

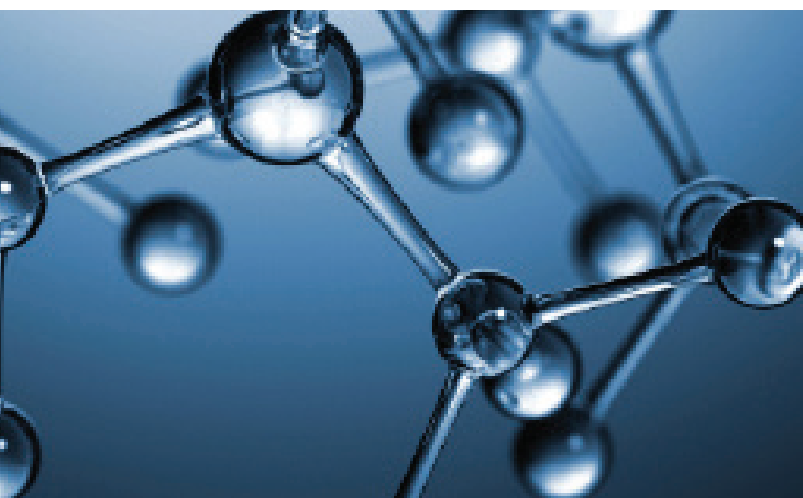


**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

# ANNUAL REPORT

1 APRIL 2014 - 31 MARCH 2015



*Medical Laboratory Science  
Anaesthetic Technology*





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MEDICAL SCIENCES COUNCIL OF NEW ZEALAND  
1 APRIL 2014 - 31 MARCH 2015

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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  
the Medical Science Council is referred to as the Council.

## Fast Facts

(ALL FIGURES AS AT 31 MARCH 2015)

### Practitioners Practising

MLS	=	1761	} 4019 Practitioners
MLT	=	1558	
AT	=	700	

### Practitioners Added to the Register

MLS	=	114	} 298 Practitioners
MLT	=	146	
AT	=	38	

A second scope of practice (medical laboratory science) review consultation was published with 678 responses received from members of the profession and stakeholders.

During 2014, Council members and secretariat staff attended two national conferences.

### Notifications Received

MLS	=	2	} 7
MLT	=	2	
AT	=	3	

2014 saw the inaugural CPD audit for anaesthetic technicians.

### 2014 MSC CPD Audit Results

Called	=	149
Audited	=	142
Passed	=	141

Called	=	67
Audited	=	63
Passed	=	63



## *From the Chair*

2014-2015 has been an extremely busy year for the Medical Sciences Council (the Council) which, under the leadership of CEO/Registrar Mary Doyle, has achieved a number of milestones.

The scope of practice review for medical laboratory science is nearly completed after having very robust, fruitful discussions and consultation with the profession streamlining the various scopes and how they relate to one another. The aim is for this to be completed by the end of 2015.

Under the umbrella of the Medical Sciences Secretariat (MSS), the Council is part of a very efficient cost sharing entity. The previous work with Health Regulatory Authorities of New Zealand (HRANZ) re amalgamating responsible authorities (RAs) has resulted in more "groups" being established and the Council will continue in its own shared secretariat partnership with the Medical Technologist Board, along with the sharing of business premises with other RAs. As part of the future proofing and continued efficiency the majority of the ASB House group of RAs have secured new premises and that move will take place in July 2015.

A personnel restructure has occurred to enable MSS and thus the Council to better service their professions. We thank our previous staff and welcome the new as we move forward.

Business as usual has seen registrations and annual practising certificates being issued and monitored. We notice that the number of registrations has dropped, particularly from overseas, which impacts on our professions and the Council budget.

Over time we are receiving more notifications about practitioners working without an annual practising certificate (APC). The convening of a Professional Conduct Committee or referral to the Health Disciplinary Tribunal is a cost to all of the professions we represent. The Health Practitioners Competence Assurance Act 2003 (the Act), states very clearly that an APC is required for all scopes of practice regardless of being in part or full time work.

We have had regular meetings with the New Zealand Institute of Medical Laboratory Science and the New Zealand Anaesthetic Technicians Society. These have proved to be a very constructive forum for industry discussion and there is a positive working relationship between the Council and the two professional bodies.

A constructive discussion platform is in place between education facilities and the Council which is essential as we fulfil our obligations under the Act and ensure that standards of training are maintained and accredited to ensure the safety of the public, the reason for the Council's being.

We have had one resignation from Council in the last year. After five years of sterling service. Kathy Hill is missed greatly from the team and we wish her well with her future endeavours.

A huge thank you must go to our CEO/Registrar, Mary Doyle and her staff, for their dedication to the Council and the achievements in the last financial year. The new organisation structure looks exciting and we look forward to reaping the rewards.

Council members, you are a talented group. The discussions/problem solving undertaken has been stimulating and effective. Thank you. I look forward to another year of great team work.

Chairman

Medical Sciences Council of New Zealand



## *From the CEO/Registrar*

I am pleased to write another year-end report on behalf of Medical Sciences Secretariat (MSS) who provide both the Medical Sciences Council (MSC) and the Medical Radiation Technologists Board (MRTB) with business support services encompassing both regulatory and corporate functions.

2015 has been a year of change for MSS particularly in respect of the staff team. Mid-2014 saw a 100% change to the composition of the team tasked with managing the registration and recertification activities for both the MSC and the MRTB, due to a resignation and a period of parental leave. This had a significant impact on the work of the rest of the staff team, especially as we are only a small unit of eight-staff in total. The period of transition with appointing and orientating new staff was greatly assisted by the support of MSC and MRTB members and the willingness and capability of the remaining staff to work flexibly throughout this time. This capability to still manage core business-as-usual activities in the face of significant organisational change saw the team manage the processes for a total of 669 new registration applications and the issue of 6922 annual practising certificates across the MSC and the MRTB throughout 2015.

A review of the overall organisational structure was undertaken in early 2015. The drivers for that review were to ensure MSS continues to have the capability to deliver upon its objectives and better position its longer-term ability to meet the needs of the MSC and the MRTB. Of particular note was the increasing demands on the MSS staff team both in terms of volume and complexity over recent years, and the subsequent need to ensure the organisation is appropriately resourced to meet those challenges.

Following a robust consultation process with all staff a decision was made to make a number of changes to the composition of the staff team. A graphic presentation of the new organisational structure is provided later in the annual report. The change resulted in the disestablishment of three of the current staff positions and the creation of three new staff positions. At the end of March 2015 work was underway to bring the staffing changes into effect.

I would like to take this opportunity to express my sincere thanks to all of the staff who participated in this change management project. It was a difficult time for many of you and I commend you for your willingness to approach the challenges with an open mind and your support of the changes presented to you.

2015 also saw the MSS staff team support both the MSC and the MRTB with reviews of the scopes of practice defined for the health professions as they respectively regulate under the Health Practitioners Competence Assurance Act 2003. Significant progress has been achieved over the last 12-months in respect of these reviews and subsequent work is planned for the upcoming year to implement a number of changes identified through each of the reviews.

Supporting the MSC and the MRTB with putting measures in place to deal with concerns raised about the competence, conduct, and/or health of individual practitioners has continued to be a critical feature of the work undertaken by the staff team throughout 2015. While the volume of professional standards-related notifications was not high (a total of 10 across both the MSC and MRTB), there were a number of relatively complex cases to work through which required considerable input not only from the staff team but also the respective Professional Standards committees for each Council/Board.

A review of the standards for all qualification programmes accredited by the MSC and the MRTB for the purpose of registration in the respective scopes of practice was undertaken in 2014-2015. This involved a consultation process with a total of ten New Zealand educational institutions and resulted in the adoption of a comprehensive set of standards and procedures that are to be applied to ongoing accreditation of those programmes prescribed by the respective Board/Council.

To assist with the effective and efficient management of these core regulatory functions the MSS staff team has collaborated with members of the MSC and the MRTB to produce a series of operational manuals. These publications provide staff and standing committees with comprehensive procedural documents that support each Board's/Council's policy statements. Ongoing reviews of these manuals are in place to ensure information is current and accurate.

From the end of 2014 we engaged in a collaborative project with our "flatmate" RA's to begin the process for securing new office premises. A move to shared office accommodation with three other RA's is planned for June 2015.

In closing I welcome the opportunity to once again publicly express my appreciation of the commitment and skills of the MSS staff team and the members of each Board/Council. The achievements we have collectively made over the last year have been significant and I look forward to the launch of another year of working together to continue to strengthen the foundations built upon over successive years and that ultimately act to protect the health and safety of the New Zealand public in respect of the health services they access.

A handwritten signature in black ink, appearing to read 'Mary Doyle'. The signature is fluid and cursive, with the first name 'Mary' and the last name 'Doyle' clearly distinguishable.

Mary Doyle  
CEO/Registrar

# 01

## WHAT WE DO

*The Council provides practitioners with a framework for the delivery of safe medical laboratory science and anaesthetic technology services to the New Zealand public.*

### *Purpose*

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 responsible for the statutory regulation of two 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.

*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 2015.*



## *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.

*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.*

## *Council Members*

### RETIRED MEMBER

#### *Kathy Hill*

Kathy Hill was appointed to the Council in June 2010 as a lay member, and served on many of the Council's committees during her term. Kathy completed her term in February 2013.

No replacement was appointed during the 2014-2015 year.

#### *Helen Walker*

##### *Chair*

##### *Lay member*



Helen Walker was appointed as a lay member of the Council in 2010, and in 2014-2015 continued as the Council's Chair. Helen also served on the Medical Sciences Secretariat Board of Directors. Helen has held governance positions for a range of community-based organisations including musical director of operas and musical theatre productions. Helen is Chairman 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.



***Kirsten Beynon***

***Deputy Chair***

***Medical Laboratory Scientist***

Kirsten was appointed to the Council in 2012, and in 2014-2015 continued as the Deputy Chair of the Council. Kirsten also served as a Council representative on the Medical Sciences Secretariat Board of Directors.

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***

***Anaesthetic Technician***

Karen Bennett was appointed to the Council in 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.



***Laurie Manley***

***Medical Laboratory Technician***

Laurie Manley was appointed to the Council in 2006. A registered and practising medical laboratory technician, Laurie has over 30 years' experience as a research and clinical medical laboratory technician. Laurie works in the endocrinology laboratory at Christchurch Hospital.



***Dr David Stephens***

***Lay member***

Dr. David Stephens was appointed as a lay member of the Council in 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). 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.



***Christine Hickton***  
***Medical Laboratory  
Scientist***

Christine Hickton was appointed to the Council in 2010. Christine is a registered and practising medical laboratory scientist with over 40 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.



***Don Mikkelsen***  
***Medical Laboratory  
Scientist***

Don Mikkelsen was appointed to the Council in 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 sharing his time between Service Manager Laboratories at Counties Manukau Health and Transition Manager of Clinical Engineering at ADHB .



***Dr Andrew Warmington***  
***Anaesthetist***

Dr Andrew Warmington was appointed to the Council in 2012, and 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, was Chief Examiner, 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).

## *Council Members Fees and Meetings*

### Council Fees

<b>Position</b>	<b>Fee</b>
Chairperson	\$25,000 annual honorarium
Council Member	\$600 day / \$75 hour

### Council Meetings

<b>Council Members</b>	<b>1<sup>st</sup> May 2014</b>	<b>25<sup>th</sup> - 26<sup>th</sup> Jun 2014</b>	<b>21<sup>st</sup> Aug 2014</b>	<b>29<sup>th</sup> - 30<sup>th</sup> Oct 2014</b>	<b>10<sup>th</sup>-11<sup>th</sup> Dec 2014</b>	<b>25<sup>th</sup>-26<sup>th</sup> Feb 2015</b>
Helen Walker	✓	✓	✓	✓	✓	✓
Kirsten Beynon	✓	✓	✓	✓	Apology	✓
Karen Bennett	✓	✓	✓	✓	✓	✓
Christine Hickton	✓	✓	✓	✓	✓	✓
Laurie Manley	✓	✓	✓	✓	✓	✓
Don Mikkelsen	✓	✓	✓	✓	✓	✓
Dr David Stephens	Apology	Apology	✓	✓	✓	✓
Dr Andrew Warmington	✓	✓	✓	✓	Apology	✓

## *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 2014 - 2017 document.

### **EDUCATION COMMITTEE**

Convener: Kirsten Beynon

Members: Laurie Manley Karen Bennett

#### *Responsibilities:*

##### Risk Management

- Review the currency, relevance and completeness of education-related policies and procedures
- Assess the Committee's compliance in terms of education-related policies and procedures
- Review and monitor any contractual arrangements with CPD providers and advise the CEO/ Registrar in respect of those

##### Accreditation

- Appoint teams to undertake accreditation reviews of New Zealand prescribed qualification programmes and Council-approved CPD programmes; and
- Review all accreditation plans and reports for planned or completed accreditation reviews; and
- Monitor education and CPD provider reports on the implementation of accreditation recommendations; and
- Advise the Council on significant issues pertaining to the accreditation of education and/or CPD providers

##### Liaison

- Participate in education-related forums; and
- Advise the Council on significant issues raised in education forums.

### **FINANCE, AUDIT AND RISK COMMITTEE**

Convener: Kirsten Beynon

Members: Helen Walker Peter Chung (external member)

#### *Responsibilities:*

##### Risk Management

- Review whether management has in place a current and comprehensive risk management framework and associated procedures for effective identification and management of the Council's financial and business risks, including fraud; and
- Review whether a sound and effective approach has been followed in developing strategic risk management plans for major projects or undertakings; and
- Review the effect of the risk management framework on its control environment and insurance arrangements; and

- Review whether a sound and effective approach has been followed in establishing business continuity planning arrangements, including whether disaster recovery plans have been tested periodically; and
- Review the fraud control plan and satisfy itself that appropriate processes and systems are in place to capture and effectively investigate fraud-related information.

#### Control Framework

- Review the effectiveness of management's approach to maintaining an effective internal control framework, (including any external parties such as contractors and advisers); and
- Review the currency, relevance and completeness of relevant policies and procedures; and
- Determine whether there are appropriate processes in place to assess compliance with policies and procedures; and
- Review whether there are appropriate policies and procedures for the management and exercise of delegations; and
- Consider how any required changes to the design or implementation of internal controls are identified; and
- Review strategies taken to embed a culture committed to ethical and lawful behaviour

#### External Accountability

- Review the financial statements and provide advice to the CEO/Registrar and Medical Sciences Council (including whether appropriate action has been taken in response to audit recommendations and adjustments); and
- Satisfy itself that financial statements are supported by appropriate management sign-off on the statements and on the adequacy of the systems of internal controls; and
- Review the processes for ensuring financial information included in the Medical Sciences Council's annual report is consistent with the signed financial statements; and
- Satisfy itself that appropriate mechanisms are in place to review and implement relevant external audit reports and recommendations; and
- Satisfy itself that there is a performance management framework that is linked to organisational objectives and outcomes.

#### Legislative Compliance

- Determine whether management has appropriately considered legal and compliance risks; and
- Review the effectiveness of the system for monitoring the Council's compliance with relevant legislation, regulations, and associated government policies.

#### Audit

- Provide input and feedback on the financial statements and the audit coverage proposed by the external auditor, and provide feedback on the audit services provided; and
- Review all external plans and reports for planned or completed audits and monitor implementation of audit recommendations; and
- Advise the Council in respect of acceptance of final audit statements; and
- Advise the Council on significant issues raised in relevant external audit reports.

## PROFESSIONAL STANDARDS COMMITTEE

Convener: Helen Walker

Members: Dr Andrew Warmington Don Mikkelsen

### *Responsibilities:*

#### Risk Management

- Monitor and review the management of each notification at key points within the investigation process to ensure the health and safety of the public is not compromised during the investigation process; and
- Review the currency, relevance and completeness of professional standards-related policies and procedures (including compliance with the Health Practitioners Competence Assurance Act 2003); and
- Monitor the Committee's compliance in terms of professional standards-related policies and procedures; and
- Review informational material pertaining to professional standards to ensure alignment with legislation and Council policies and procedures.

#### Notifications

- Make recommendations to the Council in respect of the appointment of Professional Conduct Committees (PCC); and
- Approve the appointment of Competence Review Panel (CRP) members; and
- Approve the appointment of medical Practitioners to conduct medical examinations under section 49 of the Act; and
- Review the terms of reference provided to each CRP, PCC, Medical Practitioner; and
- Consider the findings of written reports provided by each CRP, PCC, Medical Practitioner and make recommendations to the Council in respect of those; and
- Monitor the implementation of any orders resulting from a notification investigation and notify the Council of any significant issues; and
- Advise the Council on significant issues pertaining to specific notifications.

## REGISTRATIONS AND RECERTIFICATION COMMITTEE

Convener: Don Mikkelsen

Members: Laurie Manley Christine Hickton

### *Responsibilities:*

#### Risk Management

- Monitor and review the management of application processes to ensure practitioners meet all registration and practising certificate requirements; and
- Review the currency, relevance and completeness of registration and APC-related policies and procedures (including compliance with the Health Practitioners Competence Assurance Act 2003); and
- Monitor the Committee's compliance in terms of registration and APC-related policies and procedures; and
- Review informational material pertaining to registration and APC's to ensure alignment with legislation and Council policies and procedures.



#### Applications

- Determine the registration status for all applicants who hold a non-equivalent qualification; and
- Ensure all Committee registration and APC application deliberations and determinations are documented and forwarded to the registrations staff at Medical Sciences Secretariat; and
- Determine if practitioners applying for renewal of a practising certificate need to be referred to the Professional Standards Committee; and
- Advise the Council on significant issues pertaining to specific applications and/or application policy and processes.

## ANAESTHETIC TECHNICIANS ADVISORY COMMITTEE

Chair: Karen Bennett

Members: Dr Andrew Warmington Michele Peck Dr Malcolm Stuart

### *Responsibilities:*

#### Risk Management

- Monitor and review the management of application processes to ensure anaesthetic technicians meet all registration and practising certificate requirements; and
- Review the currency, relevance and completeness of registration and APC-related policies and procedures pertaining to anaesthetic technicians (including compliance with the Health Practitioners Competence Assurance Act 2003); and
- Monitor the Committee's compliance in terms of registration and APC-related policies and procedures; and
- Review informational material pertaining to anaesthetic technicians' registration and practising certificates to ensure alignment with legislation and Council policies and procedures.

#### Applications

- Determine the registration status for all anaesthetic technician applicants who hold a non-equivalent qualification; and
- Ensure all Committee anaesthetic technician registration and APC application deliberations and determinations are documented and forwarded to the registrations staff at Medical Sciences Secretariat; and
- Determine if anaesthetic technicians applying for renewal of a practising certificate need to be referred to the Professional Standards Committee; and
- Advise the Council on significant issues pertaining to specific anaesthetic technician applications and/or application policy and processes.

#### Quality Improvement

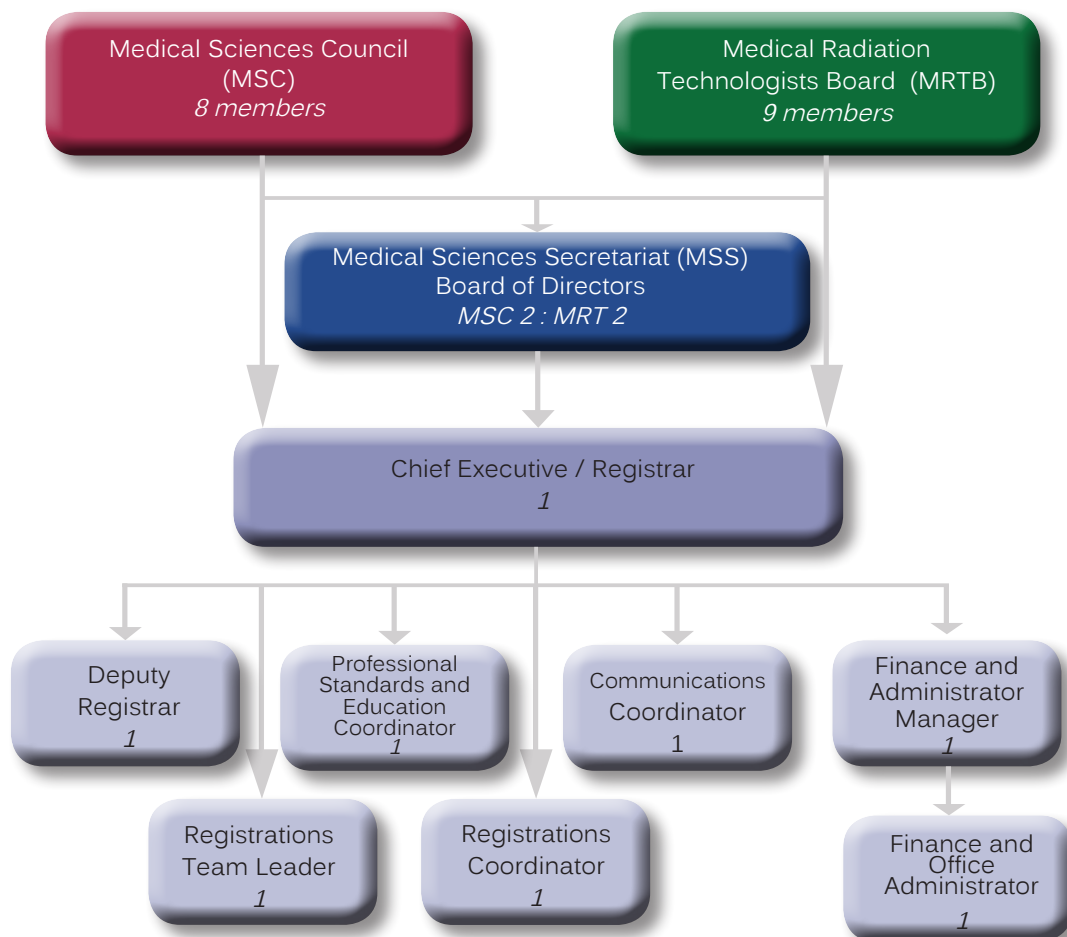
- Review and monitor anaesthetic technician-specific quality improvement projects. In 2014 those projects include:
  - Review of the Work-Based Assessment standards and procedures
  - Inaugural audit of CPD compliance
  - Publication of anaesthetic technician-specific informational materials
  - Review of the training framework for anaesthetic technicians

## Secretariat

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.

A number of staff changes were made to the MSS staff team in 2014-2015 to effect the following organisational structure:



## *Linking with Stakeholders*

### COMMUNICATIONS

The Council's primary media for maintaining links with stakeholders is through its website, newsletters, and emails. During 2014-2015 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 2014-2015 including education providers, and professional bodies from both New Zealand and Australia.

The Council maintains ongoing communications with New Zealand education providers of qualification programmes prescribed by the Council for the purpose of registration.

### HEALTH REGULATORY AUTHORITIES OF NEW ZEALAND COLLABORATIONS

Health Regulatory Authorities of New Zealand (HRANZ) provides a forum for the 16 RA's to meet and discuss items of common interest.

# 03

## BUSINESS HIGHLIGHTS

*Strategic Directions* 2014-2017 reflects the scope of the Council's responsibilities and identifies key strategies and initiatives the Council plans to undertake to meet those responsibilities.



*The Strategic Directions planning document recognises the primary relationship and interdependency the Council has with the Medical Sciences Secretariat and the Council's partnership relationship with the Medical Radiation Technologists Board*

The Medical Sciences Council *Strategic Directions 2014-2017* document sets out the strategic goals and activities the Council plans to undertake during that three-year period. The document is a critical planning tool that sets a foundation upon which the Council fulfils its responsibilities under the Health Practitioners Competence Assurance Act (2003) in respect of the professions of medical laboratory science and anaesthetic technology. The document is reviewed and built upon each successive year.

A copy of the Council's most current Strategic Directions document can be downloaded from its website at [www.msccouncil.org.nz](http://www.msccouncil.org.nz)

## ***Strategic Goals***

### ***Strategic Goal 1: Governance***

The Council works within a governance framework to fulfill its legislative responsibilities effectively and efficiently.

### ***Strategic Goal 2: Education***

Qualification programmes align with the Council's competencies required for registration in the professions of medical laboratory science and anaesthetic technology thereby ensuring graduates are well prepared to provide quality health services to the public of New Zealand.

### ***Strategic Goal 3: Registration and Recertification***

Registration and recertification processes comply with legislative requirements and are managed within organisational policy guidelines.

### ***Strategic Goal 4: Professional Standards***

All practitioners registered with the Medical Sciences Council continue to demonstrate their competence and fitness to practise.

### ***Strategic Goal 5: Communication and Information Management***

The Council, members of the professions, health services providers, the public, and other stakeholders have access to timely, accurate and relevant information.

Information is managed effectively and efficiently to enable Council members to address complex policy issues and strategic imperatives.

### ***Strategic Goal 6: Financial***

The financial management environment supports the Council to make the most effective use of its funds to ensure there is a fair allocation of financial resources to support the Council's strategic priorities.



## *An Overview of 2014-2015 Business Priorities*

### SHARED SERVICES ORGANISATION

In its 2013 - 2014 annual report the Council reported on the work it had been doing with the other 15 RA's to develop an agreed shared secretariat structure. That initiative resulted in a non-consensus amongst all of the 16 RA's to progress with a proposed shared services model.

In response to a subsequent request from the Director General of Health, the Council 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 was finalised in 2014. A decision was made to not proceed with an option to migrate the Council's IT system with that of the Medical Council due to prohibitive costs and the current IT system being a good quality product that is expected to continue to meet the Council's needs for several years. The Council has adopted an ongoing investment programme to ensure its IT system is well maintained and current.

The decision to co-locate Medical Sciences Secretariat (the not-for-profit company the Council jointly owns with the Medical Radiation Technologists Board) with a number of other RA's in 2013 has achieved some noticeable synergies, with plans to relocate with three other RA's to newer premises in June 2015 when the current premises lease expires.

### IT DEVELOPMENT

In 2014 the Council, in conjunction with the Medical Radiation Technologists Board explored various methods of managing meeting papers, and a decision was made to move to a web-based solution. All meeting documentation is now managed through this application, which has produced significant savings due to a reduction in "hard copy" production and distribution.

Development of the web-based platform has provided the Council's committees with a secure platform for managing practitioner applications and notifications, including the ability to maintain historical information in a purposeful format.

An ongoing review process is in place to ensure the web-based platform continues to meet the needs of Council members.

## 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 practitioners working in pre-analytical areas including specimen collection (Phlebotomy), donor technology and specimen preparation.

While there was a relatively good response to the Council's consultation, an analysis indicated more clarity was required to enable respondents to provide informed feedback on a number of the questions. Subsequently the Council held a stakeholder engagement workshop with representatives from the medical laboratory profession to assist with the development of a further industry-wide consultation document.

A second consultation document was published in December 2014, with a significant number of professional members and stakeholders responding to the survey. Consultation feedback was deliberated on by the Council at their March 2015 meeting and a number of decisions were made:

### **1. Definition of Medical Laboratory Science**

The Council acknowledges the high degree of support received from respondents in respect of its proposed definition of medical laboratory science and advises that the definition as presented in the consultation document has been adopted.

That definition will be incorporated into a revised Gazette notice and the Council is working on having the notice ready for publication towards the end of 2015.

### **2. Introduction of Two Registration Streams – Provisional and General**

The Council has agreed that it will introduce two streams of registration:

1. Provisional Registration; and
2. Full Registration

The term Full Registration will replace the originally proposed term of “General Registration”. This is in recognition of comments from many respondents that the term “general” could be confused with the range of the various medical laboratory science disciplines a practitioner can practise in. It was recommended that the term “full registration” provided more clarity that a practitioner had met all of the registration requirements within a particular scope of practice.

### **3. Definitions for the Scopes of Medical Laboratory Scientist and Medical Laboratory Technician**

The Council has agreed to adopt the definitions for the Medical Laboratory Scientist and Medical Laboratory Technician scopes of practice as set out in its December 2014 consultation document. That said, those definitions will be amended to remove reference to the word “generic”. This is in response to the many respondents who advised that including the term “generic” in each of these scope definitions was confusing.

#### 4. Introduction of a New Scope of Practice – Medical Laboratory Pre-Analytical Technician

The introduction of a new scope of practice titled Medical Laboratory Pre-Analytical Technician will be instituted. This scope of practice will include practitioners working within three areas of practice – phlebotomy, donor technology, and specimen services.

The Council took note of the many responses recommending an alternative be found for the originally proposed title of Specimen Technician, and hence the newly-coined title of Medical Laboratory Pre-Analytical Technician.

The definition for the Medical Laboratory Pre-Analytical Technician scope of practice will be adapted to include specific reference to the numerous employment-related titles (e.g. Phlebotomist; Donor Technician) that are incorporated into this scope of practice.

### COMMUNICATIONS

A number of information brochures and booklets have been developed throughout 2014-2015 and are available for download from the Council's website:

- A Guide for BMLSc Graduates (provided to students who are near the completion of their training)
- A Guide for Registered Medical Laboratory Scientists and Medical Laboratory Technicians (provided to practitioners when they register with the Council)
- A Guide for Registered Anaesthetic Technicians (provided to practitioners when they register with the Council)
- Work-Based-Assessment Brochure
- Professional Working Relationship with Anaesthetic Technicians and Anaesthetists
- Anaesthetic Technician Scope of Practice and Sedation



# REGISTRATIONS, AND PRACTISING CERTIFICATES

## *Scopes of Practice*

### MEDICAL LABORATORY SCIENCE

The profession of medical laboratory science is defined as:

*Medical Laboratory Science is the collection, receipt, preparation, investigation and laboratory analysis of samples of human biological material for the purpose of supporting patient diagnosis, management and treatment and for the maintenance of health and wellbeing.*

*Medical laboratory science encompasses a number of distinct disciplines including:*

- *Biochemistry*
- *Blood Donor Services*
- *Blood Transfusion Services*
- *Cytogenetics*
- *Cytology*
- *Embryology*
- *Haematology*
- *Histology*
- *Immunology/Virology*
- *Microbiology*
- *Molecular Diagnostics/Genetics*
- *Mortuary Practice*
- *Phlebotomy*
- *Specimen Services*

*Medical laboratory science also includes:*

- *Medical laboratory management*
- *Medical laboratory science research and development*
- *Medical laboratory science teaching*

In 2014-2015 there were two defined scopes of practice for registration in the profession of medical laboratory science:

- Medical Laboratory Scientist; and
- Medical Laboratory Technician

*Registration and the issue of annual practising certificates are core mechanisms used by the Council as evidence that practitioners have the necessary entry-level competencies and are fit to practise in their registered scope of practice.*

## 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.*

In 2014-2015 there was one defined one scope of practice for registration in the profession of anaesthetic technology:

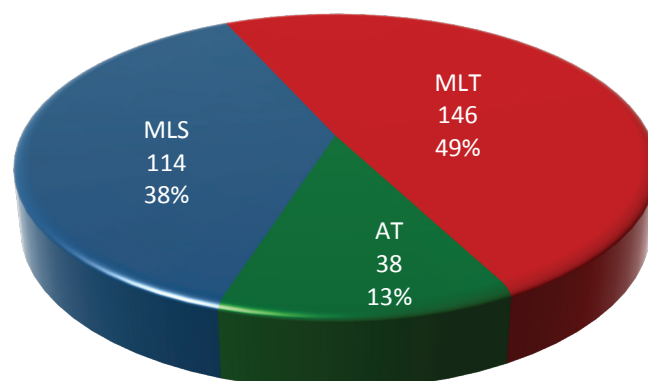
- Anaesthetic Technician.

*A core function of the 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.*

## Applications for Registration

Between 1 April 2013 and 31 March 2014 the Council received 336 applications from persons applying to be registered as a medical laboratory scientist, a medical laboratory technician or as an anaesthetic technician. 298 (89%) of these applications were approved. A small number of applications – 19 (5.5%) – were declined due to not meeting entry level registration requirements. Of the remaining applications, two (0.5%) were withdrawn by the applicant; and 17 (5%) applications were still being processed as at 31 March 2015.

	<i>Medical Laboratory Scientist</i>	<i>Medical Laboratory Technicians</i>	<i>Anaesthetic Technicians</i>	<i>TOTAL</i>
Registration Approved	114	146	38	<b>298</b>
Declined	11	7	1	<b>19</b>
Application Received - still being processed	3	12	2	<b>17</b>
Application withdrawn (by applicant)	-	-	2	<b>2</b>
<b>TOTAL RECEIVED</b>	<b>128</b>	<b>165</b>	<b>43</b>	<b>336</b>

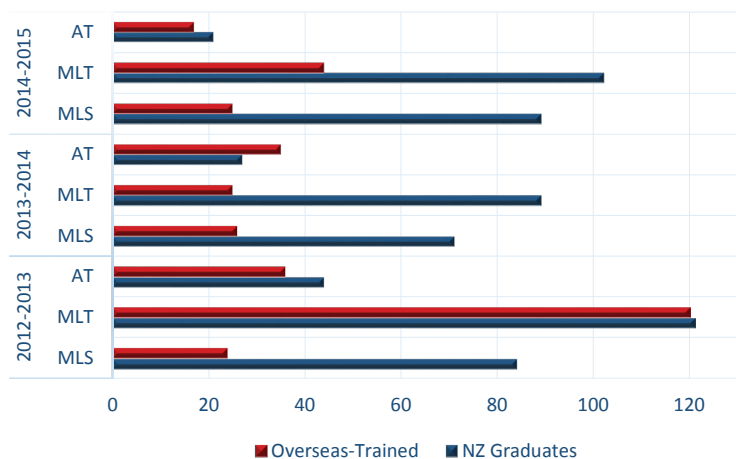


Approved Registrations

## Registrations Granted by Country

	<i>Medical Laboratory Scientist</i>	<i>Medical Laboratory Technicians</i>	<i>Anaesthetic Technicians</i>	<i>TOTAL</i>
Australia	4	1	1	<b>6</b>
Brazil	1	1	-	<b>2</b>
Denmark	1	-	-	<b>1</b>
Fiji	-	2	-	<b>2</b>
Finland	-	1	-	<b>1</b>
Germany	-	1	-	<b>1</b>
India	-	5	-	<b>5</b>
Iran	1	-	-	<b>1</b>
Iraq	-	1	-	<b>1</b>
Ireland	-	1	-	<b>1</b>
New Zealand	90	101	21	<b>212</b>
Philippines	-	24	-	<b>24</b>
Scotland	-	-	2	<b>2</b>
South Africa	3	2	-	<b>5</b>
United Kingdom	11	5	14	<b>30</b>
United States of America	2	1	-	<b>3</b>
Zimbabwe	1	-	-	<b>1</b>
<b>TOTAL</b>	<b>114</b>	<b>146</b>	<b>38</b>	<b>298</b>

The below table shows a comparison of NZ-trained and overseas-trained registrations granted over the last three practising years.



## *Alternative Route to Registration*

### GRADUATE DIPLOMA ROUTE TO REGISTRATION AS A MEDICAL LABORATORY SCIENTIST

Registered medical laboratory technicians who hold a relevant Bachelor of Science degree, 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 2014-2015 the Council approved 12 applicants to enrol in the Graduate Diploma in Science programme, and there were nine people registered as a medical laboratory scientist through the graduate diploma route.

### WORK-BASED ASSESSMENT

Work Based Assessment (WBA) is one mechanism used by the Council to assess a practitioner's competence to practise as an anaesthetic technician.

Prior to undertaking a WBA, practitioners are required to work under the direct supervision of a registered anaesthetic technician who holds a current practising certificate. The period of supervision is determined on a case-by-case basis, at the end of which the practitioner undertakes a WBA.

The WBA covers an assessment of the practitioner's clinical and technical skills and knowledge including a machine check assessment. The Council then makes a final decision as to whether or not the practitioner will be granted registration and/or issued with a practising certificate.

	2012	2013	2014
Offered	7	4	5
Undertaken	7	2	3
Passed	3	-	3
Failed	4	2	-

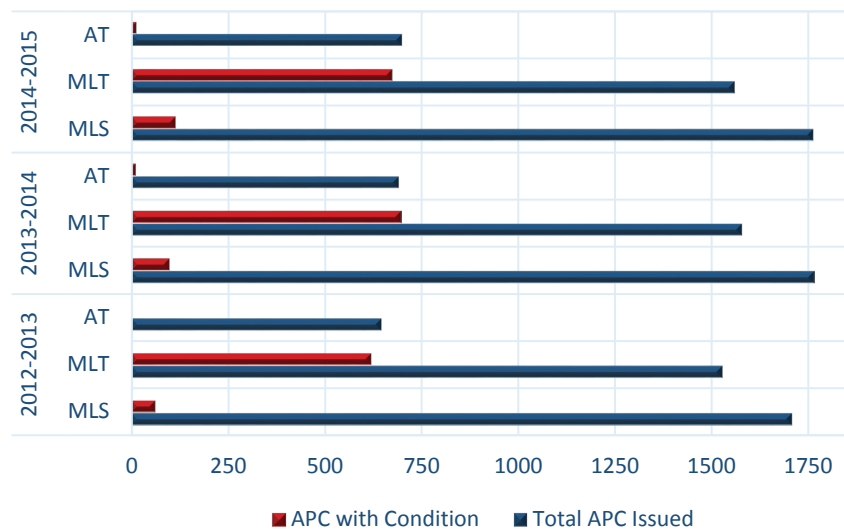
Please note, the number of WBA's offered to the number of WBA's undertaken may differ depending on "take up" rate and whether the WBA was completed in the same year it was offered.

## 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 2014-2015 the Council issued a total of 4019 annual practising certificates. 801 (20%) of those were issued with conditions. Of the 801 practitioners issued with a condition on their practice, 619 (77%) had their practice restricted to phlebotomy.

	Medical Laboratory Scientists	Medical Laboratory Technicians	Anaesthetic Technicians	TOTAL
Total certificates issued	1761	1558	700	4019
Issued with conditions	115	672	14	801



*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
<b>Medical Laboratory Scientist</b>	Required to practise under supervision for three months	1
	Required to practise under supervision for six months	51
	Required to practise under supervision for 12 months	8
	Nominated site and supervisor as approved by Council	5
	Practice restricted to Biochemistry	1
	Practice restricted to Embryology	30
	Practice restricted to Microbiology	3
	Practice restricted to Haematology	1
	Practice restricted to Cytogenetics	5
	Practice restricted to Molecular Genetics	3
	Practice restricted to Molecular Pathology	3
Practice restricted to Cytology and Histopathology	3	
<b>TOTAL</b>		<b>114</b>
<b>Medical Laboratory Technician</b>	Required to practise under supervision for three months	4
	Required to practise under supervision for six months	19
	Required to practise under supervision for 12 months	10
	Annual competency assessment required	3
	Nominated site and supervisor as approved by Council	1
	Practice restricted to Blood Donor Technology	7
	Practice restricted to Embryology	1
	Practice restricted to Histopathology	1
	Practice restricted to Microbiology	1
	Practice restricted to Mortuary Hygiene and Technique	5
	Practice restricted to Phlebotomy	619
Practice restricted to Phlebotomy and Microbiology	1	
<b>TOTAL</b>		<b>672</b>
<b>Anaesthetic Technician</b>	Required to practise under supervision for the duration of expanded practice training	7
	Required to practise under supervision for a minimum of six months then complete a WBA	2
	Required to practise under supervision for a minimum of 12 months then complete a WBA	1
	Required to practise under supervision for six months	1
	Approved to perform Peripherally Inserted Central Catheters (PICC Lines)	3
<b>TOTAL</b>		<b>14</b>

# 05

## ACCREDITATION AND CONTINUING PROFESSIONAL DEVELOPMENT

*Section 12 of the Act:*

*Qualifications must be prescribed.*

*“An authority must monitor every New Zealand educational institution that it accredits... and may monitor any overseas education institution that it accredits for that purpose.”*

### *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 qualifications 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.



## Continuing Professional Development

### MEDICAL LABORATORY SCIENTISTS

The Council has approved three external providers of CPD programmes for medical laboratory scientists:

- New Zealand Institute of Medical Laboratory Science (NZIMLS)
- New Zealand Hospital Scientific Officers Association (NZHSOA)
- Australian Institute of Medical Scientists (AIMS)

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. A small number of practising medical laboratory scientists were 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 they undertake an annual audit of 10% of medical laboratory scientists enrolled in their respective CPD programme. The results are communicated to the Council who follow up with individual practitioners who have not met the Council's recertification 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 8 hours of approved professional development activity within the previous 12-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.

### ANAESTHETIC TECHNICIANS

An anesthetic technician applying for an APC must have undertaken at least 60 hours of CPD for each three-year CPD period. Practitioner's CPD records need to show they can demonstrate reflection, improvement and positive impact on their practice as an Anaesthetic Technician. Each year the Medical Sciences Council undertakes an audit of 10% of anesthetic technicians who are holding a current APC. Anesthetic technicians selected for audit are required to submit evidence of their professional development activities.

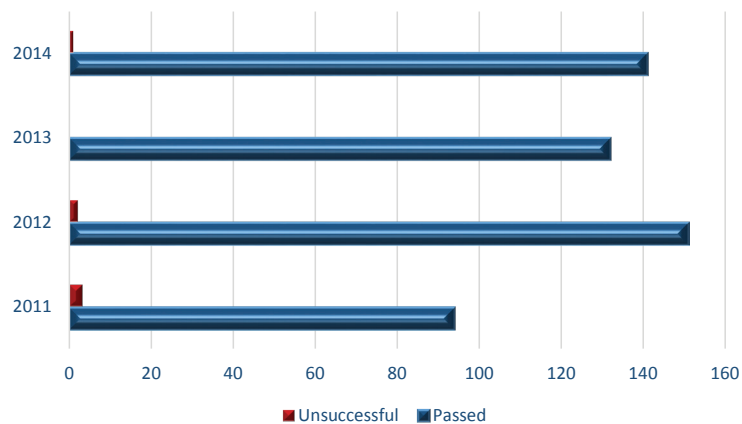
*Continuing professional development should be:*

- *Continuous - professionals should always be looking for ways to improve performance*
- *The responsibility of the individual to own and manage*
- *Driven by the learning needs and development of the individual*
- *Evaluative rather than descriptive of what has taken place*
- *An essential component of professional life, never an optional extra*

*Chartered Institute of Personnel and Development  
(United Kingdom)*

## AUDIT RESULTS (MEDICAL LABORATORY TECHNICIANS)

	2011		2012		2013		2014	
<i>Called for audit</i>	99		156		140		149	
<i>Audited</i>	97	98%	153	98%	132	94%	142	95%
<i>Passed</i>	94	97%	151	99%	132	100%	141	99%
<i>Unsuccessful</i>	3	3%	2	1%	0	0	1	1%



### INAUGURAL ANAESTHETIC TECHNICIAN CPD AUDIT

2014 saw the inaugural CPD audit for anaesthetic technicians.

Selected: 67

Audited: 63

Passed: 63

The 4 practitioners who were not audited received exemption from participation

# COMPETENCE, FITNESS TO PRACTISE, PROFESSIONAL CONDUCT AND COMPLAINTS

The Council is responsible for monitoring medical laboratory science and anaesthetic technology practitioners, to ensure they meet and maintain practice standards in order to protect the health and safety of the New Zealand public.

Practitioners are asked to make a number of declarations in respect of their competence and fitness to practise when applying for registration, and each year they apply for a practising certificate.

## *Competence Reviews*

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.

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 no new competence-related notifications received in 2014-2015.

Two competency cases from the previous (2013-2014) year were closed in 2014.

## *Fitness to Practice*

There was one health-related referral to the Council during 2014-2015 under section 45 of the Act, relating to an anaesthetic technician. This case was still active as at 31 March 2015.

*The Council investigates all notifications received regarding the competence, health and professional conduct of registered practitioners.*

## Conduct

The Council received six professional conduct notifications:

MLS: 2      MLT: 2      AT: 2

Of these, four related to practitioners practising without a practising certificate, and two related to criminal convictions.

From the 2013/2014 year, one conduct referral was closed.

Number	HPCAA Reference	Referred by	Outcome
1	s67	Court	Closed- no further action required
3	s68	MSS	Closed- no further action required
1	s68	MSS	On-going; referred to HPDT
1	s68	Employer	To be monitored through ongoing health checks.

## 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 workplace misuse of alcohol.

*The Council is the statutory body which sets the standards, monitors and promotes competence, continuing professional development and proper conduct for practitioners registered in the professions of medical laboratory science and anaesthetic technology.*

# 07

## FINANCIAL REPORT

*FOR THE YEAR ENDED  
31 MARCH 2015*

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44	Audit Report

Medical Sciences Council of New Zealand  
 Consolidated Statement of Financial Performance  
 For the Year ended 31 March 2015

	Note	2015	2014
		\$	\$
<b>Income</b>			
Registration Fees - Non NZ		35,002	35,927
Registration Fees - NZ		38,747	33,692
APC's		656,143	653,785
Interest Received		39,812	31,604
Sundry Income		18,532	263
<b>Total Income</b>		<b>788,236</b>	<b>755,271</b>
<b>Less Expenses</b>			
Archiving		1,463	1,424
Assessors		14,775	10,354
AT Council Meeting Fees		9,675	17,831
Audit Fees		6,841	7,629
Bank Charges		9,043	13,204
Board Member Fees & Expenses		115,097	88,765
Catering		3,925	2,432
Chartered Accountancy Fees		4,587	3,581
Conference Expenses		4,498	5,887
Examiner Fees		6,475	600
General Expenses		3,503	1,053
Interest Expense		-	32
IT		3,790	1,933
Legal Expenses		71,537	26,882
MSS Service Charges		484,792	415,608
Postage		613	460
Printing & Stationery		1,882	1,783
Professional Fees		8,351	1,845
Telephone, Tolls & Internet		3,478	2,090
Travel		106,797	59,902
<b>Total Expenses</b>		<b>861,122</b>	<b>663,294</b>
<b>Consolidated Net Surplus/(Deficit) For The Year</b>		<b>(72,886)</b>	<b>91,977</b>

Medical Sciences Council of New Zealand  
Statement of Financial Performance - MLS  
For the Year ended 31 March 2015

	Note	2015	2014
		\$	\$
<b>Income</b>			
Registration Fees - Non NZ		27,182	17,987
Registration Fees - NZ		32,287	24,852
APC's		450,796	452,811
Interest Received		23,414	22,164
Sundry Income		18,532	263
<b>Total Income</b>		<b>552,212</b>	<b>518,078</b>
<b>Less Expenses</b>			
Archiving		1,463	1,424
Audit Fees		6,157	6,866
Bank Charges		6,365	10,518
Board Member Fees & Expenses		93,476	75,859
Catering		2,760	1,371
Chartered Accountancy Fees		4,129	3,223
Conference Expenses		2,898	4,829
Examiners Fees		1,725	600
General Expenses		2,520	911
Interest Expenses		-	32
IT		3,460	1,636
Legal Expenses		50,633	22,742
MSS Service Charges		436,313	374,047
Postage		613	460
Printing & Stationery		1,694	1,711
Professional Fees		4,135	1,845
Telephone, Tolls & Internet		2,893	1,896
Travel - National		66,112	39,700
<b>Total Expenses</b>		<b>687,342</b>	<b>549,668</b>
<b>Net Surplus/(Deficit) For The Year</b>		<b>(135,131)</b>	<b>(31,590)</b>



Medical Sciences Council of New Zealand  
 Statement of Financial Performance - AT  
 For the Year ended 31 March 2015

Note	2015	2014
	\$	\$
<b>Income</b>		
Registration Fees - Non NZ	7,820	17,940
Registration Fess - NZ	6,460	8,840
APC's	205,347	200,974
Interest Received	16,398	9,440
<b>Total Income</b>	<b>236,025</b>	<b>237,194</b>
<b>Less Expenses</b>		
Assessors	14,775	10,354
AT Council Meeting Fees	9,675	17,831
Audit Fees	684	763
Bank Charges	2,679	2,686
Board Member Fees	21,622	12,906
Catering	1,165	1,061
Chartered Accountancy Fees	459	358
Conference Expenses	1,599	1,058
General Expenses	983	142
IT	331	297
Legal	20,904	4,140
MSS Service Charges	48,479	41,561
Printing & Stationery	188	72
Professional/ Consultancy Fees	4,217	-
Telephone, Tolls & Internet	586	194
Examiner Fees	4,750	-
Travel	40,685	20,203
<b>Total Expenses</b>	<b>173,780</b>	<b>113,626</b>
<b>Net Surplus/(Deficit) For The Year</b>	<b>62,245</b>	<b>123,568</b>



Medical Sciences Council of New Zealand  
 Statement of Movements in Equity  
 For the Year ended 31 March 2015

	Note	2015	2014
		\$	\$
Opening Equity		844,601	752,622
Net Surplus/(Deficit) For The Year - MSCNZ	(135,131)		(31,590)
Net Surplus/(Deficit) For The Year - AT	62,245		123,568
Consolidated Revenues & Expenses		(72,886)	91,978
Equity at End of the Year		771,715	844,601

Medical Sciences Council of New Zealand  
Statement of Financial Position  
For the Year ended 31 March 2015

	Note	2015	2014
		\$	\$
<b>Equity</b>			
Retained Earnings - MSCNZ	4	414,642	549,773
Retained Earnings - AT	4	357,073	294,828
<b>Total Equity</b>		<b>771,715</b>	<b>844,601</b>

Represented by;

<b>Current Assets</b>			
Westpac Bank - Government Trading		165,878	225,831
Westpac Bank - Imprest Account		700,000	950,000
Westpac Bank - Business Online		219,711	206,435
Westpac - AT		294,445	94,918
Accounts Receivable		49,926	31,774
Prepayments		3,327	-
Accrued Income		2,432	9,523
Medical Sciences Secretariat Limited		34,398	28,835
<b>Total Current Assets</b>		<b>1,470,117</b>	<b>1,547,317</b>

<b>Non-Current Assets</b>			
Investments in MSS		50	50
<b>Total Assets</b>		<b>1,470,167</b>	<b>1,547,367</b>

<b>Current Liabilities</b>			
Accounts Payable		15,893	20,230
GST Due for Payment		68,599	72,797
Income in Advance - MSCNZ		421,060	417,438
Income in Advance - AT		192,900	192,300
<b>Total Current Liabilities</b>		<b>698,452</b>	<b>702,766</b>

<b>Net Assets/ (Liabilities)</b>		<b>771,715</b>	<b>844,601</b>
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For and on behalf of the Council;

Chairperson *HE Mackay*

Date: 31 August 2015

Registrar *Ell Doyle*

Date: 31 August 2015

# Medical Sciences Council of New Zealand

## Notes to the Financial Statements

### For the Year ended 31 March 2015

#### 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 2013.

##### *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.

#### 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.

## Medical Sciences Council of New Zealand

### Notes to the Financial Statements

*For the Year ended 31 March 2015*

#### 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").

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

#### 4. Equity

The following movements in Revenue Reserves have occurred:

Retained Earnings

	2015	2014
	\$	\$
<b>Retained Earnings - MSCNZ</b>		
Opening Balance	549,773	581,363
Net Surplus/(Deficit) For The Year	(135,131)	(31,590)
Closing Balance	414,642	549,773
<b>Retained Earnings - AT</b>		
Opening Balance	294,828	171,259
Net Surplus/(Deficit) For The Year	62,245	123,568
Closing Balance	357,073	294,828
<b>Total Consolidated Retained Earnings</b>	<b>771,715</b>	<b>844,601</b>

# Medical Sciences Council of New Zealand

## Notes to the Financial Statements

### *For the Year ended 31 March 2015*

#### 5. Commitments

There are no capital or other commitments at balance date (2014: \$nil).

#### 6. Contingent Liabilities

There are no contingent liabilities at balance date (2014: \$nil).

#### 7. 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.

The entity is commencing a review to determine which of the frameworks or tiers will affect it and any impacts of that change.

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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 2015**

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 3 to 10 that comprise the statement of financial position as at 31 March 2015, the consolidated statement of financial performance, statement of financial performance - MLS, statement of financial performance - AT 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 3 to 10:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
  - financial position as at 31 March 2015; and
  - financial performance for the year ended on that date.

Our audit was completed on 31 August 2015. 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



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