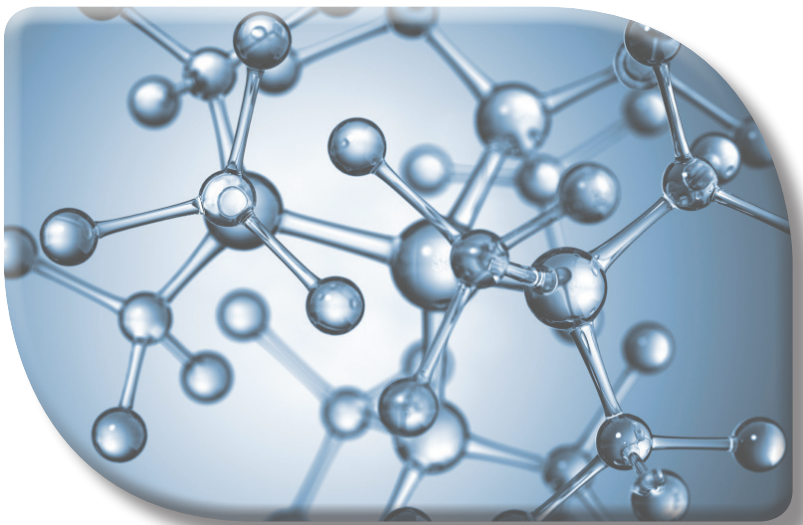




**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

ANNUAL REPORT

1 APRIL 2013 - 31 MARCH 2014



ANNUAL REPORT

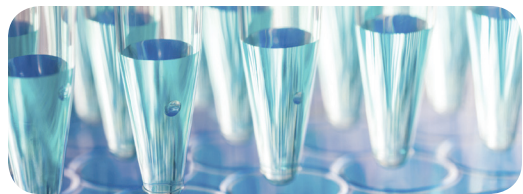
MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

1 APRIL 2013 - 31 MARCH 2014

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Throughout this report:

- MLS: Medical Laboratory Science MLT: Medical Laboratory Technology AT: Anaesthetic Technology
- the Health Practitioners Competence Assurance Act 2003 is referred to as the Act; *and*
- the Medical Sciences Council is referred to as the Council



PURPOSE AND MISSION

The Medical Sciences Council (the Council) is one of sixteen New Zealand health regulatory authorities appointed by the Minister of Health under the Health Practitioners Competence Assurance Act 2003 (the Act).

The Council is unique in that it is the first regulatory authority operating under the Act to accept responsibility for the statutory regulation of clinically disparate health professions:

- Medical Laboratory Science; and
- Anaesthetic Technology

The primary responsibility of the Council is to protect the health and safety of the New Zealand public by ensuring practitioners registered in the professions of medical laboratory science and anaesthetic technology are competent and fit to practise.

VISION

TO PROVIDE MEDICAL LABORATORY
SCIENCE AND ANAESTHETIC TECHNOLOGY
PRACTITIONERS WITH A FRAMEWORK TO
DELIVER BEST PRACTICE HEALTH
CARE SERVICES FOR THE
NEW ZEALAND PUBLIC.

IN ACCORDANCE WITH SECTION 134 OF
THE HEALTH PRACTITIONERS COMPETENCE
ASSURANCE ACT 2003 THE MEDICAL
SCIENCES COUNCIL OF NEW ZEALAND IS
PLEASED TO PRESENT ITS REPORT FOR THE
YEAR ENDING 31 MARCH 2014.

COUNCIL FUNCTIONS



IN ACCORDANCE WITH SECTION 118 OF THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003, THE COUNCIL IS RESPONSIBLE FOR FULFILLING A NUMBER OF FUNCTIONS:

Prescribe the qualifications required for scopes of practice for the health professions it regulates, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes.

Authorise the registration of medical laboratory science and anaesthetic technology practitioners under the Act, and maintain registers.

Consider applications for annual practising certificates.

Review and promote the competence of health practitioners registered with the Council.

Recognise, accredit, and set programmes to ensure the on-going competence of health practitioners registered with the Council.

Receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners registered with the Council.

Notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner registered with the Council may pose a risk of harm to the public.

Consider cases of health practitioners registered with the Council who may be unable to perform the functions required for their relevant scope of practice.

Set the standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners registered with the Council.

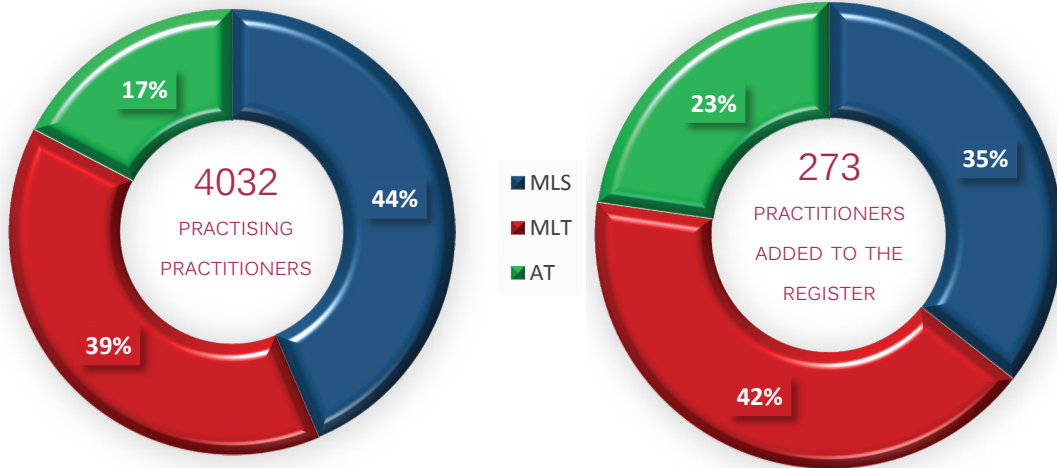
Liaise with other authorities appointed under the Act about matters of common interest.

Promote education and training in the health professions regulated by the Council.

Promote public awareness of the responsibilities of the Council.

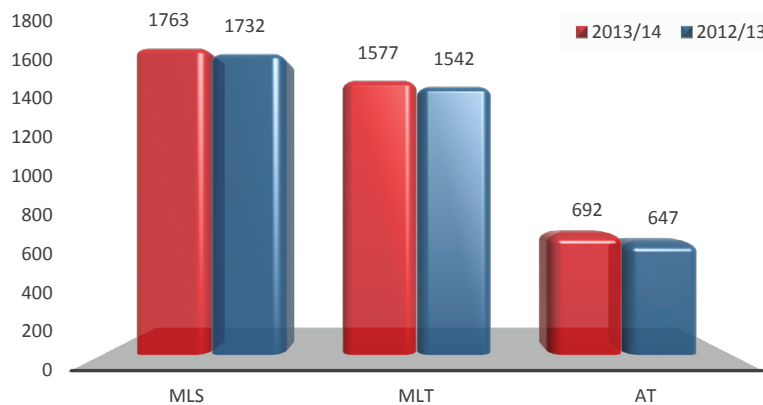
KEY RESULTS

MSC AT A GLANCE (ALL FIGURES AS AT 31 MARCH 2014)



2013 MSC Audit:
140 Medical Laboratory Technicians called for audit
132 Practitioners audited
100% Passed

TOTAL PRACTITIONERS REGISTERED WITH THE COUNCIL





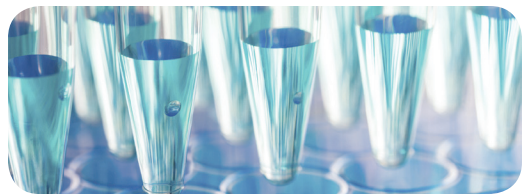
Left to right

Back row:

Front row:

Helen Walker (Chair), Christine Hickton, Kathy Hill, Dr Andrew Warmington, Don Mikkelsen, Laurie Manley,
Kirsten Beynon (Deputy Chair), Prof Brett Delahunt, Sue Carnoutsos, Karen Bennett, Dr David Stephens,

CORPORATE GOVERNANCE AND LINKING WITH STAKEHOLDERS



REPORT FROM THE CHAIR



The Health Practitioners Competence Assurance Act is our reason for being and with it the responsibility of public safety.

The Medical Sciences Council of New Zealand (the Council) works with the professions of medical laboratory science and anaesthetic technology, assisted by the Medical Science Secretariat, to achieve this end. Combining the regulation of these professions under one Council has brought about not only financial efficiencies, but also procedural efficiencies since inception. Registration, annual practising certification, continuing professional development and professional standards are all audited to ensure that the public are treated in a safe manner.

The Council is collaborating with the Health Regulatory Authorities of New Zealand (HRANZ) and Health Workforce New Zealand (HWNZ) to try and achieve efficiencies on a greater scale for all regulatory authorities. This is still work in progress but on a smaller scale we are successfully working with the ASB House shared facility alongside seven other RAs and closer working relationships are being developed.

The medical laboratory science profession is going through a scope of practice review for which consultation is under way and industry focus groups have met to discuss this framework. The next step in the consultation process is due to be released later in 2014.

We have also had regular meetings with the New Zealand Institute of Medical Laboratory Science (NZIMLS). These have proved to be a very constructive forum for industry discussion to enable a positive working relationship between the Council and the medical science profession.

The New Zealand Anaesthetic Technicians Society have also met regularly with the Council's Anaesthetic Technicians Advisory Committee as registration and annual practising certification processes have been set up. It is planned for these meetings to become more governance-orientated in the next year.

A constructive discussion platform is in place between education facilities and the Council which is essential as we fulfil our obligations under the HPCA Act and ensure that standards of training are maintained to preserve the safety of the public.

The Council can only run efficiently with good leadership. CEO Mary Doyle and her team must be congratulated on their commitment as they manage three diverse professions effectively and efficiently.

The complement of the Council has changed as two members came to the end of their terms and were not replaced. This leaves the Council with a membership of nine.

Mrs Sue Carnoutsos (Chair) and Professor Brett Delahunt (Deputy Chair) have given many years of service to the Council and were instrumental in consolidating and improving the processes and procedures of the Council. Grateful thanks to them both and we wish them well in their future endeavours.

To the remaining Council members thank you for your support and hard work. Juggling the demands of Council, committees and full time jobs is a huge time commitment and your input and expertise is appreciated.

Helen Walker

Chair

Medical Sciences Council

REPORT FROM THE CEO/REGISTRAR



During 2013-2014 the Medical Sciences Secretariat (MSS) staff team, in addition to managing its business-as-usual responsibilities, worked on both developing and “bedding down” a number of change management

projects.

Within the business-as-usual arena, the registrations team managed 659 new registration applications and the issue of 6908 practising certificates. Managing this volume of applications through a designated staff team of 2-FTE's has been made possible through the on-line application processes MSS established on behalf of its two owner-regulatory authorities – the Medical Radiation Technologists Board (MRTB) and the Medical Sciences Council (MSC).

MSS staff assisted the MRTB and the MSC with a review of both the currency and accuracy of their respective registers. Under section 144 of the Health Practitioners Competence Assurance Act 2003, a total of 1580 letters were sent to registrants who had not held a practising certificate for the previous 5-years. Further letters were sent 6-months later to those registrants from whom an initial response had not been received and subsequent to that a total of 1358 practitioners were approved by the respective RA to have their names removed from the relevant registers (594 – MRTB; 764 – MSC). A designated staff member also checked a total of 6908 register entries (both RA's) in respect of the accuracy of the qualifications and issuing educational institution logged against registrant. This exercise was particularly time-intensive as it had to be done on a manual basis. However recent enhancements to the functionality of the IT systems for both RA's will enable this task to be managed more efficiently in the future.

Over the last few years there has been a steady increase in the number of notifications received and in 2013-2014 the Professional

Standards Coordinator, in consultation with the MRTB and the MSC, managed a total of 19 new notifications related to competence, conduct and health concerns in respect of individual practitioners.

MSS also assists both the MRTB and the MSC with their accreditation and monitoring frameworks for New Zealand education providers of qualification programmes each RA has prescribed for the purpose of registration in the respective scopes of practice defined within each of the professions. In 2013-2014 MSS staff assisted accreditation teams with reviews of the following qualification programmes:

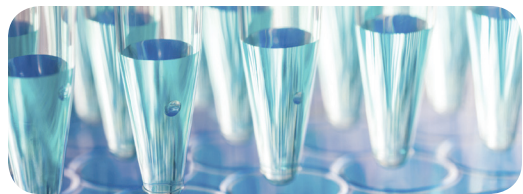
The Bachelor of Applied Science (Medical Imaging Technology) at the Universal College of Learning (UCOL)

The Diploma in Applied Sciences (Anaesthetic Technology) and the Graduate Certificate in Applied Sciences (Anaesthetic Technology) at the Auckland University of Technology (AUT)

The Postgraduate Diploma in Health Sciences in Magnetic Resonance Imaging and the Postgraduate Diploma in Health Sciences in Ultrasound at the University of Auckland

Our first 12-months of co-location with six of our colleague RA's was achieved in February 2014 and a number of operational synergies have already been gained. Noticeable financial savings have been achieved through the sharing and/or improvement of accommodation-related services and facilities (including lease, power, telephone, cleaning, maintenance and repairs). Another ASB-House collaboration initiative has seen six-RA's join together to investigate the cost-benefits of migrating to the Medical Council's IT system. A business case is scheduled for completion and presentation to the respective RA's later in 2014.

Prior to the advent of the latter IT initiative MSS assisted the MRTB and the MSC to complete a number of improved functionalities in respect of their joint-IT system.



These resulted in the 2014-2015 practising certificate renewals process requiring significantly less manual interventions from the MSS staff team due to a marked reduction in the number of practitioner enquiries. These gains have allowed staff responsibilities to be re-directed to other areas such as improved monitoring, review and reporting processes in terms of registration and recertification activities.

By late 2013 the MSS staff team had supported both the MRTB and the MSC to move from a paper-based process to electronically managing their meeting documents. A benefit of this initiative has been the opportunity to re-direct some of the MSS staffing resources to a collaborative arrangement with other RA's.

In March 2014 MSS began a trial arrangement with the Occupational Therapy and Podiatrist Boards in respect of providing a MSS-employed staff member to provide the latter two Boards with general office administration services. The trial is due for a review late-April/early-May 2014 and if successful, it is anticipated MSS will set up a MOU arrangement with these RA's to continue to provide this administrative support service.

MSS staff have assisted both RA's with further strengthening of their Trans-Tasman relationships with relevant Australian bodies. For example, in my role as Registrar of the MRTB I am now engaged in ongoing dialogue with my counterpart of the Medical Radiation Practice Board of Australia. A significant outcome of these Trans-Tasman discussions is an inaugural joint meeting of both the New Zealand and Australian Boards which is scheduled for May 2014. In addition the MRTB has, in response to an invitation from the Australian Board, nominated two representatives (myself and a Board member) to join a National Examination Committee in the role of observers.

That committee is charged with the development of a national exam framework to be used for registration purposes. In addition I have continued discussions with the Australian Institute of Medical Scientists on behalf of the MSC, and especially in respect of accreditation processes for New Zealand providers of the Bachelor of Medical Laboratory Science qualification programmes.

In 2013 MSS staff drafted a number of informational booklets for new registrants and it is expected these will be finalised and published in 2014. A number of other publications aimed at informing the professions and employers are also planned.

To ensure the ongoing capacity and capability of MSS in meeting its responsibilities to provide the MRTB and the MSC with business support services across both regulatory and corporate functions, I have worked with the MSS Directors to monitor and review the organisation's most critical resource – the staff team. In response to a business case, at the end of 2013 the MSS Directors gained endorsements from their respective Board/Council for an additional staffing resource. Appointment of a Deputy Registrar was agreed in March 2014 and the new incumbent is due to commence employment with MSS in April.

As another business year has come to a close I would like to take this opportunity to thank both the MSS staff team and the Board of Directors for their continued commitment to working together to achieve the many business priorities we successfully completed during 2013-2014.

Mary Doyle
CEO/Registrar

COUNCIL MEMBERS



HELEN WALKER

Helen Walker was appointed as a lay member of the Council in June 2010, and appointed as Chair in 2013. Helen has held governance positions for a range of community-based organisations including musical director of operas and musical theatre productions. Helen is a trustee for the New Zealand Singing School, Chairman of the Central Region Ethics Committee, a Kaitiaki/Guardian of the Turnbull Library, Chair of Health Hawkes Bay's audit committee, and with her husband runs a successful farming operation in the Hawkes Bay. She has a BSc (Massey) majoring in physiology and is a member of the Institute of Directors New Zealand. In 2013-2014 Helen convened the Council's Finance Audit and Risk Committee, and served on the Professional Standards Committee. She also served on the Medical Sciences Secretariat Board of Directors.



KIRSTEN BEYNON

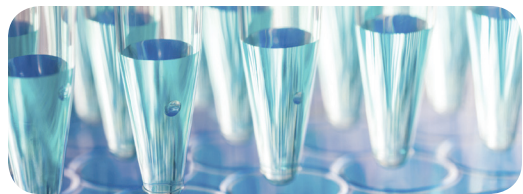
Kirsten was appointed to the Council in May 2012. In February 2013 Kirsten was appointed as the Deputy Chair of the Medical Sciences Council and a Council representative on the Medical Sciences Secretariat Board of Directors. She also served on the Council's Registrations and Recertification Committee, and the Finance Audit and Risk Committee. A registered medical laboratory scientist, Kirsten has 17 years' experience in the profession having progressed professionally through a tertiary level hospital laboratory and is currently the Operations Manager of Canterbury Health Laboratories, Canterbury District Health Board. Kirsten's professional background is in virology and molecular microbiology. She has a MSc in Medical Laboratory Science, and has published a number of scientific papers. Kirsten is a member of a number of professional associations.



KAREN BENNETT

Karen Bennett was appointed to the Council in March 2012. After 11 years of nursing, Karen completed her training as an anaesthetic technician in 1992 and has been the Charge Anaesthetic Technician at Palmerston North Hospital since 1999. Karen joined the executive team of the New Zealand Anaesthetic Technicians Society in 2004 when she assumed the chairmanship. Karen was a member of the NZATS team who successfully campaigned for several years to have the profession of anaesthetic technology included under the Health Practitioners Competence Assurance Act 2003. In 2013-2014 Karen chaired the Council's Anaesthetic Technicians Advisory Committee.





COUNCIL MEMBERS



CHRISTINE HICKTON

Christine Hickton was appointed to the Council in June 2010. Christine is a registered and practising medical laboratory scientist with over forty years professional experience, extending from working in one of the smallest laboratories in New Zealand as the sole scientist, to one of the largest laboratories in a specialist area. She is currently the Quality Manager for Point of Care Testing and the Assistant Laboratory Manager at Hawkes Bay Hospital. Christine has published a number of scientific papers and spoken at scientific meetings both nationally and internationally. In 2013-2014 Christine was a member of the Council's Registrations and Recertification Committee.



KATHY HILL

Kathy Hill was appointed to the Council in June 2010 as a lay member. Kathy has extensive community links through various volunteer activities as well as being self-employed in past years. She is also a member of the Napier Art Deco Trust Board. In 2013-2014 Kathy was a member of the Council's Anaesthetic Technicians Advisory Committee.



LAURIE MANLEY

Laurie Manley was appointed to the Council in 2006. A registered and practising medical laboratory technician, Laurie has over thirty years' experience as a research and clinical medical laboratory technician. Laurie works in the endocrinology laboratory at Christchurch Hospital. Laurie has been a member of the Council's Registrations and Recertification Committee since her appointment.

COUNCIL MEMBERS



DON MIKKELSEN

Don Mikkelsen was appointed to the Council in June 2010. Don trained as a medical laboratory scientist and progressed professionally within hospital-based diagnostic laboratories while also accepting roles with larger amounts of management responsibilities. Don was manager of LabPLUS at Auckland Hospital and also served for 6 years as National Operations Manager for the New Zealand Blood Service. Don spent a year as General Manager Labtests Auckland and is currently Transition Manager of Clinical Engineering at ADHB. In 2013-2014, Don convened the Council's Registrations and Recertification Committee and is currently leading the Council's scope of practice review.



DR DAVID STEPHENS

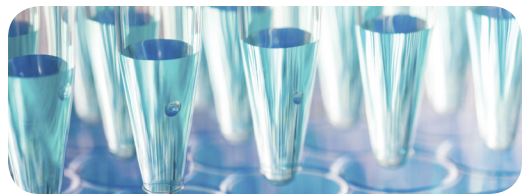
David Stephens was appointed as a lay member of the Council in June 2010. David has a background in law and biological science, with over 20 years corporate and taxation experience in private legal practice. David has a PhD (Canterbury), MSc (Hons 1) (Waikato) and LLB (Hons)(Auckland). He is currently working part time as a private consultant in business management and environmental management. David has an interest in critically reflective governance and sits on a number of national and local boards and committees. He is a member of a number of professional bodies including associate membership of the New Zealand Law Society. In 2013-2014 David served on the Council's Professional Standards Committee.



DR ANDREW WARMINGTON

Dr Andrew Warmington is an anaesthetist in both public and private practice in Auckland. He gained his fellowship in 1992 and was appointed to the staff at Greenlane and National Women's anaesthesia departments in the same year and continues his involvement at Greenlane's surgical centre and National Women's. Andrew has had professional involvement with anaesthetic technicians since 1993 when he was the anaesthetic technician liaison officer for Greenlane Hospital. Andrew started as an examiner for anaesthetic technicians in 1996 and was Chief Examiner from 2002 to 2006, and was involved in a major revamp of the examination. Andrew has represented the New Zealand Society of Anaesthetists (NZSA) on the New Zealand Anaesthetic Technicians Society executive committee since 2003, and is a former president of the NZSA (2007 to 2009). Andrew was appointed to the Council in 2012 and during 2013-2014 was a member of the Council's Anaesthetic Technicians Advisory Committee, and the Professional Standards Committee.





RETIRING COUNCIL MEMBERS



SUE CANOUTSOS

Sue Carnoutsos was first appointed to the Council in 2003. A registered and practising medical laboratory scientist, Sue is the Microbiology Cluster Manager for Canterbury Health Laboratories in Christchurch. In addition to her membership with a number of professional associations, Sue has published a number of papers and is a well-known speaker at various medical laboratory science conferences and seminars.

Sue completed her term on the Council in May 2013. No replacement was appointed.



PROFESSOR BRETT DELAHUNT

Professor Brett Delahunt has been a member of the Council both prior to and since the implementation of the Act in 2003. He is Professor of the Department of Pathology and Molecular Medicine at the Wellington School of Medicine and Health Science (University of Otago) and Adjunct Professor of Biological Sciences at Victoria University (Wellington). Brett is a past president of the New Zealand Society of Pathologists and has also served as President of the International Society of Urological Pathology and the Australasian Division of the International Academy of Pathology. Brett is currently a member of the WHO Tumour Classification Panel, editor of the International Journal of Pathology, and Chair of the Scientific Advisory Committee of the Cancer Society of New Zealand. In 2004 Brett was admitted to the Order of Merit and in 2009 was awarded the Gold Medal of the Royal College of Pathologists of Australasia for lifetime achievement in pathology.

Brett completed his term on the Council in May 2013. No replacement was appointed.

COUNCIL MEMBERSHIP, MEETINGS AND FEES



COUNCIL FEES

POSITION	FEE
Chairperson	\$25,000 annual honorarium
Council Member	\$600 day / \$75 hour

COUNCIL MEETINGS

COUNCIL MEMBERS	29 TH -30 TH MAY 2013	15 TH AUG 2013	4 TH -5 TH DEC 2013	26 TH -27 TH FEB 2014
Helen Walker	✓	✓	✓	✓
Kirsten Beynon	✓	✓	✓	✓
Karen Bennett	✓	✓	✓	✓
Sue Carnoutsos	✓	<i>TERM ON THE COUNCIL COMPLETED</i>		
Brett Delahunt	✓	<i>TERM ON THE COUNCIL COMPLETED</i>		
Christine Hickton	✓	✓	✓	✓
Kathy Hill	✓	✓	✓	x
Laurie Manley	✓	✓	✓	✓
Don Mikkelsen	✓	✓	✓	✓
Dr David Stephens	✓	✓	✓	✓
Dr Andrew Warmington	✓	✓	✓	✓



COUNCIL COMMITTEES

The Council has a number of standing committees who have delegated authority to oversee many of the on-going functions of the Council as well as monitoring specific business improvement initiatives as set out in the Council's Strategic Directions 2013 - 2016 document.

COMMITTEE	MEMBERSHIP	FUNCTION
<i>REGISTRATIONS AND RECERTIFICATION</i>	<p>CONVENER Don Mikkelsen</p> <p>MEMBERS Laurie Manley Kirsten Beynon Christine Hickton</p>	<ul style="list-style-type: none"> • Consider all registration applications • Monitor reviews of the scopes of practice • Evaluate overseas qualifications • Develop and review relevant policies
<i>PROFESSIONAL STANDARDS</i>	<p>CONVENER Dr David Stephens</p> <p>MEMBERS Dr Andrew Warmington Helen Walker</p>	<ul style="list-style-type: none"> • Monitor notifications and actions in regard to competence, health, and conduct • Develop and review relevant policies
<i>FINANCE, AUDIT AND RISK</i>	<p>CONVENER Helen Walker</p> <p>MEMBERS Kirsten Beynon Mary Doyle</p>	<ul style="list-style-type: none"> • Review and monitor the Council's financial performance to ensure alignment with strategic priorities. • Liaise with the CEO on administration and financial issues • Develop and review relevant policies
<i>ANAESTHETIC TECHNICIANS ADVISORY COMMITTEE</i>	<p>CHAIR Karen Bennett</p> <p>MEMBERS Dr Andrew Warmington Kathy Hill Michele Peck Dr Malcolm Stuart</p>	<ul style="list-style-type: none"> • Consider all registration applications • Evaluate overseas qualifications • Advise the Council on matters pertaining to anaesthetic technology • Develop and review relevant policies

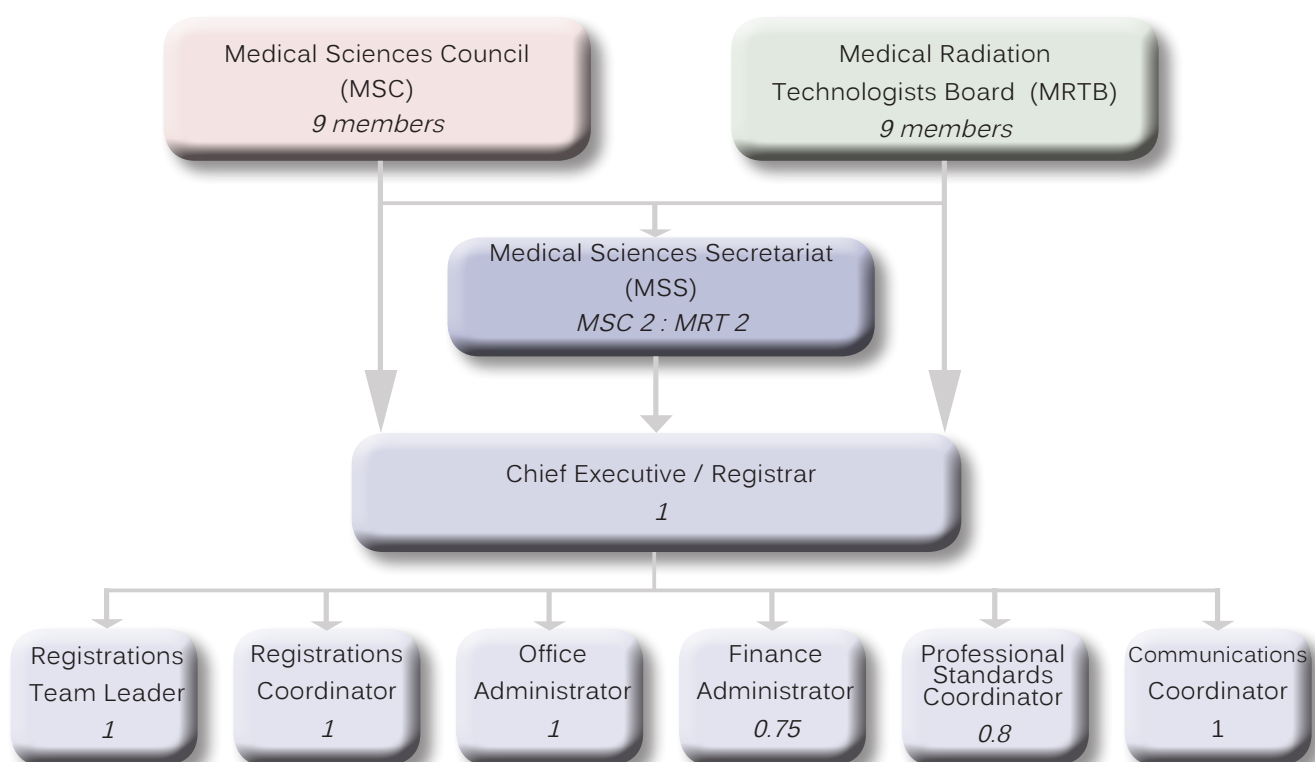
ORGANISATION FRAMEWORK

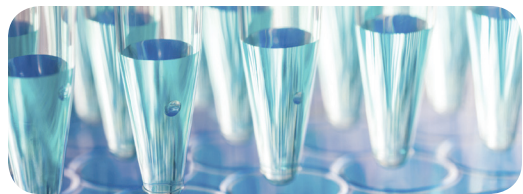


Council members are appointed by the Minister of Health for up to a three-year term. Members have the ability to apply for re-appointment to serve a maximum of three consecutive three-year terms (nine-years) with the Council. Within the framework of the Act the first term of office for all Medical Sciences Council members began in September 2003.

The Council works very closely with another health regulatory authority, the Medical Radiation Technologists Board (MRTB), with whom they set up a jointly-owned company, Medical Sciences Secretariat (MSS).

MSS provides both regulatory authorities with business support services across all corporate and regulatory functions. This partnership arrangement has allowed the Board and the Council to contain costs and achieve operational synergies including consistency in the formulation and delivery of health regulation policy.





MANAGING BUSINESS PRIORITIES

The Medical Sciences Council *Strategic Directions 2013-2016* document sets out the strategic goals and activities to be undertaken by the Council over that three-year period. This planning document articulates key strategies and activities the Council will undertake to fulfill its responsibilities under the Health Practitioners Competence Assurance Act (2003) in respect of the professions of medical laboratory science and anaesthetic technology. It is also used as a cornerstone for the building of future strategic plan documents.

A copy of the Council's most current *Strategic Directions* document can be downloaded from its website at www.msccouncil.org.nz

ACCREDITATION STANDARDS

The Council commenced a review of its standards for the accreditation and monitoring of the qualifications provided by New Zealand educational institutions and that the Council has prescribed for the purpose of registration under the Act.

The Council acknowledges that accreditation of qualification programmes pertaining to health professions is not unique to the practices of medical laboratory science or anaesthetic technology. All sixteen health regulatory authorities (RA's) in New Zealand have adopted models of accreditation in alignment with registration of health practitioners under the Act. Additionally many of these accreditation frameworks have been developed in collaboration with relevant Australian accreditation bodies and joint Trans-Tasman standards and procedures have been adopted for a number of health profession-related education programmes.

Subsequently the Council drew on both its previous accreditation framework as well as the accreditation standards and processes of other health regulatory authorities. The Council is confident that this approach will attain a degree of consistency in the accreditation standards and processes required of New Zealand providers of health professions-related education programmes.

The Council's initial revision of its accreditation standards was developed as a joint initiative with the Australian Institute of Medical Scientists (AIMS), who also undertake accreditation reviews of the Bachelor of Medical Laboratory Science degree offered by a number of New Zealand universities. However AIMS have since advised they wish to retain their own set of accreditation standards and separate reporting framework. Consequently the Council has proceeded with revising its accreditation and monitoring framework from a single-organisation perspective.

A consultation process with various New Zealand educational institutions was in progress at the end of March 2014. The Council is working towards having a finalised set of accreditation and monitoring standards for each of its defined scopes of practice within the professions of medical laboratory science and anaesthetic technology later in 2014.

IT DEVELOPMENT

In 2013 the Council undertook a joint IT quality improvement project with its colleague regulatory authority, the Medical Radiation Technologists Board. This project focused on making a number of improvements to the on-line application processes for practising certificates. As a consequence of these improvements the renewal of practising certificates for the 2014-2015 practice year was relatively trouble-free. A significant reduction in the number of practitioner queries (in comparison to previous years) saw a correlated reduction in the amount of staff time required for the management of queries. This allowed the CEO/Registrar to re-direct staff time to other registration and recertification-related activities.



SHARED SERVICES ORGANISATION

In its 2013 annual report the Council reported on the work it had been doing with the other fifteen RA's to develop an agreed shared secretariat structure. That initiative resulted in a non-consensus amongst all of the sixteen RA's to progress with a proposed shared services model.

In response to a subsequent request from the Director General of Health, the Council has been working with other RA's to investigate options for sharing of some back-of-office functions. We are currently engaged in a joint initiative with five other RA's looking at the cost-benefits of migrating to a shared IT system with the Medical Council. A business case is expected to be finalised later in 2014.

The decision to co-locate Medical Sciences Secretariat (the not-for-profit company the Council jointly owns with the Medical Radiation Technologists Board) in 2013 has achieved some noticeable synergies within the first twelve-months of eight RA's sharing office facilities and associated accommodation-related services. Not only has the Council gained some noticeable savings in its accommodation-related expenditure, there has also been a noticeable increase in the sharing of regulatory information across all of the RA's who are now co-located within the same office premises.

MANAGEMENT OF COUNCIL MEETING DOCUMENTS

In December 2013 the Council changed from receiving all of its meeting documentation in paper format to electronically generated meeting documents. This quality improvement was enabled through the purchase of laptops for all Council members. Significant benefits are being realised as a consequence of this investment. For example, staff time in the distribution of meeting papers has reduced significantly and this has allowed the CEO to redirect staffing resources elsewhere (including sharing office administration services with some other RA's). The release of meeting documents can also be managed on a sequential basis thereby allowing members more time to consider meeting reports and thus be better prepared for meeting deliberations.

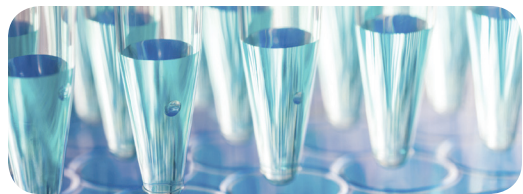
SCOPES OF PRACTICE REVIEW – MEDICAL LABORATORY SCIENCE PROFESSION

In 2013 the Council published a consultation document outlining its proposal to introduce two distinct pathways for registration in the medical laboratory science profession – provisional registration and general registration. The consultation document also asked for feedback on options for a reconfiguration of the current scopes of practice, including the notion of a separate scope of practice for Phlebotomists.

While there was a relatively good response to the Council's consultation document, analysis of those responses identified a number of issues including:

- A general lack of understanding of the concepts of provisional and general registration.
- There was strong support for recognition of the specific roles within the medical laboratory technician scope of practice, and in particular Phlebotomists and Mortuary Technicians.
- Support for adding specimen services as a new scope of practice.
- More clarity on the impact and practicalities of reconfiguring the current and proposed scopes of practice.
- Concern regarding a potential lack of flexibility that could result from establishing new scopes of practices.
- The idea of developing a registration examination particularly for overseas-qualified applicants.

In light of the range of issues raised during its consultation document, the Council agreed to hold a stakeholder engagement workshop with representatives from the medical laboratory profession to assist with the development of a further industry-wide consultation document. That meeting is scheduled for May 2014.



LINKING WITH STAKEHOLDERS

COMMUNICATIONS

The Council's primary media for maintaining links with stakeholders is through its website, newsletters, and emails. During 2013-2014 the Council undertook regular reviews of the information contained on its website and published a number of newsletters.

The Council met with a number of stakeholder groups during 2013-2014 including education providers, and professional bodies from both New Zealand and Australia.

HRANZ COLLABORATIONS

HRANZ provides a forum for the 16 RA's to meet and discuss items of common interest. Discussions on options for a shared secretariat and the organisation for the inaugural regulatory conference were major items on the agenda in 2013-2014.

ANAESTHETIC TECHNICIANS ADVISORY COMMITTEE



Karen Bennet

Michelle Peck

Dr Malcom Stuart

Dr Andrew Warmington

EXPANDED PRACTICE FRAMEWORK FOR ANAESTHETIC TECHNICIANS

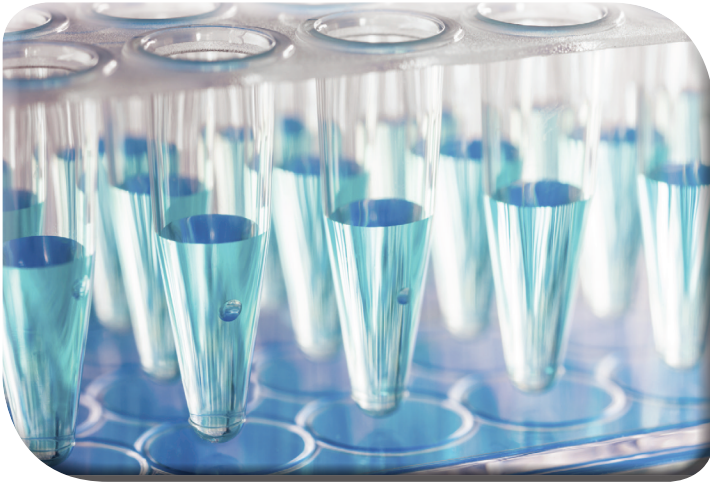
In October 2013 the Council published its Guidelines: *Expanded Practice – Anaesthetic Technicians* document. The guidelines were developed through consultation with key stakeholders and provide a framework for both anaesthetic technicians and healthcare facilities to ensure anaesthetic technicians working in an expanded practice role practise in a way that protects public safety.

Expanded practice is where an anaesthetic technician undertakes activities that are in addition to the minimum competencies of the anaesthetic technician scope of practice, and which have been approved by the Medical Sciences Council. Expanded practice activities must be in the sphere of anaesthesia-related practice within perioperative medicine. All expanded practice activities undertaken by anaesthetic technicians are carried out under the direction of a nominated anaesthetist or intensive care specialist.

It is not an expectation that all registered anaesthetic technicians will move into an expanded practice role. The core role of anaesthetic technicians continues to be within a supporting role alongside anaesthetists within the theatre environment. The total number of anaesthetic technicians approved to work in expanded practice roles is expected to be relatively small.

The Council's expanded practice framework encompasses a number of foundational principles. Expanded practice must be focused on meeting patients' needs and improving patient outcomes. Expansion of an anaesthetic technician's practice must meet an identified gap(s) in health services. Anaesthetic technicians working in an expanded practice role must have the required knowledge and skills and have the necessary supports to continue in that role.

As at June 2013 the Medical Sciences Council had approved two expanded practice activities which registered anaesthetic technicians can apply to have added as a condition to their practice - Peripherally Inserted Central Catheters - PICC Lines; and Post-Anaesthetic Patient Care Unit – PACU.



REGISTRATIONS AND ANNUAL PRACTISING CERTIFICATES



SCOPES OF PRACTICE



MEDICAL LABORATORY SCIENCE

The profession of medical laboratory science is defined as:

Medical Laboratory Science is the investigation and laboratory analysis of samples of human origin for the purpose of supporting patient diagnosis, management and treatment and for the maintenance of health and wellbeing.

These practices are performed in compliance with the Code of Competencies and Standards for the Practice of Medical Laboratory Science in New Zealand. Ancillary tasks also included under this definition include:

- *Blood component manufacturing and issue;*
- *Collection of samples for diagnostic investigations;*
- *Medical laboratory management;*
- *Medical laboratory science related research and development;*
- *Medical laboratory science teaching.*

The Council has defined two scopes of practice for registration in the profession of medical laboratory science:

- Medical Laboratory Scientist; and
- Medical Laboratory Technician

ANAESTHETIC TECHNOLOGY

The profession of anaesthetic technology is defined as:

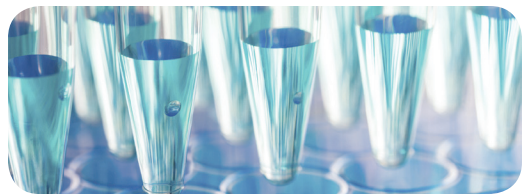
Anaesthetic Technology is the provision of perioperative technical management and patient care for supporting the provision of quality health care and safe anaesthetic services in New Zealand accredited health facilities. Activities included in this definition, but not limited to, are:

- *Anaesthetic related research and development;*
- *Applied science and anaesthetic technology education;*
- *Advanced patient monitoring;*
- *Collection of samples for diagnostic investigation; and*
- *Management.*

The Council has defined one scope of practice for registration in the profession of anaesthetic technology:

- Anaesthetic Technician.

All practitioners applying for registration must demonstrate they meet the Council's competencies and fitness to practise standards.



REGISTRATION STATISTICS

APPLICATIONS FOR REGISTRATION

Between 1 April 2013 and 31 March 2014 the Council received 320 applications from persons wanting to be registered as a medical laboratory scientist, a medical laboratory technician or as an anaesthetic technician. 273 (85%) of these applications were approved. A small number of applications – 26 (8%) – were declined due to the applicant not meeting the entry level registration requirements. Of the remaining 21 applications; 2 (1%) were withdrawn by the applicant; 4(1%) were approved to take the graduate diploma route to registration; and 15 (5%) applications were still being processed as at 31 March 2014.

	MEDICAL LABORATORY SCIENTIST	MEDICAL LABORATORY TECHNICIANS	ANAESTHETIC TECHNICIANS	TOTAL
Registration Approved	97	114	62	273
Graduate Diploma route approved	4	-	-	4
Declined	15	7	4	26
Application Received - still being processed	2	9	4	15
Application withdrawn (by applicant)	-	-	2	2
TOTAL RECEIVED	118	130	72	320

A core function of the Medical Sciences Council is the registration of practitioners.

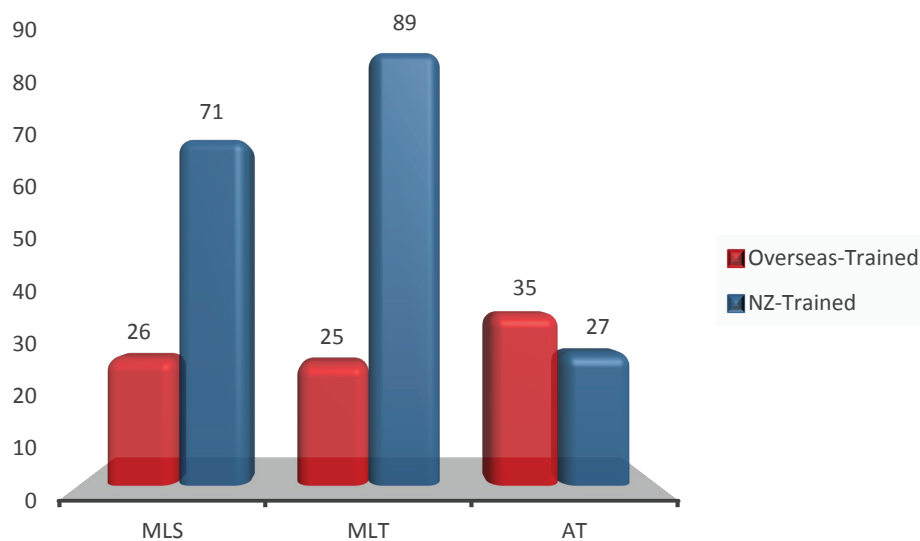
To meet its role of protecting the public, the Council must ensure all registered practitioners meet the standards required for safe and competent practice.

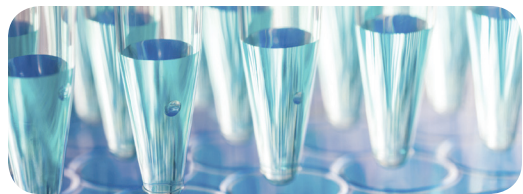


APPROVED REGISTRATIONS PER SCOPE OF PRACTICE BY COUNTRY-TRAINED

COUNTRY	MEDICAL LABORATORY SCIENTISTS	MEDICAL LABORATORY TECHNICIANS	ANAESTHETIC TECHNICIANS	TOTAL
Australia	4	2	-	6
China	1	1	-	2
Egypt	-	1	-	1
Fiji	-	1	-	1
India	3	2	-	5
Ireland	2	-	-	2
Netherlands	1	-	-	1
New Zealand	71	89	27	187
Philippines	1	13	-	14
South Africa	4	2	-	6
United Kingdom	9	3	35	47
United States of America	1	-	-	1
TOTAL	97	114	62	273

Across the medical laboratory science scopes of practice, the number of New Zealand-trained practitioners approved registration in 2013-2014 exceeded the number of overseas-trained practitioners by 52%. It is of note that the converse is true within the profession of anaesthetic technology where registrations for overseas-trained practitioners exceeded New Zealand-trained applicants by 13%.





GRADUATE DIPLOMA ROUTE TO REGISTRATION

GRADUATE DIPLOMA ROUTE TO REGISTRATION AS A MEDICAL LABORATORY SCIENTIST

Registered medical laboratory technicians are offered a pathway to train towards medical laboratory scientist registration through undertaking a Council-approved two-year study programme. The academic requirements of the programme are offered through the Auckland University of Technology as an on-campus course, and through Massey University as a distance learning study programme.

Applicants require evidence of support from their employing laboratory to undertake the clinical components of the course.

During 2013-2014 the Council approved four applicants to enrol in the Graduate Diploma in Science programme.

Seventeen people were registered as a medical laboratory scientist in 2013 -2014 through the graduate diploma route.



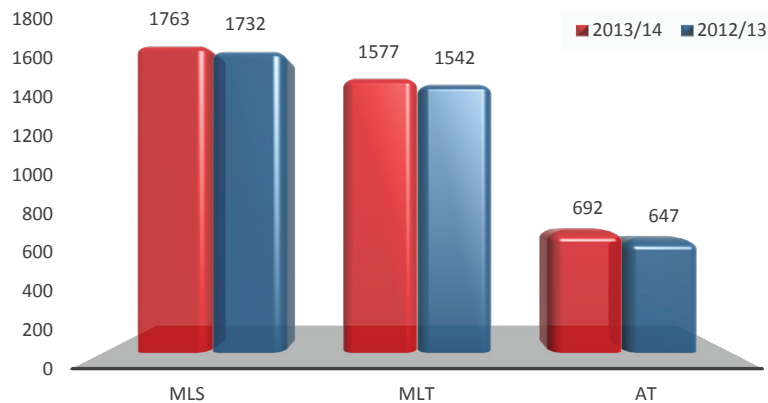
ANNUAL PRACTISING CERTIFICATES

Practitioners registered with the Council can hold an annual practising certificate (APC) as either a medical laboratory scientist, a medical laboratory technician or as an anaesthetic technician.

In 2013-2014 the Council issued a total of 4032 annual practising certificates. 786 (19%) of those were issued with conditions. Of the 786 practitioners issued with a condition on their practice, 632 (80%) practised in phlebotomy and are required to work under the supervision of a registered health practitioner as approved by the Council.

	MEDICAL LABORATORY SCIENTISTS	MEDICAL LABORATORY TECHNICIANS	ANAESTHETIC TECHNICIANS	TOTAL
Total certificates issued	1763	1577	692	4032
Issued with conditions	100	695	13	808

TOTAL PRACTITIONERS HOLDING AN ANNUAL PRACTISING CERTIFICATE



When an annual practising certificate is issued, the Council is declaring to the New Zealand public that the practitioner is competent and fit to practise.



CONDITIONS ON PRACTICE

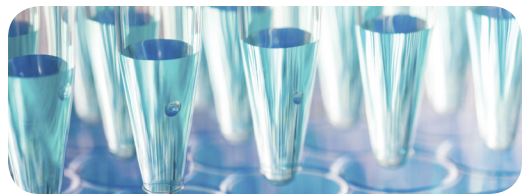
SCOPE	CONDITIONS	TOTAL
<i>MEDICAL LABORATORY SCIENTIST</i>	Required to practise under supervision for 6 months	47
	Required to practise under supervision for 12 months	7
	Nominated site and supervisor as approved by Council	4
	Practice restricted to Biochemistry	1
	Practice restricted to Embryology	30
	Practice restricted to Microbiology	4
	Practice restricted to Cytogenetics	2
	Practice restricted to Molecular Genetics	1
	Practice restricted to Molecular Pathology	2
	Practice restricted to Cytology and Histopathology	2
TOTAL		<i>100</i>
<i>MEDICAL LABORATORY TECHNICIAN</i>	Practice restricted to Phlebotomy	632
	Practice restricted to Blood Donor Technology	13
	Practice restricted to Mortuary Hygiene and Technique	7
	Practice restricted to Embryology	1
	Practice restricted to Haematology	1
	Practice restricted to Microbiology	2
	Practice restricted to Phlebotomy and Microbiology	1
	Required to practise under supervision for 3 months	4
	Required to practise under supervision for 6 months	14
	Required to practise under supervision for 12 months	17
	Nominated site and supervisor as approved by Council	1
Annual competency assessment required	2	
TOTAL		<i>695</i>
<i>ANAESTHETIC TECHNICIAN</i>	Nominated site and supervisor as approved by Council	3
	Required to practise under supervision for a minimum of 3 months	3
	Required to practise under supervision for a minimum of 6 months	2
	Required to practise under supervision for a minimum of 9 months	1
	Required to complete a work based assessment	4
TOTAL		<i>13</i>

Note: Practitioners may hold more than one condition on their annual practising certificate.



ACCREDITATION, EDUCATION PROVIDERS AND CONTINUING PROFESSIONAL DEVELOPMENT





ACCREDITATION AND EDUCATION PROVIDERS

MEDICAL LABORATORY SCIENCE

The Council has prescribed the Bachelor of Medical Laboratory Science (BMLSc) degree for the purpose of registration in the scope of practice of medical laboratory scientist and has accredited three New Zealand universities in respect of this four-year degree programme:

- Auckland University of Technology
- Massey University
- University of Otago

The Council has approved three programmes of study offered by the New Zealand Institute of Medical Laboratory Science for the purpose of registration in the scope of practice of medical laboratory technician, including medical laboratory technician (phlebotomy only) and medical laboratory technician (donor technician only):

- Qualified Medical Laboratory Technician Certificate (QMLT)
- Qualified Phlebotomist Technician Certificate (QPT)
- Qualified Donor Technician Certificate (QDT)

ANAESTHETIC TECHNOLOGY

The Council has prescribed the Diploma in Applied Sciences (Anaesthetic Technology) for the purpose of registration in the scope of practice of anaesthetic technician and has accredited the Auckland University of Technology in respect of this three-year study programme.

PART 2 OF THE ACT SETS OUT THE REQUIREMENTS
A HEALTH PROFESSIONAL MUST MEET IN ORDER TO
PRACTISE, INCLUDING:

- HOLD A PRESCRIBED QUALIFICATION;
- BE COMPETENT TO PRACTISE; AND
- BE FIT FOR REGISTRATION.

CONTINUING PROFESSIONAL DEVELOPMENT



MEDICAL LABORATORY SCIENTISTS

The Council has approved three external providers of CPD programmes for medical laboratory scientists, although current enrolments are with only two of these programmes. The majority of scientists are enrolled in the New Zealand Institute of Medical Laboratory Science (NZIMLS) Competence and Professional Development programme, with a smaller number enrolled in the New Zealand Hospital Scientific Officers Association (NZHSOA) Continuing Education Programme for Scientific Officers and Recertification Programme for Medical Laboratory Scientists. There are currently no practising medical laboratory scientists enrolled in the Australian Institute of Medical Scientists (AIMS) Australian Professional Acknowledgment Continuing Education (APACE) programme.

A condition of the contractual agreement with each of these providers is that an annual audit of 10% of medical laboratory scientists enrolled with the respective CPD programme is undertaken. The results are communicated to the Council who then follow up as required with individual scientists who have not met the Council's requirements in respect of demonstrating continuing competence through on-going learning and development activities.

MEDICAL LABORATORY TECHNICIANS

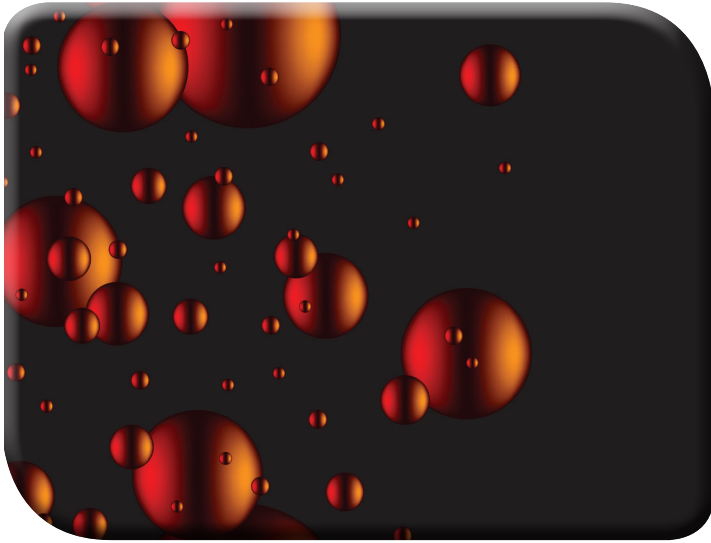
A medical laboratory technician applying for an APC must have undertaken at least eight hours of approved professional development activity within the previous twelve-month period. Each year the Medical Sciences Council undertakes an audit of 10% of medical laboratory technicians who are holding a current APC. Technicians selected for audit are required to submit evidence of their professional development activities.

AUDIT RESULTS (MEDICAL LABORATORY TECHNICIANS)

	2010		2011		2012		2013	
Called for audit	130		99		156		140	
Audited	119	92%	97	98%	163	98%	132	94%
Passed	107	90%	94	97%	151	99%	132	100%
Unsuccessful	12	10%	3	3%	2	1%	0	0

ANAESTHETIC TECHNICIAN

An annual audit of anaesthetic technicians' compliance with the Council's CPD standards is scheduled to commence from 2014.



COMPETENCE, HEALTH AND CONDUCT



COMPETENCE AND FITNESS TO PRACTISE



One of the Council's functions is to act on information received from the public, health practitioners, employers and the Health and Disability Commissioner relating to the competence of health practitioners.

COMPETENCE REVIEWS

A competence review is not disciplinary in nature; rather it is designed to assess a practitioners' competence in a collegial manner. Competence reviews focus on supporting the practitioner by putting in place appropriate training, education and safeguards to assist them to improve their standard of practice. Competence reviews undertaken by the Council are based on principles of natural justice, support and education.

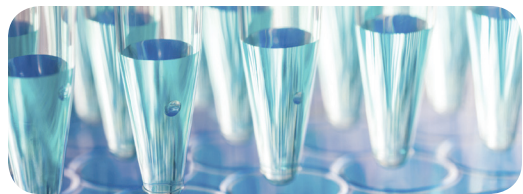
There were seven new competence-related notifications received in 2013-2014. Six of these were satisfactorily resolved with no further action required. The remaining competence referral was still on-going as at 31 March 2014.

NUMBER	HPCAA REFERENCE	REFERRED BY	OUTCOME
6	s34	Employer	Closed- no further action required
1	s34	Other health practitioner	On-going

HEALTH

There were no health-related referrals to the Council in 2013-2014.

THE MEDICAL SCIENCES COUNCIL
RECEIVES AND INVESTIGATES NOTIFICATIONS
ABOUT THE COMPETENCE, HEALTH AND
CONDUCT OF REGISTERED PRACTITIONERS.



CONDUCT

CONDUCT

The Council received seven professional conduct notifications. Of these, four were related to criminal convictions, Two related to practitioners practising without an annual practising certificate and one for theft and the misuse of drugs.

NUMBER	HPCAA REFERENCE	REFERRED BY	OUTCOME
1	s68	Employer	On-going
2	s68	MSS	On-going
1	s38	Other	Closed- no further action required
3	s37	Self-referral	Closed- no further action required

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

There were two referrals to the Health Practitioners Disciplinary Tribunal; one in respect of a practitioner practising without a current annual practising certificate, and the other for theft and the misuse of drugs. Both these cases were on-going as at 31 March 2014.



FINANCIAL REPORT

For the year ended 31 March 2014



Staples Rodway Wellington
Level 6, 95 Customhouse Quay
Wellington 6011
New Zealand

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Wellington
6140
New Zealand

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Facsimile 64 4 473 4720
info@staplesrodway.com
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**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2014**

The Auditor-General is the auditor of the Medical Sciences Council of New Zealand (the Council). The Auditor-General has appointed me, Robert Elms, using the staff and resources of Staples Rodway Wellington, to carry out the audit of the financial statements of the Council on her behalf.

We have audited the financial statements of the Council on pages 36 to 44 that comprise the statement of financial position as at 31 March 2014, the statement of financial performance and statement of movements in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

Opinion

In our opinion the financial statements of the Council on pages 36 to 44:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
 - financial position as at 31 March 2014; and
 - financial performance for the year ended on that date.

Our audit was completed on 28 August 2014. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities, and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that, in our judgement, are likely to influence readers' overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Council's financial statements that fairly reflect the matters to which they relate. We consider internal control in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.



An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Council;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. Also we did not evaluate the security and controls over the electronic publication of the financial statements.

We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Council

The Council is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's financial position and financial performance.

The Council is also responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Council is also responsible for the publication of the financial statements, whether in printed or electronic form.

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the External Reporting Board.

Other than the audit, we have no relationship with or interests in the Council.

Robert Elms
Staples Rodway Wellington
On behalf of the Auditor-General
Wellington, New Zealand



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Consolidated Statement of Financial Performance

For the Year ended 31 March 2014

Note	2014	2013
	\$	\$
Income		
Registration Fees - Non NZ	35,927	83,412
Registration Fees - NZ	33,692	49,074
APC's	653,785	639,322
Interest Received	31,604	22,120
Sundry Income	263	12,395
Total Income	755,271	806,323
Less Expenses		
Archiving	1,424	1,216
Assessors	10,354	6,525
AT Council Meeting Fees	17,831	10,200
Audit Fees	7,629	5,619
Bank Charges	13,204	13,177
Board Member Fees & Expenses	88,765	83,436
Catering	2,432	2,439
Chartered Accountancy Fees	3,581	4,268
Conference Expenses	5,887	1,748
Examiner Fees	600	-
General Expenses	1,053	1,301
Interest Expense	32	-
IT	1,933	4,379
Legal Expenses	26,882	-
MSS Service Charges	415,608	403,590
Postage	460	375
Printing & Stationery	1,783	5,340
Professional Fees	1,845	8,179
Telephone, Tolls & Internet	2,090	1,834
Travel	59,902	73,270
Total Expenses	663,294	626,897
Consolidated Net Surplus/(Deficit) For The Year	91,977	179,426

The attached NOTES form part of these Financial Statements.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Performance - MSCNZ

For the Year ended 31 March 2014

	Note	2014	2013
		\$	\$
Income			
Registration Fees - Non NZ		17,987	66,210
Registration Fees - NZ		24,852	34,454
APC's		452,811	452,422
Interest Received		22,164	20,226
Interest Received - AT		-	2,492
Sundry Income		263	12,395
Total Income		518,078	588,199
Less Expenses			
Archiving		1,424	1,208
Audit Fees		6,866	5,353
Bank Charges		10,518	10,631
Board Member Fees & Expenses		75,859	75,755
Catering		1,371	2,266
Chartered Accountancy Fees		3,223	3,461
Conference Expenses		4,829	1,508
Examiners Fees		600	-
General Expenses		911	577
Interest Expenses		32	-
IT		1,636	1,333
Legal Expenses		22,742	-
MSS Service Charges		374,047	363,232
Postage		460	375
Printing & Stationery		1,711	5,137
Professional Fees		1,845	8,149
Telephone, Tolls & Internet		1,896	1,332
Travel - National		39,700	58,475
Total Expenses		549,668	538,790
Net Surplus/(Deficit) For The Year		(31,590)	49,409

The attached NOTES form part of these Financial Statements.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Performance - AT

For the Year ended 31 March 2014

	Note	2014	2013
		\$	\$
Income			
Registration Fees - Non NZ		17,940	17,202
Registration Fess - NZ		8,840	14,620
APC's		200,974	186,900
Interest Received		9,440	1,894
Total Income		237,194	220,616
Less Expenses			
Archives		-	8
Assessors		10,354	6,525
AT Council Meeting Fees		17,831	10,200
Audit Fees		763	266
Bank Charges		2,686	2,547
Board Member Fees		12,906	7,681
Catering		1,061	173
Chartered Accountancy Fees		358	807
Conference Expenses		1,058	240
General Expenses		142	724
Interest Expenses		-	2,492
IT		297	3,047
Legal		4,140	-
MSS Service Charges		41,561	40,359
Printing & Stationery		72	203
Professional/ Consultancy Fees		-	30
Telephone, Tolls & Internet		194	503
Travel		20,203	14,795
Total Expenses		113,626	90,599
Net Surplus/(Deficit) For The Year		123,568	130,017

The attached NOTES form part of these Financial Statements.



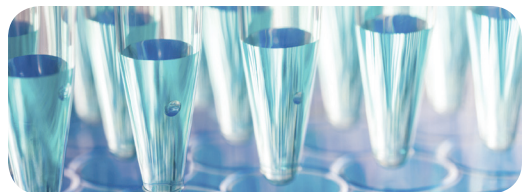
MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Movements in Equity

For the Year ended 31 March 2014

	Note	2014	2013
		\$	\$
Opening Equity		752,622	573,196
Net Surplus/(Deficit) For The Year -			
MSCNZ	(31,590)		49,409
Net Surplus/(Deficit) For The Year - AT	123,568		130,017
Consolidated Revenues & Expenses		91,978	179,426
Equity at End of the Year		844,601	752,622

The attached NOTES form part of these Financial Statements.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Position

As at 31 March 2014

	Notes	2014	2013
		\$	\$
Equity			
Retained Earnings - MSCNZ	4	549,773	581,363
Retained Earnings - AT	4	294,828	171,259
Total Equity		844,601	752,622
Represented by;			
Current Assets			
Westpac Bank - Government Trading		225,831	35,006
Westpac Bank - Imprest Account		950,000	150,000
Westpac Bank - Business Online		206,435	728,856
Westpac - AT		94,918	434,470
Accounts Receivable		31,774	35,820
Prepayments		-	4,384
Accrued Income		9,523	504
Medical Sciences Secretariat Limited		28,835	39,553
Total Current Assets		1,547,317	1,428,593
Non-Current Assets			
Investments in MSS		50	50
Total Assets		1,547,367	1,428,643
Current Liabilities			
Accounts Payable		20,230	14,749
GST Due for Payment		72,797	72,794
Income in Advance - MSCNZ		417,438	403,378
Income in Advance - AT		192,300	185,100
Total Current Liabilities		702,766	676,021
Net Assets/ (Liabilities)		844,601	752,622

For and on behalf of the Board;

Chairperson  Date: 28/08/2014

Registrar  Date: 28/08/2014

The attached NOTES form part of these Financial Statements.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the Year ended 31 March 2014

1. Statement of Accounting Policies

Reporting Entity

The Board is constituted under the Health Practitioners Competence Assurance Act 2003.

These Financial Statements have been prepared in accordance with the Financial Reporting Act 1993.

General Accounting Policies

These financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand and on the basis of historical cost. Reliance is placed on the fact that the business is a going concern.

Specific Accounting Policies

The following specific accounting policies which materially affect the measurement of financial performance and financial position have been applied:

Income Tax: The Board has been granted Charitable Status under the Charities Act 2005 and is exempt from Income Tax.

Investments are valued at cost. Investment Income is recognised on an accrual basis where appropriate.

Goods and Services Tax: The financial statements have been prepared on an exclusive basis with the exception of Accounts Receivable and Accounts Payable which include GST.

Annual Practising Certificate Income: Annual Practising Certificate Income is recorded only upon receipt. Receipts for Annual Practising Certificates issued for the future years are shown as Income Received in Advance.

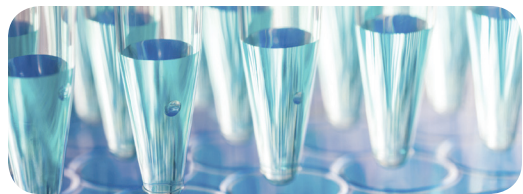
Differential Reporting: The entity qualifies for differential reporting as it is not publicly accountable and it is not large. The entity has taken advantage of all applicable differential reporting exemptions.

Changes in Accounting Policies

All accounting policies are unchanged and have been consistently applied.

Uncertainty about the Delivery of Office Functions in the Future

In February 2011, Health Workforce New Zealand (HWNZ), on behalf of the Minister of Health, issued a consultation document proposing a single shared secretariat and office function for all 16 health regulatory authorities (RAs). As at 31 March 2014, this proposal is no longer under consideration with any uncertainty disclosed in previous years being removed.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the Year ended 31 March 2014

2. Related Parties

In accordance with SSAP 22 para 5.1(a) and para 5.1(b), the following disclosures are made:

During the year Medical Sciences Council of New Zealand purchased secretariat services on normal trading terms from Medical Sciences Secretariat Limited. Members of the Board of Medical Sciences Council of New Zealand are directors of Medical Sciences Secretariat Limited.

Medical Sciences Council of New Zealand owns 50% of the share capital of Medical Sciences Secretariat Limited. Medical Radiation Technologists Board owns the remaining 50% of the share capital of Medical Sciences Secretariat Limited.

3. Financial Management Agreement

Medical Sciences Secretariat Limited ("MSS") has been established to provide business management support to the Medical Radiation Technologists Board ("MRT") and the Medical Sciences Council New Zealand ("MSCNZ").

MSS will provide financial management support to both MRT and MSCNZ according to a number of conditions:

1. MSS undertakes not to make a profit from its business partnership with MRT and MSCNZ.
2. Each board will be invoiced monthly for an amount equivalent to the expenses incurred by MSS.
3. GST is charged on these expenses including those that did not originally include GST (e.g. wages).
4. MSS will return GST refunds as a 55-45 split between MSCNZ and MRT.
5. All MSS expenses will be split and paid at 55-45 between MSCNZ and MRT.
6. At the end of each month and the financial year, MSS will show a nil financial balance on all its operations.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

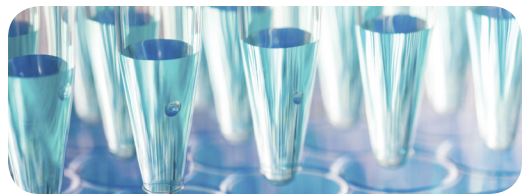
For the Year ended 31 March 2014

4. Equity

The following movements in Revenue Reserves have occurred:

Retained Earnings

	2014	2013
	\$	\$
Retained Earnings - MSCNZ		
Opening Balance	581,363	531,954
Net Surplus/(Deficit) For The Year	(31,590)	49,409
Closing Balance	549,773	581,363
Retained Earnings - AT		
Opening Balance	171,259	41,242
Net Surplus/(Deficit) For The Year	123,568	130,017
Closing Balance	294,828	171,259
Total Consolidated Retained Earnings	844,601	752,622



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the Year ended 31 March 2014

5. Anaesthetic Technicians Project

The Medical Sciences Council New Zealand ("MSCNZ") agreed to provide funding for the establishment of the regulatory framework for Anaesthetic Technicians. Once the framework was established, it was the intention that the Anaesthetic Technician profession would reimburse MSCNZ by transferring funds from the Anaesthetic Technician bank account into the bank account of MSCNZ (medical laboratory sciences profession). MSCNZ also intended to charge interest on the amount advanced for the Anaesthetic Technician establishment project at the prevailing market interest rate. It is expected that these costs associated with the establishment phase will be reimbursed upon the inaugural registration of Anaesthetic Technicians.

Given that the balance sheet of MSCNZ and AT is consolidated, the inter-entity accounts receivable and payable between MSCNZ and the Anaesthetic Technician profession have been eliminated.

6. Commitments

There are no capital or other commitments at balance date (2013: \$nil).

7. Contingent Liabilities

There are no contingent liabilities at balance date (2013: \$nil).

8. Subsequent Events

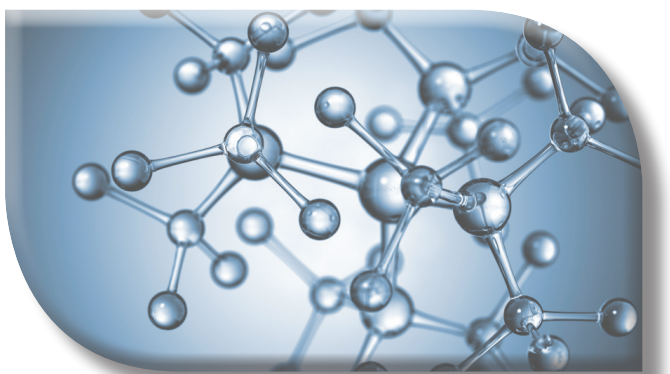
New Financial Reporting Framework

On 1 April 2014, the new Financial Reporting Act 2013 (FRA 2013) and the Financial Reporting (Amendments to Other Enactments) Act 2013 came into force. The FRA 2013 prescribes who has to report, and what types of entities are required to prepare general purpose financial reports (GPFR).

The new Accounting Standards Framework consists of a two-sector, multi-tier structure with different accounting standards applying to each tier. The two sectors are the For-Profit sector and the Public Benefit Entity (PBE) sector, the latter of which includes public sector entities, not-for-profit entities, and the subset of those; registered charities.

The new framework will result in PBE's shifting from NZ IFRS (or old GAAP where this was used) to the new PBE IPSAS regime (or simple format reporting where applicable). Recognition and disclosure differences between the two frameworks will likely be significant.

For accounting periods that commence on or after 1 April 2015, financial statements need to be prepared in accordance with the new financial reporting framework.



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