



MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND

TE KAUNIHERA PUŪTAIAO HAUORA O AOTEAROA

**Annual Report**

1 APRIL 2019 - 31 MARCH 2020





**THROUGHOUT THIS REPORT:**

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.

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# From the Chair and Chief Executive

## Council Membership

The Council had some significant changes to its membership in 2019 with five new members appointed in June. This represented a 60% turnover of outgoing and incoming members. In addition, the Council continued to work with a membership of eight rather than the usual nine due to ongoing delays in the Ministerial appointments process. These changes saw the chairmanship of the Council changing three times within a single financial year.

Despite these disruptions in respect of the membership, the Council has demonstrated strength in its ongoing regulation activities. This has been enabled by the existence of both longer-term strategic plans and inter-related shorter-term planning goals and objectives. The Council has continued to invest in a developmental programme to support both incoming members and those taking on the responsibilities of the chairmanship role.

We welcome the following members to the Council:

- Brett Besley (anaesthetic technician)
- Natasha Caldwell (medical laboratory scientist)
- Erolia Rooney (medical laboratory scientist)
- Ruth Beeston (medical laboratory scientist)
- Varsha Desai (medical laboratory pre analytical technician)

We would like to take this opportunity to publicly farewell the following Council members whose terms finished in 2019:

- Karen Bennett (anaesthetic technician)
- Don Mikkelsen (medical laboratory scientist)
- Christine Hickton (medical laboratory scientist)
- Lynne Morgan (medical laboratory technician)
- Paula McCormick (medical laboratory scientist – embryology)

Your commitment to the work of the Council during your respective terms of office has been greatly appreciated and we wish you well in all your future endeavours.

## Professional Development

During 2019 the Council engaged in some opportunities to build on their governance knowledge and skills:

- An introduction to financial essentials was provided to the re-constituted Council membership in August. This was facilitated through a financial governance workshop presented by Anthony Bow who serves on the Council's colleague responsible authority, the Medical Radiation Technologists Board (the Board). With both the Council and the Board sharing a single secretariat service and consequently sharing a common financial infrastructure this was a great opportunity to build on the synergies that have been gained through our partnership. With Anthony's strong background in finance and governance this provided incoming members with an opportunity to gain an understanding of their fiscal responsibilities.
- Following the changes to the HPCA Act in April 2019, the Board attended a 1-day governance workshop provided by Claro Law. The workshop provided an opportunity to explore the impacts of the amendment bill for our ongoing work in regulating the medical laboratory science and anaesthetic technology professions.

## Online Examination

Council has been working on the provision of an examination to assess the suitability of overseas applicants. We are aiming for this to be online by the end of the 2020 calendar year for medical laboratory science and the following year for anaesthetic technology. It is expected the examination will provide for a significantly improved process for overseas candidates seeking registration in New Zealand.

## Legislative Changes

In 2019 a number of amendments were made to the Act with one key change being all responsible authorities being subject to 5-yearly independent performance reviews. Authorities were also required to publish a “naming” policy in respect of practitioners subject to an order or direction.

The Council has subsequently implemented a programme of performance measurement and monitoring to ensure it continues to meet its obligations under section 118 of the Act. This work will assist with preparing for the pending independent performance review that is due to be completed before April 2022. The Council also consulted on a new “naming” policy for publishing its decisions in respect of practitioners who are subject to a Council-issued order or direction and its final policy document was published in February 2020.

## Strategic Priorities

### Anaesthetic Technicians

The 2019 year brought the issues of the anaesthetic technician work force to the fore. A continuing and significant shortage of qualified technicians had, for some DHBs, reached a crisis point and the Council was invited to a number of workshops to discuss the situation and their role in assisting with addressing the issues. At the same time there has been a shift in the perception of what the role should be, with many DHBs wishing to see a more “flexible” work force.

As a responsible authority under the Health Practitioners Competence Assurance Act 2003 (the Act), the Council is somewhat limited in its ability to resolve workforce shortages. However the Council has made a number of changes in its approach to applications received from overseas applicants who are outside of the traditional catchment zone of the United Kingdom. The adoption of a formal assessment process for all overseas qualifications has seen a wider range of overseas qualifications now being considered.

In October 2019 the Council was informed that the sole tertiary education provider (the Auckland University of Technology) for the anaesthetic technician accredited qualification was withdrawing the diploma-level qualification, with the last intake of students being 2020.

The Council was aware of the need to ensure there would be a New Zealand study programme that graduates NZ-trained anaesthetic technicians into the future and committed to ensuring that would continue to happen. There was a degree of urgency to resolve the situation which led the Council to make a number of initial decisions without first of all doing a full public consultation (which would have been the norm). Those decisions were:

- It was appropriate to move the level of the qualification prescribed for registration as an anaesthetic technician to a level 7 bachelor degree; and
- In the immediate term the degree programme would be best provided through a university tertiary education environment;
- The Council would work with the Auckland University of Technology (AUT) to develop and deliver an anaesthetic technician bachelor degree programme.

Key considerations in the Council’s decision-making was to ensure continuity of training for a workforce suffering severe shortages and to avoid a fallow year between moving from the diploma to a degree programme.

A newsletter explaining the situation and the Council’s initial position was published in November and following that the Council convened a number of consultation forums with representatives from key stakeholder groups to receive and consider their feedback on the move to a degree programme through the AUT. While the Council intended to progress its consultation process through another series of forums that would be open to a much wider audience, the escalating situation with the COVID-19 pandemic in early 2020 meant these had to be put on hold. This work will hopefully be progressed later in 2020.

In the meantime the Council would like to take the opportunity to acknowledge and extend its appreciation to all those people within the anaesthesia and allied health sector who have assisted the Council with its decision-making processes so far. We look forward to being able to engage in a much wider consultation process later in 2020.

*Continued over page...*

## **Pandemic Preparations**

In late March 2020 the country went into 'lockdown' as we joined together as our team of 5-million to deal with the global COVID-19 pandemic. This saw our secretariat team move to working from their homes which was achieved with minimal disruption to our business-as-usual operations. This was enabled by the planning and preparation work the team had spearheaded as they could see the global situation worsening over previous weeks. As demands increased for more COVID-19 testing, the Council worked with the Ministry of Health to assist with having contingency plans in place to ensure the medical laboratory science workforce, which was deemed to be an essential health workforce, would be adequately resourced during the current COVID-19 pandemic.

## **Secretariat**

A review of the Medical Sciences Secretariat (MSS) staffing resources in 2019 identified that total team numbers were not adequate to sustain the operations of the secretariat in the longer term. That was primarily due to the team taking on additional responsibilities in response to the changing needs of the two responsible authorities they serve – that is, the Medical Sciences Council and the Medical Radiation Technologists Board. This saw another coordinator position added to the registrations team. The finance team was also increased from two to three members.

We would like to take this opportunity to thank all Council members, both those who have recently left the council, some after three-terms in the position, and our new members who have seamlessly blended into the work of Council. Also a thank you to the MSS staff team who have continued to support the work of the Council throughout some very challenging times, not the least of which was packing up at very short notice to carry on working from home. All up, the Council has had a very productive year which could not have happened without everyone's input.



**Dr Andrew Warmington**  
(Chair)



**Mary Doyle**  
(CEO)

# Numbers at a Glance

1 April 2019-31 March 2020



**4,642**

**Annual Practising Certificates**  
received and processed

## APC Numbers across the years



4642

2020



4576

2019



4435

2018



4370

2017



4031

2016

15% increase in APC uptake over the last 5 years

## We granted

**536**

NEW REGISTRATIONS

**84**

Anaesthetic Technicians

**128**

Medical Laboratory Scientist

**148**

Medical Laboratory Technician

**176**

Medical Laboratory Pre-Analytical Technician

## Of the new registrations:

**186**

OVERSEAS-TRAINED

**350**

NEW ZEALAND-TRAINED

## We received

**4**

NEW  
NOTIFICATIONS

**1**

Case of Competence

**3**

Cases of Conduct

# 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 and facilitate interdisciplinary collaboration and cooperation in the delivery of health services.
- Promote education and training in the health professions regulated by the Council.
- Promote public awareness of the responsibilities of the Council.
- Exercise and perform any other functions, powers and duties as conferred or imposed by or under the Act or any other enactment.

## Council Members

		Term commenced	Term renewed	Term due to be completed
	<b>Dr Andrew Warmington</b> Chair (From June 2019) Anaesthetist	2012	2014 2017	2020
	<b>Helen Walker</b> Deputy Chair Lay member	2010	2013 2016	2019
	<b>Don Mikkelsen</b> Chair (to June 2019) Medical Laboratory Scientist	2010	2013 2016	2019
	<b>Brett Besley</b> Anaesthetic Technician	2019		2022
	<b>Nicola Swain</b> Lay Member	2018		2021

Term commenced      Term renewed      Term due to be completed

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**Christine Hickton**  
Medical Laboratory Scientist

2010

2013  
2016

2019

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**Karen Bennett**  
Anaesthetic Technician

2012

2015

2019

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**Varsha Desai**  
Medical Laboratory  
Pre Analytical Technician

2019

2022

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**Ruth Beeston**  
Medical Laboratory Scientist

2019

2022

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**Natasha Caldwell  
(Packer)**  
Medical Laboratory Scientist

2019

2022

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**Erolia Rooney**  
Medical Laboratory Scientist

2019

2022

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## Council Meetings and Fees

Position	Fee
Chairperson	\$30,204 annual honorarium
Council Member	\$680 day / \$85.00 hour

Council Members	27th Jun 2019	29th Aug 2019	30th - 31st Oct 2019	12th Dec 2019	26-27th Feb 2020
Don Mikkelsen	✓				Term completed
Helen Walker	✓	✓	✓	✓	✓
Brett Besley		Term commenced	Apologies	✓	✓
Dr Andrew Warmington	Apologies	✓	✓	✓	✓
Christine Hickton	✓				Term completed
Karen Bennett	✓				Term completed
Ruth Beeston		Term commenced	✓	✓	✓
Erolia Rooney		Term commenced	✓	Apologies	✓
Nicola Swain	✓	✓	✓	✓	✓
Varsha Desai		Term commenced	✓	✓	✓
Nastasha Caldwell (Packer)		Term commenced	✓	✓	✓

## Council Committees

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

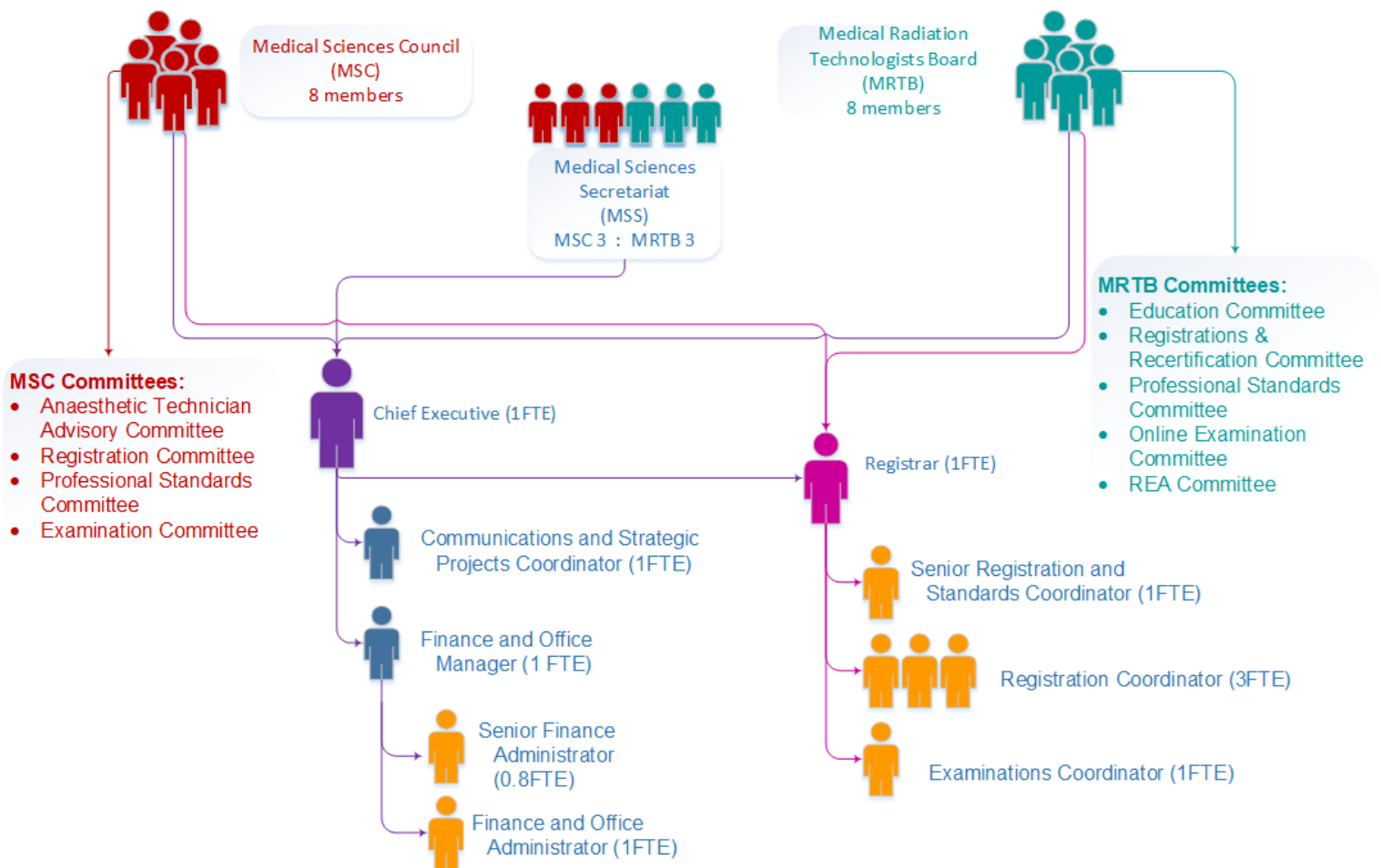
Committee	Membership
<b>Educational Advisor</b>	Nicola Swain
<b>Professional Standards Committee</b>	Dr Andrew Warmington Ruth Beeston Helen Walker Nicola Swain
<b>Registrations and Recertification Committee</b>	Natasha Caldwell Varsha Desai Erolia Rooney
<b>Anaesthetic Technicians Advisory Committee (including Registrations and Recertification)</b>	Dr Andrew Warmington Brett Besley Karen Bennett
<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 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).

The shared secretariat arrangement with the Medical Radiation Technologists Board (the Board) enables the Council to achieve efficiencies in terms of costs and consistency in regulatory standards. While the Council and the Board are separate authorities with legal responsibilities for the statutory regulation of different groups of health professionals, their strategic priorities and key initiatives are often similar.

Sharing of their secretariat resources enables both authorities to jointly manage a number of key initiatives and subsequent annual business goals. Consequently the individual strategic planning documents for the Council and the Medical Radiation Technologists Board share a number of similarities and common goals.



**Secretariat Staff** (as of 31 March 2020)

<b>Chief Executive</b>	<b>Mary Doyle</b> Manages the strategic functions and overall business of the Council and is responsible for the general management and statutory compliance of the organisation.
<b>Registrar</b>	<b>Margaret Steel</b> Has delegated authority from the Council to manage the overall regulatory functions under the HPCA Act. Manages procedures for complaints, fitness to practise and notifications. Overall management of the Registration / Recertification and Complaints team.
<b>Registrations/ Recertification Team</b>	<b>Hayley Roud</b> <b>Varsha Parsotam</b> <b>Katherine Allen</b> Complete and process tasks relating to registration and recertification such as applications for registration under all scopes, APC applications and annual renewal.
<b>Professional Standards</b>	<b>Leanne Bartlett</b> Supports the Registrar with managing the complaints and notifications processes, reporting and monitoring. Leanne also supports the Registrar with accreditation and monitoring of education providers.
<b>Online Examinations/ WBAs</b>	<b>Swas Lal</b> Completes and processes task relating to WBAs and the development of Online Examinations.
<b>Finance Team</b>	<b>Pam Sceats</b> Financial Manager - manages the finance team and provides overall financial management.  <b>Rafah Abbas</b> Senior Finance Administer - supports the Finance Manager, payroll and office administrative support.  <b>Louise Hurst</b> Provides finance and office administrative support.
<b>Communications and Strategic Projects</b>	<b>Miriam Brown</b> Manages the Council's ongoing communication strategies, including publications, website, consultations and online initiatives.

# Strategic Priorities and Goals

The Council's Strategic Directions 2019 -2024 document provides the foundational framework of our work over the next five years. It identifies areas of particular focus, and provides a benchmark against which we can measure our progress in achieving our strategic priorities. The document is a critical planning tool setting a foundation upon which the Council fulfils its responsibilities under the Act in respect of the professions of medical laboratory science and anaesthetic technology. The document is reviewed each year.

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

The overriding focus of the Council's work is the health and safety of the public. The Council is not responsible for protecting the interests of medical laboratory science or anaesthetic technology practitioners. That said, the Council does have a responsibility for ensuring it undertakes its legislative functions consistently, fairly, and proportionately. The Council's intention is to achieve the best outcomes for the public through appropriate and sustainable regulation.



To protect the health and safety of the public through the implementation of mechanisms that ensure medical laboratory science and anaesthetic technician practitioners are competent and fit to practise.

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

## Objectives and Outcomes

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### STANDARDS

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#### *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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#### *2019/2020 Outcomes*

- In 2018 the Council commenced the development of an online examination as another pathway to registration for overseas-trained practitioners. During the 2019-2020 business year, this developmental work continued with the primary focus being to build question banks for each of the scopes of practice. There needs to be sufficient questions developed in alignment with the competencies defined for each scope of practice to enable respective examinations to be set. The rollout of an inaugural set of exams has been delayed the initial target of mid-2020 has been reset to early 2021.
  - A revised process for the assessment of overseas qualifications against the competencies defined for each of the scopes of practice was introduced in 2019.
  - Standards for the accreditation and monitoring of prescribed qualifications provided through New Zealand education institutions were revised in 2019. A consultation process was undertaken with New Zealand qualification providers and feedback was still in the process of being collated at the end of the 2019-2020 business year.
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## *PRACTITIONER COMPETENCE*

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### *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.

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### *2019/2020 Outcomes*

- A revision of the CPD standards for medical laboratory science and anaesthetic technology practitioners was completed in 2018. This included a public consultation process. An outcomes report and the revised set of standards were published on the Council's website in mid-2019.
  - Following another consultation process, a set of standards for the accreditation of CPD programme providers were also finalised by the end of the 2019-2020 business year.
  - A review of the registers for the medical laboratory science and the anaesthetic technology professions was commenced in 2019 and it is expected this will be completed later in 2020.
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## ACCOUNTABILITY

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### *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.

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### *2019/2020 Outcomes*

- Council presentations at a number of professional conferences and other industry forums during 2019-2020 provided opportunities to engage with practitioners and other key stakeholder groups.
  - The Council made a decision to move the level of the prescribed qualification leading to registration as an anaesthetic technician from a level 5 diploma to a level 7 bachelor degree. There had been talk of a degree programme amongst the profession for a number of years, and the professional body (New Zealand Anaesthetic Technicians Society) had actively promoted that for some time. While the Medical Sciences Council had included a review of the qualification on their workplan in the not-too-distant future, circumstances meant this had to be brought forward. Recent initiatives in the tertiary education sector saw universities being advised by their funding body that they needed to move away from providing qualifications that are at a lesser level than undergraduate bachelor degrees. This meant AUT had to put a stick in the sand and make a decision about the undergraduate diploma programme they were offering for anaesthetic technicians. With a change in the AUT school responsible for teaching the technician diploma programme (in 2020 the AT diploma programme has moved from the School of Applied Science to the School of Clinical Sciences), it was a suitable time for them to make that decision.
  - The Council commenced a consultation process in respect of the change to the prescribed qualification for anaesthetic technician registration, including forums with representatives from key stakeholder groups. The advent of COVID-19 in February/March 2020 has resulted in a delay to the continuation of the consultation initiatives related to this initiative. It is expected they will resume later in 2020.
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## ORGANISATIONAL PERFORMANCE

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### *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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### *2019/2020 Outcomes*

- The Council has a well-established schedule for the review of core organisational documents including policies, operational manuals, and informational materials. This is based on a 2-year review cycle.
- A cyber resilience assessment was undertaken in respect of the IT infrastructure which is jointly owned by the Council and the Medical Radiation Technologists Board. A number of quality improvements were identified and a joint Council-Board cyber resilience plan is being managed through the secretariat on behalf of the two authorities.
- With the emerging situation in respect of the COVID-19 pandemic, a review of a joint Council – Board business continuity plan was completed. The plan assisted with making sure the secretariat was well prepared for the advent of the level 4 lockdown. Moving the staff team to working from home in late March was achieved with minimal disruption due to this preparedness.
- Secretariat staff have worked with colleagues from the health regulation sector and the Ministry of Health to draft a set of performance standards for responsible authorities. The 2019 amendment to the Act requires responsible authorities to undergo a performance assessment every 5-years. Assessments will be carried out by independent reviewers.
- The Council has instituted a quality improvement programme based on measuring performance against its core functions and responsibilities as set out in section 118 of the Act.

# Registrations & 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
- 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 (full or provisional registration)
- Medical Laboratory Technician (full or provisional registration)
- Medical Laboratory Pre-Analytical Technician (full or provisional registration)

## Received Applications

Between 1 April 2019 - 31 March 2020 the Council received **656** applications from persons applying to be registered. **536** (81%) of these applications were approved. A small number of applications – **30** (5%) – were declined due to not meeting entry level registration requirements.

Of the remaining applications, **21** (3%) were withdrawn or deferred by the applicant; **9** (1%) applications were approved to complete the Graduate Diploma in Medical Laboratory Science as a pathway to registration as a Medical Laboratory Scientist; **1** applicant (anaesthetic technology) was offered a WBA as a pathway to registration; and **59** (9%) applications were still being processed at 31 March 2020.

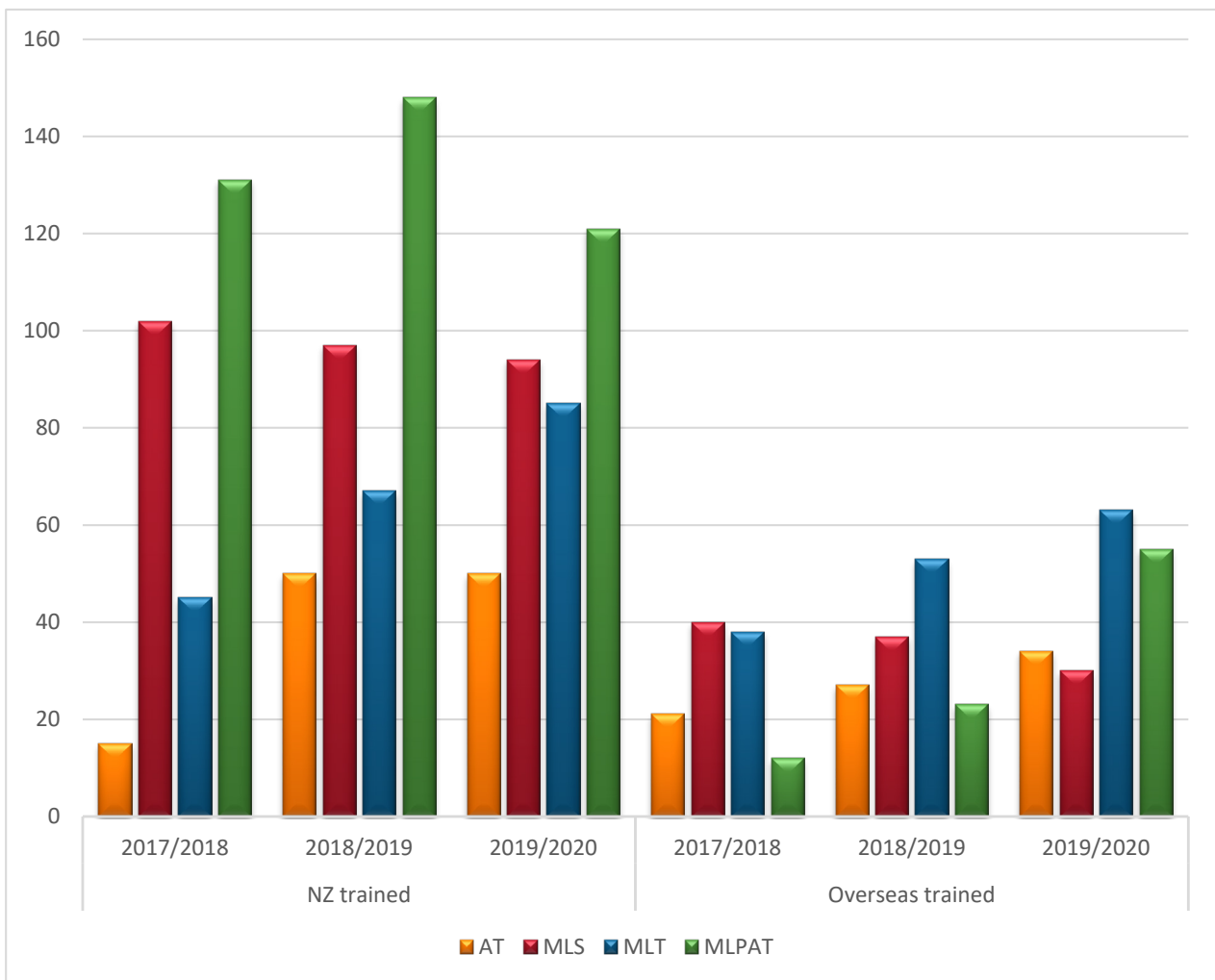
	AT	MLPAT	MLS	MLT	TOTAL
Registration Approved	84	176	128	148	<b>536</b>
Approved for Graduate Diploma pathway to registration as a MLS	-	-	9	-	<b>9</b>
Offered WBA as a pathway to registration	1	Not applicable			<b>1</b>
Declined	2	2	22	4	<b>30</b>
Applications received, not processed (still being processed at 31 Mar 2020)	3	18	19	19	<b>59</b>
Application withdrawn or deferred (by applicant)	2	2	2	15	<b>21</b>
<b>TOTAL RECEIVED</b>	<b>92</b>	<b>198</b>	<b>180</b>	<b>186</b>	<b>656</b>



## Approved Registrations for Previous Three Years

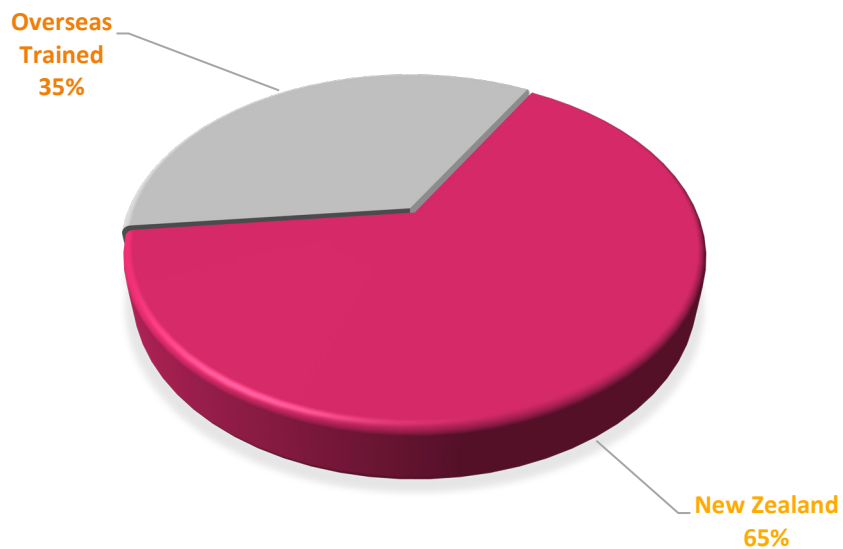
For the 2019/2020 year the total number of New Zealand-trained registration applications exceeded overseas-trained applications by **30%**

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



## Approved Registrations by Country-Trained

	AT	MLPAT	MLS	MLT	TOTAL
Australia	-	4	6	5	15
New Zealand	50	121	94	85	350
USA	-	1	1	1	3
UK	29	1	10	5	45
South Africa	-	2	9	2	13
India	1	15	3	10	29
Philippines	-	27	1	31	59
Iran	1	-	1	1	3
Belgium	-	-	1	1	2
Nicaragua	-	-	1	-	1
Nigeria	-	-	1	1	2
Syria	1	-	-	-	1
Netherlands	2	-	-	-	2
Canada	-	1	-	1	2
Korea	-	1	-	-	1
Nepal	-	1	-	1	2
Pakistan	-	1	-	-	1
Ukraine	-	1	-	-	1
Fiji	-	-	-	2	2
Malaysia	-	-	-	1	1
Zimbabwe	-	-	-	1	1
<b>TOTAL</b>	<b>84</b>	<b>176</b>	<b>128</b>	<b>148</b>	<b>536</b>

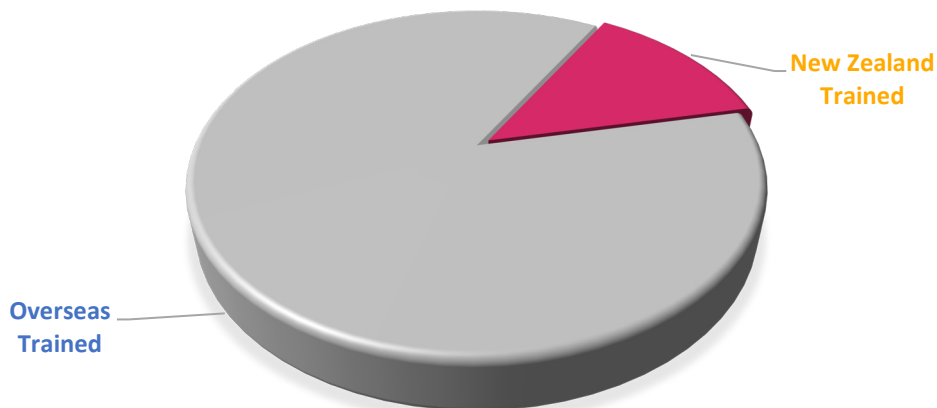


## Declined Registrations by Country-Trained

	AT	MLPAT	MLS	MLT	TOTAL
Australia	-	-	2	-	2
New Zealand	-	2	2	-	4
UK	-	-	1	-	1
India	-	-	4	-	4
Germany	1	-	-	1	2
Nigeria	1	-	1	-	2
Hong Kong	-	-	1	-	1
Philippines	-	-	7	2	9
Sudan	-	-	1	-	1
USA	-	-	1	-	1
Sri Lanka	-	-	-	1	1
South Africa	-	-	1	-	1
China	-	-	1	-	1
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>22</b>	<b>4</b>	<b>30</b>

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

The declined MLPAT applicants did not hold a substantially equivalent qualification to meet registration eligibility requirements.



## Alternative Pathways to Registration

### Work-Based Assessment Route to Registration as an Anaesthetic Technician

A 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.

	2017/18	2018/19	2019/20
Offered	-	4	1
Undertaken	1	2	2
Passed		2	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.

### 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.

	2017/18	2018/19	2019/20
Enrolled in the programme	2	11	9
Graduated, and registered as a Medical Laboratory Scientist	16	7*	9

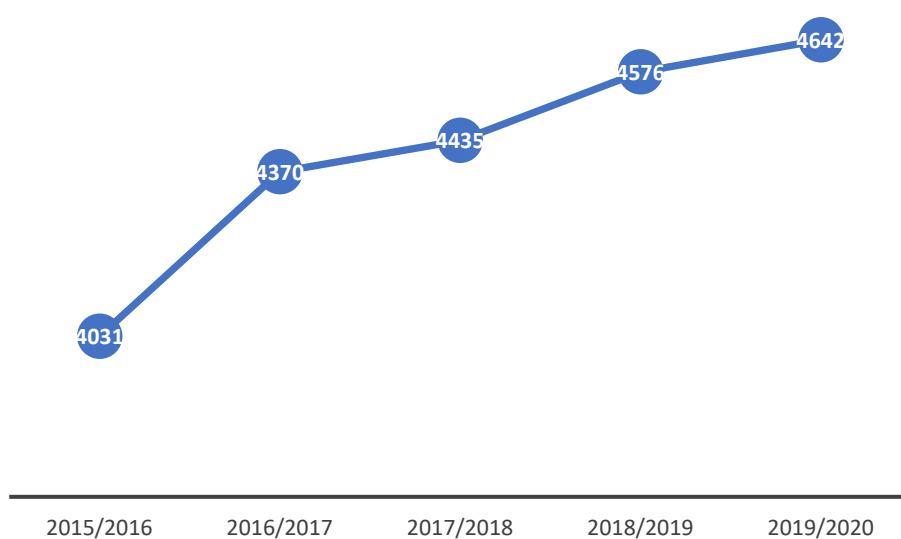
\* Two practitioners graduated but did not apply for registration.

## Annual Practising Certificates

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

In 2019-2020 year, the Council issued **4642** annual practising certificates, with **196** (4%) of those including conditions on practice.

	AT	MLPAT	MLS	MLT	TOTAL
Total certificates issued	842	1109	1823	868	<b>4642</b>
Issued with conditions	20	41	107	28	<b>196</b>



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

## Conditions on Practice

Scope	Conditions	Total
AT	Required to practise under supervision for the duration of expanded practice training	6
	Required to practise under supervision for a specified period then to complete a WBA	1
	Approved to practise in Post Anaesthetic Patient Care Unit (PACU)	2
	Approved to perform Peripherally Inserted Central Catheters (PICC Lines)	10
	Must practise under supervision for a specified period	1
<b>TOTAL</b>		<b>20</b>
MLPAT	Required to practise under supervision for a specified period	11
	Required to undertake an annual competency review	1
	Approved to perform IV Cannulation	28
	Able to perform random blood tests on behalf of a testing agency	1
<b>TOTAL</b>		<b>41</b>
MLS	Required to practise under supervision for a specified period	12
	Practice restricted to a specific discipline	91
	Required to practise at a nominated site as approved by Council	4
<b>TOTAL</b>		<b>107</b>
MLT	Required to practise under supervision for specified period	12
	Practice restricted to a specific discipline	6
	Specific conditions pertaining to the practitioner	1
	Approved to perform IV Cannulation	9
<b>TOTAL</b>		<b>28</b>

# Education & Continuing Professional Development

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.

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
New Zealand Institute of Medical Laboratory Science	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:

- 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 Anaesthetic Technicians who are holding a current APC.

	2017		2018		2019	
<b>Called for audit</b>	78		74		77	
<b>Audited</b>	64	82%	67	91%	62	81%
<b>Passed</b>	63	98%	62	93%	56	90%
<b>Unsuccessful</b>	1	2%	5	7.5%	6	10%

## 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).

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

## Medical Laboratory Technicians & 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.

	2015		2016		2017		2018		2019	
<b>Called for audit</b>	160		166		162		179		182	
<b>Audited</b>	144	90%	150	90%	155	96%	156	87%	164	90%
<b>Passed</b>	142	99%	147	98%	154	99%	149	96%	163	99%
<b>Unsuccessful</b>	2	1%	3	2%	1	1%	7	4%	1	<1%

# Fitness to Practise, Professional Conduct & 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 judgements, 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 Practise

During 2019-2020 the Council received 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 2019/2020 the Council received three professional conduct notifications:

- One involved a practitioner practising outside their scope of practice and without a current practising certificate; and
- Two were related to a criminal convictions notice.

## Notifications Received

The Council received the following number of notifications during the 2019-2020 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
<b>AT</b>	1	-	-	-	-	-	
<b>MLPAT</b>	1	-	-	-	-	-	1
<b>MLS</b>	2	-	-	2	1	2	
<b>MLT</b>	-	-	-	-	-	-	
<b>TOTAL</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>9</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 practise. Competence reviews undertaken by the Council are based on principles of natural justice, support and education.

During 2019/2020 one competence notification was received.

# Financial Report

1 April 2019 - 31 March 2020

## Medical Sciences Council of New Zealand

### ENTITY INFORMATION

FOR THE YEAR ENDED 31 MARCH 2020

<b>Legal Name:</b>	Medical Sciences Council of New Zealand (MSCNZ)
<b>Entity Type:</b>	Body Corporate and Registered Charity
<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
<b>Entity Structure:</b>	An eight member governance board comprising of:  Brett Besley--Position Appointment Date 20/06/2019 Erolia Rooney--Position Appointment Date 20/06/2019 Nicola Swain--Position Appointment Date 12/12/2018 Helen Walker--Position Appointment Date 31/05/2010 Natasha Packer--Position Appointment Date 20/06/2019 Ruth Beeston--Position Appointment Date 20/06/2019 Andrew Warmington--Last Date as an Officer 31/03/2020 Varsha Desai--Position Appointment Date 20/06/2019 Christine Hickton--Last Date as an Officer 30/06/2019 Donald Mikkelsen--Last Date as an Officer 30/06/2019 Karen Bennett--Last Date as an Officer 30/06/2019 Peter Chung (Lay-Member)
<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>Entity's 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.msCouncil.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 2020**

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 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 that comprises the statement of financial position as at 31 March 2020, 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 performance report that include accounting policies and other explanatory information.

In our opinion the performance report of the Medical Sciences Council of New Zealand:

- presents fairly, in all material respects:
  - the entity information,
  - its financial position as at 31 March 2020; and
  - its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand and has been prepared in accordance with the Public Sector Entity Simple Format Reporting – Accrual (Public Sector) standard.

Our audit was completed on 14 October 2020. 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 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.

#### **Emphasis of Matter – COVID-19**

Without modifying our opinion, we draw attention to the disclosures about the impact of COVID-19 on the Council as set out in note 8 on page 9.

### **Responsibilities of the Council for the performance report**

The Council is responsible for preparing the performance report that is fairly presented and that complies 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 the performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Council is responsible 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 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 the 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 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 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 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.



Chrissie Murray  
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General  
Wellington, New Zealand

## Medical Sciences Council of New Zealand

### CONSOLIDATION STATEMENT OF FINANCIAL PERFORMANCE

"How was it funded?" and "What did it cost?"

FOR THE YEAR ENDED 31 MARCH 2020

	Note	Actual This Year \$	Actual Last Year \$
<b>Revenue</b>			
Fees, subscriptions and other revenue from practitioners	1	1,280,906	1,231,771
Interest, dividends and other investment revenue	1	46,849	44,543
Other revenue	1	2,551	19,858
<b>Total Revenue</b>		<b>1,330,306</b>	<b>1,296,172</b>
<b>Expenses</b>			
Employee related costs	2	486,691	443,621
Costs related to providing goods or services	2	676,972	697,419
Other expenses	2	32,558	36,729
<b>Total Expenses</b>		<b>1,196,221</b>	<b>1,177,769</b>
<b>Surplus/(Deficit) for the Year</b>		<b>134,086</b>	<b>118,403</b>

## Medical Sciences Council of New Zealand

### SUMMARY STATEMENT OF CASHFLOW

"How the entity has received and used cash"

FOR THE YEAR ENDED 31 MARCH 2020

	Actual This Year \$	Actual Last Year \$
<b>Cash Flows from Operating Activities</b>		
<b>Cash was received from:</b>		
Fees, subscriptions and other receipts from practitioners	1,348,088	1,297,253
Interest, dividends and other investment receipts	44,366	44,543
Net GST		
<b>Cash was applied to:</b>		
Payments to suppliers and employees	1,160,369	996,848
<b>Net Cash Flows from Operating Activities</b>	<b>232,085</b>	<b>344,948</b>
<b>Cash flows from Investing and Financing Activities</b>		
<b>Cash was received from:</b>		
Term Deposits	550,000	
<b>Cash was applied to:</b>		
Term Deposits		100,000
<b>Net Cash Flows from Investing and Financing Activities</b>	<b>550,000</b>	<b>(100,000)</b>
<b>Net Increase / (Decrease) in Cash</b>	<b>782,085</b>	<b>244,948</b>
<b>Opening Cash</b>	<b>480,750</b>	<b>235,802</b>
<b>Closing Cash</b>	<b>1,262,835</b>	<b>480,750</b>
<b>This is represented by:</b>		
Bank Accounts and Cash	1,262,835	480,750

# Medical Sciences Council of New Zealand

## STATEMENT OF FINANCIAL POSITION

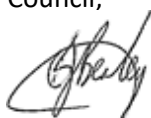
"What the entity owns?" and "What the entity owes?"

FOR THE YEAR ENDED 31 MARCH 2020

	Note	Actual This Year \$	Actual Last Year \$
<b>Assets</b>			
<b>Current Assets</b>			
Bank accounts and cash	3	1,262,835	480,750
Debtors and prepayments	3	27,939	14,630
Other current assets	3	2,485	-
Term Deposits		1,350,000	1,900,000
<b>Total Current Assets</b>		<b>2,643,259</b>	<b>2,395,380</b>
<b>Non-Current Assets</b>			
Shares in MSS	3	50	50
<b>Total Non-Current Assets</b>		<b>50</b>	<b>50</b>
<b>Total Assets</b>		<b>2,643,309</b>	<b>2,395,430</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Creditors and accrued expenses	3	199,892	215,604
Income in Advance	3	1,082,491	1,013,239
Provision for onerous lease	3	32,999	20,506
<b>Total Current Liabilities</b>		<b>1,315,382</b>	<b>1,249,349</b>
<b>Non-Current Liabilities</b>			
Provision for onerous lease	3	129,782	82,022
<b>Total Non-Current liabilities</b>		<b>129,782</b>	<b>82,022</b>
<b>Total Liabilities</b>		<b>1,445,164</b>	<b>1,331,371</b>
<b>Total Assets less Total Liabilities (Net Assets)</b>		<b>1,198,145</b>	<b>1,064,059</b>
<b>Accumulated Funds</b>			
Accumulated surpluses or (deficits)		1,198,145	1,064,059
<b>Total Accumulated Funds</b>		<b>1,198,145</b>	<b>1,064,059</b>

For and on behalf of the Council;

Chairperson:



Date: 12 October 2020

Brett Besley

Chief Executive:



Date: 12 October 2020

Mary Doyle

# Medical Sciences Council of New Zealand

## STATEMENT OF ACCOUNTING POLICIES

*“How did we do our accounting?”*

FOR THE YEAR ENDED 31 MARCH 2020

### **BASIS OF PREPARATION**

Medical Sciences Council of New Zealand was established under the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

Medical Sciences Council of New Zealand has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting - Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

### **HISTORICAL COST**

These financial statements have been prepared on a historical cost basis. The financial statements are presented in New Zealand dollars (NZ\$) and all values are rounded to the nearest NZ\$, except when otherwise indicated.

### **CHANGES IN ACCOUNTING POLICIES**

There have been no changes in accounting policies during the financial year, however, some classification and presentational changes have been made and relevant prior year values have been updated to aid comparison (last year - nil).

### **GOODS AND SERVICES TAX (GST)**

All amounts are recorded exclusive of GST, except for Debtors and Creditors which are stated inclusive of GST.

### **INCOME TAX**

Medical Sciences Council of New Zealand is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

### **BANK ACCOUNTS AND CASH**

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances.

### **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.

### **INVESTMENTS**

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

### **ONEROUS LEASE**

The Onerous Lease expense is recognised in full in the year that it was identified as onerous lease, or in the year of any adjustment to the value of the lease. The amount is the minimum net value to meet the contractual obligation, less revenue from sublease and discounting as at rate of 3%.

### **REVENUE RECOGNITION**

Revenue is received during February and March, relating to the next financial year. Therefore, receipts are shown on the balance sheet as income in advance and recognised in the statement of financial performance in the next financial year.

# MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

## NOTES TO THE PERFORMANCE REPORT

FOR THE YEAR ENDED 31 MARCH 2020

### Note 1: Analysis of Revenue

Revenue Item	Analysis	This Year \$	Last Year \$
Fees, subscriptions and other revenue from members	Registration	171,179	161,752
	APC	1,097,992	1,063,584
	Other	11,735	6,435
<b>Total</b>		<b>1,280,906</b>	<b>1,231,771</b>

### Note 2: Analysis of Expenses

Expense Item	Analysis	This Year \$	Last Year \$
Employee related costs	ACC Levy	1,200	1,081
	Recruitment	14,728	14,423
	Salaries	452,408	415,844
	Staff Salary Deduction	4,044	2,841
	Staff Training	8,463	6,573
	Temporary Staff	5,848	2,859
<b>Total</b>		<b>486,691</b>	<b>443,621</b>

**Note 2: Analysis of Expenses continued**

<b>Expense Item</b>	<b>Analysis</b>	<b>This Year</b>	<b>Last Year</b>
		<b>\$</b>	<b>\$</b>
Costs related to providing goods or services	Accreditation Visit Charges	1,105	10,671
	Archiving	2,460	202
	Assessors-Registration Committee	7,678	17,274
	Board Member fees	141,956	131,459
	Building Security	131	116
	Catering	8,600	4,947
	Cleaning	4,821	4,420
	Conference	17,512	7,312
	Education Costs-Registration	37	-
	Equipment Hire	1,491	1,893
	Fees-Online Exam Committee	42,341	-
	Insurance	11,244	7,108
	IT	81,917	29,777
	Minute Taker	2,688	2,698
	MSS services Charges	155,193	328,042
	Panama Street Premises	28,725	20,076
	PCC-Personnel Costs & Expenses	6,692	-
	Postage and Courier	3,410	2,765
	Power	2,654	2,543
	Printing & Stationery	6,433	1,286
	Project-AT	900	41,655
	Publications	523	421
	Registration	3,844	6,630
	Repairs and Maintenance	6,279	-
	Movement in lease provision	3,285	-
	Telephone and Tolls	4,674	-
	Travel And Accommodation	126,554	74,614
	Venue Hire	3,825	1,510
<b>Total</b>		<b>676,972</b>	<b>697,419</b>

<b>Expense Item</b>	<b>Analysis</b>	<b>This Year</b>	<b>Last Year</b>
		<b>\$</b>	<b>\$</b>
Other expenses	Audit fees	6,262	7,600
	Bank Charges	5,101	22,289
	General Expenses	6,666	935
	HRANZ Admin	498	492
	Legal fees	14,031	5,413
<b>Total</b>		<b>32,558</b>	<b>36,729</b>

### Note 3: Analysis of Assets and Liabilities

Asset Item	Analysis	This Year \$	Last Year \$
Bank accounts and cash	Westpac Working	900,653	387,328
	Westpac Working AT	356,740	87,984
	Westpac Saving	5,442	5,438
<b>Total</b>		<b>1,262,835</b>	<b>480,750</b>

Asset Item	Analysis	This Year \$	Last Year \$
Debtors and prepayments	Prepayments	13,808	5,119
	Debtors	14,131	9,511
<b>Total</b>		<b>27,939</b>	<b>14,630</b>

Asset Item	Analysis	This Year \$	Last Year \$
Other current assets	Accrued Income	2,485	-
<b>Total</b>		<b>2,485</b>	<b>-</b>

Asset Item	Analysis	This Year \$	Last Year \$
Investments	Shares in MSS	50	50
<b>Total</b>		<b>50</b>	<b>50</b>

Liability Item	Analysis	This Year \$	Last Year \$
Creditors and accrued expenses	MSS	68,412	85,366
	GST	124,422	119,660
	Accrued Expenses	7,058	10,578
<b>Total</b>		<b>199,892</b>	<b>215,604</b>

Liability Item	Analysis	This Year \$	Last Year \$
Income in Advance	Practitioner fees relating to 2020/21	1,082,491	1,013,239
<b>Total</b>		<b>1,082,491</b>	<b>1,013,239</b>

Liability Item	Analysis	This Year \$	Last Year \$
Current provision for onerous lease	Provision for onerous lease	32,999	20,506
<b>Total</b>		<b>32,999</b>	<b>20,506</b>

Liability Item	Analysis	This Year \$	Last Year \$
Non current provision for onerous lease	Provision for onerous lease	129,782	82,022
<b>Total</b>		<b>129,782</b>	<b>82,022</b>



**Note 4: Accumulated Funds**

<b>This Year</b>		<b>Accumulated Surpluses or Deficits</b>	<b>Total</b>
Description			
Opening Balance		1,064,059	<b>1,064,059</b>
Surplus/(Deficit)		134,086	<b>134,086</b>
Closing Balance		<b>1,198,145</b>	<b>1,198,145</b>

<b>Last Year</b>		<b>Accumulated Surpluses or Deficits</b>	<b>Total</b>
Description			
Opening Balance		945,656	<b>945,656</b>
Surplus/(Deficit)		118,403	<b>118,403</b>
Closing Balance		<b>1,064,059</b>	<b>1,064,059</b>

**Note 5: Commitments and Contingencies**

<b>Commitment</b>	<b>Explanation and Timing</b>	<b>At balance date</b>	<b>At balance date</b>
		<b>This Year</b>	<b>Last Year</b>
		<b>\$</b>	<b>\$</b>
<b>Lease Commitment: 22 Panama Street, Wellington</b>	<b>Current Portion</b>	28,176	76,056
	Non Current Portion	124,444	207,222
		152,620	283,278
<b>Onerous Lease Commitment: 80 The Terrace, Wellington</b>	<b>Current Portion</b>	48,858	20,506
	Non Current Portion	126,217	82,023
		175,075	102,529
<b>Photocopier Lease</b>	<b>Current Portion</b>	1,638	1,583
	Non Current Portion	5,382	264
		7,020	1,847

**COMMITMENTS**

Medical Sciences Council of New Zealand has a lease commitment at 80 The Terrace 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 whom have joint and several liability. This lease expires on 31 October 2023 with right of renewal of a further six years.

Due to on-going earthquake investigations and repairs, it was decided to vacate 80 The Terrace. Temporary premises at 22 Panama Street were obtained. Subsequent to this, Medical Sciences Secretariat Limited has signed a 3 year lease through to 31 August 2022.

FENZ is currently subleasing part of the floor space at 80 The Terrace that Medical Sciences Secretariat Limited is leasing. The amount of the sublease is significantly less than that expected when preparing the 2019 financial statements, leading to the change in the total lease commitment.

There is also a photocopier lease which expires in March 2025.

**CONTINGENT LIABILITIES AND GUARANTEES**

There are no contingent liabilities or guarantees as at balance date (Last Year - Nil).

### Note 6: Related Party Transactions

Description of Related Party Relationship	Description of the Transaction (whether in cash or amount in kind)	This Year	Last Year	This Year	Last Year
		\$	\$	\$	\$
During the year the 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 of New Zealand owns 50% of the share capital of Medical Sciences Secretariat Ltd. Medical Radiation Technologists Board owns the remaining 50% of Medical Sciences Secretariat Ltd.	Secretariat Services	1,192,935	1,177,769	105,408	129,040
	Brett Besley	4,420			
	Andrew Warmington	4,460	2,769		330
	Helen Walker	8,628	10,560		1,650
	Christine Hickton	1,275	6,435		1,650
	Don Mikkelsen	8,401	32,142		2,442
	Karen Bennett	2,444	7,425		1,650
	M Wanwimolruk		2,063		
	Adriana Gunder		5,486		
	Lynn Morgan		3,311		
	Nicola Swain	12,665	2,640	765	1,650
	Paula McCormick	963	8,174		
	Natasha Caldwell	5,143			
	Ruth Beeston	1,020			
	Varsha Desai	6,290			
Erolia Rooney	6,495		191		
Ruth Beeston	6,205				

There were no other transactions involving related parties during the financial year. (Last Year - Nil).

#### **Note 7: Events After the Balance Date**

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last Year - Nil).

#### **Note 8: Covid-19**

On 30 January 2020, the spread of novel Corona virus (COVID-19) was declared a public health emergency by the World Health Organisation. From 25 March 2020, New Zealand was placed into Alert Level 4 lockdown to combat the pandemic, for a minimum period of four weeks. From 28 April 2020 this was reduced to Alert Level 3 with some restrictions relaxed, for a period of two weeks. From 13 May 2020 this was reduced to Alert Level 2, with lockdown restrictions further reduced. From 9 June 2020 this was reduced to Alert Level 1, with domestic lockdown restrictions removed.

The Council will continue to monitor the impact of COVID-19 on the entity but at the date of signing this report the Council does not believe the entity has been or will be adversely financially affected by the pandemic. The only known impacts of the virus on the entity is a small reduction in overseas based registration fees. (Last Year - Nil).

#### **Note 9: Revenue Received in Advance**

Fees received during February and March are received in advance and apply for the year beginning 1 April. Revenue in Advance for the current year was \$1,082,491 (Last Year - \$1,013,239).

#### **Note 10: Ability to Continue Operating**

The entity will continue to operate for the foreseeable future.



# MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

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