



**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

# ANNUAL REPORT

*1 APRIL 2015 - 31 MARCH 2016*



***MEDICAL LABORATORY SCIENCE  
ANAESTHETIC TECHNOLOGY***



# **ANNUAL REPORT**

**MEDICAL SCIENCES COUNCIL OF NEW ZEALAND**  
**1 APRIL 2015 - 31 MARCH 2016**

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Throughout this report:

MLS: Medical Laboratory Scientist

MLPAT: Medical Laboratory Pre-Analytical Technician

The Health Practitioners Competence Assurance Act 2003 is referred to as the Act

The Medical Science Council is referred to as the Council.

MLT: Medical Laboratory Technician

AT: Anaesthetic Technician



## A YEAR IN NUMBERS



### PRACTITIONERS PRACTISING:

MLS	=	1777
MLT	=	1546
AT	=	708

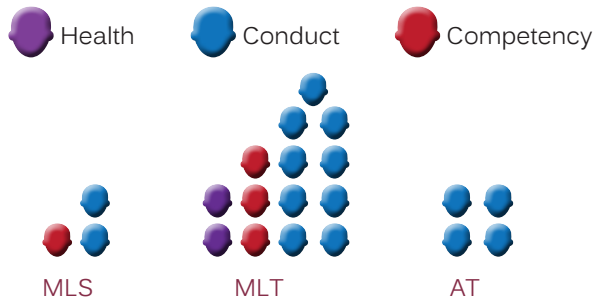
*4031 practitioners held a 2015/2016 APC.*

### APPROVED REGISTRATIONS

MLS	=	110
MLT	=	128
AT	=	54

*292 practitioners were added to the register during 2015/2016.*

### NOTIFICATIONS RECEIVED

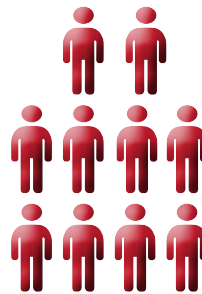


*21 notifications were received during the 2015-2016 year.*

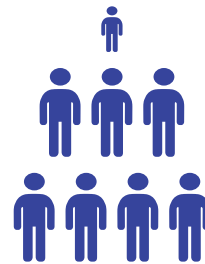
### 2015 AUDIT - PASSED

**99%**

**85%**



**MLT**



**AT**

## FROM THE CHAIR

*2015-2016 has been another extremely busy year for the Medical Sciences Council. The Medical Science Secretariat, under the leadership of CEO/Registrar Mary Doyle, manages our day-to-day Council business. With the Council being responsible for two professions this makes for a very efficient business model but a busy time for the MSS staff team.*



*Following the decision for regulatory authorities to continue their independent structures there has been a move for more shared working spaces of which we are one. Since July 2015 number 80 The Terrace has been home to the Medical Sciences Council and five other regulatory authorities.*

*A scope of practice review for medical laboratory science is now complete after having very robust, fruitful discussions and consultation with the profession streamlining the various scopes and how they relate to one another. Alongside this, a fees review has been undertaken. Fees had not altered since 2008 and with the increase of conduct and competence reviews it was a necessary evil.*

*The experience from the medical laboratory science scope of practice review is now being used as we move through a review for the Anaesthetic Technician scope of practice. This makes for an efficient process from lessons learned and I look forward to meeting up with members of the profession as we consult with them through a variety of forums.*

*One thing that both professions have in common is abiding by the Health Practitioners Competence Assurance Act 2003. Over time we have received numerous notifications of people practising without a current practising certificate (APC), which practitioners are required to renew on an annual basis. The convening of a Professional Conduct Committee or referral to the Health Disciplinary Tribunal to address these notifications is a significant cost to the professions we represent. The Act states very clearly that an APC is required for all scopes of practice regardless of being in part or full time work.*

*During the year the Anaesthetic Technicians Advisory Committee (ATAC) was disbanded and the responsibilities for this committee passed to the Registrations Committee and the Professional Standards Committee. ATAC was invaluable in the first phases of the introduction of the Anaesthetic Technician profession into the Council and it was timely to now integrate the ongoing regulation of this profession into the Council's core regulatory systems and processes that are applicable to both professions. We would like to thank Dr Malcolm Stuart and Michelle Peck for their support and advice over the duration of the committee.*



*We have had regular meetings with the New Zealand Institute of Medical Laboratory Science (NZIMLS) and the New Zealand Anaesthetic Technicians Society (NZATS). 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 fulfill 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 a few changes to the makeup of the Council this year with the resignation of Kirsten Beynon, our Deputy Chair, due to her other commitments. Kirsten's input into Council has been amazing and we will miss her expertise. Paula McCormick has joined us and she is bringing a new range of experiences to the table. So as you can see, nothing ever stays the same.*

*A huge thank you must go to our CEO/Registrar, Mary Doyle and her staff, for their dedication to the Council and their achievements in the last financial year. As I mentioned earlier, we are an efficient business running a large workload with a small, dedicated group of staff.*

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

*Helen Walker  
Chair*

## FROM THE CEO/REGISTRAR

March 2016 saw the end of another busy year for the team at Medical Sciences Secretariat (MSS). Providing business support services to our two owner shareholders, the Medical Sciences Council (MSC) and the Medical Radiation Technologists Board (MRTB) across a broad spectrum of regulatory functions (under the Health Practitioners Competence Assurance Act 2003) and back-of-office functions, has been challenging yet fulfilling, for our small staff team of eight.



In 2015 changes to the staff team were implemented following a review of the organisational structure, the drivers for that review being to better position MSS to continue to meet its business objectives in the longer term. Over the last year a number of training opportunities have been put in place to help build the team culture and assist incoming staff to take on the challenges of their new roles.

We completed the move into new office premises and are now domiciled with four other regulatory authorities (RA's) at 80 The Terrace in Wellington. Working collaboratively with the other RA's over a period of months, and through robust project management, the move was managed with minimal effect on the daily work of the MSS team. As a group of co-locating RA's we continue to work cooperatively in sharing our knowledge of best regulatory practice.

Assisting the MSC and the MRTB with achieving their business objectives over the last twelve months saw the team manage the processes for a total of 620 new registration applications and the issue of 7034 annual practising certificates across the three professions regulated by these two regulatory authorities.

Scope of practice reviews for both the MSC and the MRTB continued throughout 2015 with the team assisting with the publication of a number of consultation documents as well as organising and participating in various stakeholder forums associated with those reviews. These strategic initiatives required significant resourcing from the MSS team and it has been satisfying to see the positive outcomes of the various components of the respective reviews.

Preparing the secretariat for the introduction of the new health and safety legislation was a feature of the MSS workplan during 2015. An assessment by an external health and safety specialist agency identified that while our policies and processes have a sound foundation, there are a number of areas for improvement and we are now working towards putting these in place. MSS continues to build on its health and safety framework to ensure a safe working environment for our staff team, Council and Board members and external contractors.

The team has continued to work diligently in providing both business-as-usual support as well as working alongside the respective regulatory authorities to assist them with their various strategic priorities for the 2015-16 business year.

Once again I would like to extend my sincere appreciation to my staff team, members of the Medical Sciences Council and the Medical Radiation Technologists Board, as well as the MSS Board of Directors for their commitment and enthusiasm in carrying out their responsibilities. Your skills and knowledge have been instrumental in individually and collectively achieving a number of positive outcomes in meeting our responsibilities to protect the health and safety of the New Zealand public under the Health Practitioners Competence Assurance Act 2003.

Mary Doyle  
CEO/Registrar

# 01

## THE COUNCIL

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

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 2016.*



## *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

*Council members are appointed by the Minister of Health for up to three-year terms.*

### RETIRED MEMBERS

*Kirsten Beynon 2012 - 2015*

*Laurie Manley 2006 - 2015*

*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	Term Commenced	Term Renewed	Term due to be Completed
Helen Walker (Chair)	2010	2013; 2016	2019
Don Mikkelsen (Deputy Chair)	2010	2013; 2016	2018
Christine Hickton	2010	2013; 2016	2018
Dr Andrew Warmington	2012	2014	2017
Dr David Stephens	2010	2013	2016
Karen Bennett	2012	2015	2018
Kirsten Beynon	2012	-	2015
Laurie Manley	2006	2009; 2012	2015
Lynne Morgan	2015	-	2018
Michelle Wanwimolruk	2015	-	2018
Paula McCormick	2015	-	2018



Helen Walker



Don Mikkelsen



Christine Hickton



Dr Andrew Warmington

## COUNCIL MEMBERS FEES AND MEETINGS

### Council Fees

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

### Council Meetings

Council Members	29 <sup>th</sup> Apr 2015	25 <sup>th</sup> Jun 2015	26 <sup>th</sup> Aug 2015	29 <sup>th</sup> Oct 2015	9 <sup>th</sup> -10 <sup>th</sup> Dec 2015	4 <sup>th</sup> Feb 2016
Helen Walker (Chair)	✓	✓	✓	✓	✓	✓
Don Mikkelsen (Deputy Chair)	✓	✓	✓	✓	✓	✓
Christine Hickton	✓	✓	✓	✓	✓	✓
Dr Andrew Warmington	✓	✓	✓	✓	✓	✓
Dr David Stephens	✓	Apologies	Apologies	✓	✓	✓
Karen Bennett	✓	✓	✓	✓	✓	✓
Kirsten Beynon	✓	✓	Term completed			
Laurie Manley	✓	Term completed				
Lynne Morgan		✓	✓	✓	✓	✓
Paula McCormick			✓	✓	✓	✓
Michelle Wanwimolruk		Apologies	✓	✓	✓	✓



Dr David  
Stephens



Karen Bennett



Lynne Morgan



Paula McCormick



Michelle  
Wanwimolruk



## ***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 2015 - 2018 document.

### ***EDUCATION COMMITTEE***

**Convener:** Kirsten Beynon

**Members:** Laurie Manley (to Sep 2015)    Karen Bennett    Paula McCormick (from Sep 2015)

### ***RESPONSIBILITIES:***

#### **Risk Management**

- Review the currency, relevance and completeness of education-related policies and procedures; and
- Ensure Committee decisions comply with Council policies and procedures; and
- 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 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 (to Jun 2015) Michelle Wanwimolruk (from Jun 2015)

**Members:** Helen Walker Peter Chung (external member)

### *RESPONSIBILITIES:*

#### Risk Management

- Review the risk management framework for effective identification and management of the Council's financial and business risks; and
- Review 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 business continuity planning arrangements, including whether disaster recovery plans have been tested periodically; and
- Review fraud policy and procedures.

#### Control Framework

- Review the 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 compliance with those; and

#### Financial Reporting

- Review financial reports and advise the Council on the financial status of the Council and any issues; and
- Monitor the processes for sign-off of audited financial statements and inclusion of those in the relevant annual report.

#### Legislative Compliance

- Review and monitor legislative compliance reports.

#### Audit

- Review the draft annual financial report prior to that being finalised by the auditor and advise the CEO/Registrar of any concerns/issues; and
- 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 audit plans; 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 comprised 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 outcomes of decisions to ensure legislative and policy compliance ; and
- Review informational material pertaining to professional standards prior to publication.

#### **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 Medical Practitioners (to conduct a medical examination); 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 advise 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 (to Sep2015) Christine Hickton  
Lynne Morgan (from Sep 2015)

### ***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 make recommendations to the Council; and
- Monitor the outcomes of decisions to ensure legislative and policy compliance; and
- Review informational material pertaining to registration and recertification.

#### **Applications**

- Determine the registration status for applicants who hold a non-equivalent qualification; and
- Ensure all application deliberations and determinations are documented and communicated to MSS staff; 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.



## *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 Technicians 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 2015 those projects include:
  - Review of the Work-Based Assessment standards and procedures; and
  - Publication of Anaesthetic Technician-specific informational materials; and
  - Review of the training framework for Anaesthetic Technicians.

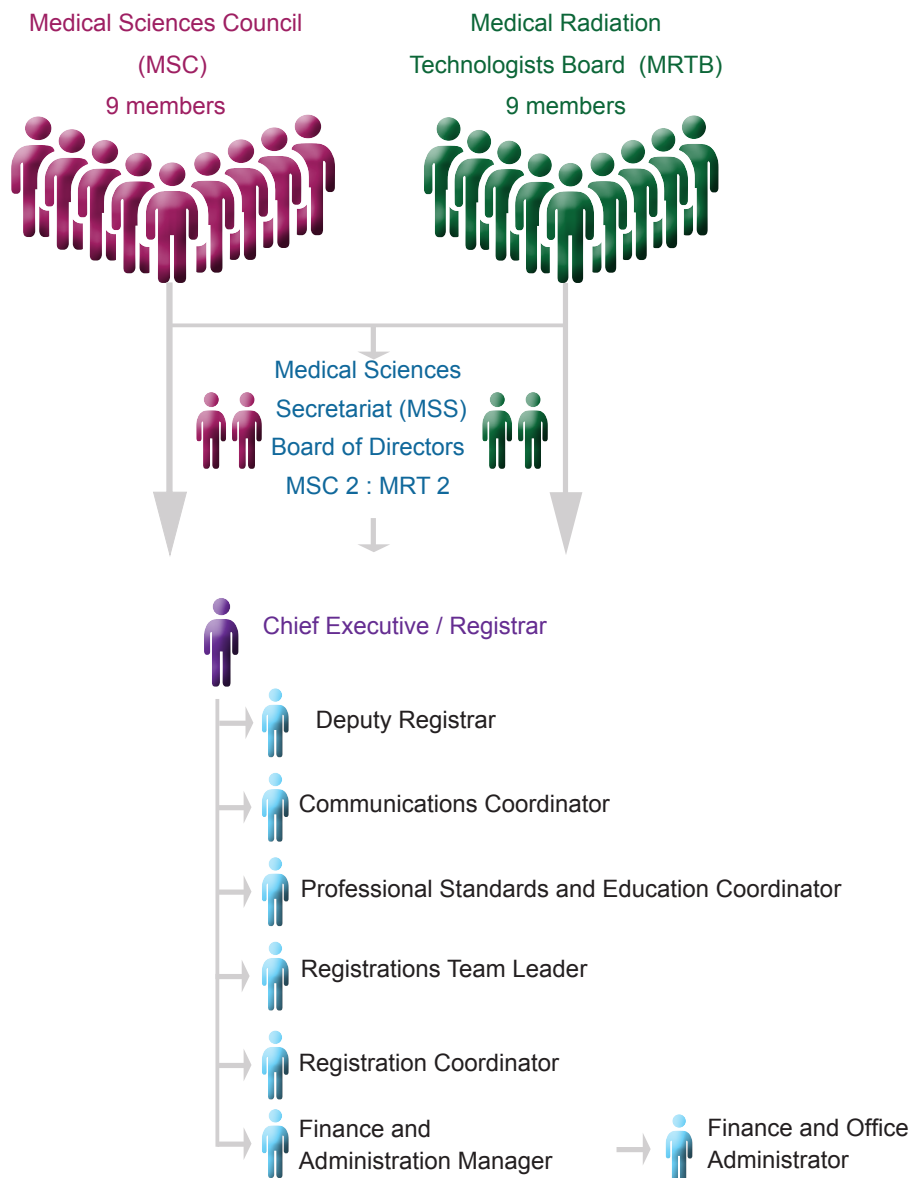
The Anaesthetic Technicians Advisory Committee was disbanded in November 2015.



## SECRETARIAT

The Council works very closely with another health regulatory authority, the New Zealand 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 Medical Sciences Council and the Medical Radiation Technologists Board to contain costs and achieve operational synergies including consistency in the formulation and delivery of health regulation policy.



# 02

## BUSINESS PRIORITIES



*Strategic Directions* 2015-2018 reflects the scope of the Council's responsibilities and identifies key strategies and initiatives the Council plans to undertake to meet those responsibilities.

The Medical Sciences Council Strategic Directions 2015-2018 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 New Zealand public.

### ***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 service 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.



## *LINKING WITH STAKEHOLDERS*

### *COMMUNICATIONS*

The Council's primary media for maintaining links with stakeholders is through its website, newsletters, and emails. During 2015-2016 the Council undertook a review of both the design and content of its website.

The Council met with a number of stakeholder groups during 2015-2016 including education providers, professional bodies, and medical laboratory science practitioners (the latter as a component of the review of the scopes of practice for the medical laboratory science profession).

### *HEALTH REGULATORY AUTHORITIES OF NEW ZEALAND COLLABORATIONS*

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

## *BUSINESS PRIORITIES*

### *PRACTITIONER FEES*

In May 2015 the Council published a consultation document pertaining to a review of fees charged to practitioners. Practitioner fees set by the Council had remained unchanged since 2008 despite a steady increase in operating costs over successive years. The Council achieved that by funding operating costs from an accumulated operational surplus. However the level of available funds had reached a point where the Council could no longer continue to meet its operational costs whilst maintaining the same level of income. Subsequently the Council proposed to increase the various fees for practitioners in order to continue to meet their legislative responsibilities under the Health Practitioners Competence Act 2003 to protect the health and safety of the New Zealand public.

As an outcome of the consultation process the Council revised its original proposals and a phased approach for an increase to practitioner fees over a two-year period was agreed to. The Council took note of consultation feedback which urged an incremental approach to any future fees increases. An annual review of practitioner fees will be undertaken with a view to any potential increases being on a smaller scale.

### *WEBSITE REVIEW*

During 2015 the Council, in conjunction with the Medical Radiation Technologists Board, invested in upgrading their respective websites, to enable information to be more easily accessible to practitioners and the New Zealand public. Practitioners can now access their individual portals through using mobile devices (such as smartphones) and the design of website content was reviewed with a view to easier access to key regulatory information. The redesigned websites went live in January 2016 and feedback received has been positive.

### *SCOPES OF PRACTICE REVIEW – MEDICAL LABORATORY SCIENCE PROFESSION*

Commencing in 2013 the Council engaged in a series of public consultation communiques in respect of a review of the scopes of practice for medical laboratory science practitioners. The review was undertaken in accordance with the Council's responsibilities in regulating the profession of medical laboratory science under the Health Practitioners Competence Assurance Act 2003:



	<i>Milestone</i>	<i>Highlights</i>
<i>2013</i>	Initial consultation document Scopes of Practice Review (medical laboratory science) published	<ul style="list-style-type: none"> <li>• 561 responses</li> <li>• Strong support for inclusion of specimen services</li> <li>• Number of issues highlighted including a lack of clarity in respect of proposed registration pathways and practicalities for implementation</li> </ul>
<i>2014; May</i>	Industry discussion forum	<ul style="list-style-type: none"> <li>• A one-day forum with representatives from the industry including the professional body, employers from public/private sector and large/small laboratories etc. to discuss issues identified through the 2013 consultation</li> </ul>
<i>2014; December</i>	Second consultation document medical laboratory science Scopes of Practice Review published	<ul style="list-style-type: none"> <li>• This subsequent consultation document was revised to take into account the feedback from the 2013 version as well as the 2014 industry discussion forum</li> </ul>
<i>2015; April</i>	Meeting with industry representatives	<ul style="list-style-type: none"> <li>• Discussions held with representatives of the professional body and embryologists as to the proposed scopes of practice and implications for practical application</li> </ul>
<i>2015; May</i>	Outcomes of 2014 consultation published	<ul style="list-style-type: none"> <li>• 447 responses</li> <li>• Proposed definition of the medical laboratory science adopted</li> <li>• Introduction of a new scope titled Medical Laboratory Pre-Analytical Technician</li> <li>• A total of six scopes of practice:               <ul style="list-style-type: none"> <li>• Medical Laboratory Scientist (provisional registration)</li> <li>• Medical Laboratory Scientist (full registration)</li> <li>• Medical Laboratory Technician (provisional registration)</li> <li>• Medical Laboratory Technician (full registration)</li> <li>• Medical Laboratory Pre-Analytical Technician (provisional registration)</li> <li>• Medical Laboratory Pre-Analytical Technician (full registration)</li> </ul> </li> </ul>

	<i>Milestone</i>	<i>Highlights</i>
<i>2015; September</i>	Communique Scopes of Practice Review published	<ul style="list-style-type: none"> <li>This communique summarised the progress to date in the Council's review of the scopes of practice for medical laboratory science and set out the proposed qualifications for registration in the revised scopes of practice</li> </ul>
<i>2015; December</i>	Communique Outcomes of Consultation on Qualifications for Registration (Medical Laboratory Science) published	<ul style="list-style-type: none"> <li>A summary of the final qualifications framework for the revised scopes of practice (after consideration of all feedback received from the September 2015 consultation process)</li> </ul>

In December 2015 two Council representatives undertook an intensive three-day tour of five of the main centres – Auckland, Hamilton, Wellington, Dunedin, and Christchurch – to touch base with medical laboratory science practitioners and employers to present the core outcomes of the Council's scopes of practice review. A total of 280 people attended the presentations at the various venues and the Council very much appreciated those individuals taking time out of their busy schedules to meet with them and hear first-hand of the pending changes to the scopes of practice for the medical laboratory science profession.

The Council released a publication - Registration Guide Medical Laboratory Science Scopes of Practice through its website. The document provided information on the pending changes for the scopes of practice the Council had defined for registration in the medical laboratory science profession which came into effect from February 2016.

A key feature of the review has been the introduction of a Medical Laboratory Pre-Analytical Technician scope of practice which includes the practices of specimen collection (commonly referred to as phlebotomy), specimen preparation (commonly known as specimen services), and donor technology. In February 2016 registrations were opened to specimen service practitioners and 689 Medical Laboratory Technicians who previously had a condition on their registration limiting them to practising in either phlebotomy or donor technology services only, had their scope of practice converted to that of a Medical Laboratory Pre-Analytical Technician.

Registration for practitioners working in specimen services included a "grand-parenting" provision that allowed for practitioners with no formal qualification but with three or more years' experience to register in the Medical Laboratory Pre-Analytical Technician scope. That provision was only available for a finite period and from 01 August 2016 specimen service practitioners are required to hold an approved academic qualification as published in the Council's December 2015 Gazette notice.

**Note:** no practitioners were registered in the MLPAT scope during the 2015/2016 year. While the conversion from Medical Laboratory Technician to Medical Laboratory Pre-Analytical Technician occurred in February 2016, new registrations for that scope of practice were processed from 01 April 2016.

# 03

## REGISTRATION AND PRACTISING CERTIFICATES

*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.*

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

- Anaesthetic Technician.



## ***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*

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

- Medical Laboratory Scientist
- Medical Laboratory Technician
- Medical Laboratory Pre-Analytical Technician



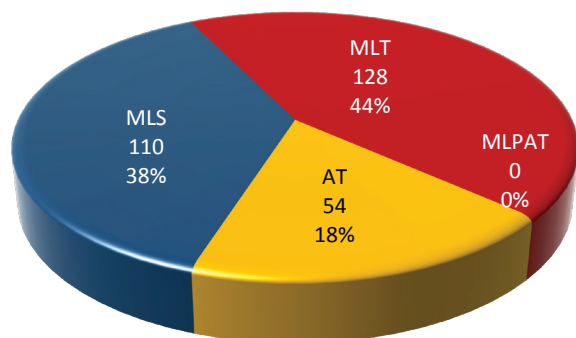
## REGISTRATION STATISTICS

Between 1 April 2015 - 31 March 2016 the Council received 445 applications from persons applying to be registered. 292 (66%) of these applications were approved. A small number of applications – 22 (5%) – were declined due to not meeting entry level registration requirements.

Of the remaining applications, 21 (5%) were withdrawn by the applicant; six (1%) applications were approved to complete the Graduate Diploma in Medical Laboratory Science as a pathway to registration as a medical laboratory scientist; and 104 (23%) applications were still being processed at 31 March 2016.

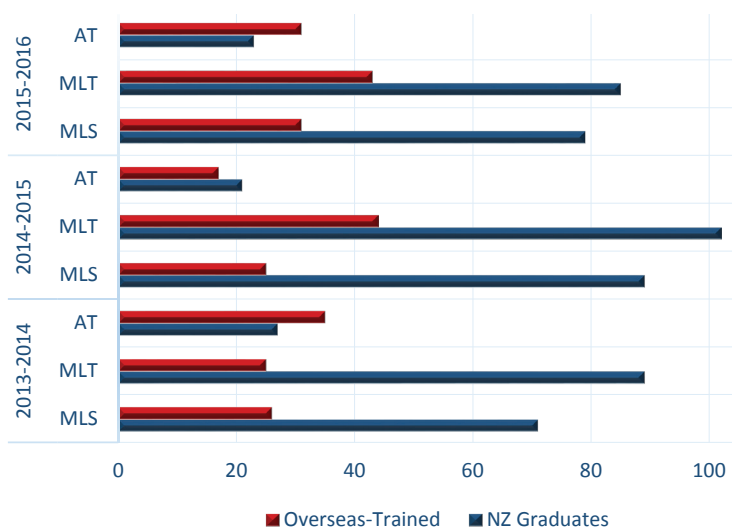
	<i>MLS</i>	<i>MLT</i>	<i>MLPAT</i>	<i>AT</i>	<i>TOTAL</i>
Registration Approved	110	128		54	<b>292</b>
Approved for Graduate Diploma pathway to registration as a MLS		6			<b>6</b>
Declined	19	2		1	<b>22</b>
Application Received - still being processed	8	16	78	2	<b>104</b>
Application withdrawn (by applicant)	2	19			<b>21</b>
<b>TOTAL RECEIVED</b>	<b>139</b>	<b>171</b>	<b>78</b>	<b>57</b>	<b>445</b>

**Note,** no practitioners were registered in the scope of Medical Laboratory Pre-Analytical Technician during the 2015-2016 year.



	<i>MLS</i>	<i>MLT</i>	<i>AT</i>	<i>TOTAL</i>
Argentina	1	1		<b>2</b>
Australia	6	4		<b>10</b>
Chile	1			<b>1</b>
Fiji		3		<b>3</b>
India	4	3		<b>7</b>
Iran		1		<b>1</b>
Ireland	1	1		<b>2</b>
Israel	1			<b>1</b>
Netherlands	1		2	<b>3</b>
New Zealand	79	85	23	<b>187</b>
Pakistan		2		<b>2</b>
Philippines		20		<b>20</b>
South Africa	4			<b>4</b>
Sudan	1			<b>1</b>
Sweden		1		<b>1</b>
United Kingdom	8	5	29	<b>42</b>
United States of America	3	2		<b>5</b>
<b>TOTAL</b>	<b>110</b>	<b>128</b>	<b>54</b>	<b>292</b>

Comparison of NZ-trained and overseas-trained registrations granted over the last three practising years.





## ***ALTERNATIVE PATHWAYS TO REGISTRATION***

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

Registered Medical Laboratory Technicians who hold a relevant Bachelor of Science degree, have the option of taking a pathway to train towards Medical Laboratory Scientist registration through undertaking a Council-approved two-year study programme - Graduate Diploma in Science (Medical Laboratory Science). 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 2015-2016 the Council approved six applicants to enrol in the Graduate Diploma in Science (Medical Laboratory Science) programme, and 14 people registered as a Medical Laboratory Scientist through this 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

	<b>2013</b>	<b>2014</b>	<b>2015</b>
Offered	4	5	3
Undertaken	2	3	2
Passed	-	3	1
Failed	2	-	1

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

## ANNUAL PRACTISING CERTIFICATES

Practitioners registered with the Council must hold a current annual practising certificate (APC) in order to practice in New Zealand.

In 2015-2016 the Council issued a total of 4031 annual practising certificates. 182(4.5%) of those were issued with conditions.

**Note**, in February 2016 the 689 registered Medical Laboratory Technicians, for whom their practice was restricted to phlebotomy or donor technology, had their scope of practice converted to that of a Medical Laboratory Pre-Analytical Technician.

Accordingly APC's issued in the scope of practice of Medical Laboratory Technician were also converted to Medical Laboratory Pre-Analytical Technician.

	MLS	MLT	MLPAT	AT	TOTAL
Total certificates issued	1777	857	689	708	<b>4031</b>
Issued with conditions	112	50	6	14	<b>182</b>

*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	2
	Required to practise under supervision for six months	49
	Required to practise under supervision for 12 months	8
	Nominated site and supervisor as approved by Council	4
	Must undertake a medical review	1
	Practice restricted to Biochemistry	2
	Practice restricted to Embryology	32
	Practice restricted to Microbiology	5
	Practice restricted to Haematology	1
	Practice restricted to Cytogenetics	4
	Practice restricted to Molecular Genetics	1
	Practice restricted to Molecular Biology	1
Practice restricted to Cytology and Histopathology	2	
<b>TOTAL</b>		<b>112</b>
<b>Medical Laboratory Technician</b>	Required to practise under supervision for three months	1
	Required to practise under supervision for six months	22
	Required to practise under supervision for 12 months	14
	Nominated site and supervisor as approved by Council	1
	Practice restricted to Embryology	1
	Practice restricted to Histopathology	2
	Practice restricted to Microbiology	2
	Practice restricted to Mortuary Hygiene and Technique	7
<b>TOTAL</b>		<b>50</b>
Scope	Conditions	Total

<b>Medical Laboratory Pre-Analytical Technician</b>	Required to practise under supervision for three months	1
	Required to practise under supervision for six months	2
	Required to practise under supervision for 12 months	1
	Conditions pertaining to a competence review	2
<b>TOTAL</b>		<b>6</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>

# 04

## ACCREDITATION AND CONTINUING PROFESSIONAL DEVELOPMENT

### *ACCREDITED 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 four qualifications offered by the New Zealand Institute of Medical Laboratory Science (NZIMLS) for the purpose of registration:

- Qualified Medical Laboratory Technician Certificate
- Qualified Medical Laboratory Technician Certificate - Phlebotomy
- Qualified Medical Laboratory Technician Certificate - Donor Technology
- Qualified Medical Laboratory Technician Certificate - Specimen Services

#### *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 NZIMLS Competence and Professional Development programme, with a small number (1.5%) enrolled in the NZHSOA Continuing Education Programme for Scientific Officers and Recertification Programme for Medical Laboratory Scientists. A smaller number (<1%) were enrolled in the AIMS Australian Professional Acknowledgement 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.

### ***ANAESTHETIC TECHNICIANS***

The Council's recertification framework for Anaesthetic Technicians is based on a continuing professional development (CPD) model.

The Council expects the practitioner will be able to demonstrate engagement in continuous and ongoing CPD activities involving a mixture of learning activities. They must be able to articulate how their CPD activities have impacted on their practice as an Anaesthetic Technician.

As a minimum the practitioner must be able to demonstrate that:

1. they have a documented annual Professional Development Plan; and
2. they have undertaken a minimum of 60 hours of CPD for each three-year CPD period;
3. over the three-year CPD period the practitioner has undertaken at least one CPD activity in three of the four learning categories defined and approved by the Council.



## COUNCIL AUDITS

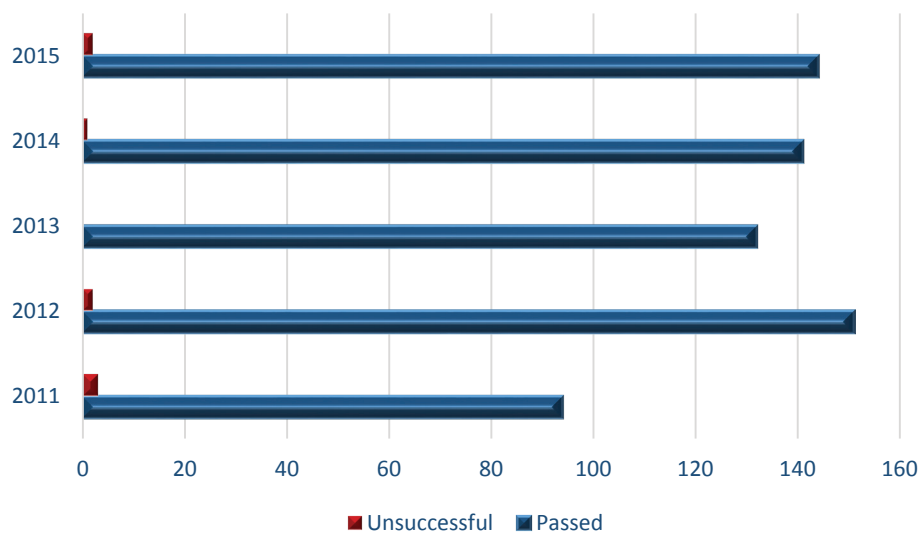
### MEDICAL LABORATORY TECHNICIANS

A Medical Laboratory Technician applying for an APC must have undertaken at least eight-hours of approved professional development activity within the previous 12-month period.

Each year the Council undertakes an audit of 10% of Medical Laboratory Technicians who are holding a current APC.

### AUDIT RESULTS (MEDICAL LABORATORY TECHNICIANS)

	2012		2013		2014		2015	
<b>Called for audit</b>	156		140		149		160	
<b>Audited</b>	153	98%	132	94%	142	95%	144	90%
<b>Passed</b>	151	99%	132	100%	141	99%	142	99%
<b>Unsuccessful</b>	2	1%	0	0	1	1%	2	1%



## 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 Council undertakes an audit of 10% of Anesthetic Technicians who are holding a current APC.

### AUDIT RESULTS (ANAESTHETIC TECHNICIANS)

	2014		2015	
<b>Called for audit</b>	67		63	
<b>Audited</b>	63	94%	61	97%
<b>Passed</b>	63	100%	52	85%
<b>Unsuccessful</b>	0	0	9	15%

#### *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)*

# 05

## **FITNESS TO PRACTISE, PROFESSIONAL CONDUCT AND COMPETENCE**

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.

## NOTIFICATIONS RECEIVED

The Council received the following number of notifications during the 2015-2016 year across the medical laboratory science and anaesthetic technology professions.

	<i>MLS</i>	<i>MLT</i>	<i>AT</i>	<i>TOTAL</i>
Fitness to practice		2		<b>2</b>
Conduct	2	9	4	<b>15</b>
Competence	1	3		<b>4</b>
<b>TOTAL</b>	<b>3</b>	<b>14</b>	<b>4</b>	<b>21</b>

## FITNESS TO PRACTICE

Any health practitioner registered with the Council who, because of a mental or physical condition cannot make safe judgments, demonstrate acceptable levels of competence or behave appropriately in accordance with ethical, legal and practice guidelines, can expect to be the subject of an investigation by the Council.

During 2015-2016 there were two health-related referrals to the Council under section 45 of the Act. Both cases were in relation to Medical Laboratory Technicians, one case was closed with no further action required, the second was still active as at 31 March 2016.

<b>Scope</b>	<b>Number</b>	<b>HPCA Act Reference</b>	<b>Outcome</b>
MLT	1	s45	Closed - no further action required
	1	s45	Currently under investigation



## PROFESSIONAL CONDUCT

The Health Practitioners Competence Assurance Act 2003 enables the Council to appoint a professional conduct committee (PCC) to investigate a complaint received by the Council alleging that the practice or conduct of a health practitioner registered with the Council may pose a risk of harm or serious harm to the public.

During the 2015-2016 year the Council received 15 professional conduct cases:

Scope	Number	HPCA Act Reference	Outcome
MLS	1	s67	Closed - no further action required
	1	s64	Closed - no further action required
MLT	6	s64	Closed - no further action required
	1	s67	Closed - no further action required
	1	s64	Has been referred to HPDT
	1	s67	Currently under investigation
	2	s64	Closed - no further action required
AT	1	s67	Currently undergoing a PCC
	1	s67 and s45	Currently undergoing a PCC

## *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; 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.

During the 2015-2016 year, four competency notifications were received:

<b>Scope</b>	<b>Number</b>	<b>HPCA Act Reference</b>	<b>Outcome</b>
MLS	1	s67	Closed - no further action required
MLT	1	s34	Currently under investigation
	2	s34	Have not been issued with a current APC, and are required to complete a competency review if they apply to renew their APC

## *HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL*

There was one referral to the Health Practitioners Disciplinary Tribunal, in respect of a practitioner practising without a current annual practising certificate. As at 31 March 2016, this case was still in progress.

# 06

## FINANCIAL REPORT

***FOR THE YEAR ENDED  
31 MARCH 2016***

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## ***MEDICAL SCIENCES COUNCIL OF NEW ZEALAND***

### Entity Information

*FOR THE YEAR ENDED 31 MARCH 2016*

Legal Name:	Medical Sciences Council of New Zealand (MSCNZ)
Entity Type:	Body Corporate
Charities Registration Number:	CC34594
Founding Documents:	Established by the Health Practitioners Competency Assurance Act 2003 (HPCA Act) and is an Authority under the Act
Entity's Purpose or Mission:	To protect the health and safety of members of the public by providing mechanisms to ensure that medical science practitioners are competent and fit to practise their professions
Entity Structure:	A nine member governance board
Main source of the entity's cash and resources:	Practitioners and applicants for registration
Main method used by entity to raise funds:	Fees and Levies (refer to section 130 and 131 of the HPCA Act)
Entities reliance on volunteers and donated goods or services:	No reliance is placed on volunteers or donated goods or services

### *Contact Details:*

Physical Address:	Level 5, 80 The Terrace, Wellington
Postal Address:	PO Box 11-905, Wellington 6142
Phone:	+64 4 801 6250
Email:	msc@medsci.co.nz
Website:	www.msccouncil.org.nz



## **MEDICAL SCIENCES COUNCIL OF NEW ZEALAND**

### Consolidated Statement of Financial Performance FOR THE YEAR ENDED 31 MARCH 2016

Note	2016	2015
	\$	\$
<b>Income</b>		
Registration Fees - Non NZ	42,799	35,002
Registration Fees - NZ	96,985	38,747
APC's	662,242	656,143
Interest Received	27,806	39,812
Sundry Income	7,038	18,532
<b>Total Income</b>	<b>836,870</b>	<b>788,236</b>
<b>Less Expenses</b>		
Archiving	1,306	1,463
Assessors	12,900	14,775
AT Council Meeting Fees	8,187	9,675
Audit Fees	7,093	6,841
Bad Debt	21,027	-
Bank Charges	17,776	9,043
Board Member Fees & Expenses	117,354	115,097
Catering	4,223	3,925
Chartered Accountancy Fees	5,092	4,587
Conference Expenses	3,032	4,498
Examiner Fees	-	6,475
General Expenses	2,163	3,503
IT	2,995	3,790
Legal Expenses	56,042	71,537
MSS Service Charge	680,429	484,792
Postage	1,036	613
Printing, Stamps & Stationery	2,133	1,882
Professional Fees	1,800	8,351
Project Costs	44,450	-
Telephone, Tolls & Internet	1,926	3,478
Training	2,509	-
Travel	76,834	106,797
<b>Total Expenses</b>	<b>1,070,307</b>	<b>861,122</b>
<b>Consolidated Net Surplus/(Deficit) For The Year</b>	<b>(233,437)</b>	<b>(72,886)</b>

## MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

### Statement of Financial Performance - MLS FOR THE YEAR ENDED 31 MARCH 2016

Note	2016	2015
	\$	\$
<b>Income</b>		
Registration Fees - Non NZ	25,122	27,182
Registration Fees - NZ	82,469	32,287
APC's	452,846	450,796
Interest Received	14,245	23,414
Sundry Income	7,038	18,532
<b>Total Income</b>	<b>581,720</b>	<b>552,212</b>
<b>Less Expenses</b>		
Archiving	1,045	1,463
Audit Fees	5,674	6,157
Bad Debt	21,027	-
Bank Charges	14,221	6,365
Board Member Fees & Expenses	93,883	93,476
Catering	3,378	2,760
Chartered Accountancy Fees	4,074	4,128
Conference Expenses	2,426	2,898
Examiner Fees	-	1,725
General Expenses	1,730	2,520
IT	2,396	3,460
Legal Expenses	46,012	50,633
MSS Service Charge	544,343	436,312
Postage	829	612
Printing, Stamps & Stationery	1,706	1,693
Professional Fees	1,440	4,135
Project Costs	35,560	-
Telephone, Tolls & Internet	1,541	2,893
Training	2,007	-
Travel	61,467	66,112
<b>Total Expenses</b>	<b>844,759</b>	<b>687,342</b>
<b>Net Surplus/(Deficit) For The Year</b>	<b>(263,039)</b>	<b>(135,131)</b>



## **MEDICAL SCIENCES COUNCIL OF NEW ZEALAND**

### Statement of Financial Performance - AT FOR THE YEAR ENDED 31 MARCH 2016

Note	2016	2015
	\$	\$
<b>Income</b>		
Registration Fees - Non NZ	17,677	7,820
Registration Fess - NZ	14,516	6,460
APC's	209,396	205,347
Interest Received	13,561	16,398
<b>Total Income</b>	<b>255,150</b>	<b>236,025</b>
<b>Less Expenses</b>		
Archiving	261	-
Assessors	12,900	14,775
AT Council Meeting Fees	8,187	9,675
Audit Fees	1,417	684
Bank Charges	3,555	2,679
Board Member Fees & Expenses	23,471	21,622
Catering	845	1,165
Chartered Accountancy Fees	1,018	459
Conference Expenses	607	1,599
Examiner Fees	-	4,750
General Expenses	433	983
IT	599	331
Legal Expenses	10,030	20,904
MSS Service Charge	136,086	48,479
Postage	207	187
Printing, Stamps & Stationery	427	-
Professional Fees	360	4,217
Project Costs	8,890	-
Telephone, Tolls & Internet	385	586
Training	502	-
Travel	15,368	40,685
<b>Total Expenses</b>	<b>225,548</b>	<b>173,780</b>
<b>Net Surplus/(Deficit) For The Year</b>	<b>29,602</b>	<b>62,245</b>

## MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

### Summary Statement of Cashflow FOR THE YEAR ENDED 31 MARCH 2016

	2016	2015
	\$	\$
<b>Operating Activities</b>		
<i>Cash was provided from:</i>		
APC income	887,907	660,366
Other Income received	105,490	74,129
Interest Received	30,238	46,902
<i>Cash was applied to:</i>		
Payments to Suppliers and Others	(978,126)	(878,547)
<b>Net Cash Inflow/(Outflow) From Operating Activities</b>	<b>45,509</b>	<b>(97,150)</b>
<b>Investing Activities</b>		
<i>Cash was provided from:</i>		
Sale of Property, Plant & Equipment		
<i>Cash was applied to:</i>		
Purchase of Intangible Assets		
Purchase of Property, Plant & Equipment		
Term Deposits	(300,000)	250,000
<b>Net Cash Inflow/(Outflow) From Investing Activities</b>	<b>(300,000)</b>	<b>250,000</b>
<b>Net Increase in Cash Held</b>	<b>(254,491)</b>	<b>152,850</b>
Cash at beginning of year	1,380,034	1,477,184
Plus Cash transferred to Term Deposit	300,000	(250,000)
<b>Net Cash Inflow/(Outflow) From Investing Activities</b>	<b>1,425,543</b>	<b>1,380,034</b>
<i>Represented By:</i>		
Cash and Cash Equivalents	425,543	680,034
Investment - Term Deposits	1,000,000	700,000
<b>Closing bank balance</b>	<b>1,425,543</b>	<b>1,380,034</b>



## ***MEDICAL SCIENCES COUNCIL OF NEW ZEALAND***

### **Statement of Movements in Equity FOR THE YEAR ENDED 31 MARCH 2016**

	Note	2016	2015
		\$	\$
Opening Equity		771,715	844,601
Net Surplus/(Deficit) For The Year - MSCNZ		(263,039)	(135,131)
Net Surplus/(Deficit) For The Year - AT		29,602	62,245
Consolidated Revenues & Expenses		(233,437)	(72,886)
Equity at End of the Year		538,278	771,715

# MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

## Statement of Financial Position FOR THE YEAR ENDED 31 MARCH 2016

	Note	2016	2015
		\$	\$
<b>Equity</b>			
Retained Earnings - MSCNZ	4	151,603	414,642
Retained Earnings - AT	4	386,675	357,073
<b>Total Equity</b>		<b>538,278</b>	<b>771,715</b>

Represented by;

<b>Current Assets</b>			
Westpac Bank - Government Trading		52,788	165,878
Westpac Bank - Imprest Account		1,000,000	700,000
Westpac Bank - Business Online		300,724	219,711
Westpac - AT		72,032	294,445
Accounts Receivable		54,283	49,926
Prepayments		0	3,327
Accrued Income			2,432
Medical Sciences Secretariat Limited		93,992	34,398
<b>Total Current Assets</b>		<b>1,573,819</b>	<b>1,470,117</b>

<b>Non-Current Assets</b>			
Investments in MSS		50	50
<b>Total Assets</b>		<b>1,573,819</b>	<b>1,470,117</b>

<b>Current Liabilities</b>			
Accounts Payable		84,435	15,893
GST Due for Payment		111,531	68,599
Income in Advance - MSCNZ		637,725	421,060
Income in Advance - AT		201,900	192,900
<b>Total Current Liabilities</b>		<b>1,035,591</b>	<b>698,452</b>

<b>Net Assets/ (Liabilities)</b>		<b>538,278</b>	<b>771,715</b>
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For and on behalf of the Council;

Chairperson 

Date: 06 September 2016

Registrar 

Date: 06 September 2016



## **MEDICAL SCIENCES COUNCIL OF NEW ZEALAND**

### Notes to the Financial Statements FOR THE YEAR ENDED 31 MARCH 2016

#### 1. Statement of Accounting Policies

##### *Reporting Entity*

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

These Financial Statements have been prepared in accordance with the Financial Reporting Act 2013.

##### *Basis of Preparation*

The financial statements have been prepared in accordance with the new financial reporting framework Tier 3 Public Benefit Entity Simple Reporting (PBE-SFR-A (PS)) and have been prepared on the basis of historical costs.

All transactions have been reported using the accrual basis of accounting and prepared on the assumption that the reporting entity 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 Council 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 entity is registered for Goods and Services Tax. The financial statements have been prepared on an exclusive basis with the exception of accounts receivable and accounts payables 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 year are shown as Income Received in Advance.

##### *Changes in Accounting Policies*

All accounting policies are unchanged and have been consistently Related Parties



# ***MEDICAL SCIENCES COUNCIL OF NEW ZEALAND***

## **Notes to the Financial Statements** ***FOR THE YEAR ENDED 31 MARCH 2016***

### **2. Related Parties**

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

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

### **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 of 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 incl. those that did not originally include GST (e.g. wages).
4. MSS will return GST refunds at 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 2016

#### 4. Equity

The following movements in Revenue Reserves have occurred:

	2016	2015
	\$	\$
<b>Retained Earnings - MSCNZ</b>		
Opening Balance	414,642	549,773
Net Surplus/(Deficit) For The Year	(263,039)	(135,131)
Closing Balance	151,603	414,642
<b>Retained Earnings - AT</b>		
Opening Balance	357,073	294,828
Net Surplus/(Deficit) For The Year	29,602	62,245
Closing Balance	386,675	357,073
<b>Total Consolidated Retained Earnings</b>	<b>538,278</b>	<b>771,715</b>

## 5. Commitments

There are no capital or other commitments at balance date (2015: \$nil).

## 6. Contingent Liabilities

There are no contingent liabilities at balance date (2015: \$nil).

## 7. Revenue Categories

Revenue from non-governmental sources for providing goods or services totalled \$809,064 and revenue from interest, dividends and other investments was \$27,806.

## 8. Events After Balance Date

There were no events that occurred after the balance date that would have a material impact on these financial statements.



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**INDEPENDENT AUDITOR'S REPORT  
TO THE READERS OF  
MEDICAL SCIENCES COUNCIL OF NEW ZEALAND  
PERFORMANCE REPORT  
FOR THE YEAR ENDED 31 MARCH 2016**

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 performance report of the Council on her behalf.

We have audited the performance report of the Council on pages 3 to 10, that comprise the entity information, the statement of financial position as at 31 March 2016, the statement of financial performance, statement of movements in equity and statement of cash flows for the year ended on that date and the notes to the performance report that includes accounting policies and other explanatory information.

**Opinion**

In our opinion the performance report of the Council on pages 3 to 10:

- fairly reflect the Council:
  - entity information for the year then ended;
  - financial position as at 31 March 2016; and
  - financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 9 September 2016. 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 performance report is 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 performance report. 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 performance report. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the performance report whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Council's performance report 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 performance report; and
- the overall presentation of the performance report.

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

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 a performance report that:

- complies with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's entity information, financial position, financial performance and cash flows.

The Council is also responsible for such internal control as it determines is necessary to enable the preparation of a performance report that is free from material misstatement, whether due to fraud or error. The Council is also responsible for the publication of the performance report, 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 performance report 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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