6% (n 198)

50.6%

of complaints were from patients (n 1,316) followed by:

- relatives 20.8% (n 541) and
- other practitioners 6.6% (n 171)



Complaints managed

764

complaints were managed directly by the Council

52% more than last year (n 262 more)

326

assessments and hearings were concluded

10.9% less than last year (n 40 less)

134

immediate actions were considered or taken by Council

17.5% more than last year (n 20 more)

47

outcomes for closed complaints involved cancelled, suspended or surrendered registration

65 involved conditions on practice

16 involved counselling or interview



Practitioners monitored

346

cases were being actively monitored at year end

55.5% conduct (n 192)

8.4% performance (n 29)

36.1% health (n 125)

Achievements

Drug and alcohol screening policy implemented

The Council completed a cross-Council initiative to implement a new Drug and Alcohol Screening Policy for impaired practitioners and students who participate in our monitoring programs.

The new policy and procedures will result in more robust monitoring of participants and ensures better protection of the public, as well as ensuring more consistent and cost effective screening processes by the Council and all NSW health professional councils. As a result of the engagement of a single pathology provider, participants in our monitoring program will now have better access to more screening services in NSW.

The initiative was a major achievement for the Council, with a considerable investment by the HPCA staff who support the Council. This involved engaging with multiple stakeholders and developing new processes and resources to ensure a smooth transition to the new policy.

The new policy also aligns the Council with the drug and alcohol screening protocol published by the national regulatory body, the Australian Health Practitioner Regulation Agency (AHPRA), supporting a nationally consistent policy approach.

Response to inquiry into HCCC complaints handling in the cosmetic health service industry

The Council provided a public written submission to the NSW Parliamentary Committee into complaints handling by the HCCC in the Cosmetic Health Service Industry. The regulation of cosmetic surgery has become an increasing area of public concern, following recent cases involving both registered and non-registered health practitioners.

The Council sees it has a role in ensuring NSW registered medical practitioners who provide cosmetic health services are competent, perform to an appropriate standard of competence and comply with the Medical Board of Australia's code of conduct for medical practitioners in Australia.

Council's view is that effective protection for consumers of cosmetic health services requires additional and co-ordinated action by state and federal governments and regulators. The Council supports a range of strategies to improve public safety including public education also encompassing health practitioners; better business regulation; and surveillance of imports and the supply and management of medicines and other agents.

Online learning modules underway for hearing members

In collaboration with the Nursing and Midwifery Council, the Council engaged the Health Education and Training Institute (HETI) to design and develop five e-learning modules for hearing members. The project will provide hearing members with more timely and better access to core learning modules to support their important roles as decision-makers on behalf of the Council.

Modules commissioned include:

- The legal framework
- Acting fairly
- Roles and accountabilities
- Communication techniques
- Decision-making process

The modules are currently being reviewed and will be launched in late 2018 to form part of a broader education and skills development framework that supports Council hearing members.

New initiatives

Improved training for hearing members

A high priority for the Council is training hearing members to ensure they have the knowledge and skills to make appropriate and fair decisions. To achieve this the Council is developing:

- training that identifies competencies for hearing members
- a regular training program for hearing and Council members
- five e-learning modules for Council and hearing members that can be done online at their convenience.

Several focus groups were held with key staff to determine the knowledge and skills required to effectively contribute to proceedings as a hearing member.

A training needs survey will be sent to all hearing members to determine their learning and development needs. The results of the survey will be analysed and used to create customised and consistent learning strategies for hearing members.

Dashboard Project to provide real time information

Council commenced a business intelligence project designed to improve the quality and timeliness of information it receives to better support the decision making process.

The project will provide management with real time intelligent data analytics and allow support staff to monitor processes and track the progress of complaints against benchmarks. Once completed the Dashboard Project will provide Council with reliable single source information and reduce the time and resources needed to manage and interpret performance data.

Research Projects

Public Interest Project

In addition to its primary goal of protecting public health and safety, the Council is required to take account of 'the public interest' when using its immediate action powers.

The Council initiated a project to examine the use of the 'public interest' test in its decision making. The project involves a qualitative analysis of Medical Council and Tribunal decisions over eight years. The results will form part of a guide for Council hearing members to support quality decision-making.

The study will also be published in both the Medical Journal of Australia and the Journal of Law and Medicine so that the research can be shared more widely with academic and medico-legal communities.

Framework developed to support best practice decision-making

Council drafted a framework to support best practice for new members and delegates so that they can arrive at decisions based on a consistent approach to risk assessment and clearly articulated reasoning taking into account relevant issues and information.

The Council will implement the new Decision Making Framework in 2018/19.

Stakeholder Engagement

New Council website

Council redeveloped and successfully launched a new website in September 2017 as part of the larger HPCA's umbrella site.

The new site includes a more user friendly online complaint form, a guided search function to allow visitors to find popular content more quickly and resources for practitioners.

The website included new features such as a good practice section for the NSW medical profession with guidance on prescribing, patient communication and medical record keeping. As part of the development of the new section, HPCA staff negotiated with stakeholders, such as medical indemnity insurers, for permission to publish some of their best practice content to share more widely with the NSW medical profession.

Revamped e-news service for medical practitioners

In early 2018, the Council reviewed and redeveloped its quarterly e-news service to NSW medical practitioners to deliver more concise and valued content. The revamped e-news service places a greater emphasis on the provision of good practice resources to assist doctors to reduce their risk of future complaints. The changes resulted in a five-fold increase in practitioners engaging with Council's e-news content compared to the previous year.

Presentations

During the year the medical team presented to a number of medical student groups about complaints handling in NSW, the importance of good communication skills in preventing complaints and the importance of self-care and care of peers.

The medical team also presented to medical indemnity insurers about the new drug and alcohol screening policy, the masters of forensic mental health program about medical regulation in NSW and at the induction program for new hearing members at HPCA.

Learning and development

In line with the Council's strategic goal of supporting quality decision-making, the Council held two connect + learn events on hot button issues for hearing members. In September 2017 the Council hosted an evening with key note speakers Professor Arthur Glass and Dr Alison Reid on assessing risk and public interest. In April the Council held an evening for Council decision-makers around the theme of doctors with addictions and assessing impairment.

The Council also hosted a special connect + learn evening in November 2017 for Council hearing members and the broader health regulatory sector. The keynote speakers were Her Hon A/ Judge Jennifer Boland from the NSW Civil and Administrative Tribunal and Dr Michael Diamond, Medical and Psychiatric consultant to the Medical Council. Attendees included representatives from the Health Care Complaints Commission (HCCC), other health professional councils, medical insurers and the medico-legal fraternity. The event aimed to improve participant knowledge and understanding of quality decision-making and was attended by over 150 people.

In April 2018, the Council trialed a live webinar event with hearing members and assessors to assist them to understand and apply the new drug and alcohol screening policy following its implementation in June 2018. An edited version of the webinar was also produced and shared with hearing members who could not attend, as well as other health professional councils.

The webinar proved to be highly successful, with 100% of the participants indicating they would participate in a future Council webinar education event. As a result of this trial, the Council will be incorporating webinars in its mix of education and training in 2018/19.

In February 2018, the Council launched a new e-news service for hearing members and performance assessors. The initiative aims to keep Council decision-makers better informed about available resources, upcoming learning events and policies to assist them to make quality decisions and recommendations.

Programs

Reporting this year focuses on the numbers of practitioners being referred to and managed in each of the Medical Council programs, as well as complaint numbers and outcomes. This aligns with the Council's strategic decision to focus on identifying practitioners at potential risk of causing harm to the public and addressing that risk.

Intake and assessment

Complaints about medical practitioners in NSW are received and jointly assessed by the Medical Council and the Health Care Complaints Commission (HCCC). We received complaints about 2,088 practitioners this year. The majority of complaints were discontinued. Fifteen per cent of complaints were referred to the Council for further consideration and management and a small percentage were referred to the HCCC for investigation.

Fitness to Practise

Where public safety may be at risk unless immediate action is taken, the Council can suspend or impose conditions on a medical practitioner's registration via s150 proceedings, pending further action by the HCCC or the Council. In 2017/18, 136 immediate action inquiries were finalised. This represents a 19% increase on the previous year, continuing a trend in the Council's increasingly proactive approach for high risk matters. Of these inquiries, 114 were initial inquiries and 22 were reviews (15 instigated by the practitioner and seven by the Council).

The Council suspended a practitioner immediately in 18% of initial s150 matters and imposed conditions on a practitioner's registration to restrict their practice in 61% of these matters. Four per cent of practitioners surrendered their registration in lieu of attending an inquiry.

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 still safeguarding the public. More information about the Health Program is available at www.mcnsw.org.au. The Health Program Participant's Handbook was updated in May 2018 and is available on the Council website.

During the year, the Council managed notifications about the possible impairment of 75 practitioners. The Council conducted initial Impaired Registrants Panels for 69 practitioners and review interviews for 106 practitioners on the Council's Health program.

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 uses performance interviews, performance assessments and performance review panels to determine whether a practitioner's professional performance is of a standard that could reasonably be expected of a practitioner with 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 via a Performance Review Panel, such as a direction to undertake training courses, but may also require supervision of the practitioner by another practitioner approved by the Council. The Council monitors compliance with these conditions.

During the year, complaints about 160 practitioners were referred to the Performance Program, with many practitioners the subject of more than one complaint. Complaints referred to the Performance Program increased by 35 per cent this year.

Part 2: Reports from Health Professional Councils

The following actions were completed to manage these complaints:

- performance interviews for 59 practitioners
- performance assessments for 14 practitioners and performance re-assessments for 12 practitioners
- Performance Review Panels for 14 practitioners.

Conduct

A complaint involving 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 counselling interviews and disciplinary proceedings were conducted during 2017/18.

Counselling interviews:

- matters about 15 practitioners were closed by year end
- matters about 17 practitioners were open at year end

PSC matters:

- matters about 11 practitioners were closed by year end
- matters about 7 practitioners were open at year end

NCAT complaint matters:

- matters about 24 practitioners were closed by year end
- matters about 21 practitioners were open at year end

Monitoring

Our 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 immediate 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 be supervised, and/or requiring a practitioner to attend for treatment to manage their health so that they may continue to practise. Monitoring conditions can also include regular review by the Council appointed practitioners or participating in alcohol or drug testing.

During the year 86 practitioners exited the Monitoring Program.

At 30 June 2018, the Medical Council was monitoring 346 practitioners, a slight increase of 1.5% on the previous reporting year. Fifty six per cent of these practitioners' conditions resulted from conduct hearings, 36% resulted from health related hearings and the remaining 8% of practitioners had conditions imposed through a Performance Hearing. A practitioner may have more than one condition. Conditions imposed on NSW medical practitioners are included on the publically available National Register of Health Practitioners which is published online by AHPRA.

Case Studies

DR A: MANAGING COMPLEX AND URGENT COMPLAINTS TO PROTECT PUBLIC SAFETY

In 2017 three complaints were referred to the Medical Council by the Health Care Complaints Commission (HCCC) about Dr A, a 50-year-old solo general practitioner. The complaints alleged Dr A had made an incision that was larger and deeper than necessary; that Dr A had not given an option for a specialist referral; had demonstrated poor use of anaesthesia and poor infection control. Dr A was alleged to have also responded inappropriately to obvious infections which had resulted in hospital admissions.

Shortly after referral of the three complaints to the Council, the HCCC received a further complaint from a patient alleging that Dr A was performing procedures beyond the expertise of the practitioner and in unsuitable conditions. The Council requested an urgent referral in order to consider the four complaints together. Due to serious concerns regarding Dr A's performance, the Council convened s150 proceedings to determine if urgent action was required to protect the health and safety of the public. Conditions were consequently imposed on Dr A's registration and the complaints were referred back to the HCCC for investigation.

Three subsequent complaints were received by the HCCC regarding Dr A performing procedures inappropriately on patients involving multiple co-morbidities without referral to a specialist and performing an inappropriate procedure leading to disfigurement. The Council, on the basis of these further similar complaints, convened further immediate action proceedings due to concerns about Dr A's continued risk to the public. Dr A's registration was suspended and the suspension remains in effect until the outcome of the investigation in relation to these complaints.

This case study illustrates how the Council manages complex complaints involving a medical practitioner to ensure the protection of the health and safety of the public.

DR S: SUPPORTING A PRACTITIONER THROUGH MONITORING

The NSW Civil and Administrative Tribunal (NCAT) had imposed conditions on the registration of Dr S as a result of her inappropriate prescribing practices. These conditions restricted her access to schedule 8 and schedule 4 appendix D drugs, obliged her to move into a group practice and required her to be supervised and mentored for some periods.

Several years after participating in the Council's Monitoring Program, Dr S sought to have her conditions lifted. Dr S submitted that she had gained valuable insight into why her previous conduct had come to the attention of NCAT and had benefited from being actively mentored. Dr S was able to demonstrate to the Council that she had made positive changes to her practice, including recognising the benefits of participating in a group practice where she was able to develop her clinical leadership skills.

Her submission to resume full practice was supported by her Council approved mentor, whose reports to Council documented how Dr S had developed and improved to the point where she could resume full practice. Her conditions were lifted.

Council Members

Nineteen members sit on the Medical Council as prescribed by 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
- 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
- Dr Brian Morton AM, MBBS (UNSW), FRACGP, FAMA – Australian Medical Association (NSW) nominee
- Professor Balakrishnan (Kichu) Nair AM MBBS, MD (Newcastle), FRACP, FRCPE, FRCPG, FRCPI, FANZSGM, GradDipEpid - Universities of Sydney, New South Wales and Newcastle 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:

- Professor Cameron Stewart BECLLB (Hons) (Macquarie), GradDipJur (Sydney), GradDipLegalPrac (College of Law), PhD (Sydney), FACLM (Hon)

Part 2: Reports from Health Professional Councils

Community members:

- Mr David Bell MBA (Sydney), BEcon (UQld), BA (UNSW), GAICD, JP (NSW)
- Ms Maria Cosmidis BA, BSW, MM
- 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)
- Mr Jason Masters BEd (Flinders), GAICD, CFIAA, CRMA, CGEIT, CFE, JP
- Ms Frances Taylor BA/BSocWk (Sydney)

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

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

Adjunct Associate Professor Walsh commences as President on Dr Kesby's retirement in July 2018, and Dr John Sammut commences as Deputy President.

Senior Officers

Executive Officer

Ms Caroline Lamb, BA (Queensland), LLB (UNSW), FCIS, GAICD, M Bioethics (Sydney), is the current Executive Officer for the Medical Council and Assistant Director, Medical of the HPCA. Ms Lamb leads a team that works directly with the Medical Council.

Medical Director

Dr Annette Pantle, MBBS, MPH, FRACMA, FAICD, FAAQHC is the current Medical Director, Medical Council of NSW and Health Professional Councils Authority. Dr Pantle commenced in this role on 11 December 2017.

Dr Stuart Dorney, MBBS FRACP was the previous Medical Director, Medical Council of NSW and Health Professional Councils Authority. He retired on 30 September 2017.

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

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	First Date of Appointment	Current Term of Office
Dr Gregory Kesby – President	5	6	1 October 2007	1 July 2015 – 30 June 2018
Adjunct Associate Professor Richard Walsh – Deputy President	6	6	1 July 2012	1 July 2015 – 30 June 2018
Dr Merran Auland	5	6	2 June 2017	2 June 2017 – 30 June 2019
Mr David Bell	2	4	12 November 2014	1 January 2018– 30 June 2020
Dr Roger Boyd	5	5	1 July 2012	2 June 2017 – 30 June 2019
Dr Stephen Buckley	4	6	1 July 2015	1 July 2015 – 30 June 2018
Ms Maria Cosmidis	6	6	1 July 2017	1 July 2017 – 30 June 2020
Professor Anthony Eyers	4	6	1 October 2009	1 July 2015 – 30 June 2018
Mr Kyung (Kenneth) Hong	4	6	1 July 2015	1 July 2015 – 30 June 2018
Dr Jennifer Kendrick	4	6	1 July 2015	1 July 2015 – 30 June 2018
Associate Professor Ross Kerridge	5	6	1 July 2015	1 July 2015 – 30 June 2018
Dr Alix Magney	4	5	1 July 2012	1 January 2018 – 30 June 2020
Mr Jason Masters	4	5	1 July 2012	1 January 2018 – 30 June 2020
Dr Brian Morton AM	5	6	1 July 2015	1 July 2015 – 30 June 2018
Professor Balakrishnan (Kichu) Nair AM	5	6	1 July 2017	1 July 2017 – 30 June 2020
Dr Julian Parmegiani	4	6	1 July 2015	1 January 2018 – 30 June 2020
Dr John Frank Charles Sammut	5	6	1 July 2017	2 June 2017– 30 June 2019
Ms Frances Taylor	4	6	1 July 2015	1 July 2018 – 30 June 2021
Professor Cameron Stewart	5	6	1 July 2017	1 July 2017 – 30 June 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 support the Council in undertaking 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. Committee members are not necessarily Council members.

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 medical practitioner with an equivalent level of experience.
- Corporate Governance Committee – makes recommendations about the rules, practices and processes for the conduct of Council business.
- 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.

Council members generally serve on at least two committees that assist the Council.

Five non-Council Members also sat on the Council’s committees this year.

Table ii: Medical Council Committees and Membership

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

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
International Association of Medical Regulatory Authorities Continued Competency Symposium 2017	Dr Greg Kesby - President
Quarterly meetings of the Medical Council of NSW and Medical Board of Australia	Dr Greg Kesby - President Caroline Lamb – Assistant Director, Medical
AHPRA Stakeholder Forum	Dr Greg Kesby - President
National Board Chairs and NSW Council Presidents joint meeting	Dr Greg Kesby - President
Quality decision-making, risk assessment and the impaired practitioner	Dr Greg Kesby - President
Medical Board of Australia Stakeholder Briefings	Dr Greg Kesby - President Dr Annette Pantle – Medical Director Caroline Lamb – Assistant Director, Medical
Ministry of Health Regulators Forum	Dr Greg Kesby - President Dr Annette Pantle – Medical Director
Medicolegal Society	Dr Greg Kesby - President
National Training Survey Advisory Group	Dr Greg Kesby - President
AVANT Forum on Medical Manslaughter	Dr Greg Kesby - President Caroline Lamb – Assistant Director, Medical
Medical Board of Australia Conference	Dr Greg Kesby - President Dr Annette Pantle – Medical Director Caroline Lamb – Assistant Director, Medical
NSW/Qld RANZCOG Scientific Meeting	Dr Greg Kesby - President
Medico-Legal Society of NSW	Dr Greg Kesby - President
Medical Board of Australia Professional Performance Framework Workshop	Dr Greg Kesby - President Dr Annette Pantle – Medical Director Caroline Lamb – Assistant Director, Medical
Future of Health Professional Regulation in NSW	Dr Greg Kesby - President Dr Annette Pantle – Medical Director

Overseas travel

The President, Dr Greg Kesby, attended the International Association of Medical Regulatory Authorities (IAMRA) Competency Symposium in London, United Kingdom from 1 – 12 October 2017. Dr Kesby attended meetings with other medical regulators and met with experts researching suicide. The cost of the trip was \$12,898.

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

There was no Education and Research Account expenditure this year.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	14,165,845
Operating expenditure	13,595,508
Gain / (loss) on disposal	(8,929)
Net result	561,408
Net cash reserves* (cash and cash equivalents minus current liabilities)	13,105,772

* Included in the cash reserves is an Education and Research bank account balance of \$2,656.

The Medical Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	15,023,289
Operating expenditure	16,285,843
Net result	-1,262,554

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