



2012

Annual Report

1 April 2011 – 31 March 2012



MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

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Governance

A NEW NAME

On 1 August 2011 a Parliamentary Order in Council changed the name of the New Zealand Medical Laboratory Science Council to the **Medical Sciences Council of New Zealand – Te Kaunihera Putaiao Hauora o Aotearoa**. This change was approved to reflect the extension of the health professions the Council accepted responsibility for regulating under the Health Practitioners Competence Assurance Act 2003.

PURPOSE AND MISSION

The Medical Sciences Council of New Zealand (the Council) is one of sixteen New Zealand health regulatory authorities appointed by the Minister of Health under the Health Practitioners Competence Assurance Act 2003 (the Act). The Council is somewhat unique in that it is the first regulatory authority operating under the Act to accept responsibility for the statutory regulation of two clinically disparate health professions – medical laboratory science and anaesthetic technology.

While statutory regulation of the anaesthetic technology profession is not due to come into effect until 1 April 2012, during the 2011-2012 business year, the Council continued its work to establish the registration and recertification frameworks for this health profession.

The primary responsibility of the Council is to protect the health and safety of the New Zealand public by ensuring practitioners registered with the Council are competent and fit to practise.

THE COUNCIL'S FUNCTIONS

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

1. To 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.
2. To authorise the registration of relevant health practitioners under the Act, and to maintain registers.
3. To consider applications for annual practising certificates.
4. To review and promote the competence of health practitioners registered with the Council.

5. To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners registered with the Council.
6. To 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.
7. To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.
8. To consider the cases of health practitioners registered with the Council who may be unable to perform the functions required for their relevant scope of practice.
9. To set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners registered with the Council.
10. To liaise with other authorities appointed under the Act about matters of common interest.
11. To promote education and training in the health professions regulated by the Council.
12. To promote public awareness of the responsibilities of the Council.

MEDICAL SCIENCES COUNCIL MEMBERS



Back Row (left to right): Dr David Stephens, Don Mikkelsen, Helen Walker, Christine Hickton, Kathy Hill, Chris Kendrick
Front Row (left to right): Professor Brett Delahunt, Sue Carnoutsos (Chair), Bruce Dove (Deputy Chair), Laurie Manley



Sue Carnoutsos continued in her role of chairing the Council in 2011, as well as convening the Council's Finance Audit and Risk Committee and serving on the Medical Sciences Secretariat Board of Directors. Sue was first appointed to the Board in 2003. A registered and practising medical laboratory scientist, Sue is the Microbiology Cluster Manager for Canterbury Health Laboratories in Christchurch. In addition to her membership with a number of professional associations, Sue has published a number of papers and is a well-known speaker at various medical science conferences and seminars.

Bruce Dove has been a member of the Council both prior to and since the implementation of the HPCA Act in 2003. Bruce is the manager of the Microbiology Department at Diagnostic Medlab in Auckland. A registered and practising medical laboratory scientist, Bruce has worked in the medical laboratory science profession for over thirty years and is a well-known speaker at various forums in the New Zealand medical laboratory arena. Bruce took a lead role in establishing the Council's accreditation framework to ensure New Zealand education providers of prescribed qualification programmes continue to meet the Council's requirements for registration. In 2011-2012 Bruce continued this work through his convenership of the Council's Accreditation Committee.

Professor Brett Delahunt has been a member of the Council both prior to and since the implementation of the HPCA Act in 2003. In 2011-2012 Brett assumed the Deputy Chairmanship of the Council, convened the Professional Standards Committee, and served on the Medical Sciences Secretariat Board of Directors. He is Professor of the Department of Pathology and Molecular Medicine at the Wellington School of Medicine and Health Science (University of Otago) and Adjunct Professor of Biological Sciences at Victoria University (Wellington). Brett is a past president of the New Zealand Society of Pathologists and has also served as President of the International Society of Urological Pathology and the Australasian Division of the International Academy of Pathology. Brett is currently a member of the WHO Tumour Classification Panel, editor of the International Journal of Pathology, and Chair of the Scientific Advisory Committee of the Cancer Society of New Zealand. In 2004 Brett was admitted to the Order of Merit and in 2009 was awarded the Gold Medal of the Royal College of Pathologists of Australia for lifetime achievement in pathology.

Chris Kendrick was appointed to the Council in 2006. Chris has over thirty years experience in the medical laboratory science profession and is currently a Senior Lecturer in Haematology and Transfusion Science at the Institute of Veterinary, Animal and Biomedical Science at Massey University in Palmerston North. Prior to his appointment to the Council Chris was the president of the New Zealand Institute of Medical Laboratory Science (NZIMLS) and was instrumental in the development of the Institute's competence and professional development framework. A registered medical laboratory scientist, Chris is a regular presenter at professional medical laboratory science forums and is a recognised author of both scientific research and professional affairs publications in New Zealand. In 2011 - 2012 Chris convened the Council's Recertification and Competence Committee.



Laurie Manley was appointed to the Council in 2006. A registered and practising medical laboratory technician, Laurie has over thirty years experience as a research and clinical medical laboratory technician. Laurie works in the endocrinology laboratory at Christchurch Hospital. In 2011 - 2012 Laurie was a member of the Registrations Committee, and the Recertification and Competence Committee.

Christine Hickton was appointed to the Council in June 2010. A registered and practising medical laboratory scientist with over forty years medical laboratory experience, extending from working in one of the smallest laboratories in New Zealand as the sole scientist, to one of the largest laboratories in a specialist area. Christine is currently the Quality Manager for Point of Care of Testing and the Assistant Laboratory Manager at Hawkes Bay Hospital. She has published a number of scientific papers and spoken at scientific meetings both nationally and internationally. In 2011-2012 Christine was a member of the Council's Accreditation Committee.

Don Mikkelsen was appointed to the Council in June 2010. Don trained as a medical laboratory scientist and has progressed professionally within hospital-based diagnostic laboratories while also accepting roles with larger amounts of management responsibilities culminating in his current role at the New Zealand Blood Service. Don is responsible for managing all operational activities of the national service including DHB-based blood banks, four blood processing testing hub sites and eleven blood collection centres throughout New Zealand. In 2011 - 2012, Don convened the Council's Registrations Committee.

David Stephens was appointed as a lay member of the Council in June 2010. David has a background in law, biological science and iwi affairs, with over 20 years corporate and taxation experience in private legal practice. David has a PhD (Canterbury), MSc (Hons/ Waikato) and LLB (Hons/Auckland). He is currently working part time as a private consultant in business management and environmental management. David has an interest in critically reflective governance and sits on a number of national and local boards and committees. He is a member of a number of professional bodies including associate membership of the New Zealand Law Society. In 2011-2012 David was a member of the Council's Professional Standards Committee.

Kathy Hill was appointed to the Council in June 2010 as a lay member. Kathy has extensive community links through various volunteer activities as well as being self-employed in past years. She is a member of the Napier Art Deco Trust Board. In 2011-2012 Kathy was a member of the Council's Recertification and Competence Committee.

Helen Walker was appointed as a lay member of the Council in June 2010. Helen has held governance positions for a range of community-based organisations including Musical Director of operas and musical theatre productions. Helen is a trustee for the New Zealand Singing School, Chairman of the Central Region Ethics Committee, a Kaitiaki/Guardian of the Turnbull Library, Deputy Chair of Health Hawkes Bay, and with her husband runs a successful farming operation in the Hawkes Bay. She has a BSc (Massey) majoring in physiology and is a member of the Institute of Directors New Zealand. In 2011-2012 Helen was a member of the Council's Finance Audit and Risk Committee.



CHAIRPERSON'S REPORT

The 2011 year was one of significant change for the Medical Laboratory Science Board (MLSB) with both the inclusion of the anaesthetic technology (AT) profession and a change of name to reflect our changed regulatory authority coverage. While the focus has largely been on these changes we were also in a position of fulfilling our legislative responsibilities under the Health Practitioners Competence Assurance Act 2003 (the Act) in respect of the medical laboratory science profession.

The inclusion of the AT workforce required considerable energy and time commitment as well as an up skilling of knowledge for the Board members. An Anaesthetic Technicians Advisory Committee was set up to assist the Board in the smooth transition in terms of regulating this professional group. The advisory committee comprised Michelle Peck (AT), Karen Bennett (AT), Dr Andrew Warmington (Anaesthetist) and Dr Malcolm Stuart (Anaesthetist). The project was managed by Mary Doyle of Medical Sciences Secretariat (MSS) outside of her role as CEO/Registrar. My sincere thanks to this entire group for the hours of work spent ensuring that all parts of the Act were covered prior to “go live” in 2012. The AT Advisory Committee will not be disbanded but will provide ongoing support to the Council. In 2012 it is proposed that the Council will expand by two members to further strengthen the governance position of the AT profession in the early stages within a regulation framework.

It became obvious that a change in name for the Board was required and this was achieved late in 2011 to the Medical Sciences Council of New Zealand (the Council).

The functions of governance under the Act in respect of Competence, Registration and Accreditation are of course duplicated for the AT workforce. In this respect Council now liaise with tertiary training institutions and professional bodies across both professions. In addition Council also actively participates in the activities of the Health Regulatory Authorities of New Zealand (HRANZ) while also continuing to maintain proactive links with Health Workforce New Zealand (HWNZ) and the Ministry of Health. The Chair and Deputy Chair also meet with the Minister of Health to relay concerns on behalf of both professional groups.

Similarly, the Minister can also request a meeting to put forward his concerns over the RA sector. This he did in early 2011 in respect of single secretariat functionality for the 16 RA's covered by the Act. Work on this initiative is to progress through 2012.

The year ahead is looking exciting with the revamped and upgraded website able to deliver online APC renewal applications, the governance of the AT profession and the expansion of Council to 12 members. As always the support of our CEO/Registrar Mary Doyle and her team at MSS has been vital and is thus greatly appreciated by all members of Council.

We are also losing another of our long standing Council members in 2012 and I would like to record my personal thanks to Bruce Dove for all the hard work and diligence that he has shown

over his term particularly with regard to his stewardship and oversight prior to the introduction of the HPCA Act in 2003 and also for his ongoing role in accreditation.

Finally I would like to thank all members of Council for their support and contribution to the business of the Council and the profession over the previous 12 months.



Sue Carnoutsos
Chair of the Medical Sciences Council of New Zealand

COUNCIL MEETINGS

In 2011-2012 the Council held four meetings:

Council Members	27 May 2011	3 Aug 2011	23-24 Nov 2011	23 Feb 2012
Sue Carnoutsos	Yes	Yes	Yes	Yes
Brett Delahunt	Yes	Yes	Yes	Yes
Bruce Dove	Yes	Yes	Yes	Yes
Christine Hickton	Yes	Yes	Yes	Yes
Kathy Hill	Yes	Yes	Yes	Yes
Chris Kendrick	Yes	Yes	Yes	Yes
Laurie Manley	Yes	Yes	Yes	Yes
Don Mikkelsen	Yes	Yes	Yes	Yes
David Stephens	Yes	Yes	Yes	Yes
Helen Walker	Yes	Yes	Yes	Yes

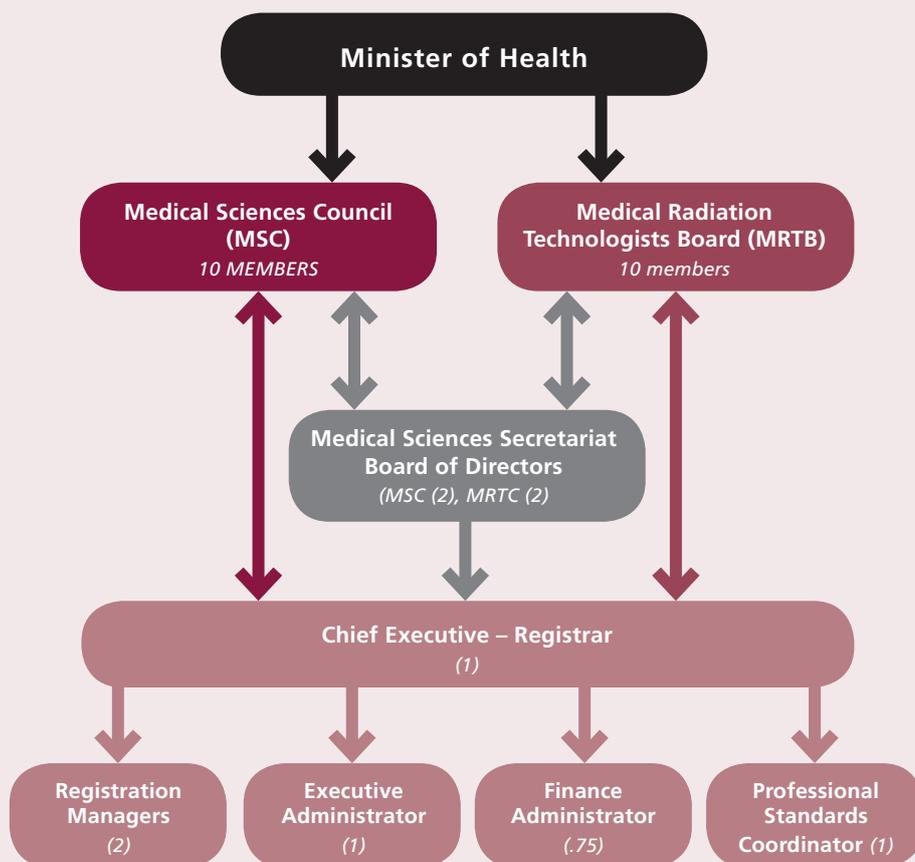
COUNCIL FEES

In 2011-2012 Council members were remunerated at the following rates:

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



ORGANISATIONAL FRAMEWORK



The Council has ten members who are appointed by the Minister of Health for up to a 3-year term. Members have the ability to apply for re-appointment to serve a maximum of three consecutive 3-year terms (9 years) with the Council. Within the framework of the Act the first term of office for all Medical Laboratory Science Council members began in September 2003.

The Council works very closely with another health regulatory authority, the Medical Radiation Technologists Board with whom they set up a jointly-owned company, Medical Sciences Secretariat (MSS). MSS provides both regulatory authorities with business support services including research and policy analysis and advice. This partnership arrangement has allowed the two regulatory authorities to contain costs and achieve operational synergies including consistency in the formulation and delivery of health regulation policy.

MANAGING BUSINESS PRIORITIES IN 2011-2012

In 2011-2012 the Council revised its three-year strategic plan. Strategic Directions 2011-2014 documented the strategic goals and strategies to be undertaken by the Council over the three year period from April 2011 through to March 2014 to fulfil its responsibilities under the Health Practitioners Competence Assurance Act 2003. It provided the Council with a foundation for looking forward and a cornerstone for building future strategic plans. Strategic Directions 2011-2014 can be accessed through the Council's website at www.msccouncil.org.nz

Information Technology Development

In 2011-2012 the Council continued with development of its online facilities and in January 2012 a portal on the Council website enabling practitioners to apply for and/or renew their annual practising certificate (APC) was launched. This facility allows for the entire APC application process to be managed electronically. The ability to apply for new registrations online was also launched at the same time.

The inaugural online application process for the renewal of APC's for 2011-2012 was relatively trouble-free. The most significant issue to be addressed related to practitioners not responding to earlier notifications from the Council to activate their login details. This then impacted on staffing resources that had to be dedicated to responding to a high volume of individual queries to enable practitioners to proceed with their online applications within a relatively short timeframe.

The Council now offers a comprehensive range of online facilities that has been achieved through progressive investment in its information technology systems. Our information technology system has three distinct components – an interactive website, a financial accounting system, and a practitioner database – all of which are fully integrated to ensure alignment between key processes.

The development of all of the Council's information technology systems has been managed in partnership with the Medical Radiation Technologists Board which has allowed the two regulatory authorities to purchase good quality products at a reduced cost as well as providing consistent online platforms for groups of health practitioners.

Development of the Regulatory Framework for Anaesthetic Technicians

Following its agreement in 2010 to accept responsibility for the statutory regulation of another class of health practitioners – Anaesthetic Technicians – in 2011-2012 the Council finalised its policies and processes to enable the inaugural registration and recertification of these health practitioners effective from 1st April 2012.



The Council would like to take this opportunity to acknowledge the work undertaken by members of the Anaesthetic Technicians Advisory Committee who were appointed by the Council at the beginning of 2011 to assist with the establishment phase for the pending inclusion of Anaesthetic Technicians under the Health Practitioners Competence Assurance Act 2003.

The registration and recertification frameworks for Anaesthetic Technicians were agreed by the Council in August 2012 following a public consultation process. In an effort to minimise the financial burden for this group of health practitioners, the Council offered them an opportunity to stagger their applications for registration and the subsequent issue of an annual practising certificate.

Mechanisms were also put in place to offer a number of registered nurses working in the area of anaesthesia, a pathway to dual registration. This work was undertaken in consultation with the New Zealand Nursing Council and relevant professional bodies from the nursing profession.

Cultural Competence Standards Review

An outcome of the Council's 2011 review of its cultural competence standards now requires overseas-trained practitioners applying for New Zealand registration to successfully complete a cultural awareness module. This is available through a NZQA registered private training establishment who deliver a range of online learning modules and courses pertaining to cultural competency in the health sector.

Review of the Council's Membership

In late 2011 the Council reviewed the size and configuration of its membership and forwarded a proposal to the Minister of Health to progressively reduce the total number of Council members over the next two-three years. The Council is confident that the reduction in the size of its membership can be achieved with negligible impact on its ability to continue to provide effective and efficient governance in the execution of its responsibilities under the Health Practitioners Competence Act 2003.

COUNCIL COMMITTEES

The Council has a number of standing committees who have delegated authority to oversee many of the ongoing functions of the Council as well as progressing specific business improvement initiatives as set out in the Council's *Strategic Directions 2010 - 2013* document.

Committee	Membership	Function
Registrations	<p>Convener Don Mikkelsen</p> <p>Members Laurie Manley Sue Carnoutsos Brett Delahunt</p>	<ul style="list-style-type: none"> • Consider all registration applications from holders of qualifications that have not been prescribed or deemed substantially equivalent • Coordinate reviews of the scopes of practice • Evaluate all non-prescribed qualifications • Develop and review relevant policies
Recertification and Competence	<p>Convener Chris Kendrick</p> <p>Members Laurie Manley Kathy Hill</p>	<ul style="list-style-type: none"> • Monitor the issue of annual practising certificates • Approve conditions on scopes of practice • Review recertification programme audits and oversee any required follow-up • Review recertification programmes for Council approval • Develop and review relevant policies
Professional Standards	<p>Convener Brett Delahunt</p> <p>Members David Stephens</p>	<ul style="list-style-type: none"> • Oversee the management of all complaints including notifications and actions in regard to competence, health, and conduct • Develop and review relevant policies
Accreditation	<p>Convener Bruce Dove</p> <p>Members Christine Hickton</p>	<ul style="list-style-type: none"> • Represent the Council at education forums • Manage the accreditation and monitoring process of prescribed qualification programmes • Develop and review relevant policies
Finance Audit and Risk	<p>Convener Sue Carnoutsos</p> <p>Members Helen Walker Mary Doyle</p>	<ul style="list-style-type: none"> • Receive and review annual business plans and budgets prior to full Council consideration • Liaise with the CEO on all administration and financial issues • Develop and review relevant policies
Anaesthetic Technicians Advisory Committee	<p>Members Michele Peck Karen Bennett Dr Andrew Warmington Dr Malcolm Stuart</p>	<ul style="list-style-type: none"> • Develop the regulatory framework for the statutory regulation of the anaesthetic technology profession • Advise the Council on matters pertaining to anaesthetic technology • Develop and review relevant policies

COUNCIL MEMBERS' PROFESSIONAL DEVELOPMENT

The Council Chair and Registrar attended the Pacific Congress hosted by the New Zealand Institute of Medical Laboratory Science and the Australian Institute of Medical Science on the Gold Coast of Australia in August 2011. During dedicated meetings with both professional bodies, a number of regulation-related issues and strategies for addressing these were raised and identified.



Secretariat

CEO/REGISTRAR REPORT

Medical Sciences Secretariat (MSS) is a New Zealand registered company jointly owned by the Medical Sciences Council and the Medical Radiation Technologists Board. While each Council/Board is a separate regulatory authority responsible for administering the Health Practitioners Competence Assurance Act 2003 in respect of their relevant professions, they have instituted a collaborative framework within which they deliver their legislative responsibilities.

This shared secretariat structure has now been operating for six years and has proved to be an effective and efficient service model. Not only has each Council/Board achieved significant cost savings, synergies have also been achieved at both operational and governance levels through several jointly-managed initiatives and streamlining of a number of core regulatory processes. Staff have become skilled in managing both corporate and regulatory functions across both regulatory authorities (rather than being assigned to a particular authority) which has been instrumental in these efficiencies from both a cost and operational perspective.

In 2011 health regulatory authorities were asked by the Minister of Health to work together to develop a plan for the development of a single secretariat structure across all sixteen authorities. This was in keeping with the government's drive to achieve value for money within publicly funded services. Both the Medical Sciences Council and the Medical Radiation Technologists Board have worked proactively with other authorities to explore appropriate structures for a single shared secretariat model that would include all operational and governance functions (both corporate and regulatory). As at the end of 2011, this work was still in development.

In 2011 Lana Guest resigned from her position as a Registrations Manager with MSS and in November the team was joined by Glenys Davies who has stepped into one of the two Registrations Manager's roles.

In addition to continuing to manage our business-as-usual priorities on behalf of each Council/Board, the MSS staff team also worked on a number of key developmental initiatives. Two years of considerable effort came to fruition in 2011-2012 with the culmination of an information technology development project on behalf of both the Medical Sciences Council and the Medical Radiation Technologists Board. I would like to extend my thanks to Dennis Sharman (of Sharman Consulting) for his successful management of this project. Dennis's expert knowledge of information technology systems and understanding of the workings of the two regulatory authorities and MSS were invaluable in meeting the objectives of this project and achieving these within the allocated budget.



As another business year has come to a close, I am reminded of the staff team's skills, knowledge and ability to work as a cohesive team unit. Their contributions to the successes of the secretariat have been greatly appreciated and invaluable. The achievements of the staff team during 2011-2012 have been supported by the strong governance skills of the MSS Board of Directors and members of both the Medical Sciences Council and the Medical Radiation Technologists Board.

Mary Doyle
CEO/Registrar



Registrations and Practising Certificates

SCOPES OF PRACTICE

Medical Laboratory Science

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

- Medical Laboratory Scientist; and
- Medical Laboratory Technician

The profession of medical laboratory science is defined as:

Medical Laboratory Science is the investigation and laboratory analysis of samples of human origin for the purpose of supporting patient diagnosis, management and treatment and for the maintenance of health and wellbeing. These practices are performed in compliance with the Code of Competencies and Standards for the Practice of Medical Laboratory Science in New Zealand. Ancillary tasks also included under this definition include:

- *Blood component manufacturing and issue*
- *Collection of samples for diagnostic investigations*
- *Medical laboratory management*
- *Medical laboratory science related research and development*
- *Medical laboratory science teaching*

Anaesthetic Technology

In 2011 the Council, following a public consultation process, defined one scope of practice for registration in the profession of anaesthetic technology:

- Anaesthetic Technician

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*
- *management*

APPLICATIONS FOR REGISTRATION

Medical Laboratory Science

Table 1: Registration Applications Received: 1 April 2011 to 31 March 2012

	Scientist	Technician	Total
Registration Approved	119	191	310
Declined	1	5	6
Application Withdrawn (by applicant)	2	3	5
Application received – still being processed	12	33	45
TOTAL	134	232	366

Between 1 April 2011 and 31 March 2012 the Council received 366 applications from persons wanting to be registered either as a medical laboratory scientist or a medical laboratory technician. 310 (85%) of these applications were approved. A small number of applications – 6 (1.6%) – were declined due to the applicants not meeting the entry level registration requirements. Of the remaining 50 applications, 5 were withdrawn by the applicants and 45 applications were still being processed as at 31 March 2012.

Of the total 310 registrations approved during 2011-2012, the largest number of applications were for the medical laboratory technician scope of practice.



Chart 1: 2011-2012 Registration Applications Approved (excluding Graduate Diploma of Science) – per Scope of Practice

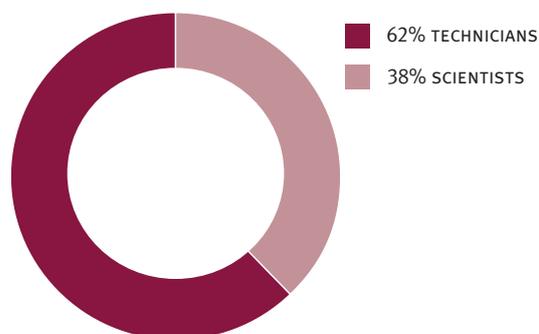


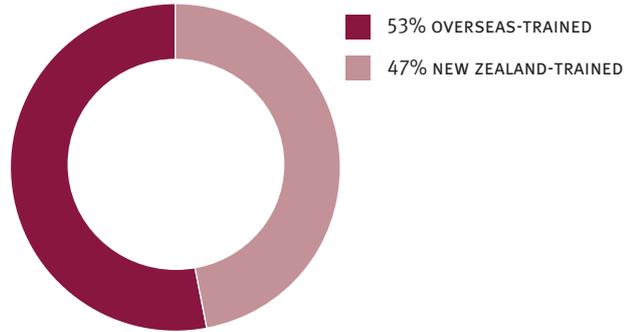
Table 2: Approved Registrations per Country: 1 April 2011 to 31 March 2012

Country	Scientists	Technicians	Total
Australia	4	2	6
Botswana	–	1	1
China	–	1	1
Fiji	1	11	12
India	6	17	23
Iran	1	1	2
Ireland	4	–	4
Japan	–	1	1
Mauritius	–	1	1
Netherlands	–	1	1
New Zealand	68	78	146
Philippines	9	69	78
Russia	1	–	1
South Africa	6	3	9
United Kingdom	15	4	19
USA	1	–	1
Zimbabwe	3	1	4
TOTAL	119	191	310

Across both scopes of practice within the profession of medical laboratory science, the number of overseas-trained practitioners approved registration in 2011-2012 exceeded the number of New Zealand-trained practitioners by 6%.

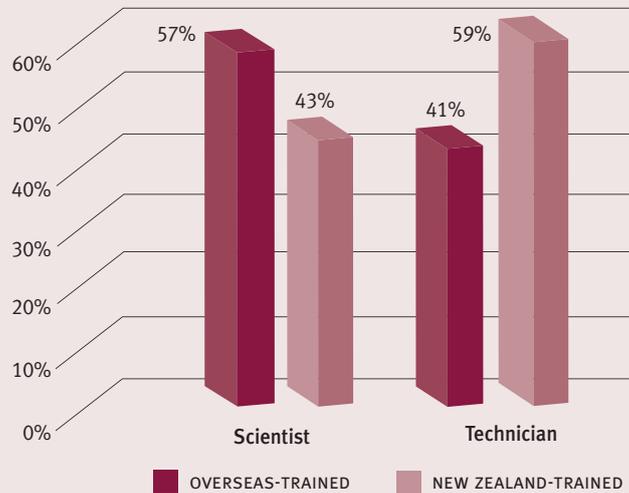


Chart 1: 2011-2012 Approved Registrations: New Zealand Trained Applicants and Overseas-Trained Applicants



While the number of approved registration applications for New Zealand-trained medical laboratory scientists was 14% lower than for overseas-trained scientists (see Chart 3), in 2011-2012 the number of New-Zealand trained medical laboratory technicians who were granted registration was 18% higher than the number of overseas-trained technicians.

Chart 3: 2011-2012 Approved Registrations Per Scope of Practice: New Zealand-Trained Applicants and Overseas-Trained Applicants



Graduate Diploma Route to Registration as a Medical Laboratory Scientist

Registered medical laboratory technicians are offered a pathway to train towards medical laboratory scientist registration through undertaking a Council-approved two-year study programme. The academic requirements of the programme are offered through the Auckland University of Technology as an on-campus course, and through Massey University as a



distance learning study programme. Applicants also require evidence of support of their employing laboratory to undertake the clinical components of the course.

During 2011-2012 the Council approved 7 applicants to enrol in the Graduate Diploma in Science programme.

Anaesthetic Technology

The inclusion of Anaesthetic Technicians under the Health Practitioners Competence Assurance Act 2003 did not come into effect until 1st April 2012. However the Council offered this group of health practitioners an opportunity to apply for their registration status from the beginning of October 2011 as a means of minimising the financial impact of having to apply for registration and the subsequent issue of an annual practising certificate within a relatively short timeframe.

As at 31st March 2012 603 practitioners had been granted registration in the Anaesthetic Technician scope of practice in readiness for their statutory regulation requirement from 1st April 2012.

ANNUAL PRACTISING CERTIFICATES

Medical Laboratory Science

Practitioners registered with the Council can hold an annual practising certificate (APC) as either a medical laboratory scientist or as a medical laboratory technician. In 2011-2012 the Council issued a total of 3267 annual practising certificates. Of these, 21% were issued with conditions.

Table 3: 2011-2012 Annual Practising Certificates Issued

Annual Practising Certificates	Medical Laboratory Scientist	Medical Laboratory Technician
Total Certificates Issued	1718	1549
With Conditions	67	624

Table 4: 2011-2012 Annual Practising Certificates Issued with Conditions

Scope	Condition	Number
Scientists	Required to practise under supervision for 6 months	18
	Required to practise under supervision for 12 months	3
	Required to practise under supervision until CPD requirements met	1
	Practice restricted to Embryology	30
	Practice restricted to Microbiology	4
	Practice restricted to Cytogenetics	7
	Practice restricted to Molecular Genetics	1
	Practice restricted to Molecular Pathology	2
	Practice restricted to Cytology & Histopathology	1
TOTAL		67
Technicians	Practice restricted to Phlebotomy	591
	Practice restricted Blood Donor Technology	14
	Practice restricted to Mortuary Hygiene & Technique	4
	Practice restricted to Embryology	1
	Practice restricted to Haematology	1
	Required to practise under supervision for 6 months	12
	Required to practise under supervision for 12 months	1
TOTAL		624

Anaesthetic Technology

Anaesthetic Technicians did not need to hold an APC until the 2012-2013 year and have therefore not been included in this report.

EDUCATION***Medical Laboratory Science***

The Council has approved the Bachelor of Medical Laboratory Science (BMLSc) degree as the prescribed qualification for the purpose of registration in the scope of practice of medical laboratory scientist. This 4-year degree is offered by three New Zealand universities:

- Auckland University of Technology
- Massey University
- University of Otago

The Council was pleased to receive notice from Massey University in 2011 that the university would not be proceeding with its earlier announcement that it intended to phase out offering the Bachelor of Medical Laboratory Science from 2012. The Council believes the continuation



of this qualification programme through a university which has a well-established track record will be of significant benefit to the Council's primary focus which is to protect the health and wellbeing of the New Zealand public in respect of medical laboratory science practitioners.

All three New Zealand universities accredited by the Council to provide the Bachelor of Medical Laboratory Science programme provided the Council with satisfactory annual reports. There were no accreditation reviews requiring site visits with New Zealand universities during 2011-2012.

The Council has approved three programmes of study offered by the New Zealand Institute of Medical Laboratory Science for the purpose of registration in the scope of practice of medical laboratory technician, including medical laboratory technician (phlebotomy only) and medical laboratory technician (donor technician only):

- Qualified Medical Laboratory Technician Certificate (QMLT)
- Qualified Phlebotomist Technician Certificate (QPT)
- Qualified Donor Technician Certificate (QDT)

The Council received satisfactory annual reports in respect of the above qualification programmes for 2011.

Anaesthetic Technology

In preparation for the statutory regulation of Anaesthetic Technicians, in 2011 the Council undertook an assessment of the Diploma in Applied Science (Anaesthetic Technology) offered by the Auckland University of Technology (AUT) with a view to that qualification being prescribed for the purpose of registration in the Anaesthetic Technician scope of practice. At the same time the Council also conducted an accreditation review of AUT as a provider of that qualification programme. The Council is pleased to advise that following that review process, the Diploma of Applied Science (Anaesthetic Technology) was confirmed as a prescribed qualification for the purpose of registration as an Anaesthetic Technician. Furthermore, the Auckland University of Technology was approved as an accredited provider of that prescribed qualification programme. Accreditation was approved for a period of two years, through to 30 September 2013.

The Council would like to extend their thanks to the accreditation team for their diligence in ensuring the programme evaluation and provider review were conducted in alignment with Council policy and within the planned timeframe.

Competence and Fitness to Practise

PERFORMANCE

in 2011-2012 the Council received 5 notifications that raised concerns about the competence of medical laboratory science practitioners. No further action was required from the Council in respect of all five notifications as further investigation determined the issues related to employment matters. The Council determined that none of the practitioners referred posed a risk of harm to the public.

Table 5: Competence Referrals

Number of Competence Notifications	HPCAA Reference	Referred By	Outcome
5	Section 34	Employer	No further action required

RECERTIFICATION/CONTINUING COMPETENCE

All practising medical laboratory scientists and technicians must provide the Council with evidence of enrolment and satisfactory progress in a Council-approved recertification programme. The Council's recertification programme framework is based on a continuing professional development (CPD) model.

The Council has approved three external providers of recertification programmes for medical laboratory scientists, although current enrolments are with only two of these programmes. The majority of scientists are enrolled in the New Zealand Institute of Medical Laboratory Science (NZIMLS) Continuing Professional Development (CPD) programme, with a smaller number enrolled in the New Zealand Hospital Scientific Officers Association (NZHSOA) Continuing Education Programme for Scientific Officers and Recertification Programme for Medical Laboratory Scientists. There are currently no practising medical laboratory scientists enrolled in the Australian Institute of Medical Science (AIMS) Australian Professional Acknowledgement Continuing Education (APACE) programme.

A condition of the contractual agreement with each of these providers is that an annual audit of 10% of practitioners enrolled with the respective recertification programme is undertaken and the results communicated to the Council who then follow up as required with individual scientists who have not met the Council's requirements in respect of demonstrating continuing competence through ongoing learning and development activities.

Audit results from the two Council-approved recertification programmes in which scientists are currently enrolled identified 7 individuals who required follow-up from the Council due



to not meeting all the requirements of their recertification programme at the time of applying to renew their APC for the 2011-2012 year. All of these enquiries were satisfactorily resolved.

Medical laboratory technicians are required to maintain records of continuing professional activities they engage in. For audit purposes technicians are required to demonstrate they have undertaken a minimum of 8 hours professional development activities each year. An annual audit is conducted by the Council and in 2011 of the 97 technicians audited, 16 (16%) required varying degrees of follow-up action. This was a similar result to the previous year's audit findings.

HEALTH/FITNESS TO PRACTISE

Two health notifications received in 2010-2011 were satisfactorily resolved in 2011 and are now both closed. Two new health referrals were received in 2011-2012, one pertaining to mental health issues and the other to alcohol issues.

Table 6: Notifications Pertaining to Health Issues

Number of Health Notifications	HPCAA Reference	Referred By	Outcome
1	45 (1) b	Self-referral	No further action
1	45 (1) c	Employer	No further action

Complaints and Discipline

The Council received four notifications of convictions, all of which were reported by the practitioners concerned. All four notifications were related to alcohol-related convictions and were referred to a Professional Conduct Committee (PCC). The PCC has determined that two of the notifications require no further action. The remaining two convictions are still in progress of being investigated by a PCC.

Table 7: Conduct Notifications

Number of Conduct Notifications	HPCAA Reference	Referred By	Outcome
1	67 (a)	Self-referral	PCC – No further action required
1	67 (a)	Self-referral	PCC – No further action required
1	67 (a)	Self-referral	PCC pending
1	67 (a)	Self-referral	PCC pending
TOTAL: 4			

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

There were no referrals to the Health Practitioners Disciplinary Tribunal in respect of practitioners regulated with the Medical Sciences Council in 2011-2012.



Linking with Stakeholders

The Council's primary media for maintaining links with stakeholders is through its website, newsletters, and emails to laboratory managers. During 2011-2012 the Council undertook regular reviews of the information contained on its website to ensure accuracy and currency. The Council met with a number of stakeholder groups during 2011-2012 including education providers, and professional bodies from both New Zealand and Australia.

A wide range of stakeholder groups were consulted in 2011-2012 in respect of the Council's proposed frameworks for the registration and recertification of Anaesthetic Technicians.

The Council has noted a number of developments in terms of point-of-care-testing throughout the health sector and has maintained a watching brief on these.

HRANZ Collaborations

The Council continued its participation with the Health Regulation Authorities of New Zealand group throughout 2011-2012, at both strategic and operational levels.

Contact Details

Contact with the Board is through its office at:

Level 7, Sovereign House
34-42 Manners Street
Wellington

Tel: +64 4 801 6250
Registrar: extension 2
Registration Manager: extension 3 or 4

Fax: (04) 381 0270
Email: mls@medsci.co.nz
Website: www.msccouncil.org.nz

Post all correspondence to:

The Registrar
Medical Sciences Council
PO Box 11 905
Wellington 6142



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Financial Report

For the Year ended 31 March 2012



PKF Martin Jarvie
Chartered Accountants



**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S
FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2012**

The Auditor-General is the auditor of the Medical Sciences Council of New Zealand (the Council). The Auditor-General has appointed me, Robert Elms, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Council on her behalf.

We have audited the financial statements of the Council on pages 28 to 36, that comprise the statement of financial position as at 31 March 2012, the statement of financial performance, and statement of movements in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

Opinion

In our opinion the financial statements of the Council on pages 28 to 36:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
 - financial position as at 31 March 2012 and
 - financial performance for the year ended on that date.

Uncertainty about the delivery of office functions in future

Without modifying our opinion, we draw your attention to the disclosure in note 1 on page 33 regarding a proposal for combining the secretariat and office functions of the Council with other health-related regulatory authorities. We considered the disclosure to be adequate.

Our audit was completed on 23 August 2012. This is the date at which our opinion is expressed.

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

Basis of Opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Council's preparation of financial statements that fairly reflect the matters to which they relate. We consider internal control 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.

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Accountants &
Business Advisers

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Council;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Council

The Council is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's financial position and financial performance.

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

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the New Zealand Institute of Chartered Accountants.

Other than the audit, we have no relationship with or interests in the Council.



Robert Elms
PKF Martin Jarvie
On behalf of the Auditor-General
Wellington, New Zealand

Matters relating to the electronic presentation of the audited financial statements

This audit report relates to the financial statements of the Medical Sciences Council of New Zealand (the Council) for the year ended 31 March 2012 included on the Council's website. The Council is responsible for the maintenance and integrity of the Council's website. We have not been engaged to report on the integrity of the Council's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements as well as the related audit report dated 23 August 2012 to confirm the information included in the audited financial statements presented on this website.

Legislation in New Zealand governing the preparation and dissemination of financial information may differ from legislation in other jurisdictions.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Consolidated Statement of Financial Performance*For the Year ended 31 March 2012*

		2012	2011
	Note	\$	\$
Income			
Registration Fees – Non NZ		134,106	45,625
Registration Fees NZ		151,000	22,381
APC's		452,644	455,018
Interest Received		19,333	19,472
Sundry Income		312	14,806
Total Income		757,395	557,302
Less Expenses			
Audit Fees	6,102		8,539
Archiving	456		108
Bank Charges	14,828		5,329
Board Member Fees & Expenses	66,690		74,283
Chartered Accountancy Fees	5,212		3,994
Catering	2,768		1,457
Conference Expenses	3,251		5,190
Examiners Fees	1,300		1,275
General Expenses	1,193		1,158
IT	9,264		215
Legal Expenses	6,170		16,896
Postage	2,102		1,204
Printing & Stationery	6,304		10,946
Professional Fees	10,615		30,179
MSS Service Charges	308,962		318,388
Safety Costs	–		815
Telephone, Tolls & Internet	2,002		1,954
Travel	58,322		36,922
Personnel Fees	105,515		–
Total Expenses		611,056	518,852
Consolidated Net Surplus/(Deficit) For The Year		146,339	38,450

The attached NOTES form part of these Financial Statements.

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Performance – MSCNZ*For the Year ended 31 March 2012*

		2012	2011
	Note	\$	\$
Income			
Registration Fees – Non NZ		50,206	45,625
Registration Fees NZ		27,240	22,381
APC's		452,644	455,018
Interest Received		18,891	19,472
Interest Received – AT		6,309	–
Sundry Income		312	14,806
Total Income		555,602	557,302
Less Expenses			
Audit Fees		6,102	8,539
Archiving		456	108
Bank Charges		13,096	5,329
Board Member Fees & Expenses		66,690	74,283
Catering		1,652	1,457
Chartered Accountancy Fees		4,475	3,994
Conference Expenses		3,251	5,190
Examiners Fees		1,300	1,275
General Expenses		700	1,158
IT		1,470	215
Legal Expenses		3,230	16,896
Postage		1,460	1,204
Printing & Stationery		2,164	10,946
Professional Fees		10,615	30,179
MSS Service Charges		294,196	318,388
Safety Costs		–	815
Telephone, Tolls & Internet		1,338	1,954
Travel – National		38,311	36,922
Total Expenses		450,506	518,852
Net Surplus/(Deficit) For The Year		105,096	38,450

The attached NOTES form part of these Financial Statements.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Performance – AT*For the Year ended 31 March 2012*

		2012	
	Note	\$	\$
Income			
Registration Fess – Non NZ		83,900	
Registration Fess NZ		123,760	
Interest Received		442	
Total Income			208,102
Less Expenses			
Chartered Accountancy Fees		737	
General Expenses		493	
IT		7,794	
Legal		2,940	
Telephone		664	
Postage		642	
Printing & Stationery		4,140	
Travel		20,011	
Catering		1,116	
Personnel Fees		105,515	
Interest Expenses		6,309	
Bank Charges		1,732	
MSS Service Charges		14,766	
Total Expenses			166,859
Net Surplus/(Deficit) For The Year			41,243

The attached NOTES form part of these Financial Statements.

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Movements in Equity

For the Year ended 31 March 2012

		2012	2011
	Note	\$	\$
Opening Equity		426,857	388,407
Net Surplus/(Deficit) For The Year – MSCNZ	105,096		38,450
Net Surplus/(Deficit) For The Year – AT	41,243		–
Consolidated Revenues & Expenses		146,339	38,450
Equity at End of the Year		573,196	426,857

The attached NOTES form part of these Financial Statements.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Position*As at 31 March 2012*

		2012	2011
	Note	\$	\$
Equity			
Retained Earnings – MSCNZ	4	531,953	426,857
Retained Earnings – AT	4	41,243	–
Total Equity		573,196	426,857
Represented by:			
Current Assets			
Westpac Bank – Government Trading		218,382	83,165
Westpac Bank – Imprest Account		150,000	150,000
Westpac Bank – Business Online		365,646	596,689
Westpac – AT		429,690	–
Accounts Receivable		3,595	1,340
Prepayments		466	–
Accrued Income		370	348
Work in Progress – Anaesthetic Technicians	5	–	31,262
Medical Sciences Secretariat Limited		69,257	25,376
Total Current Assets		1,237,406	888,180
Non-Current Assets			
Investments in MSS		50	50
Total Assets		1,237,456	888,230
Current Liabilities			
Accounts Payable		14,224	12,528
GST Due for Payment		81,053	39,259
Income in Advance – MSCNZ		403,683	409,586
Income in Advance – AT		165,300	–
Total Current Liabilities		664,260	461,373
Net Assets/ (Liabilities)		573,196	426,857

For and on behalf of the Board:

Chairperson: *D. A. Cummings*

Date: 23/08/2012

Registrar: *A. Doyle*

Date: 23/08/2012

The attached NOTES form part of these Financial Statements.

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the Year ended 31 March 2012

1. Statement of Accounting Policies

Reporting Entity

The Board is constituted under the Health Practitioners Competence Assurance Act 2003.

These Financial Statements have been prepared in accordance with the Financial Reporting Act 1993.

General Accounting Policies

These financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand and on the basis of historical cost. Reliance is placed on the fact that the business is a going concern.

Specific Accounting Policies

The following specific accounting policies which materially affect the measurement of financial performance and financial position have been applied:

Income Tax: The Board has been granted Charitable Status under the Charities Act 2005 and is exempt from Income Tax.

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

Goods and Services Tax: The financial statements have been prepared on an exclusive basis with the exception of Accounts Receivable and Accounts Payable which include GST.

Annual Practising Certificate Income: Annual Practising Certificate Income is recorded only upon receipt. No Accounts Receivable are recognised and receipts for Annual Practising Certificates issued for the future years are shown as Income Received in Advance.

Differential Reporting: The entity qualifies for differential reporting as it is not publicly accountable and it is not large. The entity has taken advantage of all applicable differential reporting exemptions.

Changes in Accounting Policies

All accounting policies are unchanged and have been consistently applied.

Uncertainty about the Delivery of Office Functions in Future

In February 2011, Health Workforce New Zealand, on behalf of the Minister of Health (the Minister), issued a consultation document proposing a single shared secretariat and office function for all 16 health-related regulatory authorities.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the Year ended 31 March 2012

Following consultation, the 16 health-related regulatory authorities were given the opportunity to submit proposals for a single shared administrative secretariat. The Medical Sciences Council of New Zealand is one of two collaborative groups working on the development of business cases to progress towards shared administrative secretariat functions.

The proposals, if they proceeded, would likely have a significant effect on the Medical Sciences Council of New Zealand. We have not quantified the possible effect.

Until a decision is made, there is uncertainty about the form in which our office functions will be delivered in future.

2. Related Parties

In accordance with SSAP 22 para 5.1(a) and para 5.1(b), the following disclosures are made:

During the year Medical Sciences Council of New Zealand purchased secretariat services on normal trading terms from Medical Sciences Secretariat Limited. Members of the Board of Medical Sciences Council of New Zealand are directors of Medical Sciences Secretariat Limited.

Medical Sciences Council of New Zealand owns 50% of the share capital of Medical Sciences Secretariat Limited. Medical Radiation Technologists Board owns the remaining 50% of the share capital of Medical Sciences Secretariat Limited.

Mary Doyle, the Chief Executive of Medical Sciences Secretariat Limited and also the Registrar for both the Medical Sciences Council of New Zealand and the Medical Radiation Technologists Board, received professional fees during the year in relation to her services performed for the Anaesthetic Technicians project transition.

3. Financial Management Agreement

Medical Sciences Secretariat Limited ("MSS") has been established to provide business management support to the Medical Radiation Technologists Board ("MRT") and the Medical Science Council New Zealand ("MSCNZ").

MSS will provide financial management support to both MRT and MSCNZ according to a number of conditions:

1. MSS undertakes not to make a profit from its business partnership with MRT and MSCNZ.
2. Each board will be invoiced monthly for an amount equivalent to the expenses incurred by MSS.

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements*For the Year ended 31 March 2012*

3. GST is charged on these expenses including those that did not originally include GST (e.g. wages).
4. MSS will return GST refunds as a 55-45 split between MSCNZ and MRT.
5. All MSS expenses will be split and paid at 55-45 between MSCNZ and MRT.
6. At the end of each month and the financial year, MSS will show a nil financial balance on all its operations.

4. Equity

The following movements in Revenue Reserves have occurred:

Retained Earnings

	2012 \$	2011 \$
Retained Earnings – MSCNZ		
Opening Balance	426,857	388,407
Net Surplus/(Deficit) For The Year	105,096	38,450
Closing Balance	531,953	426,857
Retained Earnings – AT		
Opening Balance	–	–
Net Surplus/(Deficit) For The Year	41,242	–
Closing Balance	41,242	–
Total Consolidated Retained Earnings	573,196	426,857

5. Anaesthetic Technicians Project

The Medical Science Council New Zealand (“MSCNZ”) agreed to provide funding for the establishment of the regulatory framework for Anaesthetic Technicians. Once the framework was established, it was the intention that the Anaesthetic Technician profession would reimburse MSCNZ by transferring funds from the Anaesthetic Technician bank account into the bank account of MSCNZ (medical laboratory science profession). MSCNZ also intended to charge interest on the amount advanced for the Anaesthetic Technician establishment project at the prevailing market interest rate. It is expected that these costs associated with the establishment phase will be reimbursed upon the inaugural registration of Anaesthetic Technicians.



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the Year ended 31 March 2012

As at 31 March, 2012, MSCNZ has incurred costs totalling \$144,051.95 on behalf of the Anaesthetic Technician profession. In addition, interest of \$6,309 has been charged by MSCNZ to Anaesthetic Technicians at the prevailing market interest rate of 4.38% at 31 March, 2012. The interest is included in the respective Statements of Financial Performance. Accordingly, at 31 March, the total amount due to MSCNZ from AT is \$150,360.95. This amount will be settled after balance date by transferring funds from the Anaesthetic Technician bank account to the bank account of MSCNZ.

Given that the balance sheet of MSCNZ and AT is consolidated, the inter- entity accounts receivable and payable between MSCNZ and the Anaesthetic Technician profession have been eliminated.

6. Commitments

There are no capital or other commitments at balance date (2011: \$nil).

7. Contingent Liabilities

There are no contingent liabilities at balance date (2011: \$nil).