



# MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

TE KAUNIHERA PUŪTAIAO HAUORA O AOTEAROA

## Annual Report

1 APRIL 2020 - 31 MARCH 2021





**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

To say that 2020 has been a challenging and unusual year is to understate the myriad impacts it has made throughout most aspects of our individual lives – from everyday activities to long term planning, the influence of the global pandemic has been unprecedented, and has generated a legacy that is likely to be felt for some time to come. One important aspect whose significance, we feel, has been largely unnoticed in general has been the steady (and sometimes exponential) growth in the number of COVID-19 tests reported as completed during the daily briefings. This speaks highly of the way in which the diagnostic medical laboratory community, from face-to-face interactions to workbench, has adapted quickly, innovatively, and efficiently with an unexpected increase in workload whilst continuing to maintain as little disruption as possible to other core services. We acknowledge this was achievable through the significant effort on time and labour by diagnostic medical laboratory science practitioners. There is good reason to be proud of your achievements in assisting the country to maintain as normal a standard of living as possible during this uncertain period.

## Council Membership

As a relatively 'young' Council in terms of our membership, it was with heavy hearts we farewelled Helen Walker after nine years of service to the Medical Sciences Council. Helen contributed valuably from a vast store of experience and knowledge, having served as both Chair and Deputy Chair. Words alone cannot convey our gratitude as we wish her well on her future endeavours. As we said goodbye, we also welcomed to the Council, Judy Campbell. Judy joins Council as a lay member, having extensive experience in both local government and the tertiary education sector.

## Registrar

Following advice from our Registrar, Margaret Steel, of her intention to retire, representatives from both the Council and the Medical Radiation Technologists Board (MRTB) joined a recruitment committee with the Chief Executive to begin the process of finding a new Registrar. The Registrar is employed through the Medical Sciences Secretariat (MSS) which is a Council/MRTB jointly owned service organisation, with a single Registrar serving both authorities.

We are pleased to advise the successful appointment of Caleb Bridgeman as the incoming Registrar, with Caleb taking up his role at the end of March 2021. A qualified lawyer, Caleb has worked in both the private and public sectors in a variety of roles including in-house counsel, prosecutor, and most recently in an arbitrator and mediator role. We take this opportunity to welcome Caleb to the wider team.

While Margaret's term with us did not finish until the end of April 2021 (allowing for a handover period with Caleb), it is timely to acknowledge the sterling service she provided over her 3½ years as Registrar. Her commitment to the role and work of the Council has been greatly appreciated, and though a reluctant goodbye, we wish her and husband Geoff all the best for their next venture as they take on retirement on their lifestyle block in the Canterbury region.

## A Flexible Working Environment

Following the 2020 lockdowns which saw the staff team working from home, the Council supported the adoption of a formal MSS policy enabling an ongoing flexible working environment. Elements of flexible working had been available to staff for some time, and this significantly assisted the relatively seamless transition the MSS staff team made from office-based to home-based working during the COVID-enforced lockdowns. While the flexible working arrangements during the 2020 lockdowns clearly supported our business continuity both during and after a "disaster" situation, it was also recognised that flexible working arrangements offered many other benefits. Moving to a flexible-by-default approach as promulgated by the Public Service Commission, has been enabled through active engagement of the whole team. This has included the development of a productivity-focused work programme which will see ongoing measurement and reporting against key performance indicators across the whole organisation. This latter feature of our flexible working environment is due to rollout in 2021.

## Digital Platforms

To those of you who have interacted with the Council website, it will come as no surprise that it needed work to improve the experience of the user in being able to readily find relevant information. During 2020, the Council has invested significant resources into the development of a replacement website platform. Considerable planning and design effort was given to ensuring a new-look interface that would allow for more speedy interaction and search capabilities.

With our heavy dependence on digital technology to support the core work of the Council, significant investment has also been made into strengthening our digital systems and processes. Cybersecurity policy and procedures have been reviewed with a focus on mitigating the ever-present potential security threats to our digital systems. We are committed to better protecting the personal information we take stewardship of within our responsibilities under the Act, and as in accordance with our obligations under the revised Privacy Act 2020

## Online Exam

As mentioned in last year's report, Council has been working on the provision of an online examination to assess the suitability of overseas registration applicants. Considerable work was completed throughout 2020 including testing and refinement to accumulate a sufficient bank of appropriate and relevant examination questions. The examination will provide a robust tool for assessing an applicant's foundational knowledge within the context of the competence standards required for the scope of practice within which they are seeking to be registered. We are aiming for the first set of examinations to be ready by late 2021.

## Health & Disability System Review 2020

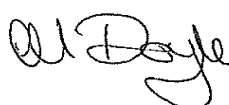
This review (also referred to as the Simpson report) self-described as "probably the most comprehensive integrated look at the New Zealand Health and Disability System in a generation", was released in March 2020. While it is unclear at this point as to how many of the recommendations will be adopted regarding the four themes discussed in the report, there is a strong signal for the continuing commitment to and refocusing of approach on the principles of te Tiriti within the Aotearoa health system. This aligns with the Council's 2020/2021 business objective to review the cultural competence standards it sets for the medical laboratory science and anaesthetic technology professions. Additionally, with a review of the scopes of practice and the attendant competencies planned for both professions in 2021/2022, the Health & Disability System review will provide an important foundational reference point.

## Thank You

We would like to take the opportunity to thank all members of the Council, and the MSS staff for their efforts over a turbulent period through which, despite significant challenges, productivity was kept high.



Brett Besley (Chair)



Mary Doyle (CEO)

# Numbers at a Glance

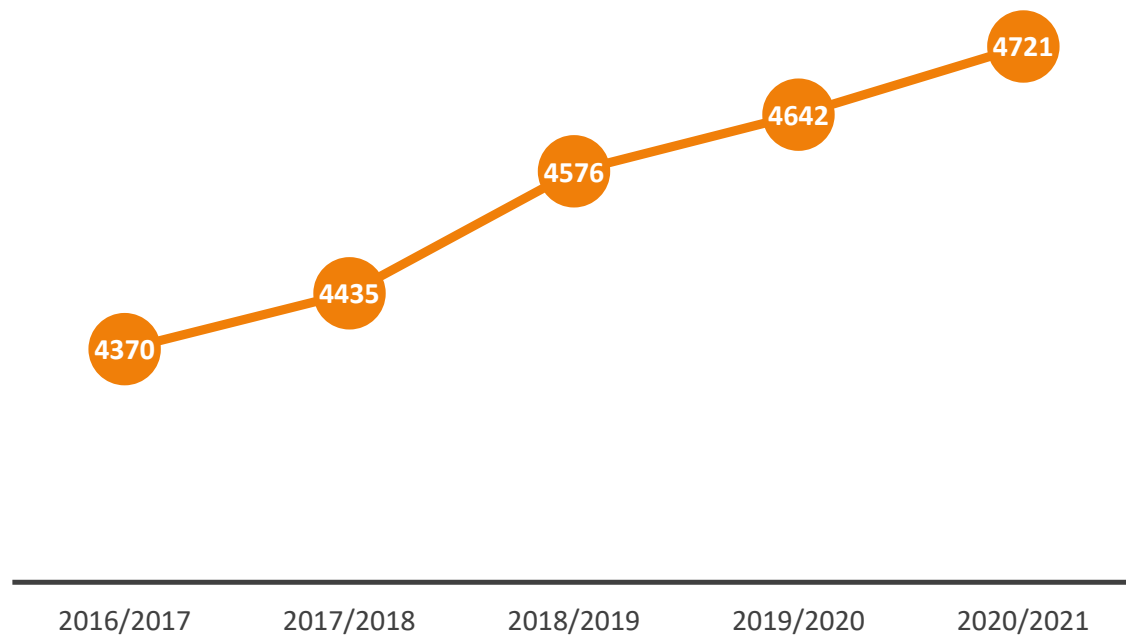
1 April 2020-31 March 2021



**4721**

**Annual Practising Certificates**  
received and processed

## APC Numbers across the years



**There has been a 7% increase in APC uptake over the last five years**

# New registrations

## We granted

**49** Anaesthetic Technicians

**133** Medical Laboratory Scientist

**181** Medical Laboratory Technician

**142** Medical Laboratory Pre-Analytical Technician

## Of the new registrations:

**129**

OVERSEAS-TRAINED

**376**

NEW ZEALAND-TRAINED

## Professional Standards:

### We received

**8** NEW  
NOTIFICATIONS

**1** Case of Competence

**4** Cases of Conduct

**3** Fitness to Practise

# 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 various influences including economic factors, legislative and regulatory change, political factors, social and demographic factors, and technological change.



The Council has several 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 (including competencies that will enable effective and respectful interaction with Māori), 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 (till January 2020) Anaesthetist	2012	2014 2017	2020
	<b>Brett Besley</b> Chair (from February 2020) Anaesthetic Technician	2019		2022
	<b>Nicola Swain</b> Deputy Chair (from February 2020) Lay Member	2018		2021
	<b>Helen Walker</b> Deputy Chair (till January 2020) Lay member	2010	2013 2016	2019
	Judy Campbell Lay Member	2020		2023

Term commenced      Term renewed      Term due to be completed

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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	14 <sup>th</sup> April 2020	21 <sup>st</sup> May 2020	24 <sup>th</sup> June 2020	26 <sup>th</sup> August 2020	28 <sup>th</sup> -29 <sup>th</sup> October 2020	10 <sup>th</sup> December 2020	24 <sup>th</sup> February 2020
Helen Walker	✓	✓	✓		Term completed		
Brett Besley	✓	✓	✓	✓	✓	✓	✓
Dr Andrew Warmington	Apologies	✓	✓	Apologies	Apologies	Apologies	✓
Ruth Beeston	✓	✓	✓	✓	✓	✓	✓
Erolia Rooney	✓	✓	✓	✓	✓	✓	✓
Nicola Swain	✓	✓	✓	✓	✓	✓	✓
Varsha Desai	✓	✓	✓	✓	✓	✓	✓
Nastasha Caldwell (Packer)	✓	✓	✓	✓	✓	✓	✓
Judy Campbell				Term commenced	✓	✓	Apologies

## Council Committees

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

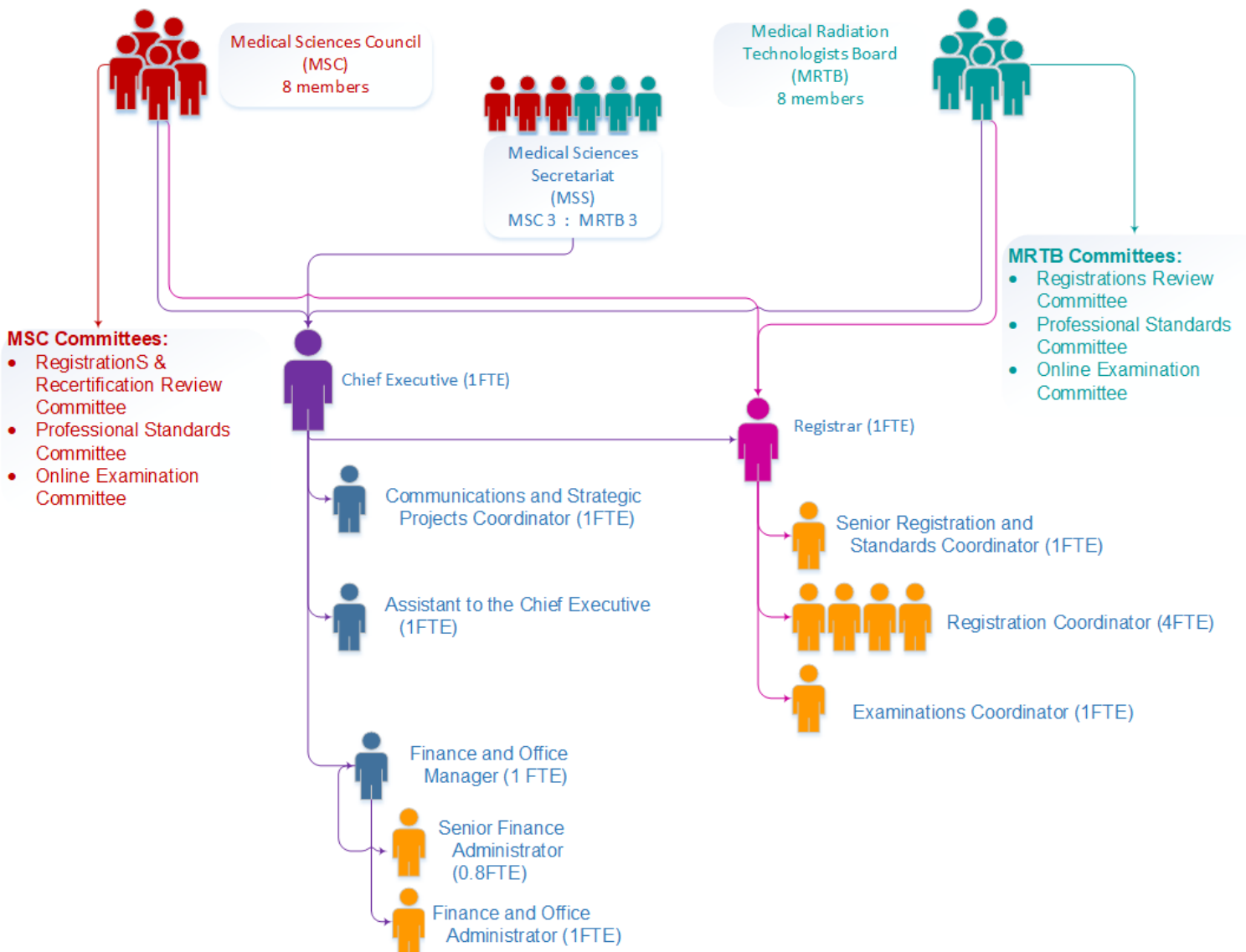
Committee	Membership
<b>Educational Advisor</b>	Nicola Swain
<b>Professional Standards Committee</b>	Dr Andrew Warmington (membership ended October 2020) Ruth Beeston Helen Walker (term ended August 2020) Nicola Swain Judy Campbell (joined October 2020)
<b>Registrations and Recertification Committee</b>	Committee disbanded October 2020 Natasha Caldwell Varsha Desai Erolia Rooney
<b>Registrations and Recertification Review Committee</b>	Committee established October 2020 Natasha Caldwell Nicola Swain Varsha Desai Erolia Rooney Brett Besley
<b>Anaesthetic Technicians Advisory Committee (including Registrations and Recertification)</b>	Committee disbanded October 2020 Dr Andrew Warmington Brett Besley Karen Bennett
<b>Online Examinations Committee</b>	Don Mikkelsen Karen Bennett Lynne Morgan Brett Besley Holly Perry (resigned February 2020) Megan Campbell (resigned February 2020) 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 MRTB enables the Council to achieve efficiencies in terms of costs and consistency in regulatory standards. While the Council and the MRTBG 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 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 MRTB share several similarities and common goals.



**Secretariat Staff** (as of 31 March 2021)

<b>Chief Executive</b>	<p><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.</p>
<b>Registrar</b>	<p><b>Margaret Steel (Caleb Bridgeman)</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, Professional Standards/Accreditation and Examinations team.</p>
<b>Assistant to Chief Executive</b>	<p><b>Melissa Buist</b> Supports the Chief Executive with administrative and general tasks.</p>
<b>Registrations/ Recertification Team</b>	<p><b>Hayley Roud</b> <b>Varsha Parsotam</b> <b>Katherine Allen</b> <b>Isabella Rarm</b> Completes and processes tasks relating to registration and recertification.</p>
<b>Professional Standards</b>	<p><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.</p>
<b>Online Examinations/ WBAs</b>	<p><b>Swas Lal</b> Completes and processes tasks relating examinations for the purpose of registration and recertification.</p>
<b>Finance Team</b>	<p><b>Pam Sceats</b> Financial Manager - manages the finance team and provides overall financial management.</p> <p><b>Rafah Abbas</b> Senior Finance Administer – manages the routine accounting activities and payroll.</p> <p><b>Louise Hurst</b> Provides finance and office administrative support.</p>
<b>Communications and Strategic Projects</b>	<p><b>Miriam Brown</b> Manages the Council's ongoing communication strategies, including publications, website, consultations and online initiatives.</p>

# Strategic Priorities and Goals

The Council's Strategic Directions 2020-2025 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 plan is reviewed each year.

The Council has established a strong partnership approach with the MRTB through their shared secretariat structure which has manifested in common and consistent regulatory frameworks as well as efficient corporate functions. While the Council and the MRTB 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 has enabled both authorities to jointly manage several strategic initiatives and subsequent annual business goals over the last year.

## Overarching Strategic Priority

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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#### *2020/2021 Outcomes*

- Work on the development of an online examination as another pathway to registration for overseas-trained practitioners continued throughout the 2020-2021 business year. Progress in amassing sufficient volumes of exam questions for each of the scopes of practice across the two professions (medical laboratory science and anaesthetic technology) was adversely impacted by the effects of the COVID-19 pandemic. Question development continues with medical laboratory science practitioners and anaesthetic technicians engaging with the Council to assist with building the question banks to an appropriate level to enable the rollout of a first set of examinations.
  - COVID-19 saw a delay to the rollout of the new degree programme for Anaesthetic Technicians with the first student intake now expected to take place in 2022. The education provider has put measures in place to avoid a gap year between the current diploma-level programme and the planned bachelors-level programme. This has been achieved through extending the student intake into the diploma programme for another year (2021). While university processes for the approval of the new bachelor-degree programme were still in progress at the time of writing this report, it is expected these will be completed by around July 2021.
  - The Council actively engaged with accredited New Zealand education providers throughout the 2020 COVID-19 disruptions to be assured graduating cohorts would be able to meet the eligibility requirements for registration under the Act.
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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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### 2020/2021 Outcomes

- CPD requirements for both professions have been reviewed with the standards for anaesthetic technicians coming into effect January 2020. For medical laboratory science practitioners, the revised standards applied from January 2021.
  - Medical Laboratory Scientists and Anaesthetic Technicians are required to complete:
    - 40-hours of CPD within each two-year cycle (biennium); and
    - At least 15-hours of CPD within each year of the biennium; and
    - 24-hours of the CPD activities for each biennium must be within the substantive CPD category.
  - Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians are required to complete:
    - 24-hours of CPD within each biennium; and
    - At least 9-hours of CPD within each year of the biennium; and
    - 14 hours of the CPD activities for each biennium must be within the substantive CPD category.
  - Due to the ongoing effects of the COVID-19 pandemic on the medical laboratory science and anaesthetic technician workforces, the Council advised practitioners auditing of the CPD activities that they undertook in 2020 would be put-on-hold (the audit had been scheduled to take place in 2021). The next CPD audits are scheduled for 2022 and will cover activities undertaken during 2020 and 2021.
  - A revision of the registers for the medical laboratory science and the anaesthetic technology professions was completed in 2020.
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## ACCOUNTABILITY

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### *Strategic Objectives*

1. Communication mechanisms are in place to help the public understand the role and responsibilities of the Council.
2. Communication mechanisms are in place to help practitioners and other stakeholders understand the role and responsibilities of the Council.

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### *2020/2021 Outcomes*

- The COVID-19 pandemic also impacted the Council's 2020 plans to engage with the professions at their annual industry conferences. The ongoing uncertainties caused by the pandemic saw the two key industry conferences the Council had scheduled into its 2020 calendar, cancelled.
  - The Council continued to engage with the professions through its ongoing programme of regular newsletter communiques as well as publishing updates content on the website.
  - A review of the Council's website was undertaken in 2020 with a new-look site launched in April 2021. While this developmental initiative was completed in the 2021 business year, rollout of the new website was postponed to the second week of the new business year. This served to avoid potential technical issues which could have compromised the annual renewal practising certificate cycle which finished at the end of the first week of April (2021).
  - The website development was managed as a joint initiative with the MRTB, the Council's colleague RA and joint owner of their shared secretariat organisation.
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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.

### 2020/2021 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. The 2020 review programme proceeded relatively smoothly.
- In 2020 the Council reviewed and adopted various policy and guideline documents aimed at strengthening its governance foundations. For example, in addition to having a policy document that clearly sets out the roles and responsibilities of Council members, a set of associated guidelines is now available as an ongoing reference for Council members in respect of good governance practice within a statutory authority environment. The Council shares many of its governance-related policies with its partner RA, the MRTB.
- While COVID-19 created significant disruptions to the New Zealand business world during 2020, having a well-maintained digital infrastructure in place and ready access to up-to-date digital technology has allowed the Council to carry on with a business-as-usual approach throughout the entirety of the pandemic. While managing meetings through audio visual conferencing was a relatively seamless experience for the Council, it did require members and staff to adapt some of their usual face-to-face meeting methods to enable effective engagement within the virtual environment.
- A joint Council-MRTB business continuity plan revised in the early phases of the COVID-19 pandemic proved to work well throughout the ongoing disruptions during the 2020-2021 business year.
- In 2020 the secretariat adopted a Flexible Working policy that is in alignment with the Public Service Commission's *flexible-by-default* approach. All staff have flexible working arrangements which includes most individuals working at least some days of the week from home. An important consideration in adopting a flexible working environment was for business outcomes to not be compromised.
- To that end, in 2020 the staff team collaborated on the development of a series of organisational performance measures in alignment with the business priorities as set by the Council and articulated in their strategic planning and annual business planning documents.
- In line with the inter-RA collaboration with the Ministry of Health that saw the development of a set of performance standards required of each RA, in 2020 the Council began to compile a self-assessment report in preparation for an assessment in 2021.
- Ongoing professional development opportunities for Council members included a joint workshop with members from the Medical Radiation Technologists Board. Provided through Westlake Consulting the *Effective Governance* workshop resulted in both RAs adopting a revised (and similar) approach to the ongoing management of their meetings.

# Registrations & Practising Certificates

A primary function of the Council is the registration and recertification of practitioners. In meeting its role to protect public safety, the Council has developed mechanisms to ensure registered practitioners meet required standards for safe and competent practice.

## **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 several 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 2020 - 31 March 2021 the Council received **649** applications from persons applying to be registered. **505** (77%) of these applications were approved. A small number of applications – **46** (7%) – were declined due to not meeting entry level registration requirements.

Of the remaining applications, **19** (3%) were withdrawn or deferred by the applicant. Zero applications were approved to complete the Graduate Diploma in Medical Laboratory Science as a pathway to registration as a Medical Laboratory Scientist. Zero anaesthetic technology applicants were offered a WBA as a pathway to registration. **79** (12%) applications were still being processed at 31 March 2021.

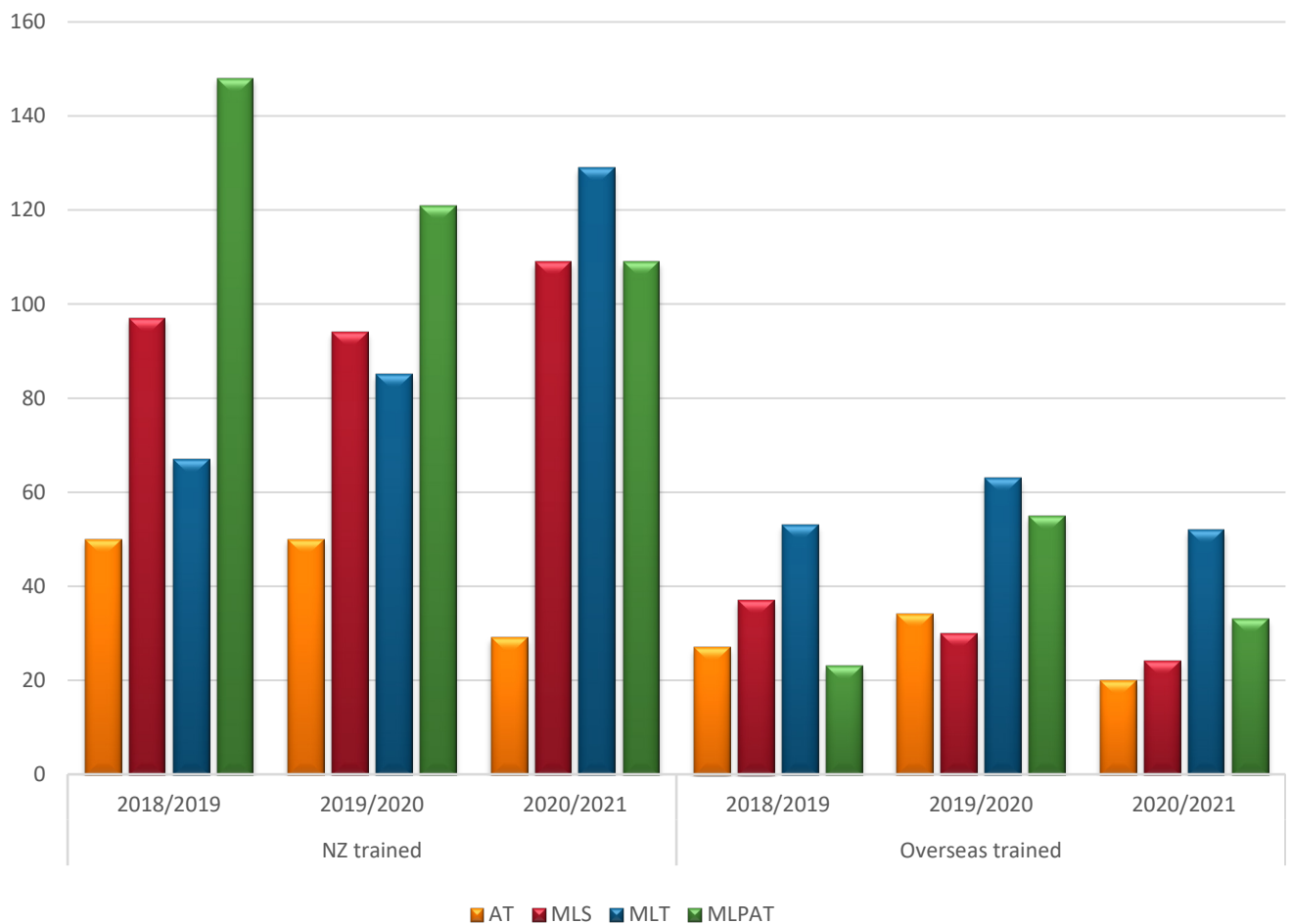
	AT	MLPAT	MLS	MLT	TOTAL
Registration Approved	49	142	133	181	<b>505</b>
Approved for Graduate Diploma pathway to registration as a MLS	-	-	-	-	-
Offered WBA as a pathway to registration	-	Not applicable			-
Declined	9	3	26	8	<b>46</b>
Applications received, not processed (still being processed at 31 Mar 2020)	11	28	27	13	<b>79</b>
Application withdrawn or deferred (by applicant)	1	7	4	7	<b>19</b>
<b>TOTAL RECEIVED</b>	<b>72</b>	<b>180</b>	<b>190</b>	<b>209</b>	<b>649</b>



## Approved Registrations for Previous Three Years

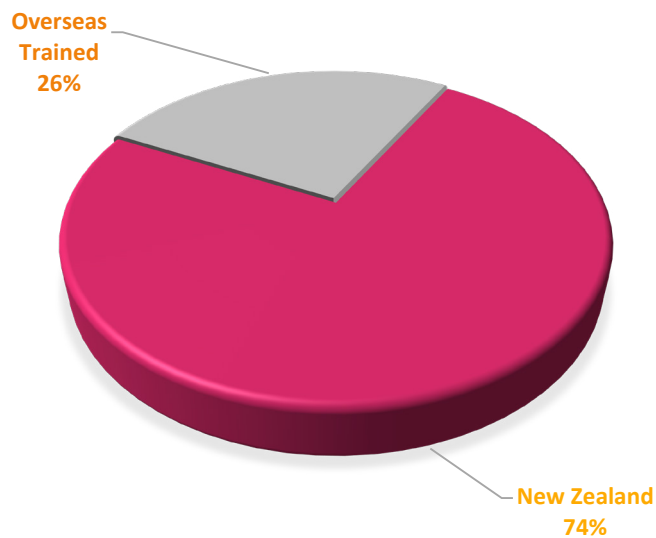
For the 2020/2021 year the total number of New Zealand-trained registration applications exceeded overseas-trained applications by **48%**.

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	2	1	7
New Zealand	29	109	109	129	376
USA			3	7	10
UK	20		7	4	31
South Africa		1	3	8	12
India		7	4	2	13
Philippines		13		15	28
Nepal				1	1
Nigeria			1		1
Russia				1	1
Ireland			1	1	2
Canada			1	2	3
Singapore			1		1
Nepal		1			1
Pakistan		1			1
Jordan				2	2
Fiji				4	4
Malaysia				3	3
Taiwan			1		1
Mexico		1			1
Chile		1			1
Brazil		3		1	4
Argentina		1			1
<b>TOTAL</b>	<b>49</b>	<b>142</b>	<b>133</b>	<b>181</b>	<b>505</b>



## Declined Registrations by Country-Trained

	AT	MLPAT	MLS	MLT	TOTAL
Australia			1		1
New Zealand			11	2	13
UK	4		2	1	7
India		2	1	3	6
Mexico				1	1
Fiji			1		1
Jordan			1		1
Sudan			1		1
Canada			1		1
Zimbabwe			1		1
Cyprus			1		1
Portugal	1				1
USA	1		3		4
Sri Lanka	1				1
South Africa			2		2
Netherlands		1		1	2
Saudi Arabia	1				1
Iran	1				1
<b>TOTAL</b>	<b>9</b>	<b>3</b>	<b>26</b>	<b>8</b>	<b>46</b>

Of note, the eleven New Zealand applicants declined MLS registration were granted registration in MLT scope of practice.

The declined MLTs 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 the practitioner will be granted registration and/or issued with a practising certificate.

In 2020/2021 no WBAs were offered as a pathway to registration.

	2018/19	2019/20	2020/21
Offered	4	1	-
Undertaken	2	2	-
Passed	2	2	-
Failed	-	-	-

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 an accredited 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.

In 2020/2021 no practitioners enrolled in the graduate Diploma in Science (Medical Laboratory Science).

	2018/19	2019/20	2020/21
Enrolled in the programme	11	9	-
Graduated, and registered as a Medical Laboratory Scientist	7*	9	-

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

## Annual Practising Certificates & Ethnicity

Practitioners registered with the Council must hold a current annual practising certificate (APC) to practise in New Zealand. To obtain an APC, practitioners must demonstrate to the Council they have maintained competence and are fit to practise.

In 2020-2021 the Council issued **4721** annual practising certificates:

- **215** (5%) of those including conditions on practice.

	AT	MLPAT	MLS	MLT	TOTAL
Total certificates issued	865	1146	1845	865	<b>4721</b>
Issued with conditions	22	42	124	27	<b>215</b>

### Ethnicity Statistics

Practitioners can report up to three ethnicities. However, when reporting the data, we have assigned each practitioner a single ethnicity using a simplified version of Statistics New Zealand's prioritisation standard. The priority order is:

1. Māori
2. Pacific Island (Pasifika)
3. Chinese
4. Indian
5. Other non-European
6. Other European
7. New Zealand European/Pākehā.

Scope of Practice	Māori	Pacific Island (Pasifika)	Chinese	Indian	Other Non-European	Other European	New Zealand European/Pākehā
AT	5%	4%	2%	2%	14%	34%	39%
MLPAT	6%	6%	3%	7%	27%	6%	45%
MLS	2%	5%	10%	6%	19%	10%	48%
MLT	5%	6%	3%	8%	34%	5%	39%

**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	7
	Approved to practise in Post Anaesthetic Patient Care Unit (PACU)	1
	Approved to perform Peripherally Inserted Central Catheters (PICC Lines)	12
	Must practise under supervision for a specified period	1
	Restrcted to completing COVID-19 vaccine course	1
<b>TOTAL</b>		<b>22</b>
MLPAT	Required to practise under supervision for a specified period	9
	Approved to perform IV Cannulation	32
	Able to perform random blood tests on behalf of a testing agency	1
	<b>TOTAL</b>	
MLS	Required to practise under supervision for a specified period	14
	Practice restricted to a specific discipline	106
	Required to practise at a nominated site as approved by Council	4
<b>TOTAL</b>		<b>124</b>
MLT	Required to practise under supervision for specified period	12
	Practice restricted to a specific discipline	5
	Specific conditions pertaining to the practitioner	1
	Approved to perform IV Cannulation	8
	Must contact the Council for conditions regarding scope of practice	1
<b>TOTAL</b>		<b>27</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
<b>University of Otago</b>	Bachelor of Medical Laboratory Science (BMLSc)	Medical Laboratory Scientist
<b>Auckland University of Technology</b>	Bachelor of Medical Laboratory Science (BMLSc)	Medical Laboratory Scientist
	Graduate Diploma in Science (Medical Laboratory Science)	Medical Laboratory Scientist
	Diploma in Applied Sciences (Anaesthetic Technology)	Anaesthetic Technician
<b>New Zealand Institute of Medical Laboratory Science</b>	Qualified Medical Laboratory Technician Certificate	Medical Laboratory Technician
	Qualified Medical Laboratory Technician Certificate - Phlebotomy	Medical Laboratory Pre-Analytical Technician
	Qualified Medical Laboratory Technician Certificate - Donor Technology	
	Qualified Medical Laboratory Technician Certificate - Specimen Services	



## Anaesthetic Technicians

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

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

The 2019 audit was the last audit to be undertaken against the Council's previous CPD standards. From 2020, practitioners' CPD were audited against a revised set of standards. 20% of anaesthetic technicians are subject to an annual audit of their CPD.

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

- they have engaged in 40-hours of CPD within a 2-year period (biennium).
- a minimum of 15 hours of CPD has been undertaken each one-year of the relevant biennium.
- at least 60% of their CPD relates to activities classified as substantive CPD. This equates to 24-hours in any one biennium.

### 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 20% of Anaesthetic Technicians who are holding a current APC.

	2018		2019		2020	
<b>Called for audit</b>	74		77		109	
<b>Audited</b>	67	91%	62	81%	100	91%
<b>Passed</b>	62	93%	56	90%	94	94%
<b>Unsuccessful</b>	5	7.5%	6	10%	6	6%

## 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)

Most 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 were required to undertake an annual audit of 10% of Medical Laboratory Scientists enrolled in their respective CPD programme.

### **Council Audit of Medical Laboratory Scientists**

From 2020, practitioners' CPD will audited against a revised set of standards. 20% of all Medical Laboratory Scientists are subject to an annual audit of their CPD.

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

- 40-hours of CPD within each two-year cycle (biennium).
- At least 15 hours of CPD each year of the relevant biennium.
- 24-hours CPD must relate to activities classified as substantive CPD each biennium.

## Medical Laboratory Technicians & Medical Laboratory Pre-Analytical Technicians

### Medical Laboratory Technicians and Medical Laboratory Pre-Analytical 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 a Medical Laboratory Technician or Medical Laboratory Pre-Analytical Technician.

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

The 2019 audit was the last audit to be undertaken against the Council's previous CPD standards. From 2020, practitioners' CPD were audited against a revised set of standards. 20% of Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians are subject to an annual audit of their CPD.

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

- 24-hours of CPD within each two-year cycle (biennium).
- At least 9-hours of CPD each-year of the relevant biennium.
- 14 hours of CPD must relate to activities classified as substantive CPD each biennium.

	2016		2017		2018		2019		2020	
<b>Called for audit</b>	166		162		179		182		218	
<b>Audited</b>	150	90%	155	96%	156	87%	164	90%	208	95%
<b>Passed</b>	147	98%	154	99%	149	96%	163	99%	199	96%
<b>Unsuccessful</b>	3	2%	1	1%	7	4%	1	<1%	9	4%

# 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 to protect the health and safety of the New Zealand public.

Practitioners are asked to make various 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 2020-2021 the Council received three 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 2020-2021 the Council received four professional conduct notifications:

- One involved a practitioner practising outside their scope of practice; and
- One was related to professional misconduct; and
- Two were related to a criminal convictions notice.

## Notifications Received

The Council received the following number of notifications during the 2020-2021 year across the medical laboratory science and anaesthetic technology scopes of practice.

	Number			Outcomes	
	New	Existing	Referred to PCC	Ongoing	Resolved
<b>AT</b>	6	1	1	7	1
<b>MLPAT</b>	-	-	-	-	-
<b>MLS</b>	1	3	-	-	4
<b>MLT</b>	1	-	-	-	-
<b>TOTAL</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>7</b>	<b>5</b>

### Competence

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

Competence reviews focus on supporting the practitioner by putting in place appropriate training, education, and safeguards to assist them to improve their standard of practice. Competence reviews undertaken by the Council are based on principles of natural justice, support, and education.

During 2020-2021 one competence notification was received in relation to a practitioner failing to follow employment protocols.

# Financial Report

1 April 2020 - 31 March 2021

## Medical Sciences Council of New Zealand

### ENTITY INFORMATION

FOR THE YEAR ENDED 31 MARCH 2021

<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>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 council comprising of:  Brett Besley Erolia Rooney Nicola Swain Helen Walker - resigned October 2020 Natasha Packer Ruth Beeston Andrew Warmington Varsha Desai Judy Campbell - commenced October 2020
<b>Main method used by entity to raise funds:</b>	Practitioners and applicants for registration comprising of: Fees and Levies (refer to section 130 and 131 of the HPCA Act)
<b>Physical Address:</b>	Level 3 - Panama House, 22 Panama Street, Wellington
<b>Postal Address:</b>	PO Box 11-905, Wellington 6142
<b>Phone:</b>	+64 4 801 6250
<b>Email:</b>	msc@medsci.co.nz
<b>Website:</b>	www.msccouncil.org.nz

**INDEPENDENT AUDITOR'S REPORT  
TO THE READERS OF MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S  
PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2021**

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 on pages 1 to 9, that comprises the statement of financial position as at 31 March 2021, the statement of financial performance 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 2021; 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 25 November 2021. 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.

**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 2021

	Note	Actual This Year \$	Actual Last Year \$
<b>Revenue</b>			
Fees, subscriptions and other revenue from practitioners	1	1,325,679	1,280,906
Interest, dividends and other investment revenue	1	26,751	46,849
Other revenue	1	9,096	2,551
<b>Total Revenue</b>		<b>1,361,526</b>	<b>1,330,306</b>
<b>Expenses</b>			
Employee related costs	2	574,587	486,691
Costs related to providing goods or services	2	324,989	662,093
Other expenses	2	86,196	47,437
<b>Total Expenses</b>		<b>985,772</b>	<b>1,196,221</b>
<b>Surplus/(Deficit) for the Year</b>		<b>375,754</b>	<b>134,085</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 2021

	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	1,349,104	1,348,088
Interest, dividends and other investment receipts	26,751	44,366
Net GST		
<b>Cash was applied to:</b>		
Payments to suppliers and employees	1,117,169	1,160,369
<b>Net Cash Flows from Operating Activities</b>	<b>258,686</b>	<b>232,085</b>
<b>Cash flows from Investing and Financing Activities</b>		
<b>Cash was received from:</b>		
Term Deposits	100,000	550,000
<b>Net Cash Flows from Investing and Financing Activities</b>	<b>100,000</b>	<b>550,000</b>
<b>Net Increase / (Decrease) in Cash</b>	<b>358,686</b>	<b>782,085</b>
<b>Opening Cash</b>	<b>1,262,835</b>	<b>480,750</b>
<b>Closing Cash</b>	<b>1,621,521</b>	<b>1,262,835</b>
<b>This is represented by:</b>		
Bank Accounts and Cash	1,621,521	1,262,835

# Medical Sciences Council of New Zealand

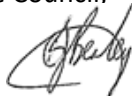
## STATEMENT OF FINANCIAL POSITION

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

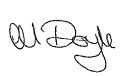
FOR THE YEAR ENDED 31 MARCH 2021

	Note	Actual This Year \$	Actual Last Year \$
<b>Assets</b>			
<b>Current Assets</b>			
Bank accounts and cash	3	1,621,521	1,262,835
Debtors and prepayments	3	67,301	27,939
Other current assets	3	1,984	2,485
Term Deposits		1,250,000	1,350,000
<b>Total Current Assets</b>		<b>2,940,806</b>	<b>2,643,259</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>2,940,856</b>	<b>2,643,309</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Creditors and accrued expenses	3	167,124	199,892
Income in Advance	3	1,089,860	1,082,491
Provision for onerous lease	3	33,453	32,999
<b>Total Current Liabilities</b>		<b>1,290,437</b>	<b>1,315,382</b>
<b>Non-Current Liabilities</b>			
Provision for onerous lease	3	76,520	129,782
<b>Total Non-Current liabilities</b>		<b>76,520</b>	<b>129,782</b>
<b>Total Liabilities</b>		<b>1,366,957</b>	<b>1,445,164</b>
<b>Total Assets less Total Liabilities (Net Assets)</b>		<b>1,573,899</b>	<b>1,198,145</b>
<b>Accumulated Funds</b>			
Accumulated surpluses or (deficits)		1,573,899	1,198,145
<b>Total Accumulated Funds</b>		<b>1,573,899</b>	<b>1,198,145</b>

For and on behalf of the Council:

Chairperson:   
Brett Besley

Date: 24 November 2021

Chief Executive:   
Mary Doyle

Date: 24 November 2021

## Medical Sciences Council of New Zealand

### STATEMENT OF ACCOUNTING POLICIES

*"How did we do our accounting?"*

FOR THE YEAR ENDED 31 MARCH 2021

#### **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 2021

### Note 1: Analysis of Revenue

Revenue Item	Analysis	This Year \$	Last Year \$
Fees, subscriptions and other revenue from members	Registration	160,958	171,179
	APC	1,158,705	1,097,992
	Other	41,863	11,735
	<b>Total</b>	<b>1,361,526</b>	<b>1,280,906</b>

## Note 2: Analysis of Expenses

Expense Item	Analysis	This Year	Last Year
		\$	\$
Employee related costs	ACC Levy	1,289	1,200
	Recruitment	21,962	14,728
	Salaries	538,020	452,408
	Staff Salary Deduction	6,118	4,044
	Staff Training	7,198	8,463
	Temporary Staff	-	5,848
<b>Total</b>		<b>574,587</b>	<b>486,691</b>

Expense Item	Analysis	This Year	Last Year
		\$	\$
Costs related to providing goods or services	Board Member fees	121,688	142,454
	Catering	2,560	8,600
	Conferences, Workshops, Seminars	7,493	12,851
	Consultancy Fees	1,876	-
	Examinations, Assessors, Registrations	38,505	66,179
	Insurance	13,840	11,244
	IT	58,046	59,081
	MSS Services Charges	(13,734)	155,193
	Lease/Rental	8,249	32,009
	PCC-Personnel Costs and Expenses	27,237	6,691
	Postage and Courier	1,861	3,410
	Printing and Stationery	3,336	6,432
	Projects	-	23,737
	Publications	5,473	523
	Security Documents	2,648	2,460
	Telephone and Tolls	4,393	4,675
Travel and Accommodation	41,518	126,554	
<b>Total</b>		<b>324,989</b>	<b>662,093</b>

Expense Item	Analysis	This Year	Last Year
		\$	\$
Other expenses	Audit Fees	10,497	6,262
	Accounting Fees	3,656	-
	Bank Charges	24,733	5,101
	CEO Review	5,770	-
	General Expenses	3,522	6,667
	Office Expenses	7,621	15,376
	Legal Fees	30,397	14,031
<b>Total</b>		<b>86,196</b>	<b>47,437</b>

**Note 3: Analysis of Assets and Liabilities**

<b>Asset Item</b>	<b>Analysis</b>	<b>This Year</b> \$	<b>Last Year</b> \$
Bank accounts and cash	Westpac Working	1,169,086	900,653
	Westpac Working AT	446,990	356,740
	Westpac Saving	5,445	5,442
	<b>Total</b>	<b>1,621,521</b>	<b>1,262,835</b>
<b>Asset Item</b>	<b>Analysis</b>	<b>This Year</b> \$	<b>Last Year</b> \$
Debtors and prepayments	Prepayments	63,853	13,808
	Debtors	3,448	14,131
	<b>Total</b>	<b>67,301</b>	<b>27,939</b>
<b>Asset Item</b>	<b>Analysis</b>	<b>This Year</b> \$	<b>Last Year</b> \$
Other current assets	Accrued Income	1,984	2,485
		-	-
	<b>Total</b>	<b>1,984</b>	<b>2,485</b>
<b>Asset Item</b>	<b>Analysis</b>	<b>This Year</b> \$	<b>Last Year</b> \$
Investments	Shares in MSS	50	50
	<b>Total</b>	<b>50</b>	<b>50</b>
<b>Liability Item</b>	<b>Analysis</b>	<b>This Year</b> \$	<b>Last Year</b> \$
Creditors and accrued expenses	MSS	25,470	68,412
	GST	135,968	124,422
	Accrued Expenses	5,686	7,058
	<b>Total</b>	<b>167,124</b>	<b>199,892</b>
<b>Liability Item</b>	<b>Analysis</b>	<b>This Year</b> \$	<b>Last Year</b> \$
Income in Advance	Practitioner fees relating to 2021/22	1,089,860	1,082,491
	<b>Total</b>	<b>1,089,860</b>	<b>1,082,491</b>
<b>Liability Item</b>	<b>Analysis</b>	<b>This Year</b> \$	<b>Last Year</b> \$
Current provision for onerous lease	Provision for onerous lease	33,453	32,999
	<b>Total</b>	<b>33,453</b>	<b>32,999</b>
<b>Liability Item</b>	<b>Analysis</b>	<b>This Year</b> \$	<b>Last Year</b> \$
Non current provision for onerous lease	Provision for onerous lease	76,520	129,782
	<b>Total</b>	<b>76,520</b>	<b>129,782</b>



#### Note 4: Accumulated Funds

This Year		Accumulated Surpluses or Deficits	Total
Description			
Opening Balance		1,198,145	<b>1,198,145</b>
Surplus/(Deficit)		375,754	<b>375,754</b>
Closing Balance		<b>1,573,899</b>	<b>1,573,899</b>

Last Year		Accumulated Surpluses or Deficits	Total
Description			
Opening Balance		1,064,060	<b>1,064,060</b>
Surplus/(Deficit)		134,085	<b>134,085</b>
Closing Balance		<b>1,198,145</b>	<b>1,198,145</b>

#### Note 5: Commitments and Contingencies

Commitment	Explanation and Timing	At balance date	At balance date
		This Year	Last Year
		\$	\$
<b>Lease Commitment: 22 Panama Street, Wellington</b>	<b>Current Portion</b>	28,176	28,176
	Non Current Portion	96,268	124,444
		124,444	152,620
<b>Onerous Lease Commitment: 80 The Terrace, Wellington</b>	<b>Current Portion</b>	49,646	48,858
	Non Current Portion	80,154	126,217
		129,800	175,075
<b>Photocopier Lease</b>	<b>Current Portion</b>	1,404	1,638
	Non Current Portion	3,978	5,382
		5,382	7,020

#### 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.

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
		\$	\$	\$	\$
		Value of Transactions	Value of Transactions	Amount Outstanding	Amount Outstanding
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	722,992	1,192,935	59,795	105,408
	Brett Besley	37,814	4,420		
	Andrew Warmington	2,349	4,460		
	Helen Walker	1,488	8,628		
	Christine Hickton		1,275		
	Don Mikkelsen		8,401		
	Karen Bennett		2,444		
	J Campbell	3,400			
	Nicola Swain	10,743	12,665		765
	Paula Mc Cormick		963		-
	Natasha Caldwell	12,377	5,143		
	Ruth Beeston	7,692	7,225		
	Varsha Desai	6,651	6,290		
Erolia Rooney	13,354	6,495		191	

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

Medical Sciences Secretariat processed payments valued at \$591,311 in total on behalf of the Medical Sciences Council and the Medical Radiation Technologists Board as their agent.

**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: 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 \$1,089,860 (Last Year - \$1,082,491).

**Note 10: Ability to Continue Operating**

The entity will continue to operate for the foreseeable future.



# MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

TE KAUNIHERA PUŪTAIAO HAUORA O AOTEAROA

