



MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND

TE KAUNIHERA PUŪTAIAO HAUORA O AOTEAROA

Annual Report

1 APRIL 2021 - 31 MARCH 2022



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.

Contents

Report from the Chair and Chief Executive	4	Registrations and Practising Certificates	24
Numbers at a Glance	6	Received Applications	26
		Approved Registrations for Previous Three Years	27
		Approved Registrations by Country-Trained	28
		Declined Registrations by Country-Trained	29
		Alternative Pathways to Registration	30
		Annual Practising Certificates	32
		Conditions on Practice	33
		Ethnicity Statistics	34
		Education & Continuing Professional Development	36
		Anaesthetic Technicians	37
		Medical Laboratory Scientists	38
		Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians	39
		Fitness to Practise, Professional Conduct & Competence	40
		Notifications Received	41
		Financial Report	42-55

From the Chair and Chief Executive

Tēnā koutou katoa,

2021 has, for many of us, felt a lot like running fast whilst standing still; while there has been a restoration of sorts to our various individual freedoms, the collective responsibility remains high. This continues to be felt amongst healthcare practitioners, whose earlier herculean efforts are now rapidly becoming the new standard.

Once again, we acknowledge the commitment and professionalism of all our practitioners, whom by the very nature of their roles are often labouring diligently without the instant recognition typical for other, more public facing, professions.

Professional Bodies

Over the previous year, the Medical Sciences Council has been actively engaging with professional bodies such as the New Zealand Institute of Medical Laboratory Science, and the New Zealand Anaesthetic Technicians Society.

Given the previous two years of operating within COVID-impacted environments, having good relationships between professional bodies and a responsible authority enable all parties to be able to react swiftly and appropriately to events which require rapid solutions.

A whakataukī we recently encountered sums it up aptly - Waiho i te toipoto, kua i te toiroa, - Let us keep close together, not wide apart. This speaks to the importance of keeping connected, of the maintenance of relationships and dialogue so that we may progress together.

As the role of a responsible authority is to apply the Health Practitioners Competence Assurance Act to a profession on behalf of the public, the Council appreciates the efforts of professional bodies as repositories of profession-based expertise.

Online Exam

After a positive round of final testing and adjustment, an online examination for Medical Laboratory Scientists and Anaesthetic Technicians is now available as a pathway to registration as a practitioner in New Zealand. This will provide for a significantly improved process for overseas candidates, streamlining the assessment process in addition to providing a robust and reliable measure of knowledge-based competency.

Te Whatu Ora & Te Aka Whai Ora

As noted in last years' report, a Council 2020/2021 business objective was to review the cultural competence standards it sets for the medical laboratory science and anaesthetic technology professions. This is in alignment with the recent restructuring of the Aotearoa New Zealand health system with two new entities created – Te Whatu Ora and Te Aka Whai Ora - to help realise more equitable health services for all, and in particular Māori, Pasifika, and people with disabilities.

While steps have been taken to ensure a strong foundation of clearly articulated competence standards, inclusive of cultural, clinical, and ethical standards, this remains a work-in-progress and the Council is committed to ensuring such standards accurately reflect the requirements of both health entities and the wider public. This coincides in a timely manner with scopes of practice reviews for the professions of medical laboratory science and anaesthetic technology, that work commencing in 2021 and expected to continue through to the 2022-2023 business year.

An Assessment of Our Performance

In 2021 the Council participated in an assessment of their performance as a responsible authority appointed under the Health Practitioners Competence Assurance Act 2003 and in accordance with the provisions in that Act. We would like to acknowledge the work of the staff team and the Council over successive years that demonstrate that overall, the Council is performing to a good level of achievement in terms of their statutory functions and responsibilities.

The key outcomes and recommendations from that review are provided later in our 2021-2022 annual report.

New Premises

In January this year our secretariat team moved into new premises as our office space at Panama Street could no longer meet our needs especially in terms of providing suitable facilities to meet the team's health and safety requirements. We were able to surrender the lease thereby incurring no ongoing costs.

With our team now comprising thirteen staff who service both the Council and our colleagues at the Medical Radiation Technologists Board, our new premises at Customhouse Quay ably accommodate our combined organisational needs, including meeting rooms and break-away areas from the main open-space office area (a feature that was not available in the previous office space).

Looking Ahead

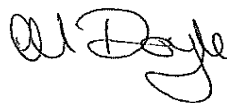
While we have continued to register suitably qualified and experienced overseas-trained practitioners throughout these last two years, their ability to enter the country and practise in New Zealand has been severely limited.

As New Zealand starts to re-open its borders after two years of various restrictions as we collectively responded to the global COVID-19 pandemic, we look forward to being able to facilitate the return of overseas-trained practitioners to join our medical laboratory science and anaesthetic technology workforces.

Ngā mihi,



Brett Besley
Chair



Mary Doyle
Chief Executive



Numbers at a Glance

1 April 2021-31 March 2022

7 Medical Laboratory Science and Anaesthetic Technology Scopes of Practice

- Medical Laboratory Scientist (Provisional)
- Medical Laboratory Scientist (Full)
- Medical Laboratory Technician (Provisional)
- Medical Laboratory Technician (Full)
- Medical Laboratory Pre-Analytical Technician (Provisional)
- Medical Laboratory Pre-Analytical Technician (Full)
- Anaesthetic Technician



638

New registrations across the seven scopes of practice

The three largest groups of applications from overseas trained practitioners were from:

16 India

28 Philippines

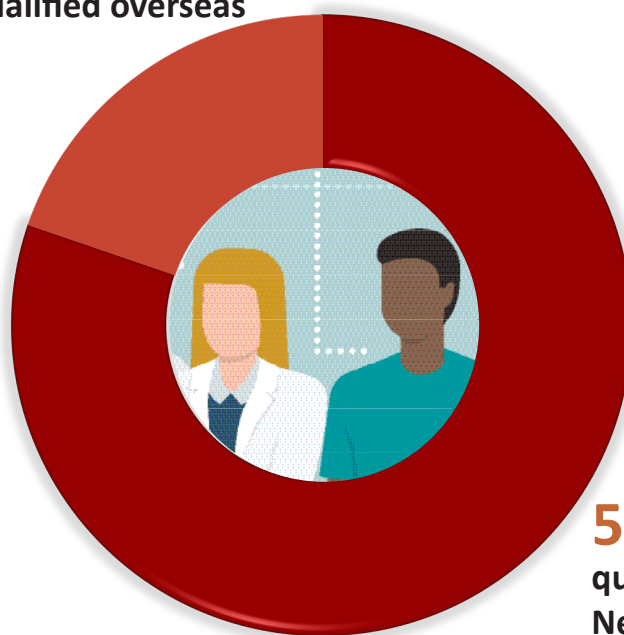
29 UK

80%

practitioners qualified in New Zealand



126 qualified overseas



512 qualified in New Zealand



4775

Annual Practising Certificates
received and processed

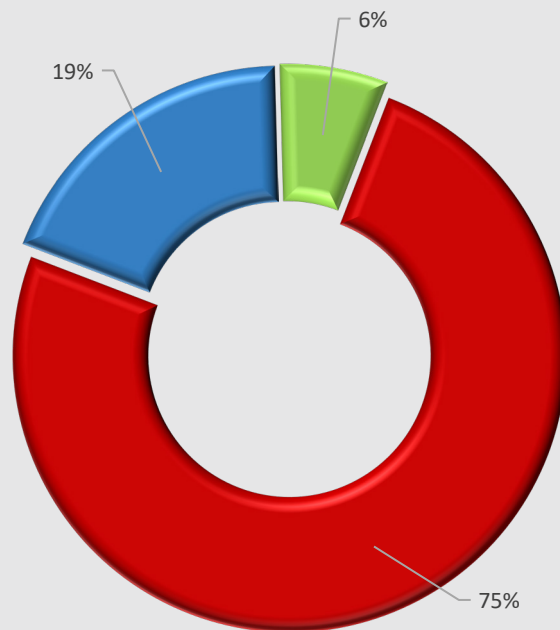
Professional Standards:

16 NEW NOTIFICATIONS

12 Conduct cases

3 Health (Fitness to Practise) cases

1 Competence case



■ conduct ■ health ■ competence

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
	Brett Besley Chair Anaesthetic Technician	2019		2022
	Nicola Swain Deputy Chair Lay Member	2018		2021
	Judy Campbell Lay Member	2020		2023
	Dr Andrew Warmington Anaesthetist	2012	2014 2017	April 2021
	Varsha Desai Medical Laboratory Pre Analytical Technician	2019		2022



Ruth Beeston
Medical Laboratory Scientist

Term
commenced

2019

Term
renewed

Term due to be
completed

2022



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

2019

2022



Erolia Rooney
Medical Laboratory Scientist

2019

2022



Angela Dewhirst
Anaesthetic Technician

2021

2024

Council Meetings and Fees

Position	Fee
Chairperson	\$35,056 annual honorarium
Council Member	\$680 day / \$85.00 hour

Council Members	29 th April 2021	22 nd June 2021	25 th August 2021	28 th -29 th October 2021	9 th December 2021	3 rd March 2022
Brett Besley	✓	✓	✓	✓	✓	✓
Dr Andrew Warmington	Term completed					
Ruth Beeston	✓	✓	✓	✓	✓	✓
Erolia Rooney	✓	✓	✓	✓	✓	✓
Nicola Swain	✓	✓	✓	✓	✓	✓
Varsha Desai	✓	✓	✓	✓	✓	✓
Natasha Caldwell (Packer)	✓	✓	Apologies	✓	✓	✓
Judy Campbell	✓	✓	✓	✓	✓	✓
Angela Dewhirst		Term commenced	✓	✓	✓	✓

Council Committees

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

Committee	Membership
Educational Advisor	Nicola Swain
Professional Standards Committee	Ruth Beeston Nicola Swain Brett Besley Judy Campbell
Registrations and Recertification Review Committee	Natasha Caldwell Nicola Swain Varsha Desai Erolia Rooney Brett Besley Ruth Beeston Caleb Bridgeman
Online Examinations Committee	Karen Bennett Brett Besley Natasha Caldwell Don Mikkelsen Lynne Morgan Holly Perry Nicola Swain

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 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 secretariat resources enables both authorities to jointly manage 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 2022)

<p align="center">Chief Executive</p>	<p>Mary Doyle Manages the strategic functions and overall business of the Council and is responsible for the general management and statutory compliance of the organisation.</p>
<p align="center">Registrar</p>	<p>Caleb Bridgeman Has delegated authority from the Council to manage the core regulatory functions under the HPCA Act. Manages procedures for notifications pertaining to concerns raised about a practitioner. Overall management of Registrations and Professional Standards Team.</p>
<p align="center">Assistant to Chief Executive</p>	<p>Melissa Buist Supports the Chief Executive with administrative and general tasks.</p>
<p align="center">Registrations/ Recertification Team</p>	<p>Hayley Roud Varsha Parsotam (resigned May 2021) Katherine Allen (resigned December 2021) Isabella Rarm Ashely Raki (commenced May 2021, resigned October 2021) Devon Davies (commenced May 2021) Michaela Beer (commenced February 2022)</p> <p>Completes and processes tasks relating to registration and recertification.</p>
<p align="center">Professional Standards</p>	<p>Leanne Bartlett 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>
<p align="center">Online Examinations/ WBAs</p>	<p>Swas Lal (Hayley Roud seconded from 17 May 2021 to 24 December 2021) Completes and processes tasks relating to examinations for the purpose of registration and recertification.</p>
<p align="center">Finance Team</p>	<p>Pam Sceats Financial Manager - manages the finance team and provides overall financial management.</p> <p>Louise Hurst Senior Finance Administrator - manages the routine accounting activities and payroll.</p> <p>Dianne Heybrock Finance Administrator - provides finance and office administrative support.</p>
<p align="center">Communications and Strategic Projects</p>	<p>Miriam Brown Manages the Council's ongoing communication strategies, including publications, website, consultations and online initiatives.</p>

Strategic Priorities and Goals

The Council's Strategic Directions 2021-2026 document provides the foundational framework of our work over the next five years¹. 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.

The Council has established a strong partnership approach with the Medical Radiation Technologists Board (the Board) 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 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 has enabled both authorities to jointly manage several key 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.

¹From 2022 the Council has moved to a three-year strategic planning framework and a copy of the *Medical Sciences Council Three Year Strategic Directions 2022-2025: Toru-Tau Rautaki Whakaruru 2022-2025* is available on the website www.msccouncil.org.nz.

Throughout 2021 – 2022 the Council achieved varying degrees of success in terms of the eighteen initiatives identified in our annual workplan and as aligned to our four core strategic priorities:

Strategic Priority	Strategic Goal
1. STANDARDS	Appropriate and sustainable standards of clinical competence, cultural competence, and ethical conduct for the protection of public health and safety
2. Practitioner Competence	Our regulatory frameworks support competent and flexible medical laboratory science and anaesthetic technology workforces both in the short and the long term
3. ACCOUNTABILITY	The Council engages with the public and stakeholders to raise awareness of our functions and responsibilities and ensure our strategic decisions are informed through consultative and collaborative processes
4. Organisational Performance	Strong governance and organisational structures and robust business practices are in place to support the Council in achieving our legislative functions and responsibilities

Key Achievements and Outcomes

The Council undertook preliminary planning work in relation to reviewing the scopes of practice for both the medical laboratory science and anaesthetic technology professions. As of August 2022 we have been engaging in a series of pre-public-consultation hui with a range of stakeholder groups to gain their perspectives on ensuring the scopes of practice remain fit for purpose in protecting public health and safety. We are aiming to issue a public consultation document in respect of the scopes for medical laboratory science practice in early 2023.

The principles of right touch regulation have been formally adopted in a Council policy aimed to guide us in our regulatory work. Specifically, we look to ensure all our decisions have given due consideration to the principles of proportionality, consistency, transparency, accountability, agility, and target-focused.

In late 2021 the Board endorsed an organisational Māori Responsiveness Plan in collaboration with our colleague authority, the Medical Radiation Technologists Board. As a component of that plan, in January 2022 the secretariat employed a Māori Advisor, the intention being for the incumbent of that position to take a lead role in guiding the organisation forward on its cultural responsiveness journey, with a specific focus on working with and for Māori within the context of improved health outcomes. However, after only a short time with us, the person appointed to the Māori Advisor role, decided to take up another employment opportunity. After considering a variety of options, it was agreed that, as a starting point, the organisation would engage the services of a well-known and highly respected Māori consultancy – Haemata – to work with us to continue our cultural responsiveness journey. We look forward to updating you on our cultural responsiveness travels in next year's annual report.

The Council has established a comprehensive suite of policies that help to guide our work through setting the standards for the practice of medical imaging and radiation therapy in Aotearoa New Zealand. Throughout the year we have continued to review our policy documents to ensure they continue to be relevant and fit for purpose. Much of our policy review work is managed in collaboration with our colleague authority, the Medical Radiation Technologists Board.

Over these last 12-months we have begun to lay the foundations for more data-based analytical reporting to help us with making timely and informed decisions.

April 2021 saw the launch of our revised and refreshed website and after a few teething problems, this is now up and running smoothly inclusive of an improved "search" function. Hopefully this has made it easier for readers to find what they want when navigating the site.

Responsibility Authority Core Performance Standards Review:

Progress Against Recommendations for Improvement

A review report was issued to the Council in August 2021 by the Ministry of Health in respect of our performance regarding the core functions and responsibilities of responsible authorities as articulated in section 118 of the Health Practitioners Competence Assurance Act 2003.

Our performance was reviewed against twenty-three standards in total. Of those, fifteen were fully achieved, with the remaining eight standards assessed as being partially achieved. All “partially achieved” standards were deemed to have a low rating in terms of risk.

In its executive summary the reviewing agency, BSI Group New Zealand Limited, made several observations including:

- Processes and systems are well established to register applicants, issue practising certificates, review and improve competence, and respond to complaints, conduct and health notifications.
- There is a public website that contains key information on its role, functions, and the core regulatory processes. This includes policies, newsletters, annual reports, and the Council’s five-year strategic plan. A new-look website was implemented in April 2021.
- Policies are in place to support the setting of clinical and cultural competence and ethical conduct. Policies consistently recognise the Council’s principal purpose to protect public safety. The Council demonstrates the principles of right-touch regulation through its policies, processes, systems, consultations, plans and how it works with practitioners.
- There is a five-year Strategic Directions April 2021-March 2026 Plan implemented by way of an annual business plan. Priority initiatives include a phased scopes of practice review and looking to strengthen its engagement with Māori to seek advice on the various elements of its regulatory framework to better ensure the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand.
- Recommendations for improvement identified from the performance review include completing the review of the scopes of practice, widening the gender category for practitioners to self-identify (e.g. male/female/gender diverse), progressing the further review of the two separate sets of CPD frameworks, improvement to the notifications register, supporting the cultural initiatives, publicly reporting on the ethnicity breakdown and adding a general search function to the website.

Status of Recommendations for Improvement

RELATED CORE PERFORMANCE STANDARDS	RECOMMENDATION	STATUS
<i>The RA has prescribed qualifications aligned to those competencies for each scope of practice</i>	The Council is encouraged to further plan and progress the phased approach reviews of the scopes of practice for the medical laboratory science profession and, once underway, to be followed by the anaesthetic technician scope of practice.	A review of the medical laboratory science scopes of practice commenced early 2022. This has included a series of meetings with key stakeholder groups to help inform the parameters of the review. Planning for a review of the anaesthetic technician scope of practice is also in progress.
<i>The RA maintains and publishes an accessible, accurate register of registrants, including, where permitted, any conditions on their practice</i>	<p>It was identified that an improvement for the registration process would be for the gender categories of male/female to also include the ability to select gender diverse (or similar).</p> <p>Could also include in all other areas where practitioner feedback is sought e.g. responses to consultation documents and an opportunity when they apply for their APC renewal to update their gender identity should they wish.</p>	Both registration and APC application processes have been revised to include a widened range of gender options. These include a range of pre-determined gender categories plus an option for individuals to enter their self-articulated gender identity preference.
<p><i>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</i></p> <ul style="list-style-type: none"> <i>• Assure itself applicants seeking registration or the issuing of a practising certificate meet, and are actively maintaining the required standard</i> <i>• Review a practitioner's competence and practice against the required standard of competence</i> <i>• Improve and remediate the competence of practitioners found to be below the required standard</i> 	The Council is encouraged to further plan and review the two separate sets of CPD frameworks.	The Council is reviewing its CPD frameworks in two phases. The first phase involves a review of the CPD cycle with a proposed move to a 2-yearly programme of CPD audits. Having the audit programme directly linked to each 2-year period of a fixed biennium would provide a level playing field for all practitioners in terms of the amount of CPD information they would need to provide. A public consultation on the proposed change was issued in August 2022. A review of the two separate sets of CPD frameworks is planned for early 2023.

RELATED CORE PERFORMANCE STANDARDS	RECOMMENDATION	STATUS
<p><i>Identifying and responding in a timely way to any complaint or notification about a health practitioner.</i></p> <p><i>Considering information related to a health practitioner's conduct or the safety of the practitioner's practice.</i></p> <p><i>Ensuring all parties to a complaint are supported to fully inform the authority's consideration process.</i></p>	<p>Regarding the notifications register, to explore if the register can be better linked to the practitioner database such as an automated process and how this information is provided to the Council.</p>	<p>Notifications information is now included in the practitioner database and work is in progress for providing the Council with improved data analytics reporting.</p>
<p><i>The RA sets standards of clinical and cultural competence and ethical conduct that are informed by relevant evidence and are clearly articulated and accessible.</i></p>	<p>That the Council proceed with its plan to review the competence standards, informed by and aligned to the principles of Te Tiriti o Waitangi as articulated in Whakamaua, and informed by the consultations and collaborations already planned.</p>	<p>A review of the competence standards is planned for early 2023.</p>

RELATED CORE PERFORMANCE STANDARDS	RECOMMENDATION	STATUS
<p><i>Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori.</i></p>	<p>That the Council proceed with its planned review of the Cultural Competence policy document and ensure that cultural safety is incorporated as a key element within the cultural competence requirement.</p> <p>That in partnership with Māori, the Council develop, adopt, and promote tikanga best practice guidelines for its scopes of practice, and include these in the requirements on practitioners.</p> <p>That the Council (together with the Medical Radiation Technologists Board and the Medical Sciences Secretariat) develop a plan for developing te reo Māori and tikanga Māori practices within the organisations, commence activation of this plan and continue this activation over time.</p>	<p>Planning has commenced in terms of undertaking a review of key standards documents to ensure there is alignment across all relevant policy documents especially regarding cultural safety principles and practices.</p> <p>The Council, along with our Medical Radiation Technologists Board colleagues and the team at Medical Sciences Secretariat, are continuing to engage in a number of activities to build our collective understanding of cultural competence within Māori contexts. This has included joint workshops on te Tiriti o Waitangi, and organisational responsiveness in respect of working with Māori. We are also looking forward to a follow-up workshop with Haemata to explore the concept of “allyship” to help guide us as individuals contributing to our collective organisational journey. Learning basic te reo Māori is a collective goal for us and to that end our Council members, members of the Medical Radiation Technologists Board, and the staff team are engaged in a 10-week introductory Māori language programme. We plan to follow this up with a further 10-week self-paced interactive programme that will enable us to progress our Māori language learning journey.</p>
<p><i>Provides clear, accurate, and publicly accessible information about the purpose, functions and core regulatory processes.</i></p>	<p>That the Council report publicly on the ethnicity breakdown of its workforce and this could be included in the annual report.</p> <p>There is also an opportunity to add a general search function on the website.</p>	<p>Ethnicity data on the medical laboratory science and anaesthetic technician workforces were published in the Council’s 2020-2021 annual report. Publication of ethnicity in all subsequent annual reports will be ongoing.</p> <p>A general search function has been incorporated into the Council’s website.</p>

**RELATED CORE
PERFORMANCE
STANDARDS**

RECOMMENDATION

STATUS

The RA ensures that the principles of equity and of te Tiriti o Waitangi/the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions.

That the Council shift its objective in this area from “better ensuring the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand” to “aligning its regulatory framework to the principles of Te Tiriti o Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) and operationalising the principles of Te Tiriti in all its functions”. The principles of tino rangatiratanga and of partnership can be used as the foundations of this alignment, bringing shape and focus to the principles of active participation, equity and options.

Also, that the Council proceed with its planned work alongside the Medical Radiation Technologists Board to build a broad understanding of what cultural competence in Māori contexts and cultural safety in broader terms might look like within the scopes of the two RAs. The development and operationalising of this understanding can then be informed by the planned engagement with practitioners, alongside seeking information from other RAs, as well as other key thought leaders in the sector.

A joint Medical Sciences Council – Medical Radiation Technologists Board – and Medical Sciences Secretariat “Māori Responsiveness Plan” has been drafted. The plan is now being reviewed in consultation with Haemata, a Māori consultancy who are assisting the organisation with driving forward on our cultural responsiveness journey.

Our Registrar, Caleb Bridgeman (Kai Tahu) is a member of an Inter-RA Māori Strategic Leads and Influencers Network who are working on several collaborative initiatives to gain a consistent approach across RAs with regard to cultural responsiveness within a health regulatory context.

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:

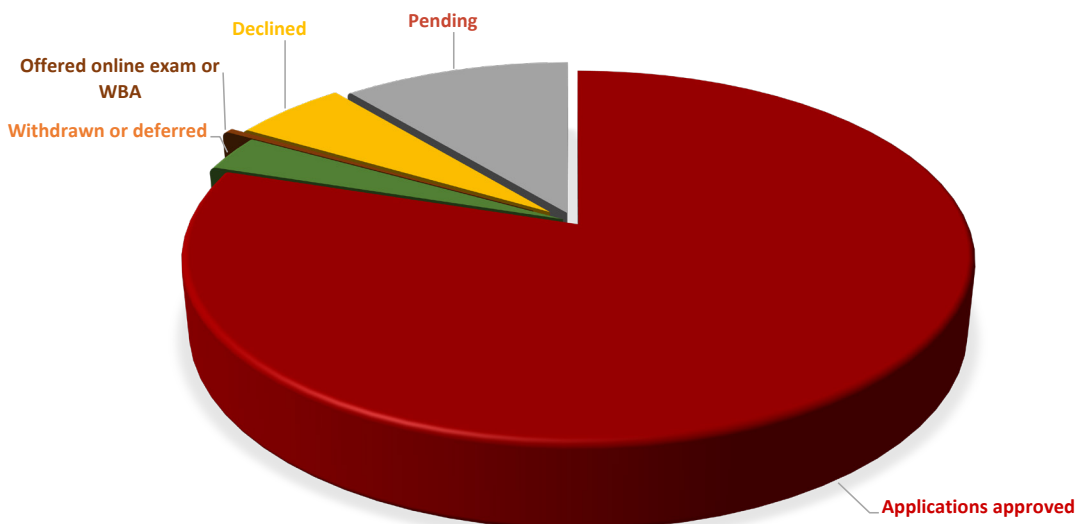
- Medical Laboratory Scientist (full or provisional registration)
- Medical Laboratory Technician (full or provisional registration)
- Medical Laboratory Pre-Analytical Technician (full or provisional registration)

Received Applications

Between 1 April 2021 and 31 March 2022 the Council received 798 applications. Of these 798 applications, **638** were approved (80%) and **44** (6%) declined due to the applicants not meeting the entry level registration requirements.

Of the remaining applications, **25** (3%) were withdrawn or deferred by the applicant. One medical laboratory scientist was offered the opportunity to sit an online registration examination and two anaesthetic technician applicants were offered a WBA as a pathway to registration. **88** (11%) applications were still being processed as of 31 March 2022.

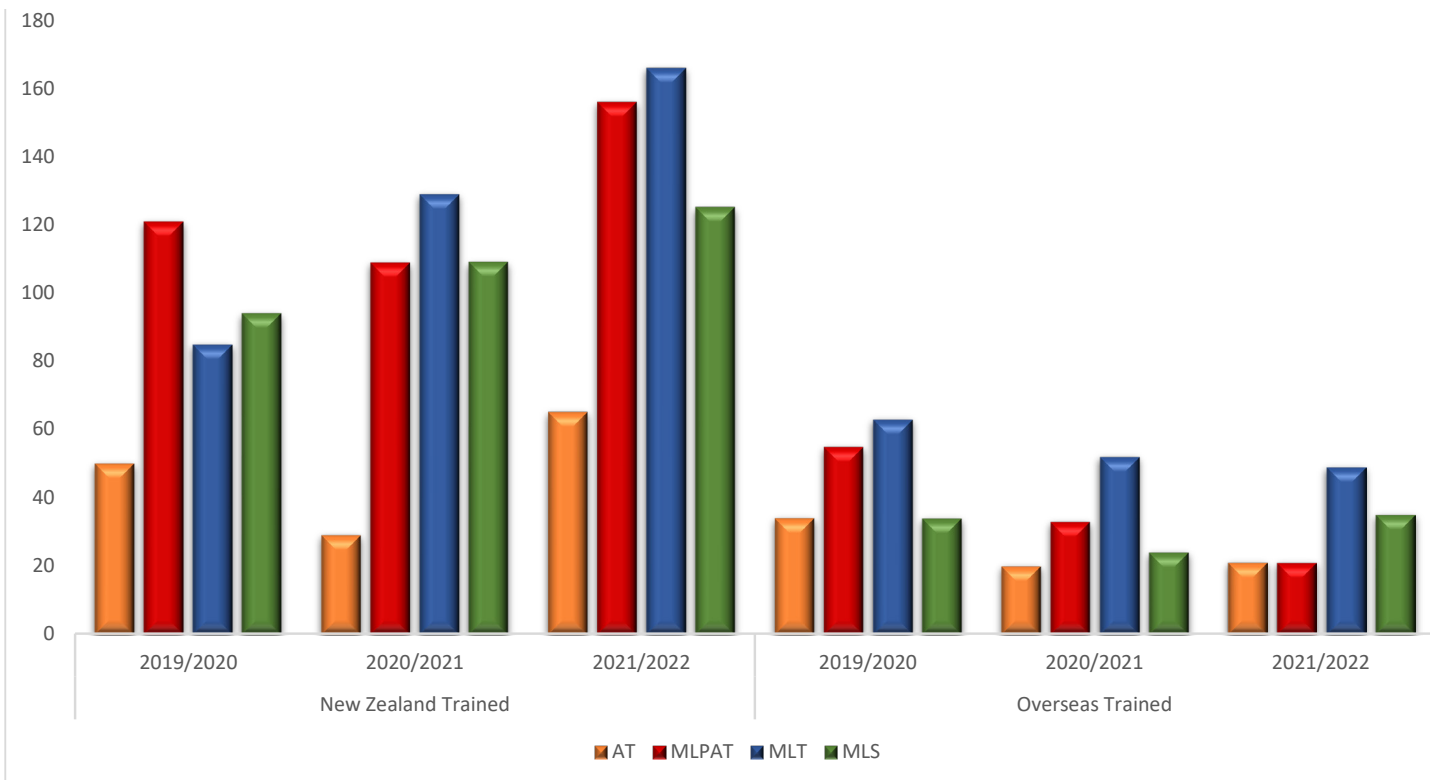
	AT	MLPAT	MLS	MLT	TOTAL
Registration Approved	86	177	160	215	638
Offered WBA as a pathway to registration	2	Not applicable			2
Offered online examination	-	-	1	-	1
Declined	-	1	35	8	44
Applications received, not processed (still being processed as of 31 Mar 2022)	5	34	26	23	88
Applications withdrawn or deferred	-	11	5	9	25
TOTAL RECEIVED	93	223	227	255	798



Approved Registrations for Previous Three Years

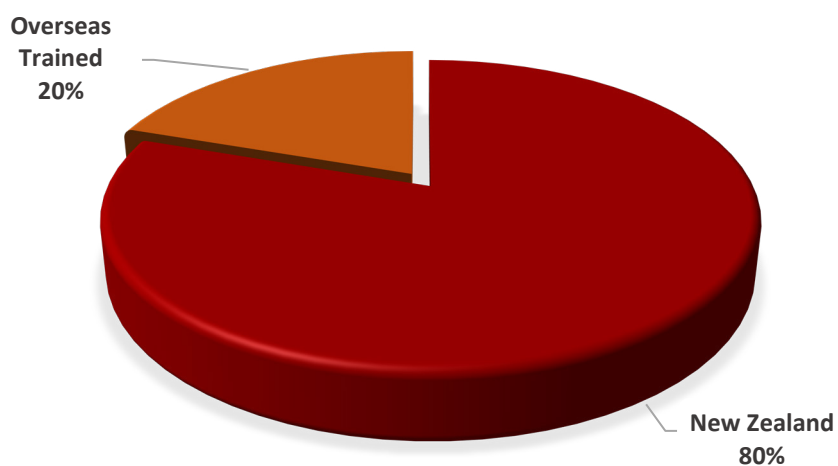
For the 2021/2022 year the total number of New Zealand-trained registration applications exceeded overseas-trained applications by **60%**.

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



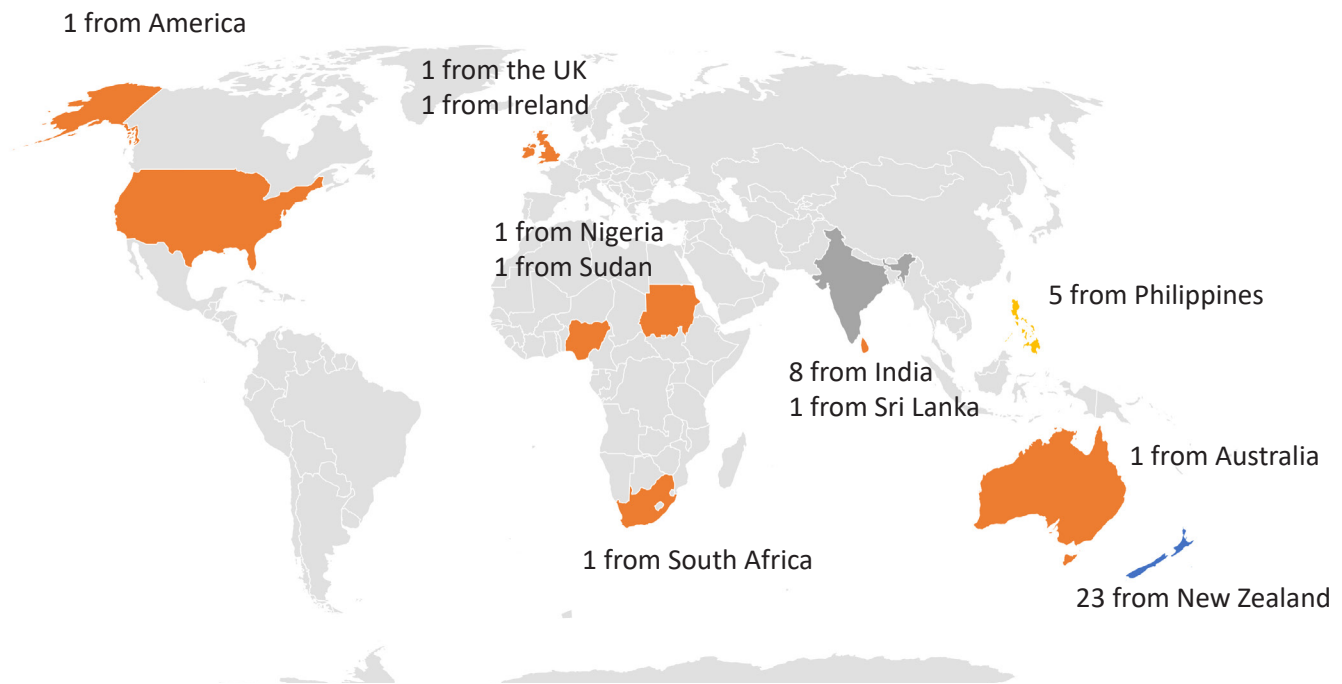
Approved Registrations by Country-Trained

	AT	MLPAT	MLS	MLT	TOTAL
New Zealand	65	156	166	125	512
UK	19	2	3	5	29
Iran	2				2
Fiji		3	4	1	8
India		3	11	2	16
Philippines		10	17	1	28
UAE		1			1
Australia		2	4	2	8
China			1	1	2
Nepal			1		1
South Africa			3	6	9
Sri Lanka			1		1
Singapore			1		1
USA			2	6	8
Canada				2	2
Brazil				2	2
Hong Kong				1	1
Ireland			1	2	3
Netherlands				1	1
Zimbabwe				1	1
Pakistan				2	2
Total	86	177	215	160	638



Declined Registrations by Country-Trained

In the 2021/2022 year, **44** (5%) applicants were declined due to not meeting the entry level registration requirements.



Of the New Zealand declined applications, the applicants either did not hold a substantially equivalent qualification to meet registration eligibility requirements or were offered registration in the MLT or MLPAT scope of practice (rather than as a medical laboratory scientist).

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 2021-2022 two WBAs were offered as a pathway to registration.

	2019/20	2020/21	2021/22
Offered	1	-	2
Undertaken	2	-	-
Passed	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 has approved two 2-year study programmes - Graduate Diploma in Science (Medical Laboratory Science) through the Auckland University of Technology and the Post Graduate Diploma of Health Science (Medical Laboratory Science) through Massey University. Applicants require evidence of support from their employing laboratory to undertake the clinical components of the course.

In 2021-2022 no practitioners enrolled in the graduate Diploma in Science (Medical Laboratory Science), however, 13 practitioners graduated from one of the two approved study programmes.

	2019/20	2020/21	2021/22
Enrolled in the programme	9	-	-
Graduated, and registered as a Medical Laboratory Scientist	9	-	13

Annual Practising Certificates

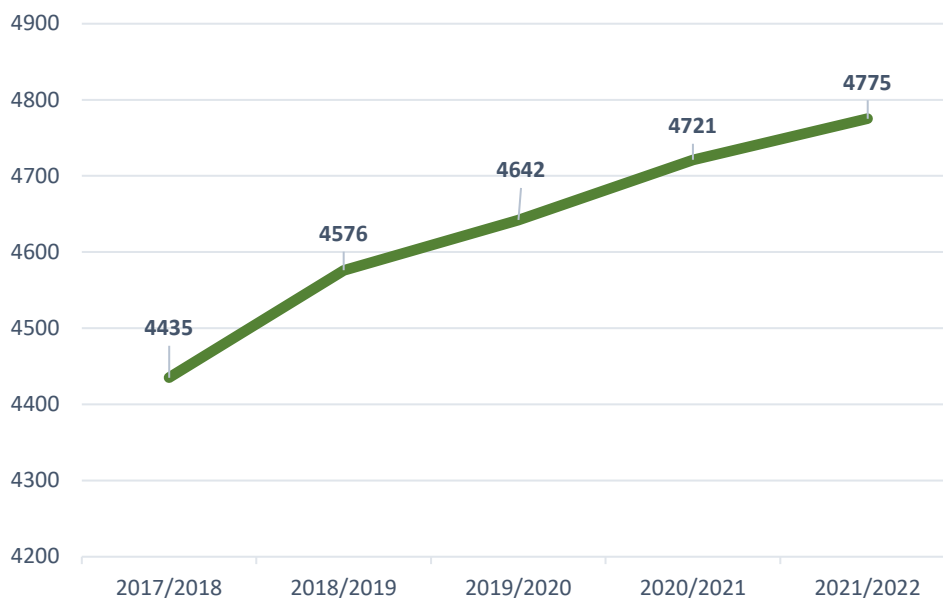
Practitioners registered with the Council must hold a current annual practising certificate (APC) to practise in New Zealand. To obtain an APC, practitioners must demonstrate to the Council they have maintained competence and are fit to practise.

In 2021-2022, the Council issued **4775** annual practising certificates:

- **235** (5%) of those including conditions on practice.

	AT	MLPAT	MLS	MLT	TOTAL
Total certificates issued	886	1135	1890	864	4775
Issued with conditions	29	41	143	22	235

Annual Practising Numbers over the last five years 2017-2022



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	3
	Approved to practise in Post Anaesthetic Patient Care Unit (PACU)	2
	Approved to perform Peripherally Inserted Central Catheters (PICC Lines)	19
	Must practise under supervision for a specified period	2
	Approved to administer COVID-19 vaccination	2
	Restricted to completing the Provisional Vaccinator Foundation Course	1
TOTAL		29
MLPAT	Required to practise under supervision for a specified period	3
	Approved to perform IV Cannulation	33
	Approved to administer COVID-19 vaccination	4
	Approved to administer Influenza and MMR vaccine	1
TOTAL		41
MLS	Required to practise under supervision for a specified period	4
	Practice restricted to a specific discipline	134
	Approved to administer COVID-19 vaccination	1
	Approved to practise in Embryology	1
	Must practise at specified site	3
TOTAL		143
MLT	Required to practise under supervision for a specified period	5
	Practice restricted to a specific discipline	5
	Approved to perform IV Cannulation	8
	Approved to administer COVID-19 vaccination	3
	Must contact the Council for conditions regarding scope of practice	1
TOTAL		22

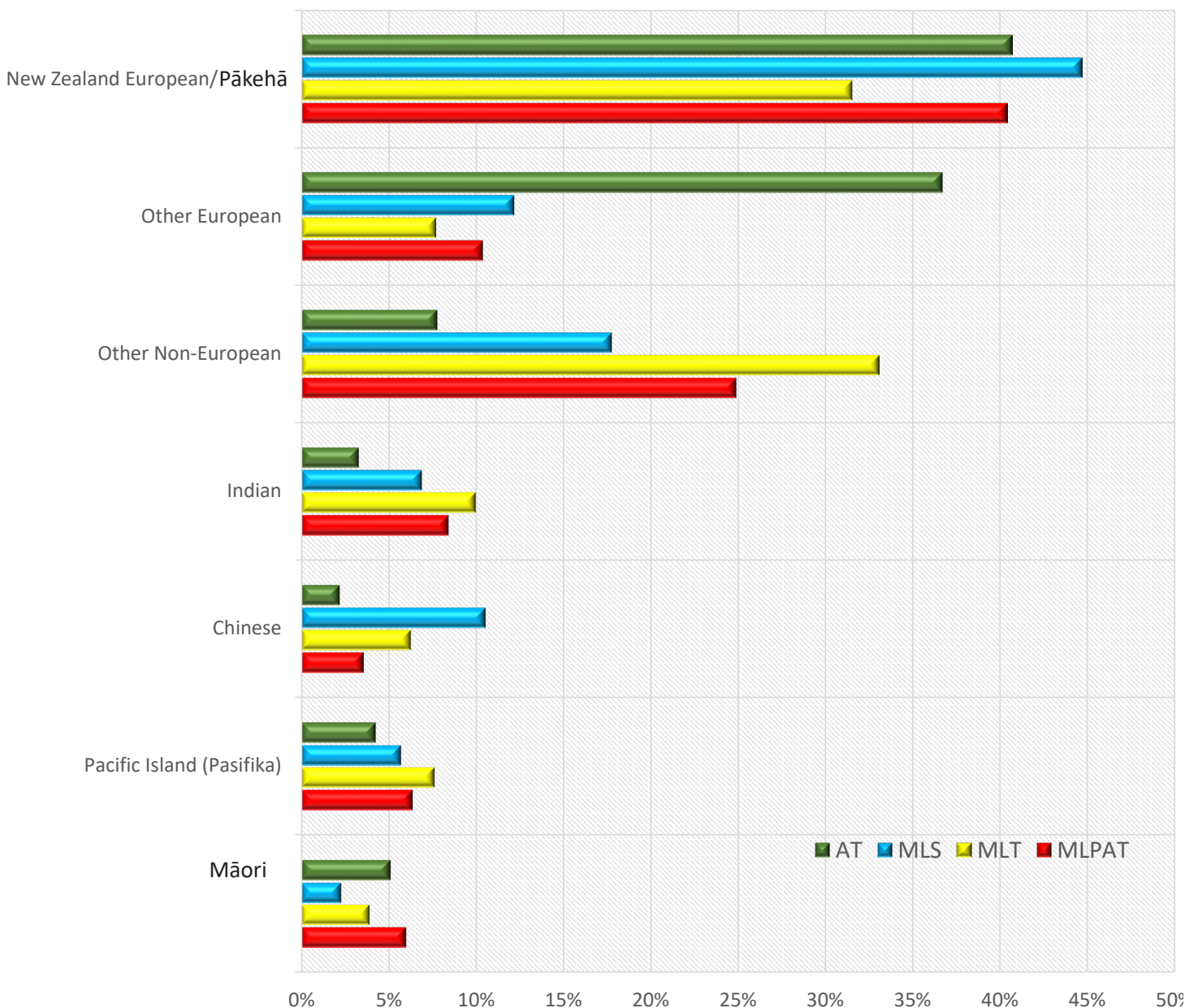
Ethnicity Statistics

When applying for registration, 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.

The below graph shows the percentage of ethnicities of APC holders in 2021-2022.



A further breakdown of Māori and Pasifika practitioners per scope of practice has been outlined in the tables below:

Ethnicity	AT	MLPAT	MLT	MLS
Māori	38	55	40	36
Cook Island Māori	3	6		1
Cook Island Māori/Niuean	1	-	-	-
Samoaan/Cook Island Māori	-	1	-	-
Samoaan/ Māori	-	1	1	2
Māori/Cook Island Māori	-	1	-	1
Other Pacific Peoples/ Māori	-	-	1	-
Samoaan/Niuean/ Māori	-	-	1	-

Ethnicity	AT	MLPAT	MLT	MLS
Fijian	2	6	5	5
Fijian Indian	11	41	51	67
Tongan/Other Pacific Peoples	1	1	1	
Samoaan/Other Pacific Peoples		3		
Samoaan	9	12	12	9
Tongan	4	2	3	9
Samoaan/Tongan		1		1
Other Pacific Peoples	3	2	5	5
Fijian Indian/Other Pacific Peoples			1	2
Fijian/Other Pacific Peoples			1	
Samoaan/Niuean	1		1	1
Niuean	3		3	1
Tokelauan			1	
Samoaan/Tokelauan	1			

Education & Continuing Professional Development

The Council accredits five 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 accredited provider is subject to an ongoing 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
Massey University (Palmerston North)	Postgraduate Diploma of Health Science (Medical Laboratory Science)	Medical Laboratory Scientist
Auckland University of Technology	Bachelor of Medical Laboratory Science (BMLSc)	Medical Laboratory Scientist
	Graduate Diploma in Science (Medical Laboratory Science)	Medical Laboratory Scientist
	Graduate Certificate in Science (Anaesthetic Technology)	Anaesthetic Technician
	Diploma in Applied Sciences (Anaesthetic Technology)	Anaesthetic Technician
Ara Institute of Canterbury	New Zealand Diploma in Applied Science (Level 5)	Medical Laboratory Pre-Analytical 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.

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.

In 2021, due to the on-going impact of the COVID-19 pandemic and the reduced opportunities for CPD during the 2020 year, the Council agreed not to undertake a CPD audit. However, anaesthetic technicians were still expected to undertake ongoing professional development during this time and the requirements for the 1 January 2020 to 31 December 2021 biennium remained the same.

	2018		2019		2020	
Called for audit	74		77		109	
Audited	67	91%	62	81%	100	91%
Passed	62	93%	56	90%	94	94%
Unsuccessful	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).

Council Audit of Medical Laboratory Scientists

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:

- they have engaged in 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 has accredited two CPD Programme Providers for Medical Laboratory Technicians and Pre-Analytical Technicians:

- New Zealand Institute of Medical Laboratory Science (NZIMLS)
- Asia Pacific Healthcare Group (APHG)

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

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:

- they have engaged in 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.

In 2021, due to the on-going impact of the COVID-19 pandemic and the reduced opportunities for CPD during the 2020 year, the Council agreed not to undertake a CPD audit. However, all medical laboratory science practitioners were expected to continue undertaking professional development during this time and the requirements for the 1 January 2021 to 31 December 2022 biennium remained the same.

	2017		2018		2019		2020	
Called for audit	162		179		182		218	
Audited	155	96%	156	87%	164	90%	208	95%
Passed	154	99%	149	96%	163	99%	199	96%
Unsuccessful	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.

Notifications Received

Notifications received in 2021-2022 related to practitioners from the following scopes of practice:

	Number		Outcomes				
	New	Existing	Referred to HPDT	Referred to HDC	Referred to PCC	Ongoing	Resolved
AT	6	4	1		3	7	3
MLPAT	2	1			2	2	1
MLS	5			1	3	4	1
MLT	3	2			3	5	
TOTAL	16	7	1	1	11	17	6

Fitness to Practise

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.

In 2021-2022, the Council received three fitness to practise-related notifications.

There was one ongoing fitness to practise notification which was initially reported in the 2020/2021 year that was closed in 2021/2022.

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 2021-2022, the Council received 12 professional conduct notifications:

- Six related to criminal convictions.
- Two related to a breach of patient privacy.
- Three related to professional misconduct.
- One related to inappropriate behaviour.

There was also one ongoing professional conduct notification which was initially reported in the 2020/2021 year that was resolved and closed in 2021/2022.

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 2021-2022, the Council received one competence related notification in relation to a practitioner practising below the required standard of practice.

Financial Report

1 April 2021 - 31 March 2022

Medical Sciences Council of New Zealand

ENTITY INFORMATION

FOR THE YEAR ENDED 31 MARCH 2022

Legal Name:	Medical Sciences Council of New Zealand
Entity Type:	Body Corporate and Registered Charity
Charities Registration Number:	CC34594
Entity's Purpose or Mission:	To protect the health and safety of members of the public by providing mechanisms to ensure that medical science practitioners are competent and fit to practise.
Entity Structure:	An eight-member governance council comprising of: Brett Besley Erolia Rooney Nicola Swain Natasha Packer Ruth Beeston Varsha Desai Judy Campbell Angela Dewhirst (commenced May 2021) Andrew Warmington (departed May 2021)
Main method used by entity to raise funds:	Practitioners and applicants for registration comprising of: Fees and Levies (refer to section 130 and 131 of the HPCA Act)
Physical Address:	Level 7, Perpetual Guardian, 99 Customhouse Quay, Wellington 6011
Postal Address:	PO Box 11-905, Wellington 6142
Phone:	+64 4 801 6250
Email:	msc@medsci.co.nz
Website:	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 2022

The Auditor-General is the auditor of Medical Sciences Council of New Zealand (the Council). 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 Council, on his behalf.

Opinion

We have audited the performance report of the Council that comprise the statement of financial position as at 31 March 2022, the statement of financial performance, 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 of the Council:

- present fairly, in all material respects:
 - its entity information and financial position as at 31 March 2022; and
 - its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 20 October 2022. This is the date at which our opinion is expressed.

The basis for our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities relating to the performance report and we explain our independence.

Basis for our opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the 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 members for the performance report

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

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

In preparing the performance report, the Council members are responsible for assessing the Council's ability to continue as a going concern. The Council members are also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the Council members intend to wind-up the Council or to cease operations, or have no realistic alternative but to do so.

The Council members' responsibilities arise from the Healthcare Practitioners Competence Assurance Act 2003 and the Charities Act 2005.

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, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these 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 Council.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council'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 Council 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 represent the underlying transactions and events in a manner that achieves fair presentation.

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

Our responsibilities arise from the Public Audit Act 2001.

Independence

We are independent of the Council in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: *International 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 Council.



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 2022

	Note	Actual This Year \$	Actual Last Year \$
Revenue			
Fees, subscriptions and other revenue from practitioners	1	1,402,066	1,325,679
Interest, dividends and other investment revenue	1	10,713	26,751
Other revenue	1	1,970	9,096
Total Revenue		1,414,749	1,361,526
Expenses			
Employee related costs	2	665,293	574,587
Costs related to providing goods or services	2	451,332	324,989
Other expenses	2	122,124	86,196
Total Expenses		1,238,749	985,772
Surplus/(Deficit) for the Year		176,000	375,754

Medical Sciences Council of New Zealand

SUMMARY STATEMENT OF CASHFLOW

"How the entity has received and used cash"

FOR THE YEAR ENDED 31 MARCH 2022

	Actual This Year \$	Actual Last Year \$
Cash Flows from Operating Activities		
Cash was received from:		
Fees, subscriptions and other receipts from practitioners	1,479,054	1,349,104
Interest, dividends and other investment receipts	9,874	26,751
Net GST		
Cash was applied to:		
Payments to suppliers and employees	(1,212,940)	1,117,169
Cash advanced to related parties	(145,100)	-
Net Cash Flows from Operating Activities	130,888	258,686
Cash flows from Investing and Financing Activities		
Cash was received from:		
Term Deposits	(450,000)	100,000
Net Cash Flows from Investing and Financing Activities	(450,000)	100,000
Net Increase / (Decrease) in Cash	(319,112)	358,686
Opening Cash	1,621,521	1,262,835
Closing Cash	1,302,409	1,621,521
This is represented by:		
Bank Accounts and Cash	1,302,409	1,621,521

Medical Sciences Council of New Zealand

STATEMENT OF FINANCIAL POSITION

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

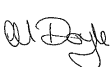
FOR THE YEAR ENDED 31 MARCH 2022

	Note	Actual This Year \$	Actual Last Year \$
Assets			
Current Assets			
Bank accounts and cash	3	1,302,409	1,621,521
Debtors and prepayments	3	158,699	67,301
Other current assets	3	2,822	1,984
Term Deposits		1,700,000	1,250,000
Total Current Assets		3,163,930	2,940,806
Non-Current Assets			
Shares in MSS	3	50	50
Total Non-Current Assets		50	50
Total Assets		3,163,980	2,940,856
Liabilities			
Current Liabilities			
Creditors and accrued expenses	3	155,997	167,124
Income in Advance	3	1,166,732	1,089,860
Provision for onerous lease	3	41,896	33,453
Total Current Liabilities		1,364,625	1,290,437
Non-Current Liabilities			
Provision for onerous lease	3	49,456	76,520
Total Non-Current liabilities		49,456	76,520
Total Liabilities		1,414,081	1,366,957
Total Assets less Total Liabilities (Net Assets)		1,749,899	1,573,899
Accumulated Funds			
Accumulated surpluses		1,749,899	1,573,899
Total Accumulated Funds		1,749,899	1,573,899

For and on behalf of the Council;

Chairperson: 
Brett Besley

Date: 19 October 2022

Chief Executive: 
Mary Doyle

Date: 19 October 2022

Medical Sciences Council of New Zealand

STATEMENT OF ACCOUNTING POLICIES

"How did we do our accounting?"

FOR THE YEAR ENDED 31 MARCH 2022

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 2022

Note 1: Analysis of Revenue			
Revenue Item	Analysis	This Year \$	Last Year \$
Fees, subscriptions and other revenue from members	Registration	203,267	160,958
	APC	1,195,912	1,158,705
	Other	15,570	41,863
	Total	1,414,749	1,361,526

Note 2: Analysis of Expenses

Expense Item	Analysis	This Year \$	Last Year \$
Employee related costs	ACC Levy	1,477	1,289
	Recruitment	22,974	21,962
	Salaries	620,879	538,020
	Staff Salary Deduction	9,315	6,118
	Staff Training	10,648	7,198
	Temporary Staff	-	-
Total		665,293	574,587

Expense Item	Analysis	This Year \$	Last Year \$
Costs related to providing goods or services	Board Member fees	128,147	121,688
	Catering	1,708	2,560
	Conferences, Workshops, Seminars	11,832	7,493
	Consultancy Fees	4,442	1,876
	Examinations, Assessors, Registrations	17,657	38,505
	Insurance	26,380	13,840
	IT	77,971	58,046
	MSS Services Charges	46,121	(13,734)
	Lease/Rental	57,405	8,249
	PCC-Personnel Costs and Expenses	17,962	27,237
	Postage and Courier	1,187	1,861
	Printing and Stationery	3,895	3,336
	Projects	13,932	-
	Publications	1,128	5,473
	Security Documents	2,759	2,648
	Telephone and Tolls	2,980	4,393
Travel and Accommodation	35,826	41,518	
Total		451,332	324,989

Expense Item	Analysis	This Year \$	Last Year \$
Other expenses	Audit Fees	16,388	10,497
	Accounting Fees	6,000	3,656
	Bank Charges	26,044	24,733
	CEO Review	4,251	5,770
	General Expenses	14,426	3,522
	Office Expenses	8,822	7,621
	Legal Fees	46,193	30,397
Total		122,124	86,196

Note 3: Analysis of Assets and Liabilities

Asset Item	Analysis	This Year \$	Last Year \$
Bank accounts and cash	Westpac Working	905,330	1,169,086
	Westpac Working AT	391,630	446,990
	Westpac Saving	5,449	5,445
	Total	1,302,409	1,621,521

Asset Item	Analysis	This Year \$	Last Year \$
Debtors and prepayments	Prepayments	8,351	63,853
	Intercompany	122,992	-
	Debtors	27,356	3,448
	Total	158,699	67,301

Asset Item	Analysis	This Year \$	Last Year \$
Other current assets	Accrued Income	2,822	1,984
	Total	2,822	1,984

Asset Item	Analysis	This Year \$	Last Year \$
Investments	Shares in MSS	50	50
	Total	50	50

Liability Item	Analysis	This Year \$	Last Year \$
Creditors and accrued expenses	Accounts Payable	5,318	25,470
	GST	139,228	135,968
	Accrued Expenses	7,786	5,686
	WHT	3,665	-
	Total	155,997	167,124

Liability Item	Analysis	This Year \$	Last Year \$
Income in Advance	Practitioner fees relating to 2022/23	1,166,732	1,089,860
	Total	1,166,732	1,089,860

Liability Item	Analysis	This Year \$	Last Year \$
Current provision for onerous lease	Provision for onerous lease	41,896	33,453
	Total	41,896	33,453

Liability Item	Analysis	This Year \$	Last Year \$
Non current provision for onerous lease	Provision for onerous lease	49,456	76,520
	Total	49,456	76,520

Note 4: Accumulated Funds

This Year		Accumulated Surpluses or Deficits	Total
Description			
Opening Balance		1,573,899	1,573,899
Surplus/(Deficit)		176,000	176,000
Closing Balance		1,749,899	1,749,899
Last Year		Accumulated Surpluses or Deficits	Total
Description			
Opening Balance		1,198,145	1,198,145
Surplus/(Deficit)		375,754	375,754
Closing Balance		1,573,899	1,573,899

Note 5: Commitments and Contingencies

Commitment	Explanation and Timing	At balance date	At balance date
		This Year	Last Year
		\$	\$
Lease Commitment: 22 Panama Street, Wellington	Current Portion	-	28,176
	Non Current Portion	-	96,268
		-	124,444
Lease Commitment: 99 Customhouse Quay, Wellington	Current Portion	65,696	-
	Non Current Portion	281,488	-
		347,184	-
Onerous Lease Commitment: 80 The Terrace, Wellington	Current Portion	52,038	49,646
	Non Current Portion	31,039	80,154
		83,077	129,800
Photocopier Lease	Current Portion	1,404	1,404
	Non Current Portion	2,808	3,978
		4,212	5,382

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. However, on 1 January 2022, Medical Sciences Secretariat Limited signed a new 5 year lease at 99 Customhouse Quay. New tenants were found for 22 Panama Street.

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
		\$	\$	\$	\$
	Secretariat Services	940,629	722,992	108,409	59,795
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.	Brett Besley	31,885	37,814	2,838	-
	Andrew Warmington	822	2,349	-	-
	Helen Walker	-	1,488	-	-
	Varsha Desai	8,698	6,651	42	-
	Erolia Rooney	16,795	13,354	2,529	-
	Angela Dewhirst	10,349	-	1,955	-
	Judy Campbell	9,605	3,400	-	-
	Nicola Swain	17,746	10,743	1,785	-
	Natasha Packer	6,545	12,377	1,759	-
	Ruth Beeston	7,684	7,692	1,190	-

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

Medical Sciences Secretariat processed payments valued at \$113,031 in total on behalf of the Medical Sciences Council and the Medical Radiation Technologists Board as their agent (last year-591,311). Commencing April 21 Medical Sciences Council and Medical Radiation Technologists Board directly paid the majority of their costs.

Included in the above table, are Medical Sciences Secretariat Board Fees for the following: Brett Besley \$3,060, Erolia Rooney \$7,100, Nicola Swain \$5,664.

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 \$1,166,732 (Last Year - \$1,089,860).

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