



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA



ANNUAL REPORT

1 APRIL 2016 - 31 MARCH 2017



*MEDICAL LABORATORY SCIENCE
ANAESTHETIC TECHNOLOGY*

ANNUAL REPORT

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

1 APRIL 2016 - 31 MARCH 2017

1 THE COUNCIL

06

2 BUSINESS PRIORITIES

16

**3 REGISTRATIONS AND
PRACTISING CERTIFICATES**

20

**4 ACCREDITATION AND
CONTINUING PROFESSIONAL
DEVELOPMENT**

30

**5 COMPETENCE,
FITNESS TO PRACTICE AND
PROFESSIONAL CONDUCT**

34

6 FINANCIAL REPORT

38

Throughout this report:

MLS: Medical Laboratory Scientist

MLPAT: Medical Laboratory Pre-Analytical Technician

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

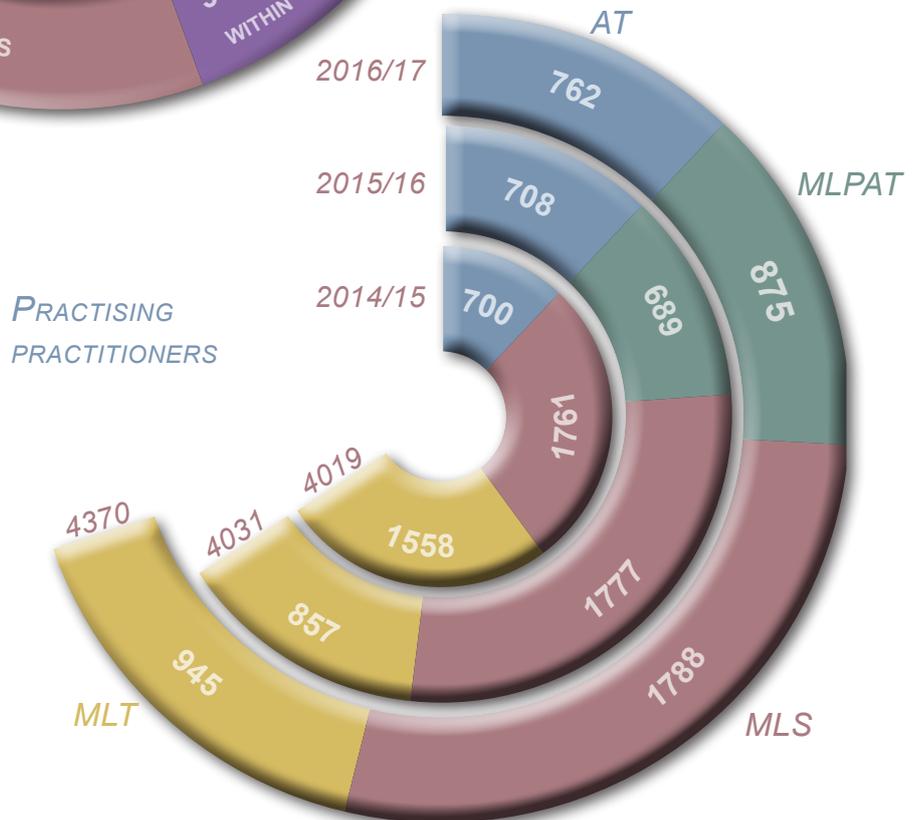
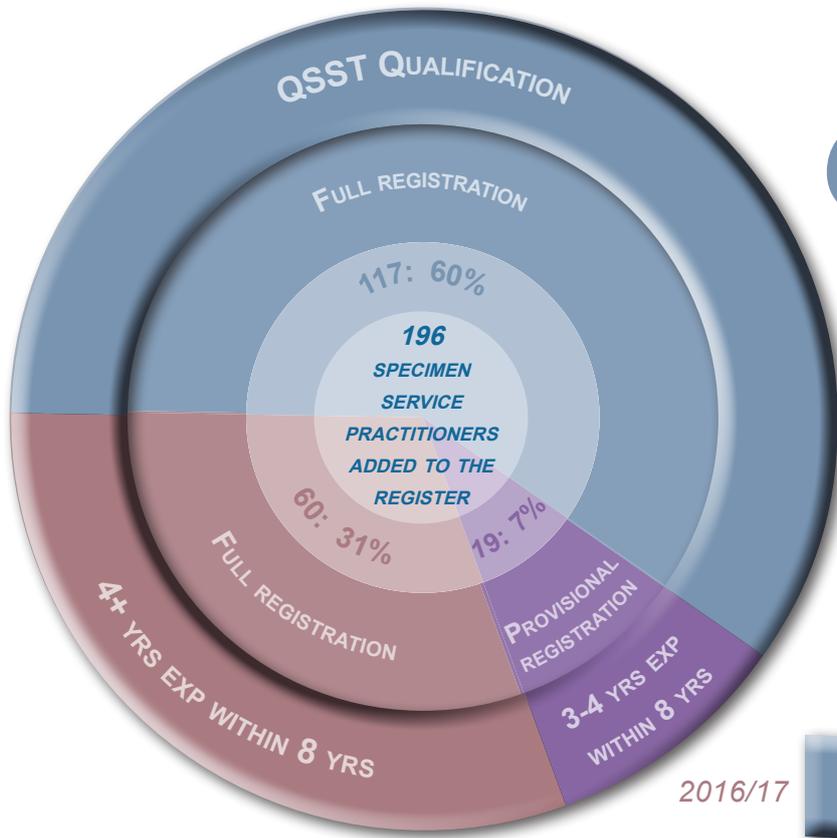
The Medical Science Council is referred to as the Council.

MLT: Medical Laboratory Technician

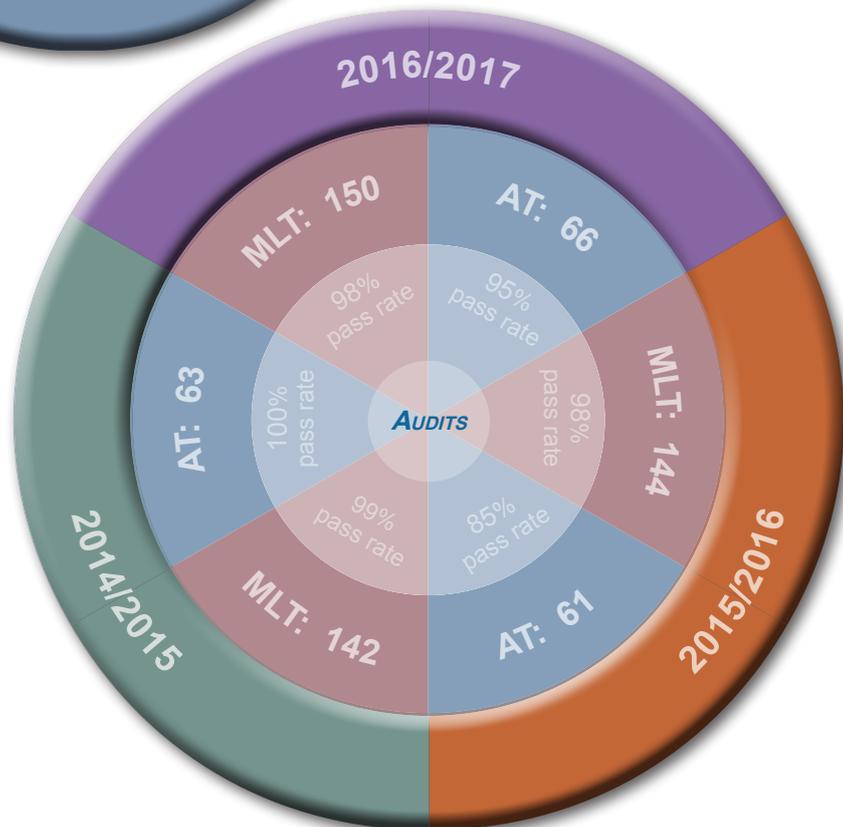
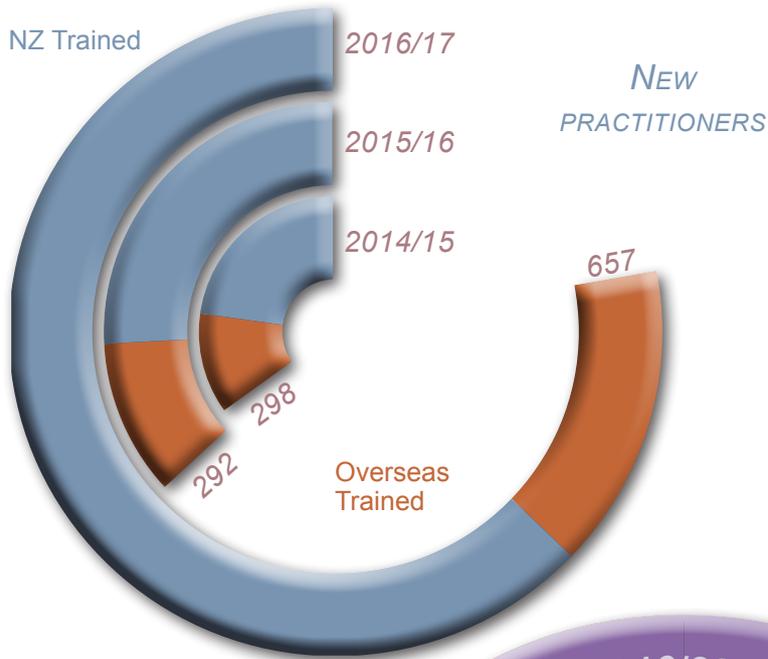
AT: Anaesthetic Technician



A YEAR IN NUMBERS



In accordance with section 134 of the Health Practitioners Competence Assurance Act 2003, the Medical Sciences Council of New Zealand is pleased to present its report for the year ending 31 March 2017.





DEAR STAKEHOLDERS

Another busy year, with the medical laboratory science revised scopes of practise coming into play and preliminary work commenced to review the Anaesthetic Technician scope of practice. Such reviews are essential to ensure the scopes of practice defined for the professions continue to be fit for purpose as mechanisms for protecting the health and safety of the public.

We are pleased to present the Medical Sciences Council's annual report for 2016/2017

The health and safety of secretariat staff and visitors (including Council members) to the Council office premises has been under scrutiny since the Kaikoura earthquake. Vacation of the office premises was required on three successive occasions and we have been unable to reoccupy the premises since February 2017. Alternative premises were subsequently secured through a shared arrangement with our regulatory authority colleagues with whom we have had a "flatmate" arrangement for a number of years.

Managing our business-as-usual activities during this time of disruption has been challenging, however it has been very pleasing to note that our investment over the last few years into building a robust IT system has been especially beneficial over these last few months. The ability for staff to work remotely meant that there was minimal disruption from a business-as-usual perspective.

We would like to extend our thanks to all of the practitioners and other stakeholders who have been very understanding and been patient with us over these last few months.

Each year we have new appointments to the Council and this year we welcomed Adriana Gunder. Adriana has significant experience in the government committee arena and we look forward to harnessing her knowledge to help with our decision making.

We have instituted a change in composition of our Registrations Committee this year with the appointment non-Council members from the professions to help with the decision-making processes for the registration of new applicants. Thank you to Natasha Caldwell, Angela Dewhirst and Saad Mansour for joining the crew.

As in previous years, we have had regular meetings with the New Zealand Institute of Medical Laboratory Science (NZIMLS) and the New Zealand Anaesthetic Technicians Society (NZATS). These have proved to be a very constructive forum for industry discussion and we continue to build on the positive working relationship that has been forged between the Council and the two professional bodies.

A constructive discussion platform is in place between education facilities and the Council which is essential as we fulfil our obligations under the Health Practitioners Competence Assurance Act (the Act) and ensure that standards of training are maintained and accredited to ultimately ensure the safety of the public.

Public safety must be respected and it is essential that practitioners understand that the Act states very clearly that a current practising certificate is required by all practitioners practising the professions of medical laboratory science and anaesthetic technology. This is regardless of whether a practitioner in part or full time work and applies equally to whether they are employed on a permanent or casual basis.

Over the last four years Council has become aware of ten individuals practising without a practising certificate, and seven of those practitioners were referred to a Professional Conduct Committee for a more substantive investigation. Two practitioners were subsequently charged with professional misconduct through the Health Practitioners Disciplinary Tribunal.

Practising without a current practising certificate is an illegal act. The Council views all such instances very seriously and will continue to take all necessary measures for each reported breach.

To finish a big thank you to all the Council members for their commitment, which goes well beyond the formal Council meetings. Also, a huge thanks to our staff team who provide both regulatory and back-of-office support and advice to not only our Council but also our colleague regulatory authority, the Medical Radiation Technologists Board.

This is my last report as Chairman of the Medical Sciences Council as I hand over the role to Don Mikkelsen. I wish you well Don and hope that you enjoy it as much as I have.



A handwritten signature in black ink that reads "Helen Walker".

HELEN WALKER
Chair



A handwritten signature in black ink that reads "Mary Doyle".

MARY DOYLE
Chief Executive/Registrar

01

THE COUNCIL

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

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.

COUNCIL FUNCTIONS

In accordance with Section 118 of the Health Practitioners Competence Assurance Act 2003, the Council is responsible for fulfilling a number of functions:

- Prescribe the qualifications required for scopes of practice for the health professions it regulates, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes.
- Authorise the registration of medical laboratory science and anaesthetic technology practitioners under the Act, and maintain registers.
- Consider applications for annual practising certificates.
- Review and promote the competence of health practitioners registered with the Council.
- Recognise, accredit, and set programmes to ensure the on-going competence of health practitioners registered with the Council.
- Receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners registered with the Council.
- Notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner registered with the Council may pose a risk of harm to the public.
- Consider cases of health practitioners registered with the Council who may be unable to perform the functions required for their relevant scope of practice.
- Set the standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners registered with the Council.
- Liaise with other authorities appointed under the Act about matters of common interest.
- Promote education and training in the health professions regulated by the Council.
- Promote public awareness of the responsibilities of the Council.



COUNCIL MEMBERS

CHAIR:

Helen Walker (to February 2017)
Don Mikkelsen (from February 2017)

DEPUTY CHAIR

Don Mikkelsen (to February 2017)
Helen Walker (from February 2017)

RETIRED MEMBERS:

Dr David Stephens

2010 - 2016

Lay member



HELEN WALKER

Lay member

Term commenced	2010
Term renewed	2013; 2016
Term due to be completed	2019



DON MIKKELSEN

Medical Laboratory Scientist

Term commenced	2010
Term renewed	2013; 2016
Term due to be completed	2018



DR ADRIANA GUNDER

Lay member

Term commenced	2016
Term due to be completed	2019



DR ANDREW WARMINGTON

Anaesthetist

Term commenced	2012
Term renewed	2014
Term due to be completed	2017

Council members are appointed by the Minister of health for up to a three-year term, and are eligible to apply for re-appointment to serve a maximum of three consecutive three-year terms (nine-years) .



CHRISTINE HICKTON

Medical Laboratory Technician

Term commenced	2010
Term renewed	2013; 2016
Term due to be completed	2018



KAREN BENNETT

Anaesthetic Technologist

Term commenced	2012
Term renewed	2015
Term due to be completed	2018



LYNNE MORGAN

Medical Laboratory Technician

Term commenced	2015
Term due to be completed	2018



MICHELLE WANWIMOLRUK

Lay member

Term commenced	2015
Term due to be completed	2018



PAULA MCCORMICK

Medical Laboratory Technician

Term commenced	2015
Term due to be completed	2018



COUNCIL MEMBERS FEES AND MEETINGS

COUNCIL FEES

Position	Fee
Chairperson	\$25,000 annual honorarium
Council Member	\$600 day / \$75 hour

COUNCIL MEETINGS

Council Members	6 th Apr 2016	29 th Jun 2016	10 th Aug 2016	5 th Oct 2016	30 th Nov - 1 st Dec 2016	22 nd - 23 rd Feb 2017
Helen Walker	✓	✓	✓	✓	✓	✓
Don Mikkelsen	✓	✓	✓	✓	✓	✓
Dr Adriana Gunder	Term commenced June 2017	✓	✓	✓	✓	✓
Dr Andrew Warmington	Apologies	✓	✓	✓	✓	✓
Christine Hickton	✓	✓	✓	✓	✓	✓
Dr David Stephens	✓	Term ended				
Karen Bennett	✓	✓	✓	✓	✓	✓
Lynne Morgan	✓	✓	✓	✓	✓	✓
Paula McCormick	Apologies	✓	✓	✓	✓	✓
Michelle Wanwimolruk	✓	Apologies	Apologies	✓	✓	✓

COUNCIL COMMITTEES

The Council has a number of standing committees who have delegated authority to oversee many of the on-going functions of the Council as well as monitoring specific business improvement initiatives as set out in the Council's Strategic Directions 2016 - 2019 document.

EDUCATION COMMITTEE

Convener: Karen Bennett

Members: Adriana Gunder Paula McCormick

FINANCE, AUDIT AND RISK COMMITTEE

Convener: Michelle Wanwimolruk

Members: Helen Walker Peter Chung (external member)

PROFESSIONAL STANDARDS COMMITTEE

Convener: Helen Walker

Members: Dr Andrew Warmington Don Mikkelsen

REGISTRATIONS AND RECERTIFICATION COMMITTEE

Convener: Don Mikkelsen

Members: Andrew Warmington Karen Bennett

Christine Hickton Lynne Morgan

Natasha Caldwell (external member from July 2016)

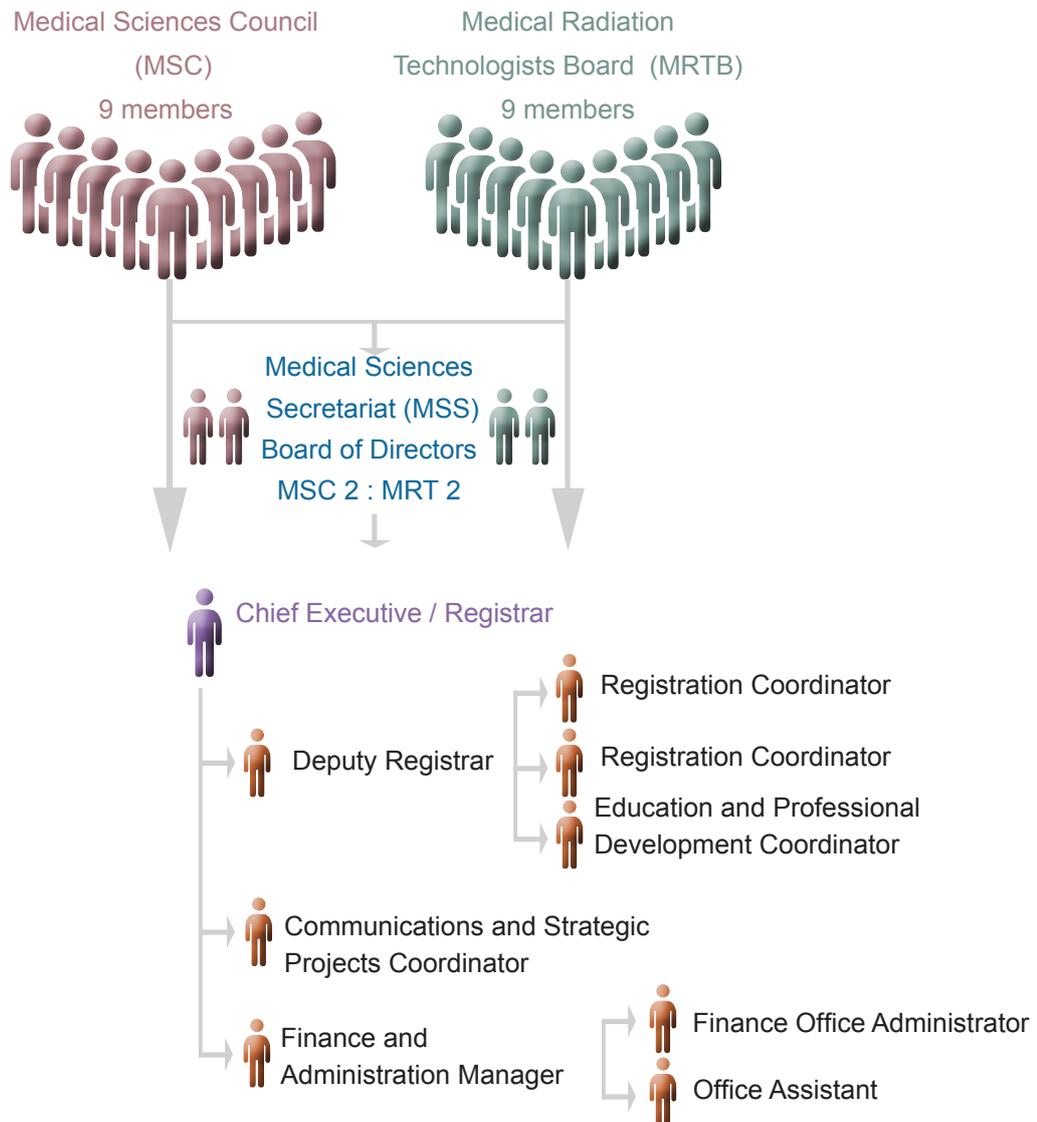
Angela Dewhirst (external member from July 2016)



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).

MSS provides both regulatory authorities with business support services across all corporate and regulatory functions. This partnership arrangement has allowed the Medical Sciences Council and the Medical Radiation Technologists Board to contain costs and achieve operational synergies including consistency in the formulation and delivery of health regulation policy.



LINKING WITH STAKEHOLDERS

COMMUNICATIONS

The Council's primary media for maintaining links with stakeholders is through its website, newsletters, and emails. During 2016-2017 the Council undertook a review of both the design and content of its website.

The Council met with a number of stakeholder groups during 2016-2017 including education providers, professional bodies, and medical laboratory science practitioners (the latter as a component of the review of the scopes of practice for the medical laboratory science profession).

HEALTH REGULATORY AUTHORITIES OF NEW ZEALAND COLLABORATIONS

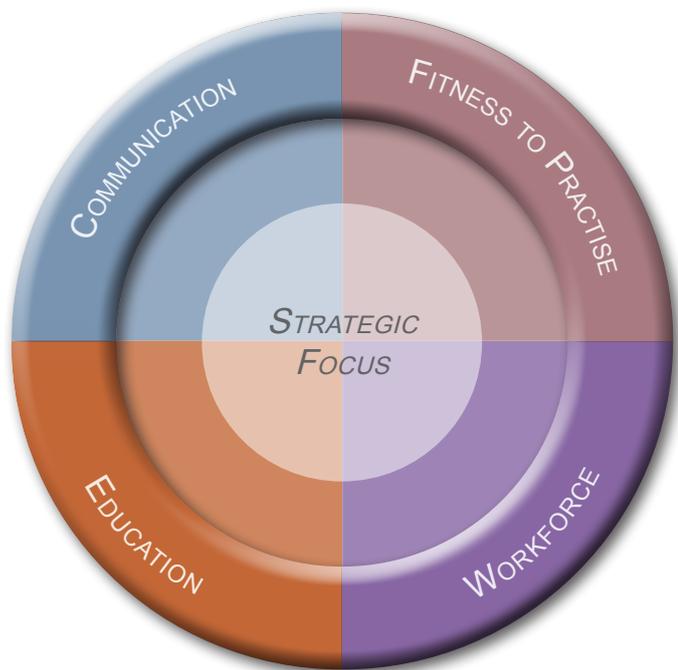
Health Regulatory Authorities of New Zealand (HRANZ) is an organisation made up of all the health regulatory authorities of New Zealand.

It meets periodically to discuss matters of common interest, both at an operational and a governance level.

The Council's Deputy Registrar attended three-meetings during the 2016/2017 year.

02

BUSINESS PRIORITIES



Strategic Directions 2016-2019 reflects the scope of the Council's responsibilities and identifies key strategies and initiatives the Council plans to undertake to meet those responsibilities.

The Medical Sciences Council Strategic Directions 2016-2019 document sets out the strategic goals and activities the Council plans to undertake during that three-year period. The document is a critical planning tool that sets a foundation upon which the Council fulfils its responsibilities under the Health Practitioners Competence Assurance Act (2003) in respect of the professions of medical laboratory science and anaesthetic technology. The document is reviewed and built upon each successive year.

A copy of the Council's most current Strategic Directions document can be downloaded from its website at www.msccouncil.org.nz.

OUR STRATEGIC PURPOSE

To protect the health and safety of the New Zealand public using medical laboratory science and anaesthetic technology services (in accordance with the Health Practitioners Competence Assurance Act 2003)

OUR GUIDING PRINCIPLES

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



STRATEGIC DIRECTIONS

<i>STRATEGIC FOCUS</i>	<i>STRATEGIC GOAL</i>
<i>FITNESS TO PRACTICE</i>	Optimise mechanisms to ensure practitioners are competent and fit to practise. Provide standards of clinical and cultural competence, and ethical conduct for the protection of public safety.
<i>WORKFORCE</i>	Improve regulatory and workforce outcomes through the registration of health practitioners who are competent and fit to practise.
<i>EDUCATION</i>	Ensure education and learning environments enable practitioners to achieve the necessary standards for their professional practice.
<i>COMMUNICATION</i>	Maintain strong relationships with the public, the profession and other stakeholders.

<i>FOCUS</i>	<i>MILESTONE</i>
<i>FITNESS TO PRACTISE</i>	
<i>MLS SCOPE OF PRACTICE REVIEW</i>	<p>Introduction of a Medical Laboratory Pre-Analytical Technician scope, covering the practices of laboratory specimen collection, preparation, and donor technology was completed.</p> <p>The Council conducted a review of all supporting policies and guidelines post-implementation of this change.</p>
<i>AT SCOPE OF PRACTICE REVIEW</i>	AT scope of practice review forums were held in September and December with a follow up forum in preparation for a public consultation process later in 2017.
<i>PRACTITIONER FEES</i>	In 2015 the Council published a consultation document outlining plans to increase practitioner fees, phased over two-years. The first of these increases occurred for the 2016/2017 renewal APC period.
<i>WORKFORCE</i>	
<i>COLLECTION OF DEMOGRAPHIC DATA</i>	The Council commenced preliminary work for the collection of practitioner demographic data. Further work will be undertaken in 2017/2018.
<i>EDUCATION</i>	
<i>ASSESSMENT OF OVERSEAS QUALIFICATIONS</i>	<p>The Council commenced a review of the criteria for assessment of assessment of overseas qualifications for the purpose of registration.</p> <p>This work is due to be completed during the 2017/2018 year.</p>
<i>COMMUNICATION</i>	
<i>REVIEW OF COUNCIL PUBLICATIONS</i>	The Council undertook regular reviews of publications to ensure accuracy of information published.

03

REGISTRATION AND PRACTISING CERTIFICATES

Registration and the issue of annual practising certificates are core mechanisms used by the Council as evidence that practitioners have the necessary entry-level competencies, and are fit to practise in their registered scope of practice.

ANAESTHETIC TECHNOLOGY

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.

MEDICAL LABORATORY SCIENCE

THE PROFESSION OF MEDICAL LABORATORY SCIENCE IS DEFINED AS:

Medical laboratory science is the collection, receipt, preparation, investigation and laboratory analysis of samples of human biological material for the purpose of supporting patient diagnosis, management and treatment and for the maintenance of health and wellbeing.

MEDICAL LABORATORY SCIENCE ENCOMPASSES A NUMBER OF DISTINCT DISCIPLINES INCLUDING:

- Biochemistry
- Blood Donor Services
- Blood Transfusion Services
- Cytogenetics
- Cytology
- Embryology
- Haematology
- Histology
- Immunology/Virology
- Microbiology
- Molecular Diagnostics/Genetics
- Mortuary Practice
- Phlebotomy
- Point of care testing
- Specimen Services

MEDICAL LABORATORY SCIENCE ALSO INCLUDES:

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

MEDICAL LABORATORY SCIENCE IS PRACTISED IN:

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

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

- Medical Laboratory Scientist
- Medical Laboratory Technician
- Medical Laboratory Pre-Analytical Technician

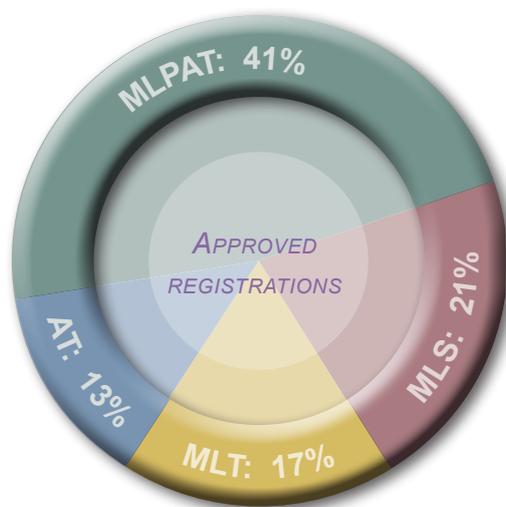


RECEIVED APPLICATIONS

Between 1 April 2016 - 31 March 2017 the Council received **799** applications from persons applying to be registered. **657** (82%) of these applications were approved. A small number of applications – **33** (4%) – were declined due to not meeting entry level registration requirements.

Of the remaining applications, **32** (4%) were withdrawn by the applicant; **15** (2%) applications were approved to complete the Graduate Diploma in Medical Laboratory Science as a pathway to registration as a medical laboratory scientist; and **62** (8%) applications were still being processed at 31 March 2017.

	AT	MLPAT	MLS	MLT	TOTAL
Registration Approved	89	310	141	117	657
Approved for Graduate Diploma pathway to registration as a MLS	-	-	15	-	15
Declined	3	6	16	8	33
Application Received: still being processed at 31 Mar 2017	11	12	11	28	62
Application withdrawn (by applicant)	2	12	4	14	32
TOTAL RECEIVED	105	340	187	167	799



APPROVED APPLICATIONS PER SCOPE OF PRACTICE BY COUNTRY-TRAINED

For the 2016/2017 year New Zealand-trained registration applications exceeded overseas-trained applications by **62%**.



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



APPROVED REGISTRATIONS BY COUNTRY-TRAINED

	<i>AT</i>	<i>MLPAT</i>	<i>MLS</i>	<i>MLT</i>	<i>TOTAL</i>
Algeria				1	1
Australia			8	1	9
Brazil			1	1	2
Canada			2	1	3
Chile			1		1
China		1			1
Croatia			1		1
Fiji				3	3
France				1	1
Germany			2		2
India		2	11	3	16
Ireland			1		1
New Zealand	56	297	97	79	529
Nigeria				1	1
Philippines		6		16	22
South Africa		1	6	4	11
Switzerland			1		1
United Kingdom	33	3	7	5	48
USA			3		3
Zimbabwe				1	1
TOTAL	89	310	141	117	657

DECLINED REGISTRATIONS BY COUNTRY-TRAINED

	<i>AT</i>	<i>MLPAT</i>	<i>MLS</i>	<i>MLT</i>	<i>TOTAL</i>
Australia	1	1	1		3
Cameroon			1		1
Canada			1		1
India			2		2
Malaysia	1		1		2
New Zealand		1	3		4
Pakistan			1	1	2
Philippines		4	2	6	12
Russia			1	1	2
Sudan			1		1
United Kingdom			1		1
USA	1				1
Zimbabwe			1		1
TOTAL	3	6	16	8	33



ALTERNATIVE PATHWAYS TO REGISTRATION

WORK-BASED ASSESSMENTS - ANAESTHETIC TECHNICIANS

Work Based Assessment (WBA) is one mechanism used by the Council to assess a practitioner's competence to practise as an Anaesthetic Technician.

Prior to undertaking a WBA, practitioners are required to work under the direct supervision of a registered Anaesthetic Technician who holds a current practising certificate. The period of supervision is determined on a case-by-case basis, at the end of which the practitioner undertakes a WBA.

The WBA covers an assessment of the practitioner's clinical and technical skills and knowledge including a machine check assessment. The Council then makes a final decision as to whether or not the practitioner will be granted registration and/or issued with a practising certificate.

	2014/15	2015/16	2016/17
Offered	5	3	5
Undertaken	3	2	1
Passed	3	1	1
Failed	-	1	-

Note, the number of WBA's offered to the number of WBA's undertaken may differ depending on the "take up" rate and whether the WBA was completed in the same year it was offered.

*GRADUATE DIPLOMA ROUTE TO REGISTRATION
AS A MEDICAL LABORATORY SCIENTIST*

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

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

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

	2014/15	2015/16	2016/17
Enrolled	12	6	15
Registered	9	14	9



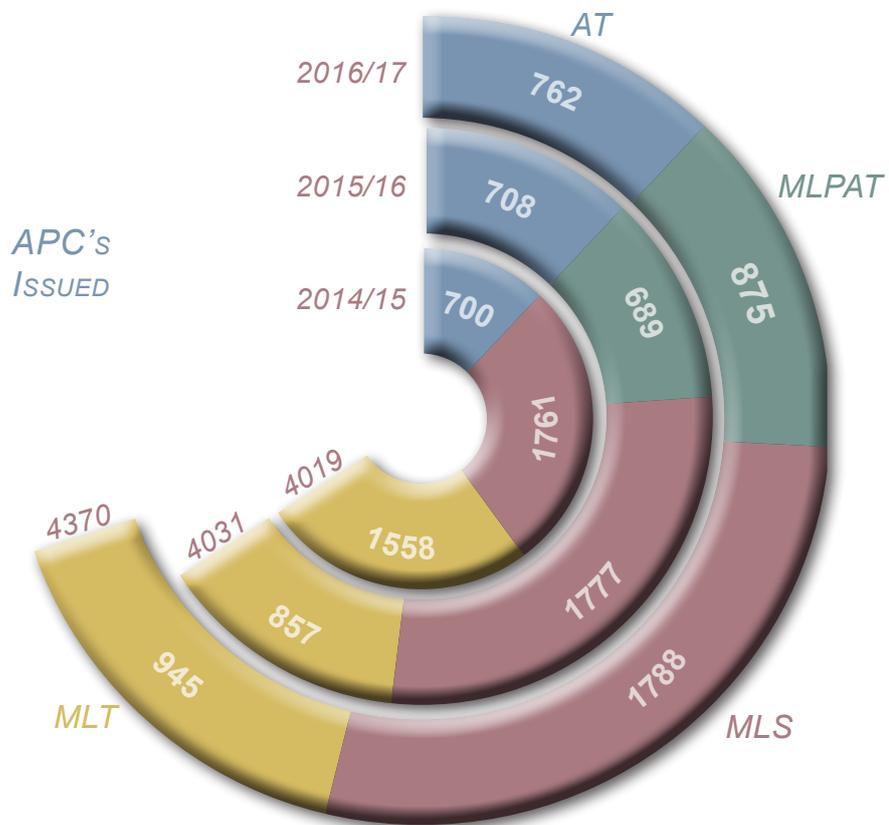
ANNUAL PRACTISING CERTIFICATES

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

In 2016-2017 the Council issued a total of **4370** annual practising certificates with **160** (3.5%) of those, issued with conditions.

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.

	AT	MLPAT	MLS	MLT	TOTAL
Total certificates issued	762	875	1788	945	4370
Issued with conditions	21	7	94	36	160



CONDITIONS ON PRACTICE

<i>Scope</i>	<i>Conditions</i>	<i>Total</i>
	Required to practise under supervision for the duration of expanded practice training	7
	Required to practise under supervision and to submit logbook and supervision report	1
<i>ANAESTHETIC TECHNICIAN</i>	Required to practise under supervision for a specified period then to complete a WBA	3
	Approved to practice Post Anaesthetic Patient Care Unit (PACU)	2
	Approved to perform Peripherally Inserted Central Catheters (PICC Lines)	4
	Specific conditions pertaining to the practitioner	4
TOTAL		21
<i>MEDICAL LABORATORY PRE-ANALYTICAL TECHNICIAN</i>	Required to practise under supervision for a specified period	6
	Required to undertake an annual competency review	1
TOTAL		7
	Required to practise under supervision for specified period	24
<i>MEDICAL LABORATORY SCIENTIST</i>	Practice restricted to a specific discipline	66
	Must undertake a medical review	1
	Nominated site and supervisor as approved by Council	3
TOTAL		94
<i>MEDICAL LABORATORY TECHNOLOGIST</i>	Required to practise under supervision for specified period	20
	Practice restricted to a specific discipline	11
	Specific conditions pertaining to the practitioner	2
TOTAL		94

04

ACCREDITATION

AND

CONTINUING

PROFESSIONAL

DEVELOPMENT

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

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

ACCREDITED EDUCATION PROVIDERS

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



CONTINUING PROFESSIONAL DEVELOPMENT

ANAESTHETIC TECHNICIANS

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

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

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

1. they have a documented annual Professional Development Plan; and
2. they have undertaken a minimum of 60 hours of CPD for each three-year CPD period;
3. over the three-year CPD period the practitioner has undertaken at least one CPD activity in three of the four learning categories defined and approved by the Council.

COUNCIL AUDIT OF ANAESTHETIC TECHNICIANS

Practitioner's CPD records need to show they can demonstrate reflection, improvement and positive impact on their practice as an Anaesthetic Technician.

Each year the Council undertakes an audit of 10% of Anesthetic Technicians who are holding a current APC.

	2014		2015		2016	
<i>Called for audit</i>	67		63		70	
<i>Audited</i>	63	94%	61	97%	66	94%
<i>Passed</i>	63	100%	52	85%	63	95%
<i>Unsuccessful</i>	0	0	9	15%	3	4%

MEDICAL LABORATORY PRE-ANALYTICAL TECHNICIANS

As the Medical Laboratory Pre-Analytical Technician scope of practice was introduced in 2016, an audit of the CPD activities for these practitioners will be delayed until 2017/2018.

These practitioners are required to meet the same recertification requirements of a Medical Laboratory Technician.

MEDICAL LABORATORY SCIENTISTS

The Council has approved three providers of CPD programmes for Medical Laboratory Scientists:

- New Zealand Institute of Medical Laboratory Science (NZIMLS)
- New Zealand Hospital Scientific Officers Association (NZHSOA)
- Australian Institute of Medical Scientists (AIMS)

The majority of scientists are enrolled in the NZIMLS Competence and Professional Development programme, with smaller numbers enrolled in the NZHSOA Continuing Education Programme for Scientific Officers and Recertification Programme for Medical Laboratory Scientists and the Australian Institute of Medical Scientist programme (APACE) .

A condition of the contractual agreement with each of these providers is that they undertake an annual audit of 10% of medical laboratory scientists enrolled in their respective CPD programme.



MEDICAL LABORATORY TECHNICIANS

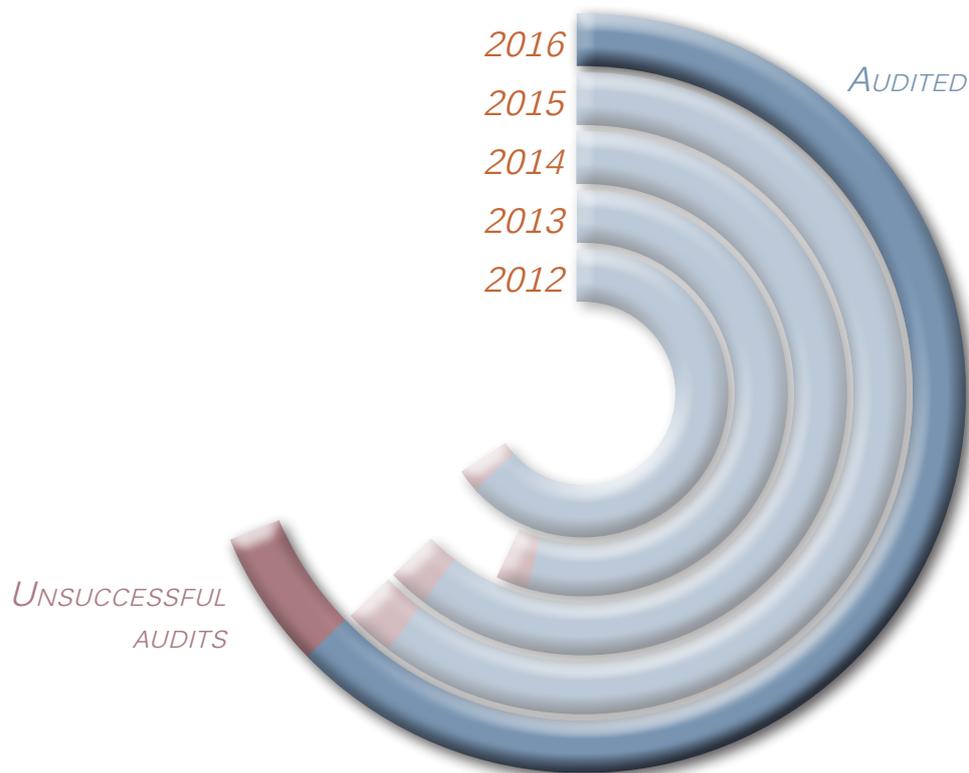
A Medical Laboratory Technician applying for an APC must have undertaken at least eight-hours of approved professional development activity within the previous 12-month period.

COUNCIL AUDIT OF MEDICAL LABORATORY TECHNICIANS

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

	2012		2013		2014		2015		2016	
<i>Called for audit</i>	156		140		149		160		166	
<i>Audited</i>	153	98%	132	94%	142	95%	144	90%	150	90%
<i>Passed</i>	151	99%	132	100%	141	99%	142	99%	147	98%
<i>Unsuccessful</i>	2	1%	0	0	1	1%	2	1%	3	2%

MEDICAL LABORATORY TECHNICIANS AUDIT



Continuing professional development should be:

- *Continuous - professionals should always be looking for ways to improve performance*
- *The responsibility of the individual to own and manage*
- *Driven by the learning needs and development of the individual*
- *Evaluative rather than descriptive of what has taken place*
- *An essential component of professional life, never an optional extra*

Chartered Institute of Personnel and Development

(United Kingdom)

05

FITNESS TO PRACTISE, PROFESSIONAL CONDUCT AND COMPETENCE

The Council is responsible for monitoring Medical Laboratory Science and Anaesthetic Technology practitioners, to ensure they meet and maintain practice standards in order to protect the health and safety of the New Zealand public.

Practitioners are asked to make a number of declarations in respect of their competence and fitness to practise when applying for registration, and each year they apply for a practising certificate.

FITNESS TO PRACTICE

Any health practitioner registered with the Council who, because of a mental or physical condition cannot make safe judgments, demonstrate acceptable levels of competence or behave appropriately in accordance with ethical, legal and practice guidelines, can expect to be the subject of an investigation by the Council.

During 2016-2017 there was one health-related referral to the Council under section 48 of the Act. The practitioner is not currently practising and is required to complete a medical review prior to applying for their 2017/2018 APC.

NOTIFICATIONS RECEIVED

The Council received the following number of notifications during the 2016-2017 year across the medical laboratory science and anaesthetic technology professions.

	Number		Outcome			Ongoing	Resolved
	New	Existing	Referred to competence review	Referred to PCC	Referred to HPDT		
<i>AT</i>	3	2		1		1	4
<i>MLPAT</i>	-	1					1
<i>MLS</i>	1		1			1	
<i>MLT</i>	4	2	1	1	1	3	3
TOTAL	8	5	2	2	1	5	8

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.

COMPETENCE REVIEWS

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.

A competence review is not disciplinary in nature; it is designed to assess a practitioners' competence in a collegial manner. 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.

06

FINANCIAL REPORT

*FOR THE YEAR ENDED
31 MARCH 2017*

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Entity Information

FOR THE YEAR ENDED 31 MARCH 2017

PLEASE NOTE:

THE FORMAT FOR THIS SECTION WILL CHANGE ONCE THE FINALISED REPORT HAS BEEN RECEIVED FROM THE AUDITORS.





MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Consolidated Statement of Financial Performance

FOR THE YEAR ENDED 31 MARCH 2017

Note	2017	2016
	\$	\$
Income		
Registration Fees - Non NZ		
Registration Fees - NZ		
APC's		
Interest Received		
Sundry Income		
Total Income		
Less Expenses		
Archiving		
Assessors		
AT Council Meeting Fees		
Audit Fees		
Bad Debt		
Bank Charges		
Board Member Fees & Expenses		
Catering		
Chartered Accountancy Fees		
Conference Expenses		
Examiner Fees		
General Expenses		
IT		
Legal Expenses		
MSS Service Charge		
Postage		
Printing, Stamps & Stationery		
Professional Fees		
Project Costs		
Telephone, Tolls & Internet		
Training		
Travel		
Total Expenses		
Consolidated Net Surplus/(Deficit) For The Year		

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Performance - MLS

FOR THE YEAR ENDED 31 MARCH 2017

	Note	2017	2016
		\$	\$
Income			
Registration Fees - Non NZ			
Registration Fees - NZ			
APC's			
Interest Received			
Sundry Income			
Total Income			
Less Expenses			
Archiving			
Audit Fees			
Bad Debt			
Bank Charges			
Board Member Fees & Expenses			
Catering			
Chartered Accountancy Fees			
Conference Expenses			
Examiner Fees			
General Expenses			
IT			
Legal Expenses			
MSS Service Charge			
Postage			
Printing, Stamps & Stationery			
Professional Fees			
Project Costs			
Telephone, Tolls & Internet			
Training			
Travel			
Total Expenses			
Net Surplus/(Deficit) For The Year			



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Performance - AT FOR THE YEAR ENDED 31 MARCH 2017

	Note	2017	2016
		\$	\$
Income			
Registration Fees - Non NZ			
Registration Fess - NZ			
APC's			
Interest Received			
Total Income			
Less Expenses			
Archiving			
Assessors			
AT Council Meeting Fees			
Audit Fees			
Bank Charges			
Board Member Fees & Expenses			
Catering			
Chartered Accountancy Fees			
Conference Expenses			
Examiner Fees			
General Expenses			
IT			
Legal Expenses			
MSS Service Charge			
Postage			
Printing, Stamps & Stationery			
Professional Fees			
Project Costs			
Telephone, Tolls & Internet			
Training			
Travel			
Total Expenses			
Net Surplus/(Deficit) For The Year			

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Summary Statement of Cashflow

FOR THE YEAR ENDED 31 MARCH 2017

	2017	2016
	\$	\$
Operating Activities		
<i>Cash was provided from:</i>		
APC income		
Other Income received		
Interest Received		
<i>Cash was applied to:</i>		
Payments to Suppliers and Others		
Net Cash Inflow/(Outflow) From Operating Activities		
Investing Activities		
<i>Cash was provided from:</i>		
Sale of Property, Plant & Equipment		
<i>Cash was applied to:</i>		
Purchase of Intangible Assets		
Purchase of Property, Plant & Equipment		
Term Deposits		
Net Cash Inflow/(Outflow) From Investing Activities		
Net Increase in Cash Held		
Cash at beginning of year		
Plus Cash transferred to Term Deposit		
Net Cash Inflow/(Outflow) From Investing Activities		
<i>Represented By:</i>		
Cash and Cash Equivalents		
Investment - Term Deposits		
Closing bank balance	1,425,543	1,380,034



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Movements in Equity *FOR THE YEAR ENDED 31 MARCH 2017*

	Note	2017	2016
		\$	\$
Opening Equity			
Net Surplus/(Deficit) For The Year - MSCNZ			
Net Surplus/(Deficit) For The Year - AT			
Consolidated Revenues & Expenses			
Equity at End of the Year			

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Position

FOR THE YEAR ENDED 31 MARCH 2017

	Note	2017	2015
		\$	\$
Equity			
Retained Earnings - MSCNZ			
Retained Earnings - AT			
Total Equity			
Represented by;			
Current Assets			
Westpac Bank - Government Trading			
Westpac Bank - Imprest Account			
Westpac Bank - Business Online			
Westpac - AT			
Accounts Receivable			
Prepayments			
Accrued Income			
Medical Sciences Secretariat Limited			
Total Current Assets			
Non-Current Assets			
Investments in MSS			
Total Assets			
Current Liabilities			
Accounts Payable			
GST Due for Payment			
Income in Advance - MSCNZ			
Income in Advance - AT			
Total Current Liabilities			
Net Assets/ (Liabilities)			

For and on behalf of the Council;

Chairperson

Date:

Registrar

Date:



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements
FOR THE YEAR ENDED 31 MARCH 2017

1. Statement of Accounting Policies

Reporting Entity

Basis of Preparation

Specific Accounting Policies

Changes in Accounting Policies

2. Related Parties

3. Financial Management Agreement



4. Equity

The following movements in Revenue Reserves have occurred:

	2017	2016
	\$	\$
Retained Earnings - MSCNZ		
Opening Balance		
Net Surplus/(Deficit) For The Year		
Closing Balance		
Retained Earnings - AT		
Opening Balance		
Net Surplus/(Deficit) For The Year		
Closing Balance		
Total Consolidated Retained Earnings		

5. Commitments

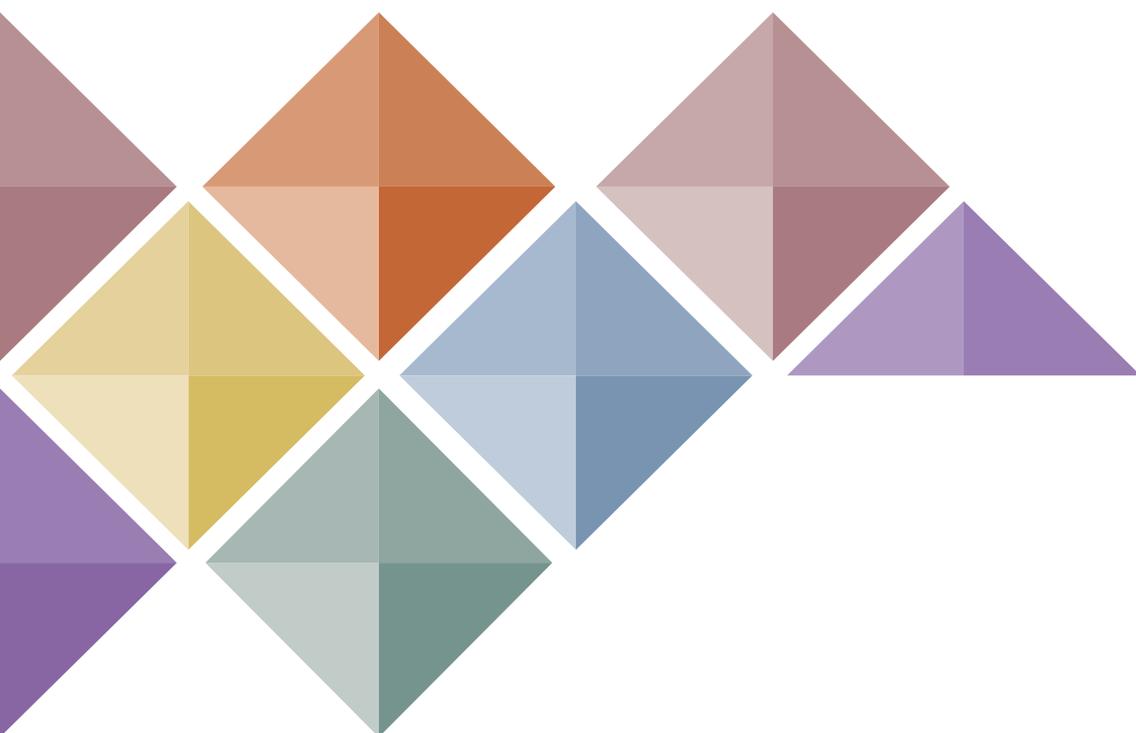
6. Contingent Liabilities

7. Revenue Categories

8. Events After Balance Date



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND



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