

ANNUAL REPORT 2014 - 15



Medical Council
OF ★ NEW ★ SOUTH ★ WALES

PRESIDENT'S MESSAGE



The 2014/15 Financial Year was one of innovation and improvement for the Medical Council of NSW.

New projects and the refinement of internal processes have resulted in a measurable improvement in the Council's operations in 2014/15 and have laid the foundations for further enhancements into the future.

In April 2015 the Medical Council established its Research Committee. The purpose of the Committee is to undertake research and to evaluate the effectiveness of the Medical Council's current programs. It will also identify areas for improvement. The first research project commenced in June 2015 to evaluate the effectiveness of the Council's Health Program for impaired doctors and medical students and to recommend improvements. Further information about the research project is available on the Medical Council's website.

An organisational review of the Medical Council commenced in February 2015. The review involved extensive consultation with staff and stakeholders, evaluated the existing structure of the secretariat and provided recommendations on how the changes could be made to improve the quality and effectiveness of our work. The new organisational structure will be implemented incrementally in 2015/16.

A key recommendation arising from the review was the progressive introduction of a modified fitness to practise model. The model seeks to improve public safety by taking a holistic approach to a doctor's practice and to streamline Council processes with the objective of increasing transparency. The proposed changes also give effect to the Council's commitment to ensuring effective and efficient use of the complaints component of registrants' fees. More information about the organisational review is contained in the section titled 'Organisational Review and Restructure' in this Annual Report.

The Council exists to protect the public from unsafe medical practice. Although it relies on 'complaints' from patients and others to identify doctors whose practice may be risky, the Council's purpose is neither to punish doctors nor to provide redress for complainants. Nevertheless the Council recognises that all practitioners, complainants and the general public are essential stakeholders in our work and therefore we must keep the profession, and the community informed about what we do, why and how we do it.

In April 2015 the Council implemented the 2015 Communications and Stakeholder Engagement strategy with the objective of increasing awareness of how the Medical Council can assist members of the community. Likewise, practitioners and students should know what to expect if they are the subject of a complaint or notification. We aim to strengthen relationships with our regulatory partners, the Health Care Complaints Commission, the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA), to assist us in achieving our collective goal of public safety. We also work closely with organisations, such as the medical defence organisations, where our objectives are aligned. More information about the strategy is available in the section titled 'Council Communications' in this annual report.

PRESIDENT'S MESSAGE

continued

The Council recognises that being the subject of a complaint can be one of the most stressful events in a practitioner's life. Ensuring that doctors who are referred to the Council are dealt with effectively in the interests of public safety, but also with empathy where appropriate, is a key priority for the Medical Council. We are pleased that a supportive and non-punitive approach to participants in our Health and Performance Programs has been recognised as effective where remediation is possible.

The Medical Council relies on many doctors and community members who support us in carrying out our functions through their work as panel and hearing members. In June 2015, the Council introduced a Conditions Bank Handbook to assist them in drafting conditions and orders that are workable and can be monitored effectively. The Handbook is published on the Medical Council's website.

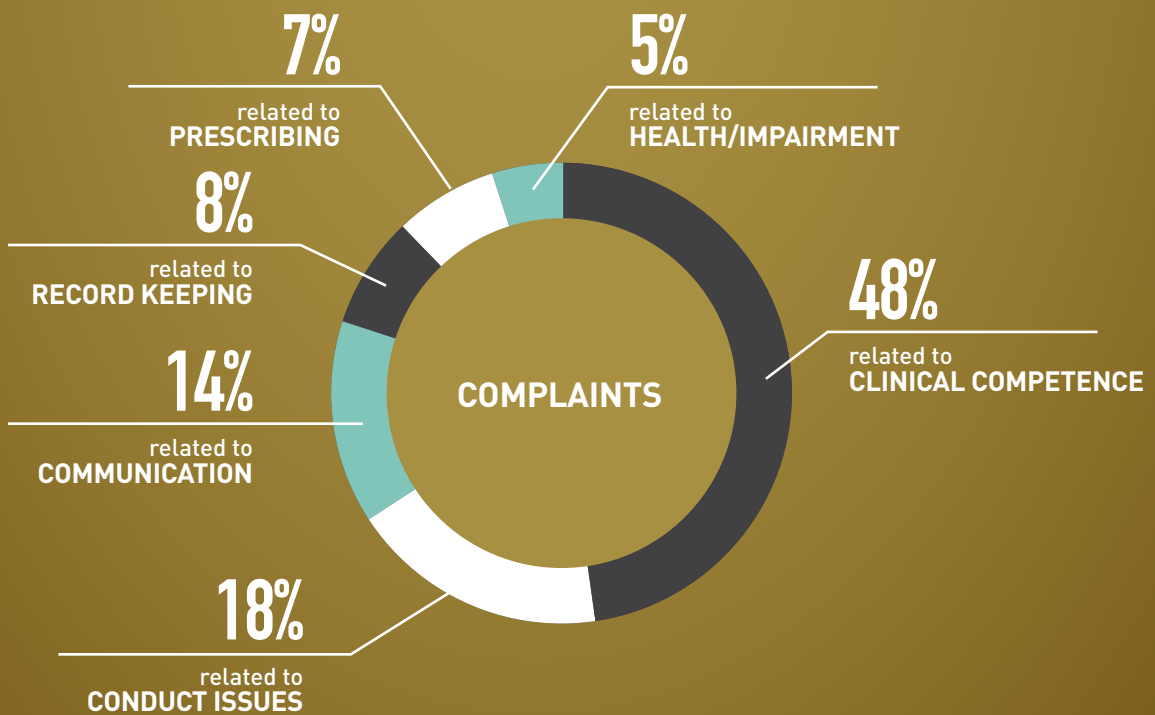
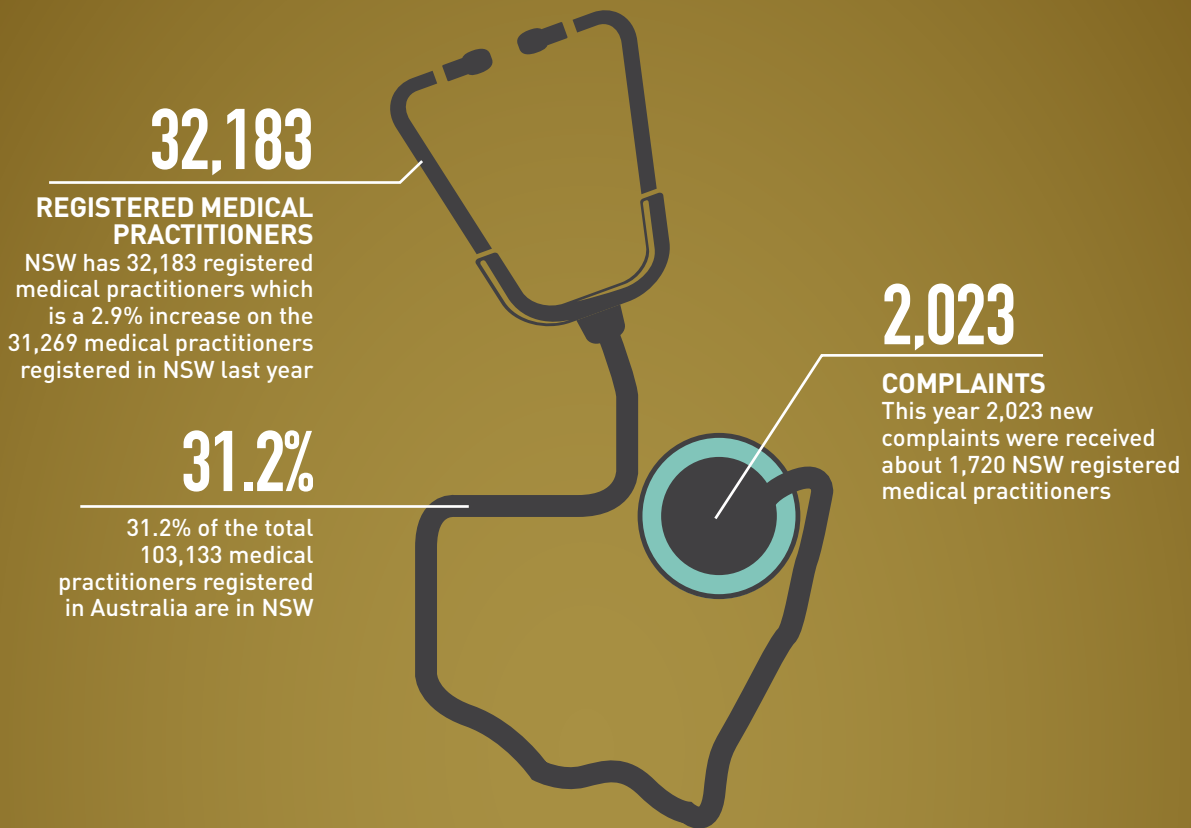
Several long standing members of Council retired on 30 June, including the former President, Prof Peter Procopis, to be replaced by a cohort of new Council members who bring a range of impressive skills and experience.

With the support of the Council, our hearing members and staff, I look forward to building on Prof Procopis' legacy of a Medical Council that is innovative, effective and robust in its regulation of medical practitioners, meeting the high expectations of both the public and the profession.



Dr Greg Kesby
President

REGULATION OF MEDICAL PRACTITIONERS IN 2014/15 YEAR IN SUMMARY



Regulation of Medical Practitioners in NSW in 2014/15

Year in summary

NSW has 32,183 registered medical practitioners which is a 2.9% increase on the 31,269 medical practitioners registered in NSW last year.

Medical practitioners in NSW make up 31.2% of the total 103,133 medical practitioners registered to practise in Australia.

NSW has 5,280 registered medical students representing 28.3% of the total 18,680 medical students in Australia.

Complaints

For the 2,023 new complaints about 1,720 medical practitioners received during the reporting period:

- 48% related to clinical competence
- 18% related to conduct issues
- 14% related to communication
- 8% related to record keeping
- 7% related to prescribing
- 5% related to health/impairment.

1,927 complaints were assessed in 2014/15 which is 16% more than last year.

Mandatory notifications

Health practitioners, including doctors, and other professions are required by law in certain circumstances to make a notification about doctors whose conduct or health may place the public at risk.

This year 53 mandatory notifications were received comprising 2.6% of total complaints received about NSW medical practitioners. This is a decrease from 76 received in 2013/14.

Council Membership

Membership of the Medical Council is prescribed under the *Health Practitioner Regulation National Law (NSW)*.

There are 19 Members of the Medical Council, which includes those nominated by the Specialist Colleges (9), the Minister for Health (6), the Australian Medical Association (2), the Community Relations Commission (1) and the Universities of Sydney, New South Wales and Newcastle, jointly (1).

Members as at 30 June 2015 and their respective nominators are listed below.

Professor Peter George Procopis AM MBBS (Sydney), FRACP, Royal Australasian College of Physicians nominee (current term: 1.7.2012 – 30.6.2015) – President

Dr Gregory John Kesby MBBS Hons (UNSW), BSc Hons (UNSW), PhD (Cambridge), DDU (ASUM), FRANZCOG CMFM, Royal Australian and New Zealand College of Obstetricians and Gynaecologists nominee (current term: 1.7.2012 – 30.6.2015) – Deputy President

Dr Stephen Adelstein, MB BCh (Wits), PhD (Sydney), FRACP, FRCPA, FFSc (RCPA), Ministerial nominee (current term: 18.6.2014 – 1.6.2017)

Mr David Bell, MBA (Sydney), BEcon (UQld), BA (UNSW), GAICD, JP (NSW), Community Member nominated by the Minister (current term: 12.11.2014 – 30.06.2017)

Ms Narelle Bell, BA LLB (Macquarie), Legal Member nominated by the Minister (current term: 12.11.2014 – 30.06.2017)

Dr Roger Gregory David Boyd, MBBS (Sydney), MBA (Geneva), MHP (UNSW), FRACMA, AFCHSM, FHKCCM, Royal Australasian College of Medical Administrators nominee (current term: 18.6.2014 – 1.6.2017)

Mr Michael Christodoulou AM, Community Relations Commission nominee (current term: 1.7.2012 – 30.6.2015)

Professor Anthony Andrew Eyers, MBBS (Sydney), FRACS, FRCS, Master of Bioethics (Monash), Royal Australasian College of Surgeons nominee (current term: 1.7.2012 – 30.6.2015)

Professor Cheryl Anne Jones, MBBS Hons 1 (UTas), FRACP, PhD (Sydney), Universities nominee (current term: 1.7.2012 – 30.6.2015)

Ms Rosemary Eva Kusuma, BSW (Sydney), Ministerial nominee (current term: 1.7.2012 – 30.6.2015)

Dr Alix Genevieve Magney, BA Sociology (Hons), PhD Sociology (UNSW), Ministerial nominee (current term: 1.7.2012 – 30.6.2015)

Mr Jason Masters, BEc. (Flinders), GAICD, CFIAA, CRMA, CGEIT, CFE, JP, Ministerial nominee (current term: 1.7.2012 – 30.6.2015)

Associate Professor Rodney James McMahon, MBBS (Sydney), Flt Lt (ret), DRCOG, DRANZCOG, IDD (Hons) ADD MMED FAIM, FRACGP, Royal Australian College of General Practitioners nominee (current term: 1.7.2012 – 30.6.2015)

Dr Robyn Stretton Napier, MBBS (Sydney), FAMA, MAICD, Australian Medical Association nominee (current term: 1.7.2012 – 30.6.2015)

Dr Julian Parmegiani, MBBS (Hons) (UNSW), FRANZCP, GAICD, Royal Australian & New Zealand College of Psychiatrists nominee (current term: 1.7.2012 – 30.6.2015)

Ms Lorraine Poulos, RN (SVH), Grad Cert HSM (ECU), Ministerial nominee (current term: 1.7.2012 – 30.6.2015)

Dr John Frank Charles Sammut, MBBS (Hons) (Sydney), FACEM, Australasian College for Emergency Medicine nominee (current term: 18.6.2014 – 1.6.2017)

Adjunct Associate Professor Richard George Walsh, MBBS (Sydney), FANZCA, Ministerial nominee and from 1.1.14 Australian and New Zealand College of Anaesthetists nominee (current term: 1.7.2012 – 30.6.2015)

Dr Choong-Siew Yong, MBBS (Sydney), FRANZCP, Australian Medical Association nominee (current term: 1.7.2012 – 30.6.2015)

Attendance at Council Meetings

During 2014/15 six ordinary meetings and one extraordinary meeting was held. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Professor Peter George Procopis AM	5	7
Dr Gregory John Kesby	7	7
Dr Stephen Adelstein	7	7
Mr David Bell	4	5
Ms Narelle Bell	5	5
Dr Roger Gregory David Boyd	7	7
Mr Michael Christodoulou AM	7	7
Professor Anthony Andrew Evers	6	7
Professor Cheryl Anne Jones	3	7
Ms Rosemary Eva Kusuma	6	7
Dr Alix Genevieve Magney	6	7
Mr Jason Masters	6	7
Associate Professor Rodney James McMahon	6	7
Dr Robyn Stretton Napier	6	7
Dr Julian Parmegiani	7	7
Ms Lorraine Poulos	6	7
Dr John Frank Charles Sammut	6	7
Adjunct Associate Professor Richard George Walsh	7	7
Dr Choong-Siew Yong	7	7

Council Committees

Medical Council Members generally serve on at least two Committees, to assist the Medical Council to exercise its functions.

In 2014/15 three non-Council Members also sat on these committees, Dr Martine Walker, Dr Bruce Doust and Dr Elizabeth Tompsett.

Medical Council of NSW Committees 2014/15

Conduct	Health	Performance	Executive	Corporate Governance	Research
G Kesby (Chair)	C-S Yong (Chair)	R McMahon (Chair)	P Procopis (Chair)	R Boyd (Chair)	C Jones (Chair)
S Adelstein	D Bell	N Bell	R Boyd	S Adelstein	A Magney
N Bell	R Boyd	B Doust	G Kesby	D Bell	J Masters
A Eyers	M Christodoulou	A Eyers	R McMahon	M Christodoulou	G Kesby
C Jones	B Doust	C Jones	C-S Yong	R Kusuma	P Procopis
A Magney	R Kusuma	G Kesby		J Masters	
J Masters	R Napier	A Magney		P Procopis	
R McMahon	J Parmegiani	R Napier			
P Procopis	L Poulos	J Parmegiani			
M Walker	P Procopis	L Poulos			
R Walsh		P Procopis			
C-S Yong		J Sammut			
		E Tompsett			
		R Walsh			

Senior Officers

Executive Officer

Ms Caroline Lamb, BA (Queensland), LLB (UNSW), FCIS, GAICD, M Bioethics (Sydney), was appointed Executive Officer of the Medical Council on 22 September 2014.

Ms Miranda St Hill, BA LLB (Monash), was the Acting Executive Officer from 1 July 2014 until Ms Lamb's appointment.

Medical Director

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

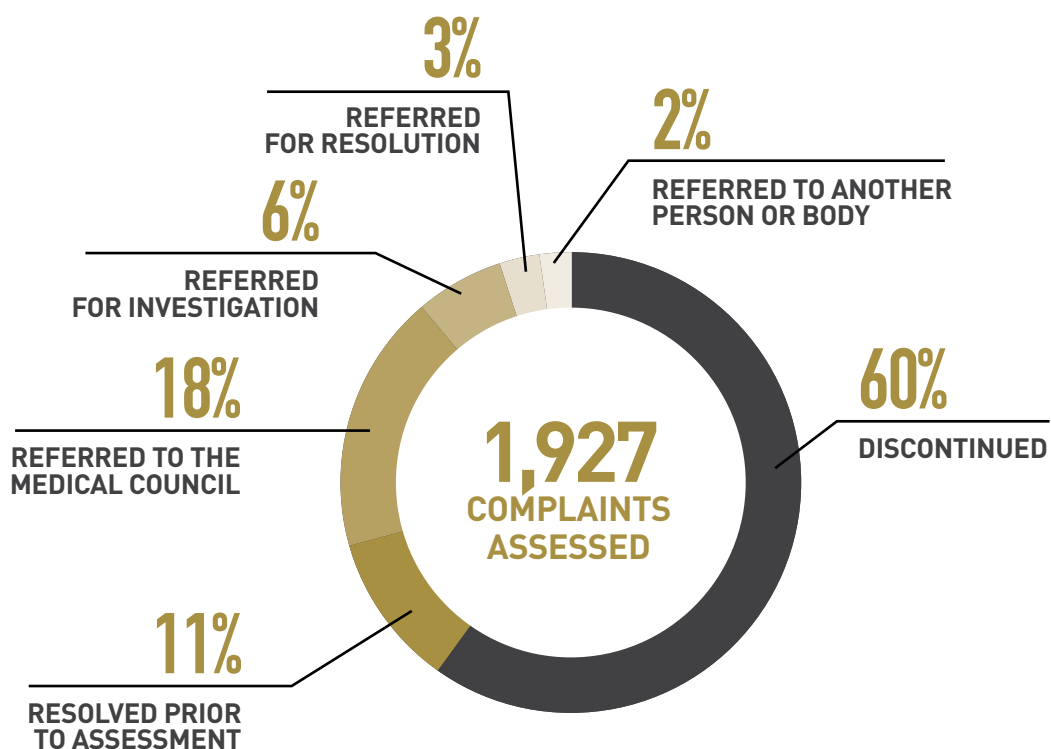
Professional Conduct

In NSW, all complaints concerning medical practitioners and medical students are initially assessed jointly by the Health Care Complaints Commission (HCCC) and the Medical Council to determine the appropriate course of action. The safety of the public is at the forefront of the decision-making.

The Medical Council and the HCCC have a range of avenues available to deal with a complaint including:

- referring a complaint for formal investigation by the HCCC
- referring a complaint to another person or body, such as a Local Health District, for investigation
- referring a matter to the Medical Council to be considered in its Conduct, Performance or Health programs
- referring a complaint for direct resolution between the practitioner and the complainant, either with or without the assistance of an HCCC Complaints Resolution Officer
- determining that no further action be taken.

At assessment a complaint may be discontinued if it falls outside the Medical Council's or the HCCC's jurisdiction, if it does not relate to healthcare, or if it does not raise sufficiently serious issues.



Of the 53 mandatory notifications received, 50 were assessed resulting in:

- 52% referred to the Medical Council
- 16% referred for investigation
- 32% discontinued.

Further information about making a complaint and the complaints handling process is available on the Medical Council's website www.mcnsw.org.au.

Complaints which appear to raise significant issues of public safety are referred for investigation by the HCCC.

53 investigations were finalised by the HCCC in 2014/15 and 20 were referred to the Medical Council. Of these 19 resulted in face to face disciplinary counselling whilst one resulted in counselling by letter.

Urgent Interim Action Proceedings 2014/15

Where public safety may be at risk and urgent action is considered necessary, the Medical Council has power to suspend or impose conditions on a medical practitioner's registration. This is always an interim measure pending further action by the HCCC or the Medical Council.

In 2014/15, 96 urgent action inquiries were finalised representing a 66% increase on the previous year.

Categories of urgent action proceedings finalised in 2014/15

Category	Number of finalised s150 proceedings
Boundary violation	10
Practitioner health	21
Infection control	1
Offence	2
Breach of conditions	6
Prescribing (Pharmacy / Medications)	18
Clinical care other than prescribing	14
Total of new urgent action matters	72
Review of s 150 conditions	24

Outcomes of Section 150 proceedings 2014/15

Outcome	Number of finalised s150 proceedings
Suspension	17
Conditions	45
Practitioner surrender of registration	4
No action	6

Disciplinary proceedings 2014/15

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 on the Medical Council's website www.mcnsw.org.au.

Health

A medical practitioner's health problems may impair his or her capacity to practise medicine safely and effectively. The Medical Council has a long established Health Program to deal with impaired medical practitioners and medical students in a constructive and non-disciplinary manner.

Notwithstanding its supportive agenda, the first priority of the Health Program is protection of the public. At the same time, the program aims to help participants with health problems to remain in active practice or training where it is safe for them to do so.

More information about the Health Program is available on the Medical Council's website:

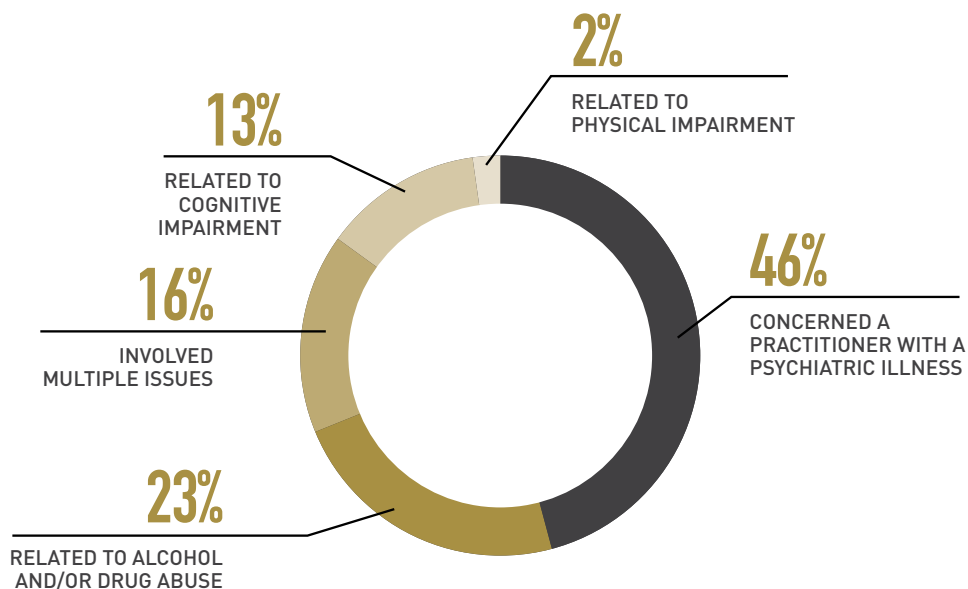
www.mcnsw.org.au.

In June 2015 the Medical Council commenced a research project to evaluate the effectiveness of the Health Program and to make recommendations for improvement.

Health Program 2014/15

As at 30 June 2015, 112 participants were in the Health Program, a 1.8% increase on the previous year.

MATTERS MANAGED BY IMPAIRED REGISTRANT PANELS



The sources of complaints relating to health issues were:

- 20% from the employer (including NSW Health)
- 16% from a treating practitioner
- 13% from AHPRA
- 3% from colleagues
- 13% were self-notified
- 15% from internal Council referrals
- 20% various other sources.

CASE STUDY

Exit from the Health Program

Dr X is a 41-year-old medical practitioner who first came to the attention of the Council in 2011 following a self-notification that he was abusing oxycodone and had been writing prescriptions in his partner's name. He was subsequently investigated by Pharmaceutical Services, following which he relinquished his S8 prescribing rights. In his notification he advised the Council that he had stopped taking oxycodone and was motivated and committed to staying off the medication. Dr X attended for an Impaired Registrants Panel (IRP) in 2012 where he joined the health program and a number of conditions were placed on his registration including that he be monitored with regular urine drug tests, and that he have regular contact with his treating practitioners. Dr X remained on the health program with his conditions monitored and adjusted over the years. He sustained exemplary progress and in 2015 Dr X exited the health program.

Performance

Where a medical practitioner has been subject of a complaint and professional performance is believed to be unsatisfactory, the Council has several options that can be put in place 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 patterns of practice rather than one-off incidents, unless the single incident is indicative of a broader problem.

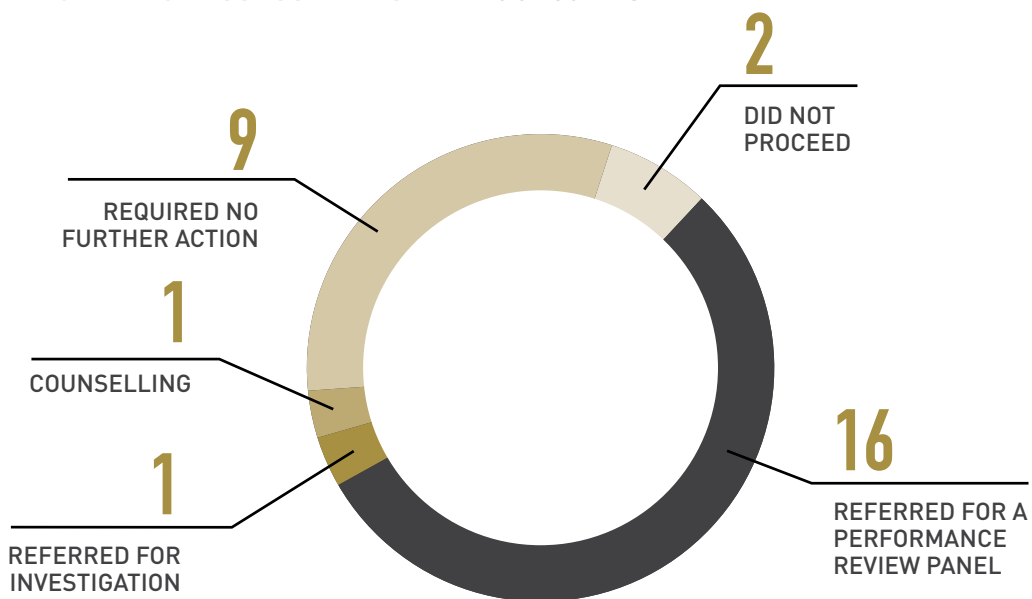
This is achieved by imposing conditions on registration or requirements for supervision which are monitored by the Medical Council.

More information about the Performance Program is available on the Medical Council’s website www.mcnsw.org.au/page/6/doctors-performance-conduct-health/profession-performance/

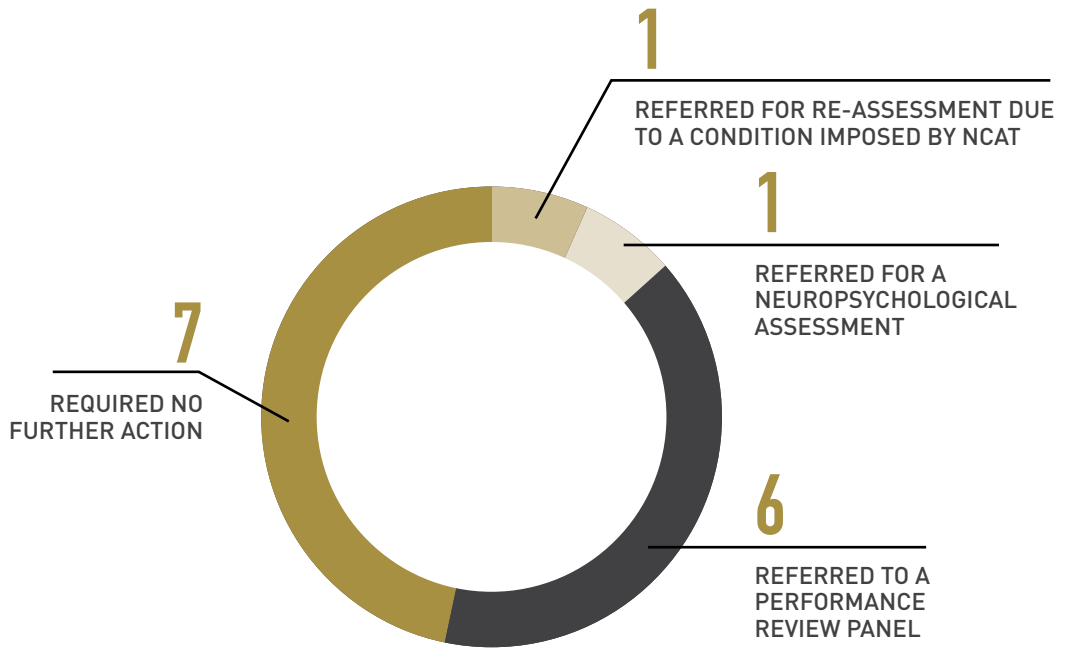
Performance Program 2014/15

During the reporting period 159 complaints were referred to the Performance Program, a 3.6% decrease on 2013/14.

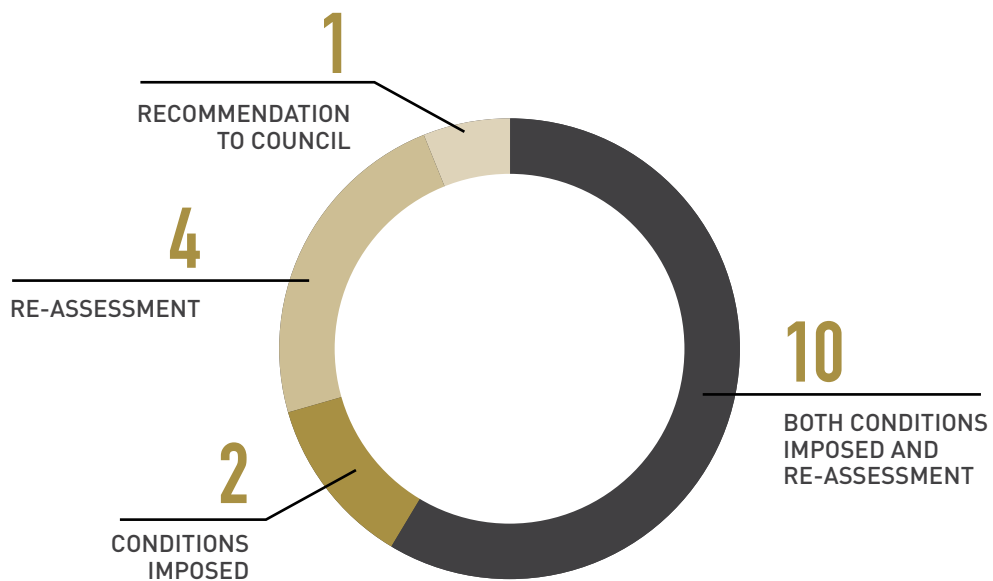
29 PERFORMANCE ASSESSMENTS WITH OUTCOMES



15 PERFORMANCE RE-ASSESSMENTS WITH OUTCOMES



17 PERFORMANCE REVIEW PANELS WITH OUTCOMES



CASE STUDY

Case study – Exit from the Performance Program

Dr Y is a general practitioner/visiting medical officer, working in a rural area of NSW with a medical workforce shortage.

A complaint was made by a relative of a patient who was admitted to the local hospital under Dr Y's care with severe abdominal pain and vomiting. The patient died one week later from an acute myocardial infarction and multi organ failure.

Dr Y was required to attend a Performance Interview at the Medical Council to discuss the complaint. The outcome was a Performance Assessment as it was considered Dr Y's professional performance may be unsatisfactory in the areas of diagnosis, patient management and clinical judgment.

At the Performance Assessment the assessors observed Dr Y with patients at the medical centre where he worked and at the local hospital, interviewed Dr Y's staff and reviewed the medical centre's facilities.

The assessors considered the professional performance of Dr Y to be unsatisfactory in the areas of clinical judgment, patient management skills (treatment/advice) and the content of his medical records. A copy of the assessors report was provided to Dr Y, to assist him in making improvements in those areas identified as unsatisfactory.

At the time of the subsequent Performance Review Panel, Dr Y had already made significant changes as a result of the assessment, including weekly meetings with his supervisor and colleagues to discuss patient care, history taking, management plans and clinical record reviews. Dr Y was also studying for the Fellowship of the Royal Australian College of General Practitioner's (FRACGP) exam, which demonstrated his further commitment to improving his professional development and he had reduced his hours at the local hospital to allow him to make better records and improve his patient care.

Despite these positive steps, the Panel found Dr Y's professional performance remained below an acceptable standard. To enable further improvement to take place, the Panel decided that Dr Y's professional performance should be re-assessed at a future date. Dr Y was encouraged by the Panel to further decrease his workload at the hospital and to arrange formal supervision with the hospital administrators.

When the re-assessment occurred one year later the assessors had no concerns about Dr Y's patient management and clinical judgment and believed the quality of the medical records had noticeably improved and were now satisfactory. In considering the assessors' report the Performance Committee decided that no further action be taken and Dr Y exited the Performance (Assessment) program. In addition, the rural community in which Dr Y worked kept his services while the required improvements were made.

Monitoring

Orders and conditions are imposed on a medical practitioner's registration to protect the public. Typically these take the form of:

- 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 his/her impairment so he/she can continue to practise. This may include regular review by the Council-appointed practitioners or participating in alcohol or drug testing.

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 includes monitoring of conditions imposed as a result of the Council's urgent action.

Monitoring Program 2014/15

A total of 276 practitioners were being monitored by the Medical Council as at 30 June 2015, an increase of 13% compared to the previous year.

During the reporting period 60 practitioners exited the Monitoring Program with the following outcomes:

- 4 had their registration cancelled
- 5 had their registration suspended
- 14 surrendered their registration or failed to renew
- 1 moved to non-practising registration
- 3 changed their principal place of practice to a jurisdiction outside NSW
- 33 had conditions lifted.

Conditions being monitored as at 30 June 2015 provide a snapshot of the most common conditions imposed on medical practitioners:

- 77 subject to supervision conditions
- 36 required to have a mentor
- 10 subject to chaperone conditions
- 29 required to submit to an audit
- 27 subject to urine drug testing
- 17 subject to Ethyl Glucuronide (EtG) Testing
- 8 subject to Carbohydrate-Deficient Transferrin (CDT) testing
- 18 required to complete an education course.

A practitioner may be subject to more than one type of condition.

CASE STUDY

Case study – Exit from the Monitoring Program

Conditions were imposed on Dr Z's registration by a Professional Standards Committee (the Committee) in 2013 which found that Dr Z failed to adequately communicate to a patient the need to conduct an examination. The Committee imposed conditions on Dr Z's registration requiring the practitioner to undertake a clinical communication education course and be mentored by a peer. In addition, Dr Z was regularly observed by an experienced general practitioner to work on Dr Z's communications with patients.

As Dr Z satisfactorily completed the requirements, the Council lifted the conditions and in 2015 the last remaining condition was lifted.

Overseas Meetings and Conferences

The Medical Council was represented at the following overseas meetings and conferences during the reporting period:

Attendees	Date	Conference
Dr Stuart Dorney Dr Greg Kesby	4 – 6 September 2014	Int. Physician Assessment Coalition (IPAC) / Coalition for Physician Enhancement (CPE) 'Remediating Performance – Linking Theory and Evidence with Practice'.
Dr Stuart Dorney Dr Greg Kesby	9 – 12 September 2014	International Association of Medical Regulatory Authorities (IAMRA) 'Medical Regulation – evaluating risk and reducing harm to patients'.

Council Communications

In 2014/15 the Medical Council significantly increased its communication with the public, practitioners, medical students and other key stakeholders. In April 2015 the Council implemented a Communications and Stakeholder Engagement Strategy, to guide communications activities and engagement with stakeholders throughout 2015.

The objectives of the Strategy are to:

- identify stakeholder groups and their information needs
- communicate the role, powers and activities of the Medical Council so:
 - the community can be assured that their safety is the primary focus of medical regulation and that acceptable professional standards are being maintained
 - patients and their families understand how the Medical Council can assist them if they have a complaint and especially how they can make a complaint
 - complainants understand what happens when a complaint is made
 - medical practitioners and students know what to expect if a complaint is made about them and that they will be treated fairly
 - medical practitioners and students can be confident that the professional standards applicable to the practice of medicine are being upheld.

As at 30 June 2015 the strategy has guided the following outcomes:

- Greater engagement with registered medical practitioners as evidenced by the positive feedback received about the Medical Council's e-newsletter
- Increased engagement with medical students through speaking engagements at universities as part of the curriculum
- Engagement with professional Colleges to include guest columns/updates from their respective nominees on the Medical Council in their communications with Members/Fellows
- Increased media coverage of the Medical Council and its role in medical publications, including *Australian Doctor*, the *Medical Observer* and *6 Minutes*
- Improved profile of medical regulation through collaboration on media engagement and communications activities between the Medical Council and the HCCC and AHPRA respectively.

Establishment of Research Committee

On 1 April 2014 the Medical Council resolved to establish a Research Working Party of the Council to identify ways in which the Council could engage in research initiatives to better meet its regulatory and strategic goals. The working party first met on 22 April 2014, and then regularly during 2014. On 7 April 2015 the Council noted the significant and valuable work of the Research Working Party and resolved to establish a Research Committee of the Council in order to formalise this function and to provide a mechanism for achieving outcomes from research projects. The Research Committee had its inaugural meeting on 14 April 2015 and is chaired by Professor Cheryl Jones. Terms of reference were endorsed and the membership of the Committee expanded.

A number of research opportunities have been identified and prioritised. As an initial project, the Council agreed that external researchers be engaged to evaluate the effectiveness of the Council's Health Program. It is expected that the project will be complete in early 2016. In addition to managing the Health Program Research Project, the Research Committee is currently developing plans for future research initiatives.

Organisation Review and Restructure

In February 2015 the Medical Council engaged the Nous Group to undertake a review of its operations with a view to increasing the effectiveness and efficiency of its operations and positioning of the secretariat to respond to developments in the field of medical regulation.

The report and recommendations have been endorsed by the Council and Ministry of Health, and implementation has commenced.

Remuneration

Remuneration for members of the Council is as follows.

President	\$43,464
Deputy President/Chairs of Committees	\$27,162
Council Members	\$12,037

Financial Management

The Medical Council's accounts performance as reported in the Financial Statements is as follows.

Accounts Performance 2014/15	\$
Revenue	12,763,272
Operating expenditure	9,834,719
Gain/(loss) on disposal	106,931
Net result	3,035,484
Net cash reserves (cash and cash equivalents minus current liabilities)	7,214,951

* Included in the net cash reserves is Education and Research bank account balance of: \$500,541

The Medical Council's budget for the period 1 July 2015 to 30 June 2016 is as follows.

Budget 2015/16	\$
Operating expenditure	12,370,399
Revenue	13,333,133
Net result	962,734

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