



**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

# *Annual Report*



2018

Throughout this report:

MLS: Medical Laboratory Scientist

MLT: Medical Laboratory Technician

MLPAT: Medical Laboratory Pre-analytical Technician

AT: Anaesthetic Technician

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

the Medical Sciences Council of New Zealand is referred to as the Council.

## **2** *Numbers at a Glance*

*From the Chair and  
Chief Executive* **4**

## **6** *The Medical Sciences Council*

*Strategic Priorities and Goals* **14**

## **20** *Registrations and Practising Certificates*

*Education and Continuing  
Professional Development* **30**

## **34** *Fitness to Practise, Professional Conduct and Competence*

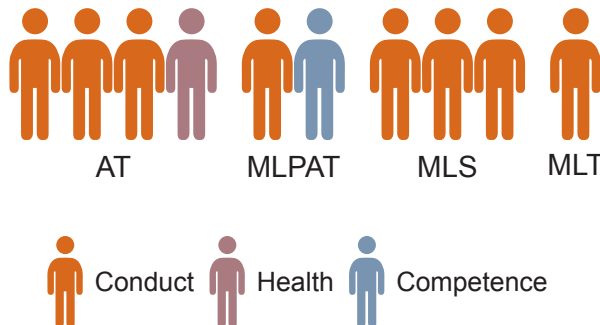
*Financial Report* **36**  
For the year ended 31 March 2018

## Numbers at a Glance

**4435**   
APC's Issued  
Up 65  
APC's  
from  
2016/2017

## Notifications Received

**10**



  
Up 2  
complaints  
from  
2016/2017

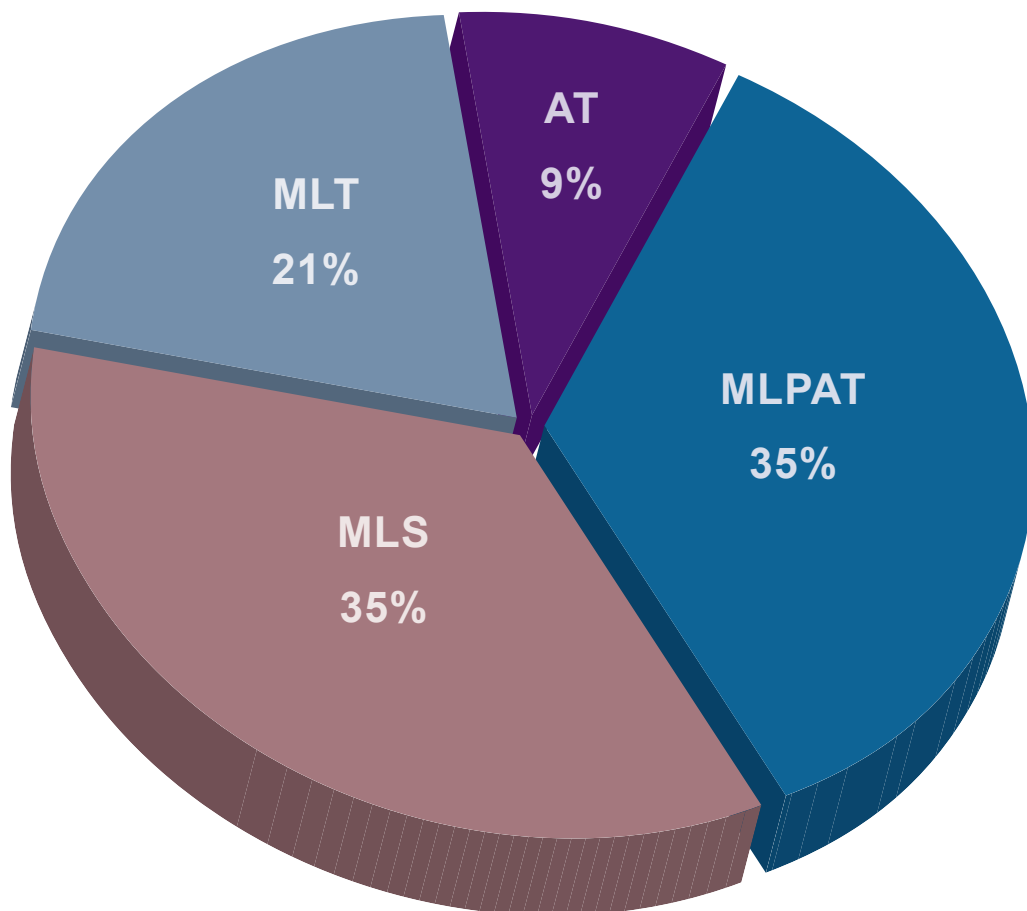
**111**

  
Down 17  
from  
2016/2017

**Overseas Registered**

# 405

## New Registrants



## *From the Chair and Chief Executive*

We are proud to say the Medical Sciences Council (the Council) is regarded as a high functioning Regulatory Authority, and is recognised for leadership in our supporting systems, provided through the Medical Sciences Secretariat. Our IT systems are frequently under review with continuous improvements made to how we manage our core responsibilities under the HPCA Act. Our website continues to be reviewed ensuring information provided is current and new documents added on a regular basis.

The issues with our office accommodation have not, at this point, been resolved to the satisfaction of the Council or the Medical Sciences Secretariat Board of Directors, meaning we have not reoccupied those premises. As an aftermath of the 2016 Kaikoura earthquake we had to vacate our premises while remediation work was undertaken. While that remediation work was completed at the end of 2017, an independent engineering report identified a separate issue in terms of a potential health and safety risk associated with the building's construction and we are continuing to work with the landlord to negotiate a mutually satisfactory and safe outcome.

We share the liability for the lease with four other Regulatory Authorities adding a layer of complexity to plotting our future path. While those matters are worked through, we continue to occupy temporary premises in Panama House. These premises have been perfectly adequate for the Council to continue to operate and we are very thankful for the resilience and adaptability of the team.

The situation with our accommodation has resulted in an extended period of additional costs in terms of lease obligations, however we expect to be able recoup at least a percentage of those costs through our business continuity insurance cover. At the time of writing this report it is unknown as to when the situation with our shared accommodation will be resolved, however the collective regulatory authorities are taking a proactive approach to bring this to resolution as soon as possible.

As is usual for the Council, an aggressive work plan was pursued in the 2017/2018 financial year. As well as IT system upgrades we continue to work through a review of the scope of practice for Anaesthetic Technicians, online examinations for overseas applicants for the purpose of registration, core competencies and expanded practice amongst other things.

Consultation and engagement with the profession has been a focus this year with meetings held with professional bodies and education providers plus consultation documents released to the profession and a number of stakeholders.

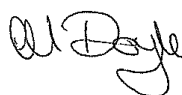
In addition we attended and presented at a number of professional meetings to share progress on our work plan as widely as possible.

The Council received a small number of notifications related to competence and conduct of practitioners and these were dealt with adhering to the provisions under the Act. Of concern were breaches related to patient confidentiality, continued incidences of practitioners practising without an annual practicing certificate, and evidence of practitioners practising who are not registered with the Council.

Finally a big thank you to Council members, the Medical Sciences Secretariat staff and to the professions we work with. Our work is complex at times and at times not well understood. We have increased our exposure at conferences and meetings to continue improving that understanding at the grass roots level and we aim for you to get an opportunity to meet some of us on a more regular basis through those avenues.



Don Mikkelsen  
Chair



Mary Doyle  
Chief Executive

## *The Medical Sciences Council*

The Medical Sciences Council (the Council) is one of 16 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:

- Anaesthetic technology; and
- Medical laboratory science.

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.

The environment the Council operates within helps to determine its strategic direction. The Council works within an ever-changing environment that is subject to a number of influences including economic, political, social and technological.

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







## Council Functions






The Council has a number of functions defined by section 118 of the Act:

- 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 a three-year term, and are eligible to apply for re-appointment to serve a maximum of three consecutive three-year-terms (nine-years).

	Term commenced	Term renewed	Term due to be completed
 <p><b>Don Mikkelsen</b> Chair Medical Laboratory Scientist</p>	2010	2013 2016	2018
 <p><b>Helen Walker</b> Deputy Chair Lay member</p>	2010	2013 2016	2019
 <p><b>Dr Adriana Gunder</b> Lay Member</p>	2016		2019
 <p><b>Dr Andrew Warmington</b> Anaesthetist</p>	2012	2014 2017	2020

		<b>Term commenced</b>	<b>Term renewed</b>	<b>Term due to be completed</b>
	<b>Christine Hickton</b> Medical Laboratory Scientist	2010	2013 2016	2018
	<b>Karen Bennett</b> Anaesthetic Technician	2012	2015	2018
	<b>Lynne Morgan</b> Medical Laboratory Technician	2015		2018
	<b>Michelle Wanwimolruk</b> Lay Member	2015		2018
	<b>Paula McCormick</b> Medical Laboratory Scientist (Embryology only)	2015		2018

## Council Members Fees and Meetings

Position	Fee
Chairperson	\$29,304 annual honorarium
Council Member	\$660 day / \$82.50 hour

Council Members	20 <sup>th</sup> Apr 2017	21 <sup>st</sup> Jun 2017	24 <sup>th</sup> Aug 2017	18 <sup>th</sup> - 19 <sup>th</sup> Oct 2017	13 <sup>th</sup> Dec 2017	21 <sup>st</sup> - 22 <sup>nd</sup> Feb 2018
Don Mikkelsen	✓	✓	✓	Apologies	✓	✓
Helen Walker	✓	✓	✓	✓	✓	✓
Dr Adriana Gunder	✓	✓	✓	✓	✓	✓
Dr Andrew Warmington	✓	✓	✓	✓	✓	✓
Christine Hickton	✓	✓	✓	✓	✓	✓
Karen Bennett	✓	✓	✓	✓	✓	✓
Lynne Morgan	✓	✓	✓	✓	✓	✓
Paula McCormick	✓	✓	✓	✓	✓	✓
Michelle Wanwimolruk	✓	✓	✓	✓	✓	✓

## Council Committee

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 2017 - 2022 document.

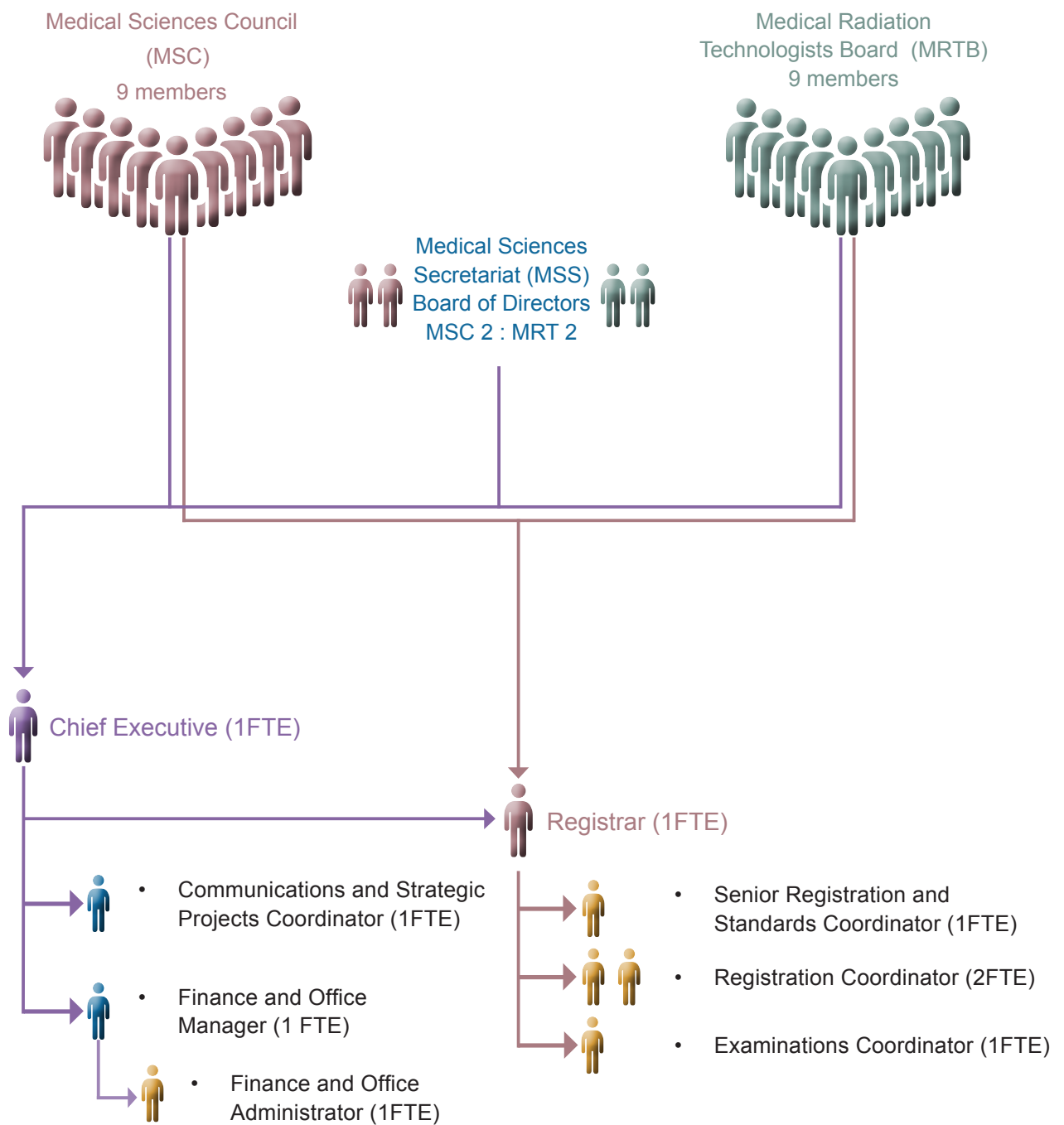
Committee	Membership	
<b>Education Committee</b>	Karen Bennett Dr Adriana Gunder Paula McCormick	
<b>Finance, Audit and Risk Committee</b>	Michelle Wanwimolruk Helen Walker Peter Chung	
<b>Professional Standards Committee</b>	Helen Walker Dr Andrew Warmington Don Mikkelsen	
<b>Registrations and Recertification Committee</b>	Don Mikkelsen Dr Andrew Warmington Christine Hickton Karen Bennett	Lynne Morgan Natasha Caldwell Angela Dewhirst Saad Mansour
<b>Online Examinations Committee</b>	Don Mikkelsen Karen Bennett Lynne Morgan Brett Besley	Holly Perry Megan Campbell Natasha Caldwell Nick Connolly

## *Secretariat*

The Council works very closely with the New Zealand Medical Radiation Technologists Board with whom they set up a jointly-owned company, Medical Sciences Secretariat (MSS).

MSS provides both regulatory authorities with business support services across all regulatory and corporate 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 team in late 2017, with the separation of the Chief Executive/Registrar role, a disestablishment of the Deputy Registrar role and new roles of a Senior Registration and Standards Coordinator and an Examination Coordinator.



## Strategic Priorities and Goals

The Medical Sciences Council Strategic Directions 2017-2022 document sets out the strategic goals and activities the Council plans to undertake during that five-year period. The document is a critical planning tool setting a foundation upon which the Council fulfills its responsibilities under the HPCA Act (2003) in respect of the professions of medical laboratory science and anaesthetic technology. The document is reviewed each successive year.

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

The Council's strategic purpose is to protect the health and safety of the New Zealand public using medical laboratory science and anaesthetic technology services (in accordance with the HPCA Act (2003))

### Our Guiding principles

- We are accountable for our decisions to the public, Parliament and the Minister of Health
- In respect of the efficient use of funds we are accountable to the professions we regulate under the Health Practitioners Competence Assurance Act 2003 (HPCAA)
- As an independent regulator our decision making is not influenced by external bodies
- Ensuring the most effective, efficient, and consistent regulation of the professions
- Working collaboratively and constructively with key stakeholders including other regulatory authorities
- Continually improving our performance and striving for excellence underpins all of our work
- Consideration of potential risk of harm or serious harm to the public underpins our management of practitioners with competence, conduct and/or health concerns



Strategic Priority	Strategic Goal
<i>STANDARDS</i>	Appropriate and sustainable standards of clinical competence, cultural competence, and ethical conduct for the protection of public health and safety
<i>Practitioner Competence</i>	Our regulatory frameworks support competent and flexible medical laboratory science and anaesthetic technology workforces both in the short and long term
<i>ACCOUNTABILITY</i>	Strengthen our engagement with stakeholders and their confidence in the work of the Council.
<i>ORGANISATIONAL PERFORMANCE</i>	There are strong governance and organisational structures and robust practices in place to support the Council in achieving our legislative functions and responsibilities



## Strategic Directions

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### STANDARDS

#### Strategic Objectives

1. Competence and ethical conduct standards continue to be current and relevant
2. Medical laboratory science and anaesthetic technology practitioners are cognisant of the purpose and content of the Council's competence and ethical conduct standards and comply with these
3. Relevant stakeholders (such as employers, educators, professional bodies) are cognisant of the purpose and content of the Council's competence and ethical conduct standards

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#### 2017/2018 Outcomes

- The Council revised, consulted and published a number of documents including:
    - The medical laboratory science competence standards published February 2018;
    - Updated Code of Ethics published February 2018;
    - The introduction of expanded practice for medical laboratory science practitioners (IV cannulation), published February 2018.
  - The Council consulted on a revised framework for the Anaesthetic Technician scope of practice (including competence standards). This work was ongoing at 31 March 2018.
  - The Council reviewed the framework for the assessment of overseas qualifications to align with the revised competence standards. An updated qualification assessment framework will be implemented later in 2018.
  - The Council looked into developing a strategy for the regulation of Pathology Assistants. After further research the Council has decided to maintain the status quo in respect to this group of practitioners.
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## *Practitioner Competence*

### **Strategic Objectives**

1. The Council's recertification standards are appropriate, relevant and proportionate to support practitioners with achieving lifelong competence
2. There are appropriate and sustainable processes in place to support the Council's recertification strategies

### **2017/2018 Outcomes**

- During 2017/2018 the Council initiated work in respect to reviewing its current continuing professional development standards.

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## *ACCOUNTABILITY*

### **Strategic Objectives**

1. The public understands the role and responsibilities of the Medical Sciences Council
2. Medical laboratory science and anaesthetic technology practitioners understand the role of the Council in regulating their professions
3. Other stakeholders understand the role of the Council

### **2017/2018 Outcomes**

- The Council initiated planning to host a forum with education providers, scheduled for June 2018.
- The Council had scheduled to undertake a review of the register to ensure currency and accuracy. Due to the impact of resourcing issues and the ongoing issues with the secretariat's accommodation, this has been rescheduled to later in 2018.

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## *ORGANISATIONAL PERFORMANCE*

### **Strategic Objectives**

1. The Council's governance model is enabling, effective, and efficient
  2. Policies and processes are current, relevant, and effective
  3. Organisational systems support the efficient and effective delivery of our legislative functions
  4. The Council has the necessary capabilities to deliver our strategic priorities
  5. There is a robust framework for measuring the Council's performance
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### **2017/2018 Outcomes**

- The Council refined their risk management reporting framework ensuring risk management policy and guidelines are current and the Risks Register is regularly revised and updated.
  - The establishment of an information and records management system, inclusive of a dedicated cloud-based site for storing organisation documents is in progress.
  - It was planned to invest in an IT quality improvement project to aid the collection of practitioner demographic data to better inform workforce issues. This project was delayed until 2018 to allow for other IT developments which included:
    - Introduction of an online pre-registration process
    - Enhancements to the online APC application process.
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### *ONLINE EXAMINATION*

- The Council has undertaken preparation work for the introduction of an online examination for overseas-trained practitioners with a non-equivalent qualification but significant clinical experience.
- Personnel and IT infrastructures were reviewed and subsequent changes made to improve the sustainability of administration systems and processes required to support the online examination and qualification assessment process.
- Content writers have been recruited and the first training day was held in March 2018.
- An Examinations Committee was established to review the content of the exams and the first meeting is scheduled for July 2018.

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### *OTHER WORK TO SUPPORT PLANNED BUSINESS GOALS*

- A review of all MSS staffing positions was undertaken in 2017. In addition to supporting the new registration processes (online exam and qualification assessments), the review acknowledged the high level of risk associated with the degree of dependence on the Chief Executive/Registrar position. Following a comprehensive consultation process with the staff team, a new structure was implemented, with the disestablishment of three positions and the creation of three new positions. The new structure resulted in a separation of the Chief Executive and Registrar roles with the incumbent remaining in the Chief Executive position. A new Registrar has been employed to provide support to both the Medical Sciences Council and the Medical Radiation Technologists Board in respect of technical application of the Act.
- Ongoing issues with our accommodation post the Kaikoura earthquake added to the secretariat's workload and this had a particular impact for the Chief Executive and the Council Chair. Combined with changes to the organisational structure these issues resulted in a small number of strategic objectives being delayed in terms of timing.

## Registrations and Practising Certificates

### 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.

*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.*

## 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
- Point of Care Testing
- Specimen Services

Medical laboratory science also includes:

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

Medical laboratory science is practised in:

Diagnostic medical laboratories, within both the public and private health sectors, and blood donor facilities. In a small number of circumstances medical laboratory science practitioners may work in the health sector, but outside of the diagnostic medical laboratory setting and will require appropriate mechanisms to be in place to support their ongoing practice and competence.

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

- Medical Laboratory Scientist (general and provisional registration)
- Medical Laboratory Technician (general and provisional registration)
- Medical Laboratory Pre-Analytical Technician (general and provisional registration)

## Received Applications

Between 1 April 2017 - 31 March 2018 the Council received **567** applications from persons applying to be registered. **404** (71%) of these applications were approved. A small number of applications – **33** (6%) – were declined due to not meeting entry level registration requirements.

Of the remaining applications, **64** (11%) were withdrawn or deferred by the applicant; **2** (<1%) applications were approved to complete the Graduate Diploma in Medical Laboratory Science as a pathway to registration as a Medical Laboratory Scientist; and **62** (11%) applications were still being processed at 31 March 2018.

	<i>AT</i>	<i>MLPAT</i>	<i>MLS</i>	<i>MLT</i>	<i>TOTAL</i>
Registration Approved	36	143	142	83	<b>404</b>
Approved for Graduate Diploma pathway to registration as a MLS				2	<b>2</b>
Offered WBA as a pathway to registration	2	Not applicable			<b>2</b>
Declined		3	25	5	<b>33</b>
Applications received, not processed (still being processed at 31 Mar 2018)	11	12	11	28	<b>62</b>
Application withdrawn or deferred (by applicant)	3	8	12	41	<b>64</b>
<b>TOTAL RECEIVED</b>	<b>52</b>	<b>166</b>	<b>190</b>	<b>159</b>	<b>567</b>

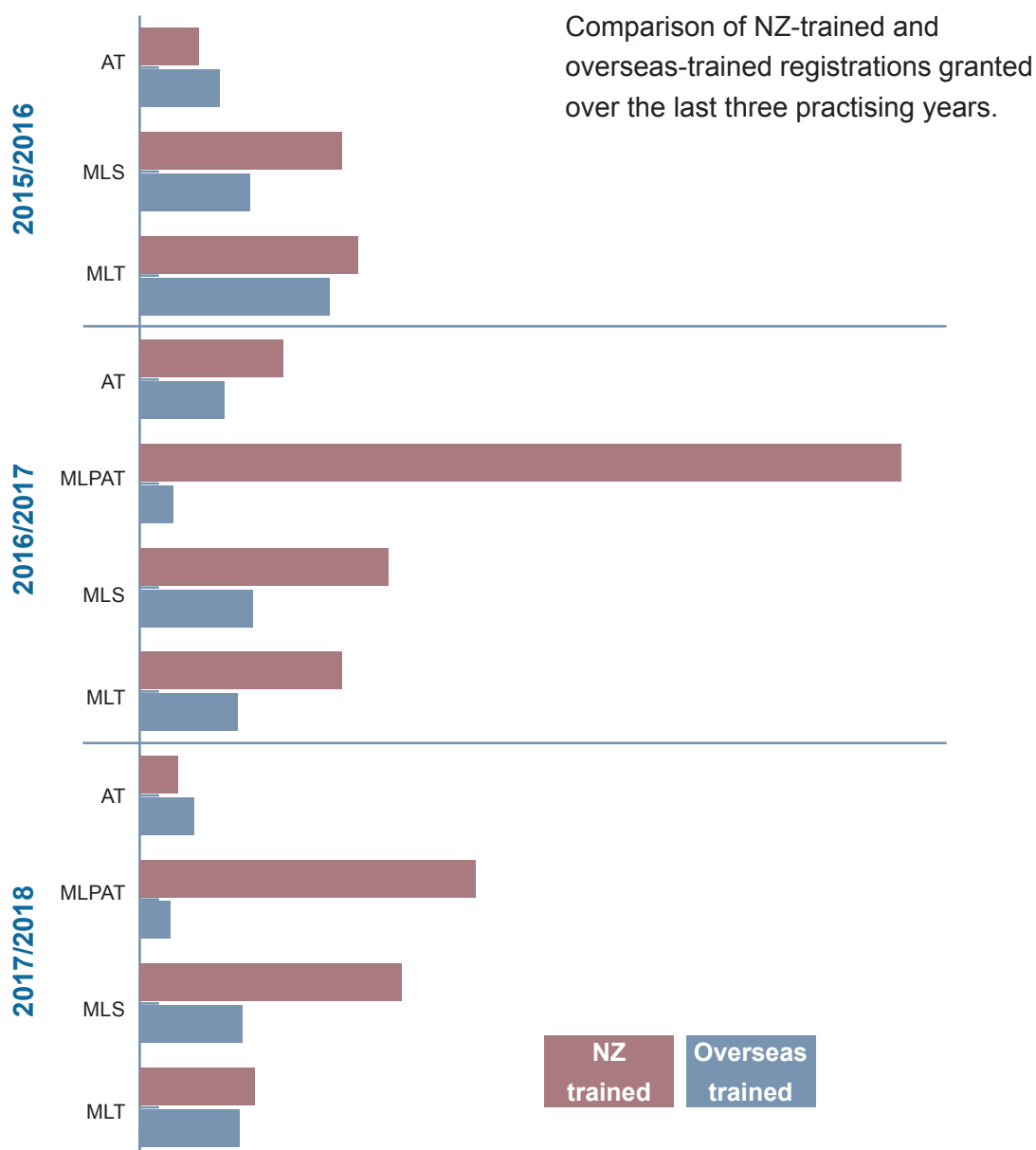
### Of note:

- The significantly large number of MLPAT registrations during the previous (2016/2017) year was the result of the introduction of the MLPAT scope of practice, and the requirement for specimen service practitioners to be registered with the Council.
- The number of AT approved registrations from overseas-trained AT's have been greater than NZ-trained AT's for two of the last three practising years.



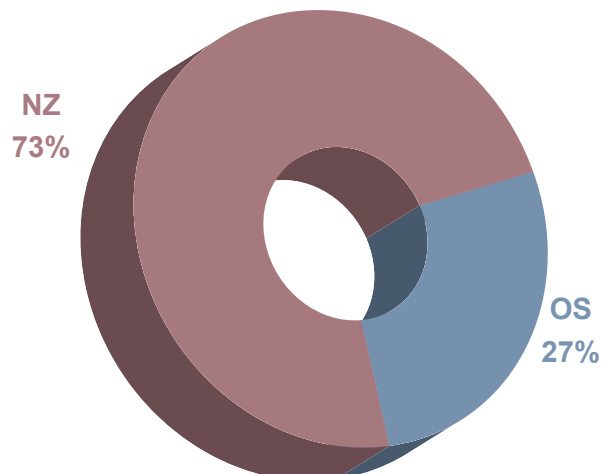
## Approved Registrations for Previous Three-years

For the 2017/2018 year the total number New Zealand-trained registration applications exceeded overseas-trained applications by **44%**.



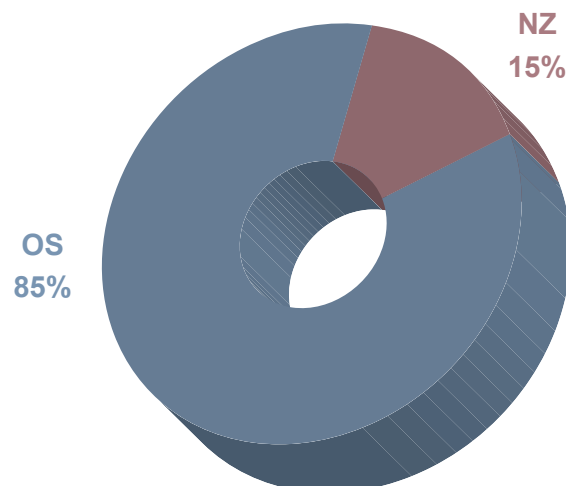
## Approved Registrations by Country-Trained

	AT	MLPAT	MLS	MLT	TOTAL
Australia		1	13	6	<b>20</b>
Fiji				1	<b>1</b>
France				1	<b>1</b>
Hong Kong				1	<b>1</b>
India			3	1	<b>4</b>
Ireland			3	1	<b>4</b>
Kenya			1		<b>1</b>
Malaysia			1		<b>1</b>
New Zealand	15	131	102	45	<b>293</b>
Philippines		5	1	18	<b>24</b>
South Africa		2	3	2	<b>7</b>
Sri Lanka		1			<b>1</b>
Sweden			1		<b>1</b>
Taiwan			1		<b>1</b>
United Kingdom	21	2	13	5	<b>41</b>
USA		1		2	<b>3</b>
<b>TOTAL</b>	<b>36</b>	<b>143</b>	<b>142</b>	<b>83</b>	<b>404</b>



## Declined Registrations by Country-Trained

	AT	MLPAT	MLS	MLT	TOTAL
Australia			3		3
Canada			1		1
Fiji		1	1		2
France			1		1
Hong Kong			1		1
India				1	1
New Zealand			5		5
Nigeria			1		1
Philippines			7	4	11
South Africa			1		1
United Kingdom		1	2		3
USA		1	2		3
<b>TOTAL</b>		<b>3</b>	<b>25</b>	<b>5</b>	<b>33</b>



## Alternative Pathways to Registration

### Work-Based Assessments Route to Registration as an Anaesthetic Technicians

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.

	2015/16	2016/17	2017/18
Offered	3	5	0
Undertaken	2	1	1
Passed	1	1	
Failed	1	-	1 (Offered a resit)

**Note**, in any one year 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.

## Graduate Diploma Route to Registration as a Medical Laboratory Scientist

Registered Medical Laboratory Technicians or Medical Laboratory Pre-Analytical Technicians who hold a relevant Bachelor of Science degree and have worked for 12-months (FTE) in a suitable laboratory, have the option of taking a pathway to train towards Medical Laboratory Scientist registration.

The Council-approved two-year study programme - Graduate Diploma in Science (Medical Laboratory Science) - can be undertaken through the Auckland University of Technology.

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

	2015/16	2016/17	2017/18
Enrolled in the programme	6	15	2
Graduated, and registered as a Medical Laboratory Scientist	14	9	16

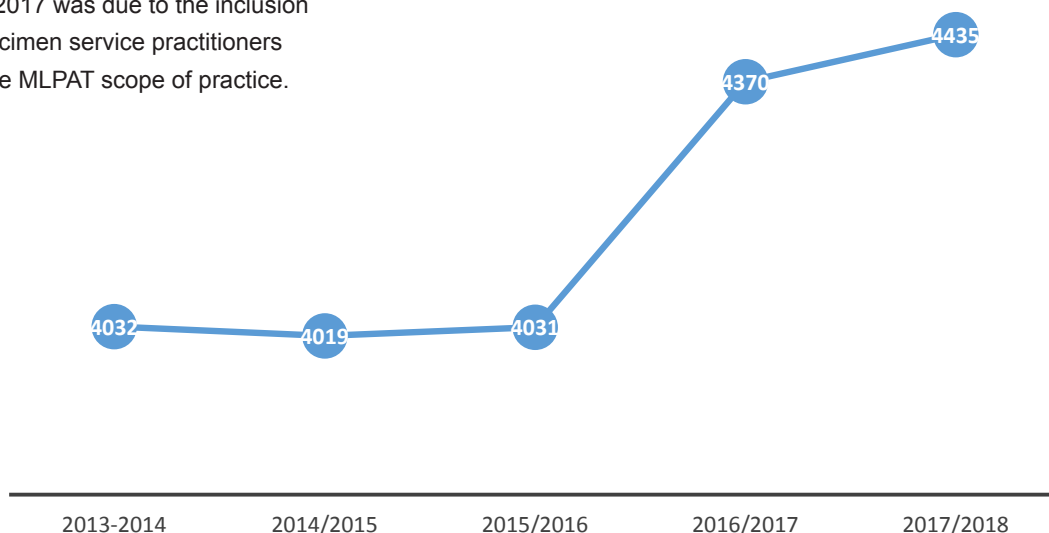
## Annual Practising Certificates

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

In 2017-2018 the Council issued **4435** annual practising certificates, with **150** (3%) of those including conditions on practice.

	AT	MLPAT	MLS	MLT	TOTAL
Total certificates issued	765	979	1794	897	<b>4435</b>
Issued with conditions	21	9	97	23	<b>150</b>

**Note:** the increase in APCs during 2016/2017 was due to the inclusion of specimen service practitioners into the MLPAT scope of practice.



*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
AT	Required to practise under supervision for the duration of expanded practice training	11
	Required to practise under supervision for a specified period then to complete a WBA	2
	Approved to practise in Post Anaesthetic Patient Care Unit (PACU)	3
	Approved to perform Peripherally Inserted Central Catheters (PICC Lines)	5
	<b>TOTAL</b>	<b>21</b>
MLPAT	Required to practise under supervision for a specified period	8
	Required to undertake an annual competency review	1
	<b>TOTAL</b>	<b>9</b>
MLS	Required to practise under supervision for specified period	12
	Practice restricted to a specific discipline	83
	Nominated site and supervisor as approved by Council	2
	<b>TOTAL</b>	<b>97</b>
MLT	Required to practise under supervision for specified period	16
	Practice restricted to a specific discipline	6
	Specific conditions pertaining to the practitioner	1
	<b>TOTAL</b>	<b>23</b>

## Education and Continuing Professional Development

The Council accredits three New Zealand education providers who offer qualifications prescribed by the Council for the purpose of registration in either the profession of medical laboratory science or anaesthetic technology.

Each education provider is subject to an on-going accreditation/monitoring process to ensure qualification programmes produce graduates capable of meeting the standards for the purpose of registration.

Education Provider	Qualification Programme	Scope of Practice
<b>University of Otago</b>	Bachelor of Medical Laboratory Science (BMLSc)	Medical Laboratory Scientist
	Bachelor of Medical Laboratory Science (BMLSc)	Medical Laboratory Scientist
<b>Auckland University of Technology</b>	Graduate Diploma in Science	Medical Laboratory Scientist
	Diploma in Applied Sciences (Anaesthetic Technology)	Anaesthetic Technician
<b>New Zealand Institute of Medical Laboratory Science</b>	Qualified Medical Laboratory Technician Certificate	Medical Laboratory Technician
	Qualified Medical Laboratory Technician Certificate - Phlebotomy	Medical Laboratory Pre-Analytical Technician
	Qualified Medical Laboratory Technician Certificate - Donor Technology	
	Qualified Medical Laboratory Technician Certificate - Specimen Services	



## 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 Audit of Anaesthetic Technicians

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.

	2015		2016		2017	
<b>Called for audit</b>	63		70		78	
<b>Audited</b>	61	97%	66	94%	64	82%
<b>Passed</b>	52	85%	63	95%	63	98%
<b>Unsuccessful</b>	9	15%	3	4%	1	2%

## *Medical Laboratory Scientists*

The Council has approved three 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 smaller numbers enrolled in the NZHSOA Continuing Education Programme for Scientific Officers and Recertification Programme for Medical Laboratory Scientists, and the Australian Institute of Medical Scientist Programme (APACE) .

Each of these providers is required to undertake an annual audit of 10% of Medical Laboratory Scientists enrolled in their respective CPD programme.

## *Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians*

### **Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians**

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

### **Council Audit of Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians**

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

2017/2018 was the first year Medical Laboratory Pre-Analytical Technicians were subjected to a Council audit of their CPD activities.

	<b>2013</b>		<b>2014</b>		<b>2015</b>		<b>2016</b>		<b>2017</b>	
<b>Called for audit</b>	140		149		160		166		162	
<b>Audited</b>	132	94%	142	95%	144	90%	150	90%	155	96%
<b>Passed</b>	132	100%	141	99%	142	99%	147	98%	154	99%
<b>Unsuccessful</b>	0	0	1	1%	2	1%	3	2%	1	1%

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.

### **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 2017-2018 there was one health-related referral to the Council under section 45 of the Act. The practitioner requested to be removed from the register and is no longer practising.

### **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 2017/2018 the Council received eight professional conduct notifications:

- Two involved practitioners practising without a current practising certificate;
- Four were related to a criminal convictions notice;
- Two cases were related to professional misconduct.

## Notifications Received

The Council received the following number of notifications during the 2017-2018 year across the medical laboratory science and anaesthetic technology professions.

	Number		Outcome			Ongoing	Resolved
	New	Existing	Referred to HDC	Referred to PCC	Referred to HPDT		
<b>AT</b>	4	1		1		2	3
<b>MLPAT</b>	2			1		2	
<b>MLS</b>	3	1	1	2			4
<b>MLT</b>	1	3		1			4
<b>TOTAL</b>	<b>10</b>	<b>5</b>	<b>1</b>	<b>5</b>		<b>4</b>	<b>11</b>

## Competence

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

Competence reviews 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 2017/2018 one competency notification was received involving a competence review, which at 31 March 2018 was ongoing.

# Financial Report for the Year Ended 31 March 2018

## Medical Sciences Council of New Zealand

### ENTITY INFORMATION

FOR THE YEAR ENDED 31 MARCH 2018

<b>Legal Name:</b>	Medical Sciences Council of New Zealand (MSCNZ)
<b>Entity Type:</b>	Body Corporate
<b>Charities Registration Number:</b>	CC34594
<b>Founding Documents:</b>	Established by the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and is an Authority under the Act
<b>Entity's Purpose or Mission:</b>	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
<b>Entity Structure:</b>	A nine member governance board
<b>Main source of the entity's cash and resources:</b>	Practitioners and applicants for registration
<b>Main method used by entity to raise funds:</b>	Fees and Levies (refer to section 130 and 131 of the HPCA Act)
<b>Entities reliance on volunteers and donated goods or services:</b>	No reliance is placed on volunteers or donated goods or services
<b>Physical Address:</b>	Level 3 - Panama House, 22 Panama Street, Wellington
<b>Postal Address:</b>	PO Box 11-905, Wellington 6142
<b>Phone:</b>	+64 4 801 6250
<b>Email:</b>	msc@medsci.co.nz
<b>Website:</b>	www.msccouncil.org.nz

**INDEPENDENT AUDITOR'S REPORT  
TO THE READERS OF  
MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S  
PERFORMANCE REPORT  
FOR THE YEAR ENDED 31 MARCH 2018**

The Auditor-General is the auditor of the Medical Sciences Council of New Zealand. The Auditor-General has appointed me, Stuart Signal, using the staff and resources of Staples Rodway Audit Limited, to carry out the audit of the performance report of the Medical Sciences Council of New Zealand on his behalf.

**Opinion**

We have audited the performance report of the Medical Sciences Council of New Zealand on page 36 and pages 40 to 49, that comprise the entity information, the statement of financial position as at 31 March 2018, the statement of financial performance, the 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 include accounting policies and other explanatory information.

In our opinion the performance report of the Medical Sciences Council of New Zealand on page 36 and pages 40 to 49, present fairly, in all material respects:

- the entity information,
- its financial position as at 31 March 2018; and
- its 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 PBE-SFR-A (PS)

Our audit was completed on 31 October 2018. 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 Medical Sciences Council of New Zealand and our responsibilities relating to the performance report.

**Basis of opinion**

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Responsibilities of the Board for the performance report**

The Board is responsible for preparing the performance report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

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

In preparing the performance report, the Board is responsible on behalf of the Medical Sciences Council of New Zealand for assessing the Medical Sciences Council of New Zealand's ability to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Medical Sciences Council of New Zealand or to cease operations, or there is no realistic alternative but to do so.

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

#### **Responsibilities of the auditor for the audit of the performance report**

Our objectives are to obtain reasonable assurance about whether the performance report, as a whole, is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these performance report.

We did not evaluate the security and controls over the electronic publication of the performance report.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit 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 Board's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the governing body.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Medical Sciences Council of New Zealand's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Medical Sciences Council of New Zealand to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.



We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibility arises from the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

**Independence**

We are independent of the Medical Sciences Council of New Zealand in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1 (Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in, the Medical Sciences Council of New Zealand.



Stuart Signal  
Staples Rodway Audit Limited  
On behalf of the Auditor-General  
Hastings, New Zealand

## Medical Sciences Council of New Zealand

### CONSOLIDATION STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 31 MARCH 2018

	Note	2018	2017
		\$	\$
<b>Income</b>			
Registration Fees - Non NZ		50,696	71,602
Registration Fees - NZ		85,395	78,814
APC's		1,036,629	961,751
Interest Received		38,337	29,442
Sundry Income		13,437	11,360
<b>Total Income</b>		<b>1,224,494</b>	<b>1,152,969</b>
<b>Less Expenses</b>			
Archiving		1,354	1,191
Assessors		22,842	24,475
Audit Fees		7,480	7,350
Bad Debt		16,300	-
Bank Charges		16,805	18,607
Board Member Fees & Expenses		122,271	117,989
Catering		5,591	2,275
Chartered Accountancy Fees		-	-
Conference Expenses		6,670	3,212
Examiner Fees		-	-
General Expenses		661	367
Insurance		9,047	5,845
IT		1,055	4,454
Legal Expenses		57,780	129,645
MSS Service Charge		599,674	538,165
Postage		213	89
Printing, Stamps & Stationery		2,352	1,858
Professional Fees		-	-
Project Costs		106,220	594
Telephone, Tolls & Internet		234	1,896
Training		917	2,983
Travel		62,836	68,788
<b>Total Expenses</b>		<b>1,040,302</b>	<b>929,783</b>
<b>Consolidated Net Surplus/(Deficit) For The Year</b>		<b>184,192</b>	<b>223,186</b>

## Medical Sciences Council of New Zealand

### STATEMENT OF FINANCIAL PERFORMANCE - MLS

FOR THE YEAR ENDED 31 MARCH 2018

	Note	2018	2017
		\$	\$
<b>Income</b>			
Registration Fees - Non NZ		39,696	58,565
Registration Fees - NZ		78,091	67,249
APC's		809,893	741,076
Interest Received		21,168	20,230
Sundry Income		13,437	11,360
<b>Total Income</b>		<b>962,285</b>	<b>898,480</b>
<b>Less Expenses</b>			
Archiving		1,175	1,191
Assessors		11,040	17,619
Audit Fees		5,984	5,880
Bad Debt		16,300	-
Bank Charges		12,212	14,423
Board Member Fees & Expenses		92,846	97,753
Catering		4,399	2,275
Conference Expenses		5,050	1,799
General Expenses		564	361
Insurance		7,237	4,676
IT		894	3,927
Legal Expenses		54,255	75,633
MSS Service Charge		479,740	430,532
Postage		201	89
Printing, Stamps & Stationery		1,967	1,508
Project Costs		81,224	-
Telephone, Tolls & Internet		143	1,062
Training		734	2,674
Travel		46,084	44,275
<b>Total Expenses</b>		<b>822,049</b>	<b>705,677</b>
<b>Net Surplus/(Deficit) For The Year</b>		<b>140,236</b>	<b>192,803</b>

## Medical Sciences Council of New Zealand

### STATEMENT OF FINANCIAL PERFORMANCE - AT

FOR THE YEAR ENDED 31 MARCH 2018

	Note	2018	2017
		\$	\$
<b>Income</b>			
Registration Fees - Non NZ		11,000	13,037
Registration Fees - NZ		7,304	11,565
APC's		226,736	220,675
Interest Received		17,169	9,212
<b>Total Income</b>		<b>262,209</b>	<b>254,489</b>
<b>Less Expenses</b>			
Archiving		179	
Assessors		11,802	6,856
Audit Fees		1,496	1,470
Bank Charges		4,593	4,184
Board Member Fees & Expenses		29,425	20,236
Catering		1,192	-
Conference Expenses		1,620	1,413
General Expenses		97	7
Insurance		1,810	1,169
IT		161	528
Legal Expenses		3,525	54,012
MSS Service Charge		119,934	107,633
Postage		12	-
Printing, Stamps & Stationery		385	349
Project Costs		24,996	594
Telephone, Tolls & Internet		91	835
Training		183	308
Travel		16,752	24,512
<b>Total Expenses</b>		<b>218,253</b>	<b>224,107</b>
<b>Net Surplus/(Deficit) For The Year</b>		<b>43,956</b>	<b>30,383</b>

## Medical Sciences Council of New Zealand

### SUMMARY STATEMENT OF CASHFLOW

FOR THE YEAR ENDED 31 MARCH 2018

	2017	2016
	\$	\$
<b>Operating Activities</b>		
<i>Cash was provided from:</i>		
APC income	1,044,947	1,088,680
Other Income received	210,348	195,699
Interest Received	38,337	29,442
<i>Cash was applied to:</i>		
Payments to Suppliers and Others	(1,068,790)	(928,404)
<b>Net Cash Inflow/(Outflow) From Operating Activities</b>	<b>224,842</b>	<b>385,417</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	(400,000)	(400,000)
<b>Net Cash Inflow/(Outflow) From Investing Activities</b>	<b>(400,000)</b>	<b>(400,000)</b>
<b>Net Increase in Cash Held</b>		
	<b>(175,158)</b>	<b>(14,583)</b>
Cash at beginning of year	1,810,960	1,425,543
Plus Cash transferred to Term Deposit	400,000	400,000
<b>Net Cash Inflow/(Outflow) From Investing Activities</b>	<b>2,035,802</b>	<b>1,810,960</b>
<i>Represented By:</i>		
Cash and Cash Equivalents	235,802	410,960
Investment - Term Deposits	1,800,000	1,400,000
<b>Closing bank balance</b>	<b>2,035,802</b>	<b>1,810,960</b>

## Medical Sciences Council of New Zealand

### STATEMENT OF MOVEMENTS AND EQUITY

FOR THE YEAR ENDED 31 MARCH 2018

	Note	2018	2017
		\$	\$
<b>Opening Equity</b>		761,464	538,279
Net surplus/(Deficit) For The Year - MSCNZ		140,236	192,803
Net surplus/(Deficit) For The Year - AT		43,956	30,382
Total Recognised Revenues & Expenses		184,192	223,185
<b>Equity at End of the Year</b>		<b>945,656</b>	<b>761,464</b>

## Medical Sciences Council of New Zealand

### STATEMENT OF FINANCIAL POSITION

FOR THE YEAR ENDED 31 MARCH 2018

	Note	2018	2017
		\$	\$
<b>Equity</b>			
Retained Earnings - MSCNZ	4	484,642	344,406
Retained Earnings - AT	4	461,014	417,058
<b>Total Equity</b>		<b>945,656</b>	<b>761,464</b>

Represented by;

<b>Current Assets</b>			
Westpac Bank - MLS Current		154,685	191,626
Westpac Bank - MLS Savings		5,433	86,485
Westpac Bank - AT		75,684	132,848
Westpac Bank - Term Deposits		1,800,000	1,400,000
Accounts Receivable		23,067	29,512
Provision for bad debt		(6,300)	-
Prepayments		14,263	-
<b>Total Current Assets</b>		<b>2,066,832</b>	<b>1,840,471</b>

<b>Non-Current Assets</b>			
Investments in MSS		50	50
<b>Total Assets</b>		<b>2,066,882</b>	<b>1,840,521</b>

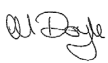
<b>Current Liabilities</b>			
Medical Sciences Secretariat Ltd		24,018	(16,203)
Accrued Expenses		9,728	7,934
GST Due for Payment		112,610	120,773
Income in Advance - MSCNZ		759,470	752,653
Income in Advance - AT		215,400	213,900
<b>Total Current Liabilities</b>		<b>1,121,226</b>	<b>1,079,057</b>

<b>Net Assets/ (Liabilities)</b>		<b>945,656</b>	<b>761,464</b>
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For and on behalf of the Council;

Chairperson:   
Don Mikkelsen

Date: 31 October 2018

Chief Executive:   
Mary Doyle

Date: 31 October 2018

## Medical Sciences Council of New Zealand

### *NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2018*

## 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 applied.



## **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 (“MRTB”) and the Medical Sciences Council of New Zealand (“MSCNZ”).

MSS provides financial management support to MRTB and MSCNZ according to a number of conditions:

1. MSS undertakes not to make a profit from its business partnership with MRTB 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 50:50 split between MSCNZ and MRTB.
5. All MSS expenses will be split and paid at 50:50 between MSCNZ and MRTB.
6. MSC’s 50% share of MSS expenses will be further split 80:20 between MLS and AT.
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:

	2017	2016
	\$	\$
<b>Retained Earnings - MSCNZ</b>		
Opening Balance	344,406	151,603
Net Surplus/(Deficit) For The Year	140,236	192,803
Closing Balance	484,642	344,406
<b>Retained Earnings - AT</b>		
Opening Balance	417,058	386,676
Net Surplus/(Deficit) For The Year	43,956	30,382
Closing Balance	461,014	417,058
<b>Total Consolidated Retained Earnings</b>	<b>945,656</b>	<b>761,464</b>

## 5. Lease Commitments

The lease agreement at 80 The Terrace (commencement date 1 November 2014) is in the names of the Physiotherapy Board of New Zealand, Dental Council, Medical Sciences Council of New Zealand, Medical Radiation Technologists Board and Pharmacy Council of New Zealand (5 Health Regulatory Authorities), all of which have joint and several liability. This lease expires on 31 October 2023 with a right of renewal of a further six years. A premises rent free period of 13 months effective from 1 November 2014 was granted by the landlord as a contribution to the office fit-out.

The total lease commitment to the Medical Radiation Technologists Board at 31 March 2018 for 80 The Terrace is current: \$42,369 and non-current: \$194,192.

On vacation of 80 The Terrace following earthquakes, temporary premises at 22 Panama Street were obtained. This lease agreement, in the name of MSS Ltd (commencement date 1 June 2017) expires on 31 August 2018 with a right of renewal of a further one year. Subsequent to year end, the one year renewal was exercised.

	2018	2017
	\$	\$
Current	63,989	77,189
Non-Current	196,316	240,505
	<b>260,305</b>	<b>317,694</b>

## 6. *Contingent Liabilities*

The five regulatory authorities which are party to the lease of 80 The Terrace (refer Note 5) are jointly and severally liable for the rent. This creates a contingent liability of \$2,277,331.

## 7. *Revenue Categories*

Revenue from non-governmental sources for providing goods or services totalled \$1,186,157 (2017: \$1,123,527) and revenue from interest, dividends and other investments was \$38,337 (2017: \$29,442)

## 9. *Earthquake Disruption Contingencies*

Medical Sciences Secretariat Ltd, Medical Radiation Technologists Board and Medical Sciences Council of New Zealand have been unable to occupy the leased premises located at 80 The Terrace since 17 February 2017, due to uncertainty around the building safety and the extent of remedial work required on the building following the Kaikoura earthquake on 14 November 2016. The rental on the property continues to be paid within the terms of the lease. Alternative premises have been leased on a short term basis. Details of lease commitments are disclosed in Note 5.

The ultimate resolution of these situations cannot be reliably estimated at the present time. Potential outcomes range from negotiating an early exit from the lease to receiving a rental abatement for premises not being available for use.

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[www.msccouncil.org.nz](http://www.msccouncil.org.nz)

2018