

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

Annual Report 1 APRIL 2018 - 31 MARCH 2019

Throughout this report:

00

MLS: Medical Laboratory Scientist AT: Anaesthetic Technician MLT: Medical Laboratory Technician MLPAT: Medical Laboratory Pre-analytical Technician

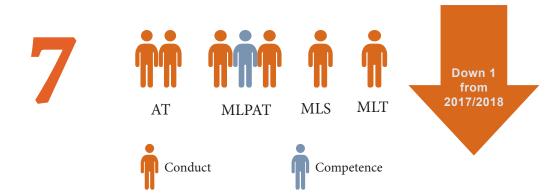
the Health Practitioners Competence Assurance Act 2003 is referred to as the Act the Medical Sciences Council of New Zealand is referred to as the Council.





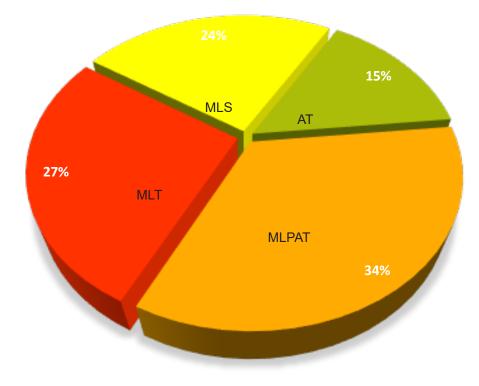
NUMBERS AT A GLANCE

Notifications Received



140 Up 29 from 2018/2019 **Overseas Registered**





FROM THE CHAIR AND CHIEF EXECUTIVE

In 2019 the Medical Sciences Council will undergo a major change with 7 of the 9 members on Council having completed their terms. We have been planning to cope with this change during the early part of this year. These plans include:

- A succession plan for the Chair and Deputy Chair roles.
- Detailed induction programme for new appointees.
- Retention of expertise to contribute to the anaesthetic technician scope through the reestablishment of an Anaesthetic Technician Advisory Committee.
- Retention of expertise within the Registration and Recertification Committee through co-opting
 of expertise and retention of experienced outgoing Council members on the committee for a
 transitionary period.
- Retention of expertise in Professional Conduct Committee investigations.

We are confident that incoming Council members will, with the support of our very experienced staff team at Medical Sciences Secretariat, quickly come up to speed with the roles and functions of the Council.

The issues with our office accommodation continued throughout the year and have resulted in an extended period of additional costs in terms of lease obligations. We have been able to recoup some of those costs through our business continuity insurance cover.

In 2018 the Council, along with its colleague responsible authority the Medical Radiation Technologists Board (with whom we jointly own the Medical Sciences Secretariat), made a decision to not return to the premises at 80 The Terrace which we had to vacate post the Kaikoura earthquake. This decision has been driven by ongoing concerns in respect of the building's seismic safety. On the advice of our auditors, the 2019 financial statements have made provision for treating the ongoing costs for the lease obligation related to the premises at 80 The Terrace, as an onerous contract in accordance with the financial reporting standards. While we have worked through these accommodation matters, we continue to occupy premises in Panama House. These premises have been perfectly adequate for the Secretariat and Council to continue to operate and we are very thankful for the resilience and adaptability of the team. As is usual for the Council, an aggressive work plan was pursued in the 2018/2019 financial year. As well as IT system upgrades we worked through the development of online examinations for overseas applicants applying for registration, bedding down of revised sets of competence standards for the two professions (medical laboratory science and anaesthetic technology) and expanded practice standards, amongst other things.

Consultation and engagement with the profession has been a focus this year with a number of meetings held with professional bodies and education providers plus public consultation documents released to the profession and other stakeholders as a whole. In addition we attended and presented at a number of professional meetings to share progress with our work plan as widely as possible.

The Council continues to receive a small number of notifications related to competence and conduct of practitioners and these are dealt with adhering to the provisions under the Act. Issues of concern have included breaches related to patient confidentiality and incidences of practitioners practising without an Annual Practising Certificate as well as practitioners practising who are not registered with the Council.

A big thank you to Council members, the staff team, and to the professions we work with. Our work is complex and is, at times, not fully understood. Increasing our presence at professional conferences and meetings has continued to improve the professions' understanding of the Council's functions and responsibilities.

Don Mikkelsen (Chair)

Mary Doyle (CEO)



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.

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 ongoing 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

25	

(Partin)
25
TAR.

	commenced	renewed	be completed
Don Mikkelsen Chair Medical Laboratory Scientist	2010	2013 2016	2019
Helen Walker Deputy Chair Lay member	2010	2013 2016	2019
Dr Adriana Gunder Lay Member	2016	Resigned February 2019	
Dr Andrew Warmington Anaesthetist	2012	2014 2017	2020
<mark>Nicola Swain</mark> Lay Member	2018		2021

Term

Term

TermTermTerm due tocommencedrenewedbe completed

Term due to

10

	Term commenced	Term renewed	Term due to be completed
Christine Hickton Medical Laboratory Scientist	2010	2013 2016	2019
Karen Bennett Anaesthetic Technician	2012	2015	2019
Lynne Morgan Medical Laboratory Technician	2015	Resigned October 2018	
Michelle Wanwimolruk Lay Member	2015		2018
Paula McCormick Medical Laboratory Scientist (Embryology only)	2015	Resigned April 2019	

and the

Council Members Meetings and Fees

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

Council Members	19 th Apr 2018	28 th Jun 2018	30th Aug 2018	31st Oct - 1st Nov 2018	13th Dec 2018	6th - 7th March 2019	
Don Mikkelsen	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
Helen Walker	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
Dr Adriana Gunder	\checkmark	\checkmark	\checkmark	✓ ✓ ✓ ✓		Resigned	
Dr Andrew Warmington	\checkmark	Apologies	\checkmark	\checkmark	\checkmark	\checkmark	
Christine Hickton	\checkmark	\checkmark	\checkmark	√	\checkmark	\checkmark	
Karen Bennett	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
Lynne Morgan	\checkmark	\checkmark	\checkmark	\checkmark	Resigned		
Paula McCormick	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
Nicola Swain					Term commenced	\checkmark	
Michelle Wanwimolruk	\checkmark	\checkmark	Term completed				

The Council has a number of standing committees who have delegated authority to oversee many of the ongoing functions of the Council.

Committee	Membership			
Education Committee	Karen Bennett Dr Adriana Gunder Paula McCormick			
Finance, Audit and Risk Committee	(Committee was dissolved November 2018) Michelle Wanwimolruk Helen Walker Peter Chung	Don Mikkelsen Karen Bennett		
Professional Standards Committee	Helen Walker Dr Andrew Warmington Don Mikkelsen			
Registrations and Recertification Committee	Don Mikkelsen Dr Andrew Warmington Christine Hickton Karen Bennett	Lynne Morgan (July 2018) Natasha Caldwell Angela Dewhirst Saad Mansour		
Online Examinations Committee	Don Mikkelsen Karen Bennett Lynne Morgan Brett Besley	Holly Perry Megan Campbell Natasha Caldwell Nick Connolly		

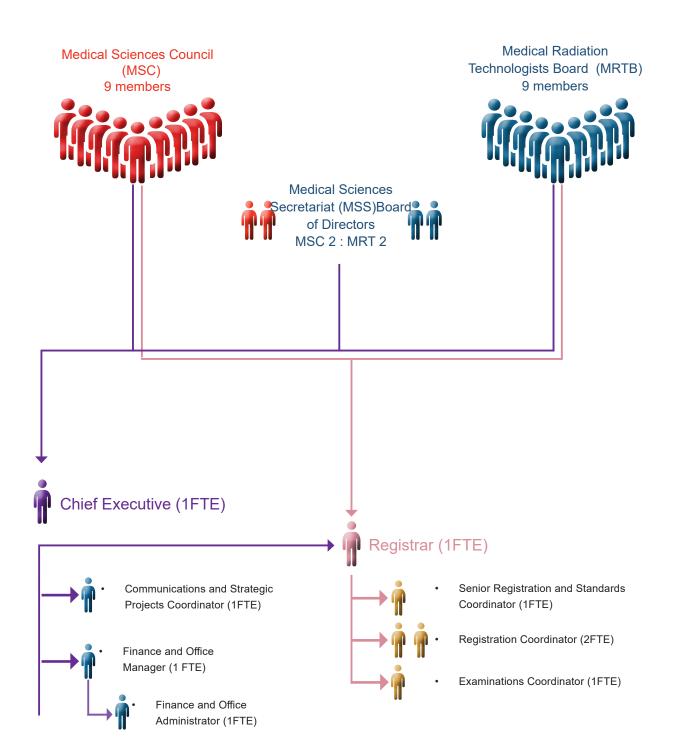
Secretariat

Ο

14

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.



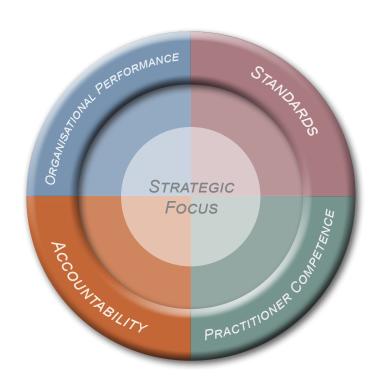
О (15

STRATEGIC PRIORITES 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.mscouncil.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 Act).



To protect the health and safety of the public through the implementation of mechanisms that ensure medical imaging and radiation therapy practitioners are competent and fit to practise.

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

OBJECTIVES AND OUTCOMES

Standards	
	 Competence and ethical conduct standards continue to be current and relevant.
Strategic Objectives	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.
	 Relevant stakeholders (such as employers, educators, professional bodies) are cognisant of the purpose and content of the Council's competence and ethical conduct standards.
2018/2019 Outcomes	• Steady progress has been made with developing processes and tools to support the introduction of an online examination which is to be used to assess competence and safety to practise in respect of overseas-trained practitioners. The focus of our efforts over the last 12-months has been to build banks of exam questions relevant to each of the scopes of practice. The assistance from members of the medical laboratory science and anaesthetic technology professions as well as educationalists has been invaluable in working towards achievement of this goal. It is expected the rollout of the first set of exams will be ready mid-late 2020.
	 A public consultation process was used to review the Council's position on cultural competence with a revised policy being adopted in July 2018.
	 Accreditation reviews were undertaken in respect of providers of two New Zealand qualifications which enable graduates to be eligible for registration under the Act, as well as for four hospitals that provide clinical training for anaesthetic technicians.

PRACTITIONER COMPETENCE

Strategic Objectives	 The Council's recertification standards are appropriate, relevant and proportionate to support practitioners with achieving lifelong competence. There are appropriate and sustainable processes in place to support the Council's recertification strategies.
2018/2019 Outcomes	 In 2018 the Council issued two separate public consultation documents on proposed changes to the respective CPD frameworks for the medical laboratory science and the anaesthetic technology professions. Consultation feedback was generally supportive of the proposed improvements and the Council is subsequently developing revised sets of CPD standards for each of the professions which are scheduled for issue later in 2019.
	 The Council continued its programme of regular reviews of their policy documents pertaining to the recertification standards for the ongoing regulation of the professions.

ACCOUNTABILITY

Strategic Objectives	 The public understands the role and responsibilities of the Medical Sciences Council. Medical laboratory science and anaesthetic technology practitioners understand the role of the Council in regulating their professions. Other stakeholders understand the role of the Council.
2018/2019 Outcomes	 In 2018 the Council held a very successful forum with New Zealand providers of medical laboratory science and anaesthetic technology qualification programmes. This gave us all an opportunity to openly discuss a number of issues from both regulatory and educational perspectives. A number of policy reviews were issued for public consultation during 2018, including a review of the Council's English language
	proficiency requirements, a new policy in respect of locum practice, and a Code of Ethics applicable to all practitioners registered with the Council (inclusive of both medical laboratory science and anaesthetic technology).
	0
	19

ORGANISATIONAL PERFORMANCE

- 1. The Council's governance model is enabling, effective, and efficient.
- 2. Policies and processes are current, relevant, and effective.

Strategic Objectives

- 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.
- A review of all financial policy and procedure documents was undertaken in 2018 and this exercise was a typical example of how the Council has managed to gain value for investment through managing this as a joint initiative with the Medical Radiation Technologists Board, another responsible authority with whom the Council has established a shared secretariat service (MSS).
- Significant progress has been made in respect of a centralised document management system used by secretariat staff and accessible to members to each of the authorities (the Medical Sciences Council, and the Medical Radiation Technologists Board) served by MSS.
- Another jointly shared project has been the development of a system to collect demographic data from practitioners through the annual APC renewal process which is managed electronically. This quality improvement initiative will allow the Council to share generically formatted demographic data with the Ministry of Health which will ultimately assist with workforce modelling and future planning. During this inaugural year of data collection, a number of issues emerged and we are continuing to collaborate with the Ministry of Health to work towards achievable and cost-effect solutions to address those.

Outcomes

2018/2019

OTHER WORK TO SUPPORT PLANNED BUSINESS GOALS

- In 2018 the Council, in partnership with its colleague authority the Medical Radiation Technologists Board, made a decision that our jointly owned secretariat service, Medical Sciences Secretariat, would not return to the premises we had leased at 80 The Terrace in Wellington. This decision was not taken lightly and was made in response to ongoing unresolved issues with being able to access information as to the seismic rating and safety of the building post the Kaikoura earthquake. The premises at The Terrace were co-shared with a number of other responsible authorities, all of whom have made a similar decision to not re-occupy the premises. The secretariat team remains in office accommodation located in the Wellington CBD (Panama Street). On the advice of independent auditors, the lease obligations pertaining to the Terrace tenancy have now been treated as an onerous contract with provisions accordingly being made in the 2019 financial statements. The Council has continued to work with their colleague RA's to try and secure a sub-lease of the Terrace premises.
- A further review of the MSS staff team in 2018 culminated in an agreement to increase the FTE by 1.8 FTE's which will be respectively allocated to the finance and registration functions within the team. It is expected these changes will strengthen the team's capacity to manage both the ongoing business-as-usual systems and processes as well as developmental priorities and projects as identified in the Council's strategic planning and annual business planning documents. Recruitment into the new positions will commence early in the 2019/2020 business year.

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.

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

- Immunology/Virology
- Microbiology
- Molecular Diagnostics/Genetics
- Mortuary Practice
- Phlebotomy
- Point of Care Testing
- Specimen Services

Histology

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)

Between 1 April 2018 - 31 March 2019 the Council received **751** applications from persons applying to be registered. **502** (67%) of these applications were approved. A small number of applications – **38** (5%) – were declined due to not meeting entry level registration requirements.

Of the remaining applications, **70** (9%) were withdrawn or deferred by the applicant; **11** (1%) applications were approved to complete the Graduate Diploma in Medical Laboratory Science as a pathway to registration as a Medical Laboratory Scientist; and **126** (17%) applications were still being processed at 31 March 2019.

	AT	MLPAT	MLS	MLT	TOTAL
Registration Approved	77	171	134	120	502
Approved for Graduate Diploma pathway to registration as a MLS				11	11
Offered WBA as a pathway to registration	4	Not applicable			4
Declined	1	7	23	7	38
Applications received, not processed (still being processed at 31 Mar 2018)	22	43	28	33	126
Application withdrawn or deferred (by applicant)	5	16	13	36	70
TOTAL RECEIVED	109	237	198	207	751

0^C

APPROVED REGISTRATIONS FOR PREVIOUS THREE YEARS

For the 2018/2019 year the total number of New Zealand-trained registration applications exceeded overseas-trained applications by **28%**.

 2018/2019
 Image: Constrained registrations granted over the last three practising years.

 2017/2018
 Image: Constrained registrations granted over the last three practising years.

 2016/2017
 Image: Constrained registrations granted over the last three practising years.

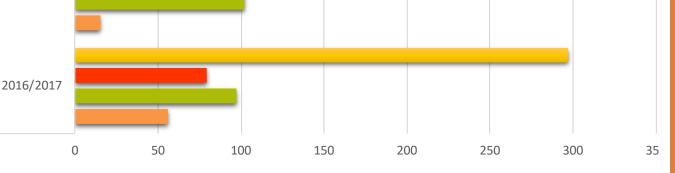
 2016/2017
 Image: Constrained registrations granted over the last three practising years.

 2016/2017
 Image: Constrained registrations granted over the last three practising years.

 2018/2019
 Image: Constrained registrations granted over the last three practising years.

 2017/2018
 Image: Constrained registrations granted over the last three practising years.

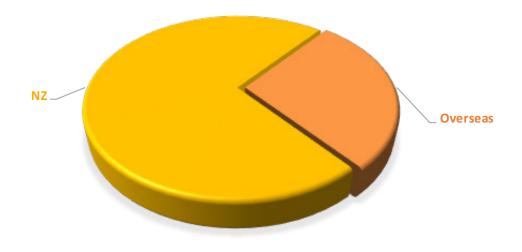
Comparison of NZ-trained and



MLPAT MLT MLS AT

APPROVED REGISTRATIONS BY COUNTRY- TRAINED

	AT	MLPAT	MLS	MLT	TOTAL
Australia		2	5	3	10
Tawain				1	1
Hong Kong			1		1
China		1	1		2
India		6	3	8	17
Ireland	1		1		2
Iran		1		1	2
Brazil				1	1
New Zealand	50	148	97	67	362
Philippines	1	11	1	27	40
South Africa			8		8
Russia				1	1
Tonga		1			1
United Kingdom	23	1	9	2	35
USA	1		5	5	11
Zimbabwe			1	3	4
Pakistan			1		1
Greece			1		1
Canada				1	1
Syria	1				1
TOTAL	77	171	134	120	502

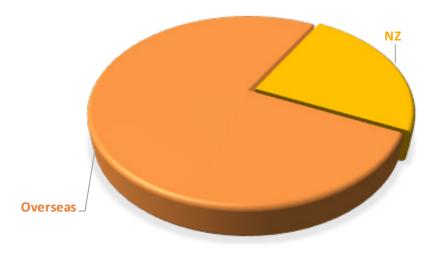


DECLINED REGISTRATIONS BY COUNTRY - TRAINED

	AT	MLPAT	MLS	MLT	TOTAL
Australia		2			2
Canada		1	1	1	3
Russia			1		1
India			2	1	3
New Zealand		4	4	1	9
Sudan			1		1
Philippines			7	3	10
South Africa	1				1
USA			2		2
Iran			2		2
China			1		1
Brazil			1		1
Zimbabwe			1	1	2
TOTAL	1	7	23	7	38

Of note the four New Zealand applicants declined MLS registration were granted registration in either the MLT or MLPAT scopes.

The declined MLPAT applications had insufficient relevant qualifications to meet the required standard for registration.



Work-Based Assessment Route to Registraton 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.

	2016/17	2017/18	2018/19
Offered	5	-	4
Undertaken	1	1	2
Passed	1		2
Failed	-	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.

28

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.

0

	2016/17	2017/18	2018/19
Enrolled in the programme	15	2	11
Graduated, and registered as a Medical Laboratory Scientist	9	16	7*

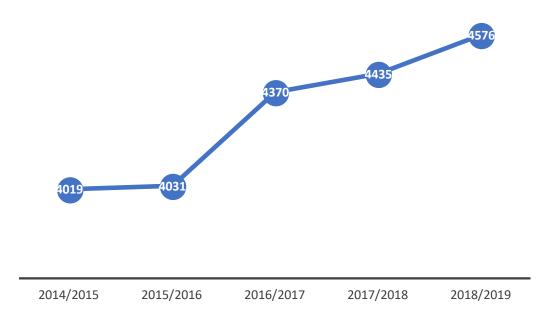
* Two practitioners graduated but did not apply for registration.

ANNUAL PRACTISING CERTIFICATES

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

In 2018-2019 the Council issued 4576 annual practising certificates, with 184 (4%) of those including conditions on practice.

	AT	MLPAT	MLS	MLT	TOTAL
Total certificates issued	804	1066	1823	883	4576
Issued with conditions	20	34	104	26	184



0

30

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
	Required to practise under supervision for the duration of expanded practice training	7
АТ	Required to practise under supervision for a specified period then to complete a WBA	2
ΑΤ	Approved to practise in Post Anaesthetic Patient Care Unit (PACU)	1
	Approved to perform Peripherally Inserted Central Catheters (PICC Lines)	10
	TOTAL	20
MLPAT	Required to practise under supervision for a specified period	9
	Required to undertake an annual competency review	2
	Approved to perform IV Cannulation	23
	TOTAL	34
	Required to practise under supervision for a specified period	13
MLS	Practice restricted to a specific discipline	88
	Required to practise at a nominated site as approved by Council	3
	TOTAL	104
	Required to practise under supervision for specified period	13
MLT	Practice restricted to a specific discipline	6
	Specific conditions pertaining to the practitioner	1
	Approved to perform IV Cannulation	6
	TOTAL	26

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

EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT

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

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

- they have a documented annual Professional Development Plan; and
- they have undertaken a minimum of 60 hours of CPD for each three-year CPD period; and
- 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.

	20	16	20	17	2018		
Called for audit	70		78		74		
Audited	66	94%	64	82%	67	91%	
Passed	63	63 95%		63 98%		93%	
Unsuccessful	3	3 4%		1 2%		7.5%	

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)

0

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-ANALYITICAL 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.

	20)14	2015		2016		2017		2018	
Called for audit	149 160		166		162		179			
Audited	142	95%	144	90%	150	90%	155	96%	156	87%
Passed	141	99%	142	99%	147	98%	154	99%	149	96%
Unsuccessful	1	1%	2	1%	3	2%	1	1%	7	4%

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.

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.

Fitness to Practice

During 2018-2019 the Council recieved no fitness to practise notifications.

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 2018/2019 the Council received six professional conduct notifications:

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

The Council received the following number of notifications during the 2018-2019 year across the medical laboratory science and anaesthetic technology professions.

	Number			Outcome			
	New	Existing	Referred to HDC	Referred to PCC	Referred to HPDT	Ongoing	Resolved
AT	2	1		3			3
MLPAT	3			1		1	2
MLS	1	1					2
MLT	1						1
TOTAL	7	2		4		1	8

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.

0037

During 2018/2019 one competence notification was received.

ENTITY INFORMATION FOR THE YEAR ENDED 31 MARCH 2019

Legal Name:	Medical Sciences Council of New Zealand
	(MSCNZ)
Entity Type:	Body Corporate
Charities Registration Number:	CC34594
Founding Documents:	Established by the Health Practitioners Competence 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
Physical Address:	Level 3 - Panama House, 22 Panama Street, Wellington
Postal Address:	PO Box 11-905, Wellington 6142
Phone:	+64 4 801 6250
Email:	msc@medsci.co.nz
Website:	www.mscouncil.org.nz

FINANCIAL REPORT

FOR THE YEAR ENDING 31 MARCH 2019

Baker Tilly Staples Rodway Audit Limited Level 6, 95 Customhouse Quay, Wellington 6011 PO Box 1208, Wellington 6140 New Zealand T: +64 4 472 7919
F: +64 4 473 4720
E: wellington@bakertillysr.nz
W: www.bakertillysr.nz



О (39

INDEPENDENT AUDITOR'S REPORT TO THE READERS OF MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2019

The Auditor-General is the auditor of Medical Sciences Council of New Zealand. The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the financial performance 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 that comprise the statement of financial position as at 31 March 2019, the statement of financial performance, the statement of movement in equity and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion the performance report of the Medical Sciences Council of New Zealand present fairly, in all material respects:

- its financial position as at 31 March 2019; 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 – Accrual (Public Sector)

Our audit was completed on 30 September 2019. 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 financial performance 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 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 Council for the financial statements

The Council is responsible for preparing financial performance that are fairly presented and that comply with generally accepted accounting practice in New Zealand.

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



In preparing the financial statements, the Council is responsible on behalf of the Medical Sciences Council of New Zealand for assessing the Medical Sciences Council's ability to continue as a going concern. The Council 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 Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the auditor for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are 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 financial statements.

We did not evaluate the security and controls over the electronic publication of the financial statements.

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 financial statements, 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 Council'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 financial statements 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.



0

- We evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council 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.

turra

Chrissie Murray Baker Tilly Staples Rodway Audit Limited On behalf of the Auditor-General Wellington, New Zealand

CONSOLIDATION STATEMENT OF FINANCIAL PERFORMANCE

For the Year ended 31 March 2019

	Note	2019	20
		\$	\$
Income			
Registration Fees - Non NZ		69,049	50
Registration Fees - NZ		92,700	8
APC's		1,063,587	1,
WBA Income		6,435	-
Interest Received		44,543	38
Sundry Income		19,858	1:
Total Income		1,296,172	1,
Less Expenses			
Accreditation Expenses		10,671	-
Archiving		202	-
Assessors		202 17,274	22
Audit Fees		7,600	7.
Bad Debt		-	1
		- 22,289	10
Bank Charges			
Board Member Fees & Expenses		134,157 4,947	1:
Catering		4,341	5,
Chartered Accountancy Fees		-	-
Conference Expenses		7,311	6,
Examiner Fees		-	-
General Expenses		935	6
Insurance		7,108	9,
		3,389	1,
Legal Expenses		8,178	5
MSS Service Charge		801,626	59
Postage		-	2
Printing, Stamps & Stationery		1,286	2,
Professional Fees		-	-
Project Costs		68,041	10
Telephone, Tolls & Internet		-	23
Training		8,141	9
Travel		74,614	62
Total Expenses		1,177,769	1,
Coppolidated Not Currely of Definity For The Mar	- F	110 400	
Consolidated Net Surplus/(Deficit) For The Yea	ar	118,403	18

STATEMENT OF FINANCIAL PERFORMANCE - MLS

For the Year ended 31 March 2019

	Note	2019	2018
		\$	\$
Income			
Registration Fees - Non NZ		52,267	39,696
Registration Fees - NZ		77,945	78,091
APC's		830,884	809,893
Interest Received		26,540	21,168
Sundry Income		15,937	13,437
Total Income		1,003,573	962,285
Less Expenses			
Accrediation Expenses		3,999	-
Archiving		162	1,175
Assessors		7,545	11,040
Audit Fees		6,080	5,984
Bad Debt		-	16,300
Bank Charges		16,991	12,212
Board Member Fees & Expenses		93,899	92,846
Catering		3,940	4,399
Conference Expenses		6,300	5,050
General Expenses		645	564
Insurance		5,686	7,237
IT		2,743	894
Legal Expenses		1,558	54,255
MSS Service Charge		641,300	479,740
Postage		-	201
Printing, Stamps & Stationery		1,029	1,967
Project Costs		55,642	81,224
Telephone, Tolls & Internet		-	143
Training		6,511	734
Travel		43,803	46,084
Total Expenses		897,833	822,049
Net Surplus/(Deficit) For The Year		105,740	140,236

STATEMENT OF FINANCIAL PERFORMANCE - AT For the Year ended 31 March 2019

	Note	2019 ¢	2018 ¢
Incomo		\$	\$
Income		46 700	11.00
Registration Fees - Non NZ		16,782	11,00
Registration Fees - NZ		14,755	7,304
APC's		232,703	226,7
WBA's		6,435	-
Interest Received		18,003	17,16
Sundry Income		3,921	-
Total Income		292,599	262,2
Less Expenses			
Accrediation Expenses		6,672	-
Archiving		40	179
Assessors		9,729	11,80
Audit Fees		1,520	1,496
Bank Charges		5,298	4,593
Board Member Fees & Expenses		40,258	29,42
Catering		1,007	1,192
Conference Expenses		1,011	1,620
General Expenses		290	97
Insurance		1,422	1,810
ІТ		646	161
Legal Expenses		6,620	3,525
MSS Service Charge		160,326	119,9
Postage		-	12
Printing, Stamps & Stationery		257	385
Project Costs		12,399	24,99
Telephone, Tolls & Internet		-	91
Training		1,630	183
Travel		30,811	16,75
Total Expenses		279,936	218,2
Net Surplus/(Deficit) For The Year		12,663	43,95
Net outplus/(Denot) for the real		12,000	

SUMMARY STATEMENT OF CASHFLOW

For the Year ended 31 March 2019

	2019	2018
	\$	\$
Operating Activities		
Cash was provided from:		
APC income	1,101,955	1,044,947
Other Income received	195,298	210,348
Interest Received	44,543	38,337
Cash was applied to:		
Payments to Suppliers and Others	(996,848)	(1,068,790)
Net Cash Inflow/(Outflow) From Operating Activities	344,948	224,842
Investing Activities		
Cash was applied to:		
Purchase of Intangible Assets		
Purchase of Property, Plant & Equipment		
Term Deposits	(100,000)	(400,000)
Net Cash Inflow/(Outflow) From Investing Activities	(100,000)	(400,000)
Net Increase in Cash Held	244,948	(175,158)
Cash at beginning of year	2,035,802	0
Plus Cash transferred to Term Deposit	100,000	400,000
Closing bank balance	2,380,750	224,842
Represented By:		
	490 750	225 002
Cash and Cash Equivalents Investment - Term Deposits	480,750 1,900,000	235,802 1,800,000
Closing bank balance	2,380,750	2,035,802

STATEMENT OF MOVEMENTS AND EQUITY For the Year ended 31 March 2019

00

	Note	2019	2018
		\$	\$
Opening Equity		945,656	761,464
Net surplus/(Deficit) For The Year - MSCNZ		105,740	140,236
Net surplus/(Deficit) For The Year - AT		12,663	43,956
Total Recognised Revenues & Expenses		118,403	184,192

Equity at End of the Year	1,064,059	945,656

STATEMENT OF FINANCIAL POSITION

For the Year ended 31 March 2019

		Note	2019	2018
			\$	\$
Equity				
Retained Earnings -	MSCNZ	4	590,382	484,642
Retained Earnings -	AT	4	473,677	461,014
Total Equity			1,064,059	945,656
Represented by;				
Current Assets				
Westpac Bank - ML	S Current		387,328	154,685
Westpac Bank - ML	S Savings		5,438	5,433
Westpac Bank - AT			87,984	75,684
Westpac Bank - Terr	m Deposits		1,900,000	1,800,000
Accounts Receivable	e		9,511	23,067
Provision for bad de	bt		-	(6,300)
Prepayments			5,119	14,263
Total Current Assets	;		2,395,380	2,066,832
Non-Current Assets				
Investments in MSS			50	50
Total Assets			2,395,430	2,066,882
Current Liabilities				
Medical Sciences Se	ecretariat Ltd		85,366	24,018
Accrued Expenses			10,578	9,728
GST Due for Payme	ent		119,660	112,610
Income in Advance ·	- MSCNZ		789,436	759,470
Income in Advance -	- AT		223,803	215,400
Provision for onerou	is lease		20,506	-
Total Current Liabilit	ies		1,249,349	1,121,226
Non - Current Liabili	ties			
Provision for onerou	is lease		82,022	
Net Assets/ (Liabilitie	,		1,064,059	945,656
For and on behalf of	the Council;			
Chairperson:	Andrew Warmington	D	ate: 30 September 201	9
Chief Executive:	W Deyle	D	ate: 30 September 201	9 C
	Mary Doyle			

0

Medical Sciences Council of New Zealand Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2019

1. Statement of Accounting Policies

REPORTING ENTITY

The Council is constituted under the Health Practioners 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 Practicing 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 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 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:

	2019	2018
	\$	\$
Retained Earnings - MSCNZ		
Opening Balance	484,642	344,406
Net Surplus/(Deficit) For The Year	105,740	140,236
Closing Balance	590,382	484,642
Retained Earnings - AT		
Opening Balance	461,014	417,058
Net Surplus/(Deficit) For The Year	12,663	43,956
Closing Balance	473,677	461,014
Total Consolidated Retained Earnings	1,064,059	945,656

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 Sciences Council of New Zealand at 31 March 2019 for 80 The Terrace is current: \$46,018 and non-current: \$164,896.

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 2019. A subsequent 3 year lease has been signed to 31 August 2022.

	2019	2018
	\$	\$
Current	76,664	63,989
Non-Current	228,696	196,316
	305,360	260,305

6. Provision for onerous lease

As at the reporting date, the Company has recognised the following provision:

	2019	2018
	\$	\$
Opening Balance	-	-
Additional provisions made in this financial year	102,528	-
Reversal of used amount	-	-
	102,528	-
Provisions for onerous lease (Current)	20,506	-
Provisions for onerous lease (Non-Current)	82,022	-
	102,528	-

7. Revenue Categories

Revenue from non-governmental sources for providing goods or services totalled \$1,232,275 (2018:\$1,186,157) and revenue from interest, dividends and other investments was \$44,543 (2017: \$38,337). Miscellaneous income from the settlement of the Business Interruption Insurance claim (lodged Feb 2017) amounted to \$19,354.

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.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

LEVEL 3 PANAMA HOUSE 22 PANAMA STREET WELLINGTON 6011

PO Box 11-905 Wellington 6142

+64 4 801 6250 msc@medsci.co.nz www.mscouncil.org.nz

