



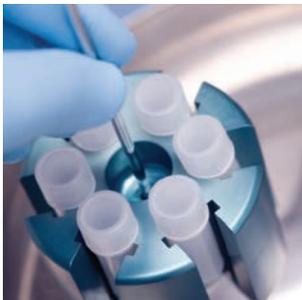
**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

Annual Report

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

1 April 2012 – 31 March 2013





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1 April 2012- 31 March 2013

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

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Purpose and Mission

The Medical Sciences Council (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 the responsibility for the statutory regulation of clinically disparate health professions:

- Medical Laboratory Science; *and*
- Anaesthetic Technology

The primary responsibility of the Council is to protect the health and safety of the New Zealand public by ensuring practitioners registered in the profession of medical laboratory sciences and anaesthetic technology are competent and fit to practise.

In accordance with section 134 of the Health Practitioners Competence Assurance Act 2003 the Medical Sciences Council of New Zealand is pleased to present this report for the year ending 31 March 2013.

Vision

To provide medical science practitioners with a framework to deliver best practice health care services for the New Zealand public.

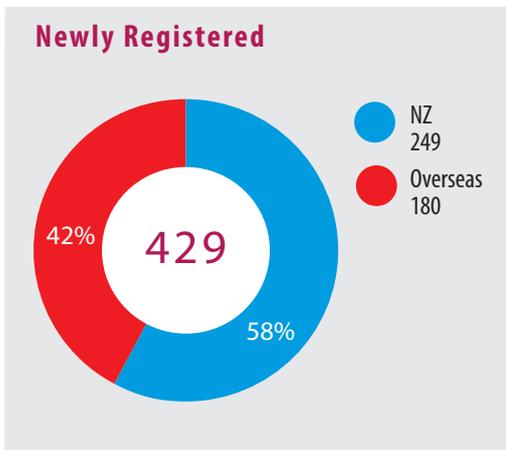
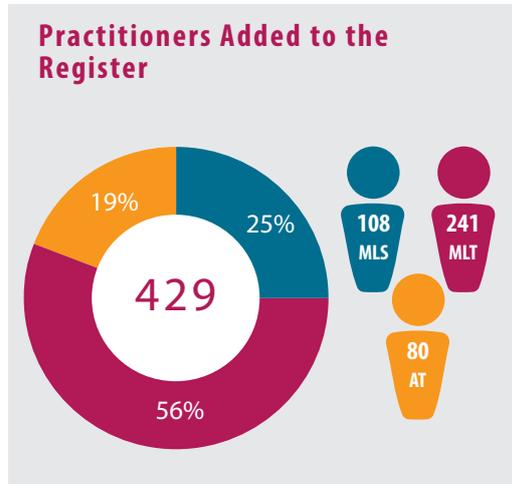
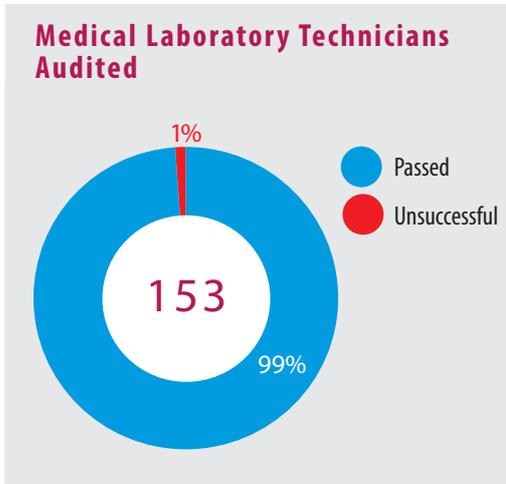
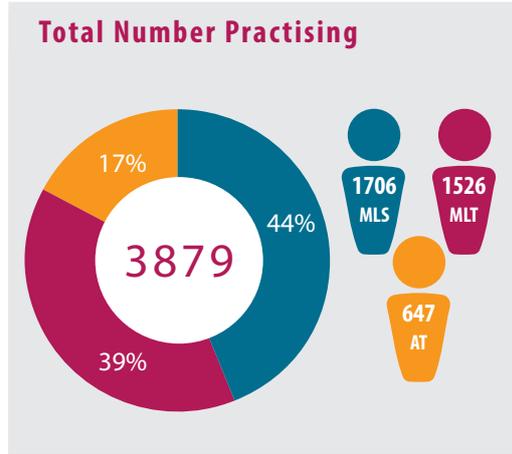
Mission

The primary responsibility of the Council is to provide practitioners with a framework to deliver best practice medical laboratory science and anaesthetic technology services to the NZ public.



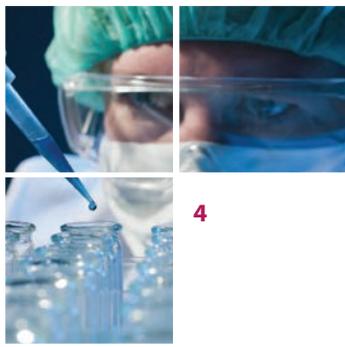
Key Results

All figures as at 31 March 2013



Legend

MLS Medical Laboratory Scientist **MLT** Medical Laboratory Technician
AT Anaesthetic Technician



GOVERNANCE

THE MEDICAL SCIENCES COUNCIL PROVIDES PRACTITIONERS WITH A FRAMEWORK FOR THE DELIVERY OF BEST PRACTICE MEDICAL LABORATORY SCIENCE AND ANAESTHETIC TECHNOLOGY SERVICES TO THE NEW ZEALAND PUBLIC.

Chairs Report 2012

The 2012 year was another of significant workload, decision making and change for the Medical Sciences Council (MSC). Council expanded to 12 members with the appointments of Karen Bennett and Dr Andrew Warmington as representatives of the anaesthetic technician (AT) workforce while Bruce Dove was replaced by Kirsten Beynon as a professional member representing medical laboratory science at the February meeting.

The amalgamation of the AT workforce within the MSC continued throughout 2012 with significant progress made in the areas of policy and, qualification and CPD frameworks. This group fits extremely well within the governance model defined by the MSC and the transition has been seamless. A Memorandum of Understanding was signed with the Nursing Council to cover those in the nursing profession performing anaesthetic technology and this was extended to the phlebotomy workforce as well due to similar issues across all three professions. This clearly showed how the practitioners embraced by the various Regulatory Authorities (RA's) have the same areas of concerns as defined under the HPCA Act (2003) and how we can work collaboratively at secretariat level to achieve a better outcome for practitioners and ultimately the patient.

A large part of the work of Council was centred on the proposal put forward by the Minister of Health in 2011 to progress a shared secretariat model for RA function. Working alongside Health Workforce New Zealand (HWNZ), the 16 RA Chairs agreed on a way forward utilising the services of an independent consultant. This project was delivered to the Minister in late 2012. Although no outcome has evolved as yet from the proposal, discussions are continuing. In the meantime, the MSC has joined forces with other RA's and moved to a new shared location. This has seen a strengthening in relationships across RA's and starts the process as defined by the report and the Minister's wishes for savings within the health system.

Council also continues to engage with HWNZ and the Ministry of Health particularly in the area of reporting and workforce initiatives. Close links are also maintained across the professional sector with an annual joint meeting between the education providers and the medical laboratory science professional body (NZIMLS). A trans-Tasman alliance has also been formed with our Australian colleagues and it is hoped to continue to develop this relationship. It is also anticipated that similar joint initiatives will evolve for the AT workforce along similar lines in the future.

On line APC renewal became a reality in 2012. Despite a few teething troubles the system worked well for most practitioners. It is hoped that use of online technology will grow in the future although plans for the next stage of development are on hold pending an answer on the shared secretariat/IT model.

The business priorities and strategic direction of Council is continuously undergoing review in response to the legislative framework and professional drivers. A robust review of policy was undertaken by the MSC in 2012. In this capacity the MSC would not function without the hardworking team at Medical Sciences Secretariat ably led by our CEO/Registrar, Mary Doyle. My thanks to Mary and the team for their efforts which are greatly appreciated by all members of Council.

As my term on Council comes to a conclusion, I can look back and say that been a truly inspiring and rewarding time balanced by a lot of hard work with some humorous moments thrown in for good measure. The people I have worked with over the last 12 years have made it all worthwhile and I would like to record my thanks to every one of you for your knowledge, support, and enduring friendship.

Sue Carnoutsos

CHAIR, MEDICAL SCIENCES COUNCIL



Registrar/CEO Report

A highlight of the 2012-2013 year has been juggling the challenges of managing all the usual regulatory and corporate functions delegated by our two owners – the Medical Radiation Technologists Board (MRTB) and the Medical Sciences Council (MSC) – as well as working collaboratively with colleague CEO's and/or Registrars from other health regulatory authorities (RA's) in response to a governmental request to investigate options for a single shared secretariat framework amongst all sixteen RA's. The latter has required a considerable amount of my time and this has been enabled through the concerted efforts of the Medical Sciences Secretariat (MSS) staff team to ensure business-as-usual priorities were not compromised.

In February 2013 MSS undertook two significant changes. These included a move from our office premises in Manners Street into office at ASB House on The Terrace which we are sharing with the secretariats of six other RA's. This has been a noticeable cultural change for the staff team, moving from a small-team environment of six-staff in total, to sharing office space with over forty staff who are employed by a number of different RA's. Making this move has not been without an element of risk especially as it has involved finding another tenant to sub-lease the previous office premises. Nevertheless, there are a number of benefits to be gained from this co-location venture including a reduction in accommodation-related costs as well as increased opportunities to achieve improved consistency in the application of both regulatory and corporate standards and processes through increased collaboration amongst co-locating staff.

The second change of significance has been a small increase to the MSS staff team numbers along with an adjustment to the key responsibilities for some of the existing staff. This has allowed me to re-focus my efforts on providing leadership to numerous strategic initiatives for both the MRTB and the MSC. The appointment of Toni-Raine

McAlpine to a Registrations Coordinator role in February increased the staffing complement to 6.75 FTE. Glenys Davies' role within the team has had a shift in focus with her secondment into a Communications Coordinator position. Sherly Adie continues to have focus on registration and recertification activities with increased responsibilities for the overall oversight of these two key regulatory functions. Jenny Lee continues in her role of Professional Standards Coordinator with a focus on coordinating the processes for managing all competence, conduct and health notifications across the three professions (medical radiation technology, medical laboratory science, and anaesthetic technology) which are regulated by the MRTB and the MSC. Financial matters for the secretariat and the two RA's continue to be ably managed by Beverley Irvine. Claire Lovewell provides secretarial assistance to myself as well as general office administration support.

As another year closes I would like to acknowledge the work undertaken by the staff team. Your willingness to take on the additional challenges presented to you this year has been appreciated. And again the achievements of the MSS staff team over this last year have been supported and facilitated by the breadth and depth of the governance experience and nous of not only the MSS Board of Directors but also of the members of the MRTB and the MSC. Another very productive and satisfying year has been realised.

Mary Doyle

Functions of the Council

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

1. 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. Authorise the registration of medical laboratory science and anaesthetic technology practitioners under the Act, and to maintain registers.
3. Consider applications for annual practising certificates.
4. Review and promote the competence of health practitioners registered with the Council.
5. Recognise, accredit, and set programmes to ensure the on-going competence of health practitioners registered with the Council.
6. 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. 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.
8. Consider cases of health practitioners registered with the Council who may be unable to perform the functions required for their relevant scope of practice.
9. Set the standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners registered with the Council.
10. Liaise with other authorities appointed under the Act about matters of common interest.
11. Promote education and training in the health professions regulated by the Council.
12. Promote public awareness of the responsibilities of the Council.

Council Members



Back Row (L to R): Helen Walker, Christine Hickton, Kathy Hill, Dr Andrew Warmington, Don Mikkelsen, Laurie Manley, Chris Kendrick.

Front Row (L to R): Kirsten Beynon, Professor Brett Delahunt, Sue Carnoutsos, Karen Bennett, Dr David Stephens



SUE CARNOUTSOS continued in her role of chairing the Council in 2012-2013, 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 Council 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 Laboratory science conferences and seminars.

KAREN BENNETT was appointed to the council in March 2012. After 11 years of nursing, Karen completed her training as an anaesthetic technician in 1992 and has been the Charge Anaesthetic Technician at Palmerston North Hospital since 1999. Karen joined the executive team of the New Zealand Anaesthetic Technicians Society in 2004 when she assumed the chairmanship. Karen was a member of the NZATS team, who successfully campaigned for several years to have the profession of anaesthetic technology included under the Health Practitioners Competence Assurance Act 2003. In 2012-2013 Karen was a member of the Council's Anaesthetic Technicians Advisory Committee.

KIRSTEN BEYNON In February 2013 Kirsten was appointed as the Deputy Chair of the Medical Sciences Council and a Council representative on the Medical Sciences Secretariat Board of Directors. In 2012-2013 Kirsten served on the Registrations Committee and in February 2013 was appointed to the Council's Finance Audit and Risk Committee. A registered medical laboratory scientist, Kirsten has 17 years' experience in the profession having progressed professionally through a tertiary level hospital laboratory and is currently the Operations Manager of Canterbury Health Laboratories, Canterbury District Health Board. Kirsten's professional background is in virology and molecular microbiology. She has a MSc in Medical Laboratory Science, and has published a number of scientific papers. Kirsten is a member of a number of professional associations.

PROFESSOR BRETT DELAHUNT has been a member of the Council both prior to and since the implementation of the Act in 2003. Brett continued as the Deputy Chair of the Council until February 2013. Throughout 2012-2013 he also convened the Professional Standards Committee, and served on the Medical Sciences Secretariat Board of Directors. (Brett's term with the latter finished in February 2013). 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 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 2012 Chris convened the Council's Recertification and Competence Committee. Chris' term of office with the Council finished in February 2013.

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 2012-2013 Laurie was a member of the Registrations Committee, and the Recertification and Competence Committee.

Christine Hickton was appointed to the Council in June 2010. Christine is a registered and practising medical laboratory scientist with over forty years professional 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. She is currently the Quality Manager for Point of Care of Testing and the Assistant Laboratory Manager at Hawkes Bay Hospital. Christine has published a number of scientific papers and spoken at scientific meetings both nationally and internationally. In 2012-2013 Christine was a member of the Council's Accreditation 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 2012-2013 Kathy 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 progressed professionally within hospital-based diagnostic laboratories while also accepting roles with larger amounts of management responsibilities. Don was manager of LabPLUS at Auckland Hospital and also served for 6 years as National Operations Manager for the New Zealand Blood Service. Don has recently joined Labtests Auckland as General Manager. In 2012-2013, 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 2012-2013 David was a member of the Council's Professional Standards 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 2012-2013 Helen was a member of the Council's Finance Audit and Risk Committee.

Dr Andrew Warmington is an anaesthetist in both public and private practice in Auckland. He gained his fellowship in 1992 and was appointed to the staff at Greenlane and National Women's Anaesthesia departments in the same year and continues his involvement at Greenlane's surgical centre and National Women's. Andrew has had professional involvement with anaesthetic technicians since 1993 when he was the anaesthetic technician liaison officer for Greenlane Hospital. Andrew started as an examiner for anaesthetic technicians in 1996 and was Chief



Examiner from 2002 to 2006, and was involved in a major revamp of the examination. Andrew has represented the New Zealand Society of Anaesthetists (NZSA) on the New Zealand Anaesthetic Technicians Society executive committee since 2003, is a former president of the New Zealand Society of Anaesthetists (2007 to 2009) and is currently Vice President of the Society. Andrew was appointed to the Council in 2012 and during 2012-2013 was a member of the Council's Anaesthetic Technicians Advisory Committee.

Council Membership

In 2012 the Council reviewed its membership configuration and size and adopted a succession plan that included a phased reduction in the number of appointed members. Consequently in 2012-2013 Council membership reduced by one to eleven. This was achieved through not making a reappointment at the expiry of the term of office for Council member Chris Kendrick. A further reduction in the Council's membership numbers is planned for mid-2013, thereby bringing the total number to ten.

Council Meetings

In 2012-2013 the Board held four meetings:

Council Members	24-25	23-25	5-6	20-23
	May 2012	Aug 2012	Dec 2012	Feb 2013
Sue Carnoutsos	✓	✓	✓	✓
Karen Bennett	X	✓	✓	✓
Kirsten Beynon	✓	✓	✓	✓
Brett Delahunt	✓	✓	X	✓
Christine Hickton	✓	✓	✓	✓
Kathy Hill	✓	✓	✓	✓
Chris Kendrick	✓	✓	✓	X
Laurie Manley	✓	✓	✓	✓
Don Mikkelsen	✓	✓	✓	✓
David Stephens	✓	✓	✓	✓
Andrew Warmington	✓	✓	✓	✓
Helen Walker	✓	✓	✓	✓

Council Fees

In 2012-2013 Council members were remunerated at the following rates:

Position	Fee
CHAIRPERSON	\$25,000 annual honorarium
BOARD MEMBER	\$600 day / \$75 day

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 progressing specific business improvement initiatives as set out in the Council's Strategic Directions 2012 - 2015 document.

Committee	Membership April 2012 – March 2013	Function
REGISTRATIONS	<p><i>Convener</i> Don Mikkelsen</p> <p><i>Members</i> Laurie Manley Kirsten Beynon</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><i>Convener</i> Chris Kendrick</p> <p><i>Members</i> Laurie Manley</p>	<ul style="list-style-type: none"> • Monitor the issue of annual practising certificates • Approve conditions on scopes of practice • Review continuing professional development programme (CPD) audits and oversee any required follow-up • Review CPD programmes for Council approval • Develop and review relevant policies
PROFESSIONAL STANDARDS	<p><i>Convener</i> Brett Delahunt</p> <p><i>Members</i> David Stephens</p>	<ul style="list-style-type: none"> • Monitor notifications and actions in regard to competence, health, and conduct • Develop and review relevant policies
ACCREDITATION	<p><i>Convener</i> Christine Hickton</p> <p><i>Members</i> Kathy Hill</p>	<ul style="list-style-type: none"> • Represent the Council at education forums • Monitor the accreditation process of prescribed qualification programmes • Develop and review relevant policies
FINANCE AUDIT AND RISK	<p><i>Convener</i> Sue Carnoutsos</p> <p><i>Members</i> Helen Walker Mary Doyle</p>	<ul style="list-style-type: none"> • Review and monitor the Council's financial performance to ensure alignment with strategic priorities. • Liaise with the CEO on administration and financial issues • Develop and review relevant policies
ANAESTHETIC TECHNICIANS ADVISORY COMMITTEE	<p><i>Members</i> Michele Peck Karen Bennett Dr Andrew Warmington Dr Malcolm Stuart</p>	<ul style="list-style-type: none"> • Advise the Council on all matters pertaining to anaesthetic technology • Develop and review relevant policies



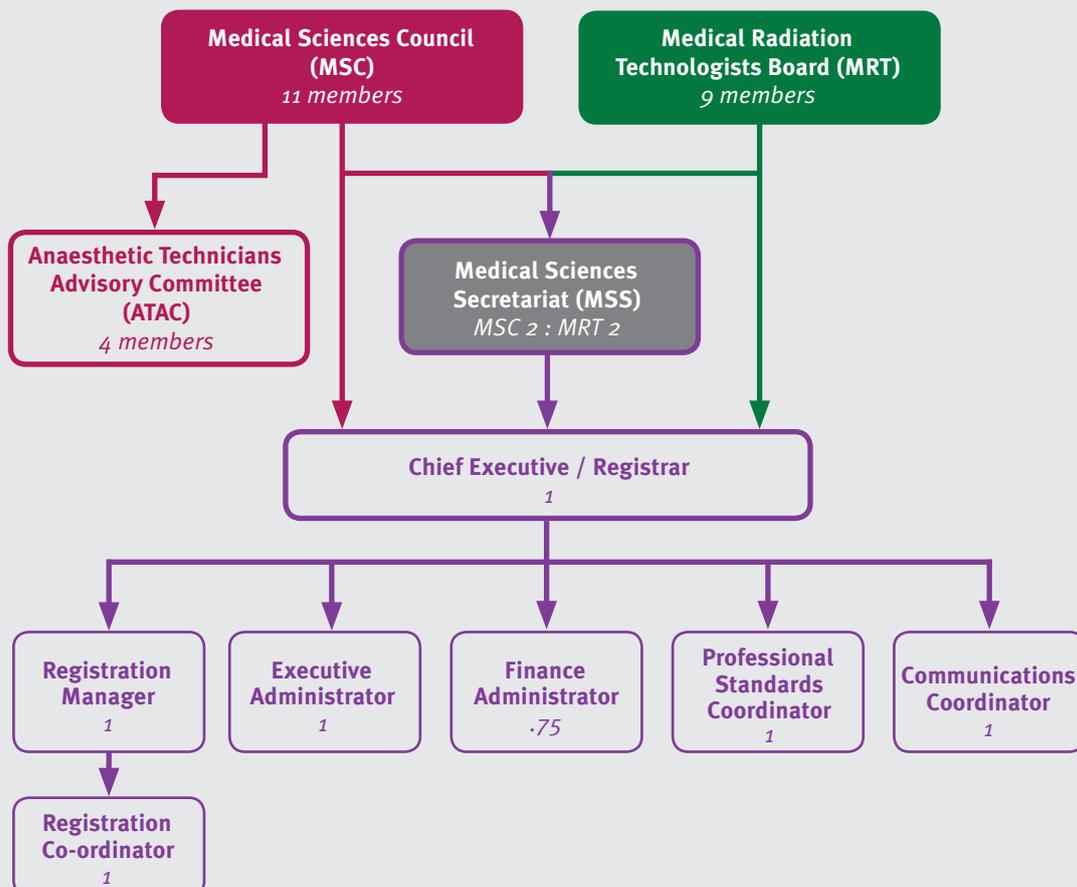
Organisation Framework

Council members are appointed by the Minister of Health for up to a three-year term. Members have the ability to apply for re-appointment to serve a maximum of three consecutive three-year terms (nine-years) with the Council. Within the framework of the Act the first term of office for all Medical Sciences 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 across all corporate and regulatory functions. 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.

DIAGRAM 1: ORGANISATIONAL FRAMEWORK



Managing Business Priorities

In 2012-2013 the Council revised its three-year strategic plan. Strategic Directions 2012-2015 documented the strategic goals and strategies to be undertaken by the Council over the three year period from April 2012 through to March 2016 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.

Information Technology Development

In 2012-2013 the Council continued with development of its online facilities and in January 2013 a portal was added to the Council website enabling anaesthetic technologists to apply or renew their annual practising certificate (APC) was launched. This facility allows for the entire APC application process to be managed electronically.

The Council 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.

It is pleasing to note that one-year after the rollout of its online application system for the medical laboratory science profession, noticeable cost savings have been made in areas of expenditure related to the previous manual application system. In particular, 2012-2013 bank fees related to APC renewals were 50% lower than the previous year and there was also a reduction in printing, postage, and professional fees associated with APC-related costs.

Scopes of Practice Review

In February 2013 the Council commenced a review of the scopes of practices it has defined for the purpose of registration in the profession of medical laboratory sciences. A consultation document is planned to be released later in 2013.

Review of the Council's Membership

After reviewing the size and configuration of its membership, the Council has reduced the total number of Council members by one with the departure of Chris Kendrick. 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.

Policy Review

The Council undertook a review of all its policy documents. A number of new policies were also adopted.

Shared Services Organisation

In January 2012 the Minister of Health advised all health regulatory authorities (RA's) of Cabinet's preference for a single secretariat structure to service the sixteen RA's. The Minister requested all RA's to collaborate on a mutually agreed organisational structure for a single secretariat and the strategies and timeframes for establishing that.

The Council has a solid track record of working within a shared-secretariat framework through its partnership with the Medical Radiation Technologists Board (MRTB) with whom it shares a jointly-owned secretariat service, Medical Sciences Secretariat (MSS). During 2012-2013 the Council and the MRTB actively engaged with all other RA's to develop an agreed shared secretariat structure. That work was still in progress at the end of March 2013.

Management of Practitioner Files

The Council currently holds a large number of paper files pertaining to historical registration and recertification information for each practitioner and in 2012-2013, in partnership with the Medical Radiation Technologists Board, commenced a quality improvement project to convert these paper files into an electronic format for integration into the electronic practitioner database. While a preliminary scoping of this project was completed, the Council and the Medical Radiation Technologists Board jointly agreed to put the project on hold pending the outcome of the shared secretariat project.

REGISTRATIONS AND ANNUAL PRACTISING CERTIFICATES

ALL PRACTITIONERS APPLYING FOR REGISTRATION MUST DEMONSTRATE THEY MEET THE COUNCIL'S REQUIRED COMPETENCIES AND FITNESS TO PRACTISE STANDARDS.

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.

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Registrations

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

The Council has 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

Between 1 April 2012 and 31 March 2013 the Council received 515 applications from persons wanting to be registered as a medical laboratory scientist, a medical laboratory technician or anaesthetic technician. 429 (83%) of these applications were approved. A small number of applications – 18 (4%) – were declined due to the applicants not meeting the entry level registration requirements. Of the

remaining 68 applications, 5 (1%) were withdrawn by the applicants and 63 (12%) applications were still being processed as at 31 March 2013.

Of the total 429 registrations approved during 2012-2013, the largest number of applications - 241 (56%) - were for the medical laboratory technician scope of practice.

TABLE 1: REGISTRATION APPLICATIONS RECEIVED

	Scientists	Technicians	Technicians Anaesthetic	TOTAL
Registration Approved	108	241	80	429
Declined	8	8	2	18
Application Withdrawn (by applicant)	4	1	–	5
Application received – still being processed	24	35	4	63
TOTAL	144	285	86	515

CHART 1: REGISTRATION APPLICATIONS APPROVED

(Excluding Graduate Diploma of Science) – Per Scope of Practice

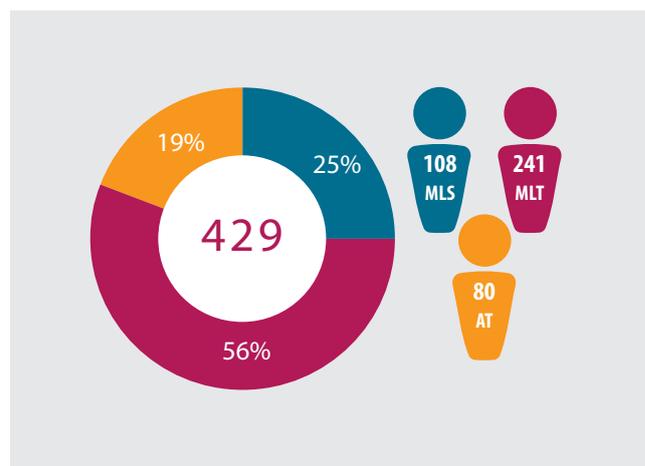


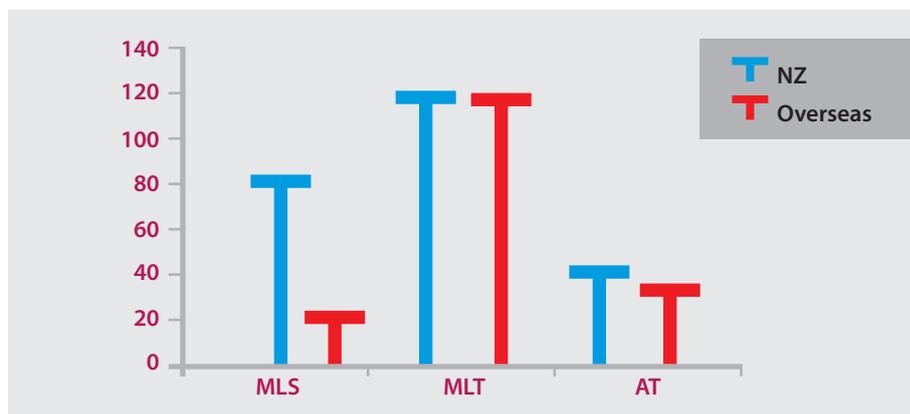


TABLE 2: APPROVED REGISTRATIONS PER SCOPE OF PRACTICE BY COUNTRY-TRAINED

Country	Scientists	Technicians	Anaesthetic Technicians	TOTAL
Australia	2	1	1	4
Canada	–	1	–	1
China	–	1	–	1
Denmark	1	–	–	1
Fiji	–	8	–	8
Germany	2	–	–	2
India	3	11	–	14
Iraq	–	1	–	1
Ireland	4	–	–	4
New Zealand	84	121	44	249
Philippines	1	88	–	89
Saudi Arabia	–	1	–	1
Scotland	–	1	–	1
South Africa	2	2	–	4
United Kingdom	7	3	35	45
USA	1	2	–	3
Zimbabwe	1	–	–	1
TOTAL	108	241	80	429

Across all scopes of practice within the profession of medical laboratory science and anaesthetic technology, the number of New Zealand-trained practitioners approved registration in 2012-2013 exceeded the number of overseas-trained practitioners by 16%. It is of note that the converse was true for the previous year (2011-2012) when registrations for overseas-trained practitioners exceeded New Zealand-trained applicants by 6%.

CHART 2: APPROVED REGISTRATIONS PER SCOPE OF PRACTICE: NEW ZEALAND TRAINED OR OVERSEAS-TRAINED



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 from their employing laboratory to undertake the clinical components of the course.

During 2012-2013 the Council approved thirteen applicants to enrol in the Graduate Diploma in Science programme.

Eleven people were registered as a medical laboratory scientist in 2012 through the graduate diploma route.

Anaesthetic Technicians Inaugural Registrations

Prior to 01 April 2012 603 practitioners applied for registration as an Anaesthetic Technician with the Medical Sciences Council.

TABLE 3: ANAESTHETIC TECHNICIAN REGISTRATION APPLICATIONS RECEIVED PRIOR TO 01 APRIL 2012

Registration Approved	599
Declined	1
Offered Registration Examination	2
TOTAL	603

TABLE 4: APPROVED ANAESTHETIC TECHNICIAN REGISTRATIONS BY COUNTRY-TRAINED

Australia	6
Bosnia	1
Canada	1
France	1
Netherlands	1
New Zealand	361
Scotland	2
United Kingdom	226
TOTAL	599



Annual Practising Certificates

Practitioners registered with the Council can hold an annual practising certificate (APC) as either a medical laboratory scientist, a medical laboratory technician or as an anaesthetic technician. In 2012-2013 the Council issued a total of 3879 annual practising certificates.

684 (18%) of those were issued with conditions. Of the 684 practitioners issued with a condition on their practice, 581 (85%) were phlebotomists, all of whom are required to work under supervision of a registered health practitioner as approved by the Council.

TABLE 5: 2012-2013 ANNUAL PRACTISING CERTIFICATES ISSUED

Annual Practising Certificates	Medical Laboratory Scientist	Medical Laboratory Technician	Anaesthetic Technician	Total
Total Certificates Issued	1706	1526	647	3879
With Conditions	63	618	3	684

CHART 3: ANNUAL PRACTISING CERTIFICATES ISSUED WITH CONDITIONS

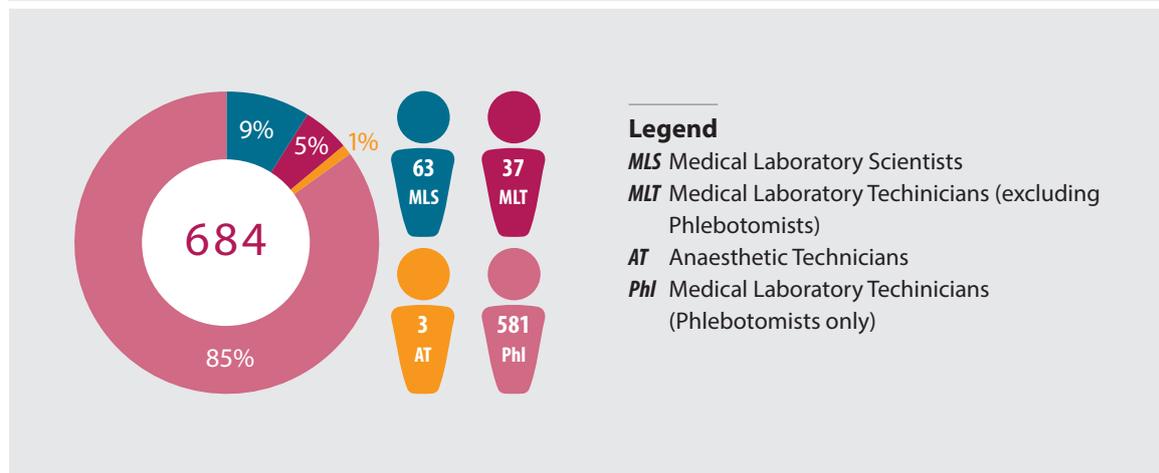


TABLE 6: 2012-2013 ANNUAL PRACTISING CERTIFICATES ISSUED WITH CONDITIONS

Scope	Condition	Number
Medical Laboratory Scientists	Required to practise under supervision for 6 months	19
	Required to practise under supervision for 12 months	5
	Site practitioner restricted to working in named	1
	Practice restricted to Embryology	24
	Practice restricted to Microbiology	4
	Practice restricted to Cytogenetics	5
	Practice restricted to Molecular Genetics	1
	Practice restricted to Molecular Pathology	2
	Practice restricted to Cytology & Histopathology	2
TOTAL		63
Medical Laboratory Technicians	Practice restricted to Phlebotomy	581
	Practice restricted Blood Donor Technology	14
	Practice restricted to Mortuary Hygiene & Technique	6
	Practice restricted to Embryology	1
	Practice restricted to Haematology	1
	Practice restricted to Microbiology	3
	Required to practise under supervision for 6 months	7
	Required to practise under supervision for 12 months	5
TOTAL		618
Anaesthetic Technicians	Required to practice under supervision and pass a work-based assessment	2
	Required to practise under supervision for 6 months	1
TOTAL		3

ACCREDITATION

THE MEDICAL SCIENCES COUNCIL IS REQUIRED TO PRESCRIBE QUALIFICATIONS FOR EACH OF ITS SCOPES OF PRACTICE, AND TO MONITOR, THROUGH ACCREDITATION, EVERY NEW ZEALAND EDUCATIONAL INSTITUTION PROVIDING A PRESCRIBED QUALIFICATION.



Accreditation and Education Providers

Medical Laboratory Science

The Council has prescribed the Bachelor of Medical Laboratory Science (BMLSc) degree for the purpose of registration in the scope of practice of medical laboratory scientist and has accredited three New Zealand universities in respect of this four-year degree programme:

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

In 2012-2013 the Council undertook an accreditation review of the BMLSc provided through Massey University and approved a further accreditation status through to 2015.

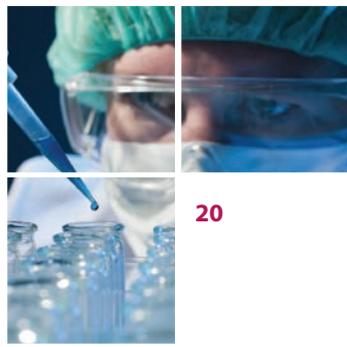
The Council has approved three programmes of study offered by the New Zealand Institute of Medical Laboratory Science for the purpose of

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)

Anaesthetic Technology

The Council has prescribed the Diploma of Applied Science (Anaesthetic Technology) for the purpose of registration in the scope of practice of anaesthetic technician and has accredited the Auckland University of Technology in respect of this three-year study programme.



CONTINUING PROFESSIONAL DEVELOPMENT

“CONTINUING PROFESSIONAL DEVELOPMENT IS A RANGE OF LEARNING ACTIVITIES THROUGH WHICH HEALTH PROFESSIONALS MAINTAIN AND DEVELOP THROUGHOUT THEIR CAREER TO ENSURE THAT THEY RETAIN THEIR CAPACITY TO PRACTISE SAFELY, EFFECTIVELY AND LEGALLY WITHIN THEIR EVOLVING SCOPE OF PRACTICE”

Health Professions Council (United Kingdom)

Continuing Professional Development

All practising medical laboratory scientists and technicians must provide the Council with evidence of enrolment and satisfactory progress in a Council-approved continuing professional development (CPD) programme.

Medical Laboratory Scientists

The Council has approved three external providers of CPD 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) Competence and Professional Development 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 medical laboratory science practitioners enrolled with the respective CPD 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 on-going learning and development activities.

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 twelve-month period. Each year the Medical Sciences Council undertakes an audit of 10% of medical laboratory technicians who are holding a current APC. Practitioners selected for audit are required to submit evidence of their professional development activities relevant to their scope of practise.

Anaesthetic Technicians

In 2012-2013 the Council consulted on its proposed CPD framework for anaesthetic technicians. A set of CPD Guidelines has since been published following that consultation process. An annual audit of anaesthetic technician’s compliance with the Council’s CPD standards is scheduled to commence from 2014.

TABLE 7: MEDICAL LABORATORY TECHNICIANS AUDIT RESULTS

	2009		2010		2011		2012	
Called for Audit	131		130		99		156	
Audited	124	94%	119	92%	97	98%	153	98%
Passed	116	94%	107	90%	94	97%	151	99%
Failed	8	6%	12	10%	3	3%	2	1%

PROFESSIONAL STANDARDS

THE MEDICAL SCIENCES COUNCIL RECEIVES AND INVESTIGATES CONCERNS, COMPLAINTS AND NOTIFICATIONS ABOUT THE COMPETENCE, FITNESS TO PRACTISE AND CONDUCT OF REGISTERED PRACTITIONERS.

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Competence and Fitness to Practise

Competence Notifications

Three competence-related notifications received in 2012 were satisfactorily resolved. Two other competence referrals received in 2012 were still on-going as at 31 March 2013.

The Council received three notifications relating to criminal convictions, all of which were self-reported. All three notifications were in respect of alcohol-related convictions and were referred to a Professional Conduct Committee (PCC). Each PCC determined that the notifications required no further action.

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 2012-2013.

TABLE 8: NOTIFICATIONS PERTAINING TO COMPETENCE ISSUES

Number	HPCAA Reference	Referred By	Outcome
2	34 (3)	Employer	On-going
2	34 (1)	Employer	No further action required
1	34 (3)	Employer	No further action required

TABLE 9: PROFESSIONAL CONDUCT COMMITTEE REFERRALS

Number	Nature of Issue	HPCAA Reference	Referred By	Outcome
3	Notification of Conviction	67	Notice of Conviction	No further action required



Linking with Stakeholders

The Council's primary media for maintaining links with stakeholders is through its website, newsletters, and emails. During 2012-2013 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 2012-2013 including education providers, and professional bodies from both New Zealand and Australia.

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 2012-2013, at both strategic and operational levels.

Contact Details

Contact with the Council is through its office at:

Level 10, ASB House
101-103 The Terrace
Wellington

Telephone: +64 4 801 6250

Registrar: extension 4

Registrations: extension 1

Fax: +64 4 381 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 2013

.....
THE MEDICAL SCIENCES COUNCIL,
AS A STATUTORY BODY, REPORTS
ITS PERFORMANCE TO THE
MINISTER OF HEALTH, PARLIAMENT,
STAKEHOLDERS AND TO THE PUBLIC
OF NEW ZEALAND ANNUALLY.
.....

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**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2013**

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 Staples Rodway Wellington, 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 26 to 32, that comprise the statement of financial position as at 31 March 2013, the statements 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 26 to 32:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
 - financial position as at 31 March 2013; 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 31 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 20 August 2013. 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, in our judgement, are likely to influence readers' 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 preparation of the Council's 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.



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. Also we did not evaluate the security and controls over the electronic publication 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 is also responsible for the publication of the financial statements, whether in printed or electronic form.

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 External Reporting Board.

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

Robert Elms
Staples Rodway Wellington
On behalf of the Auditor-General
Wellington, New Zealand

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Consolidated Statement of Financial Performance*For the Year ended 31 March 2013*

	2013	2012
Note	\$	\$
Income		
Registration Fees – Non NZ	83,412	134,106
Registration Fees – NZ	49,074	151,000
APC's	639,322	452,644
Interest Received	22,120	19,333
Sundry Income	12,395	312
Total Income	806,323	757,395
Less Expenses		
Archiving	1,216	456
Assessors	6,525	–
AT Council Meeting Fees	10,200	–
Audit Fees	5,619	6,102
Bank Charges	13,177	14,830
Board Member Fees & Expenses	83,436	66,690
Catering	2,439	2,768
Chartered Accountancy Fees	4,268	5,211
Conference Expenses	1,748	3,251
Examiner Fees	–	1,300
General Expenses	1,301	1,192
IT	4,379	9,264
Legal Expenses	–	6,170
MSS Service Charges	403,590	308,962
Personnel Fees	–	105,515
Postage	375	2,103
Printing & Stationery	5,340	6,304
Professional Fees	8,179	10,615
Telephone, Tolls & Internet	1,834	2,003
Travel	73,270	58,323
Total Expenses	626,897	611,057
Consolidated Net Surplus/(Deficit) For The Year	179,426	146,338

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 2013

		2013	2012
	Note	\$	\$
Income			
Registration Fees – Non NZ		66,210	50,206
Registration Fees – NZ		34,454	27,240
APC's		452,422	452,644
Interest Received		20,226	18,891
Interest Received – AT		2,492	6,309
Sundry Income		12,395	312
Total Income		588,199	555,603
Less Expenses			
Archiving		1,208	456
Audit Fees		5,353	6,102
Bank Charges		10,631	13,097
Board Member Fees & Expenses		75,755	66,690
Catering		2,266	1,652
Chartered Accountancy Fees		3,461	4,475
Conference Expenses		1,508	3,251
Examiners Fees		–	1,300
General Expenses		577	700
IT		1,333	1,470
Legal Expenses		–	3,230
MSS Service Charges		363,232	294,196
Postage		375	1,460
Printing & Stationery		5,137	2,164
Professional Fees		8,149	10,615
Telephone, Tolls & Internet		1,332	1,338
Travel - National		58,475	38,311
Total Expenses		538,790	450,507
Net Surplus/(Deficit) For The Year		49,409	105,097

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 2013*

		2013	2012
	Note	\$	\$
Income			
Registration Fees – Non NZ		17,202	83,900
Registration Fess – NZ		14,620	123,760
APC's		186,900	–
Interest Received		1,894	442
Total Income		220,616	208,102
Less Expenses			
Archives		8	–
Assessors		6,525	–
AT Council Meeting Fees		10,200	–
Audit Fees		266	–
Bank Charges		2,547	1,732
Board Member Fees		7,681	–
Catering		173	1,116
Chartered Accountancy Fees		807	737
Conference Expenses		240	–
General Expenses		724	493
Interest Expenses		2,492	6,309
IT		3,047	7,794
Legal		–	2,940
MSS Service Charges		40,359	14,766
Personnel Fees		–	105,515
Postage		–	642
Printing & Stationery		203	4,140
Professional/ Consultancy Fees		30	–
Telephone, Tolls & Internet		503	664
Travel		14,795	20,011
Total Expenses		90,599	166,860
Net Surplus/(Deficit) For The Year		130,017	41,242

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 2013

		2013	2012
	Note	\$	\$
Opening Equity		573,196	426,857
Net Surplus/(Deficit) For The Year – MSCNZ	49,409		105,097
Net Surplus/(Deficit) For The Year – AT	130,017		41,242
Consolidated Revenues & Expenses		179,426	146,339
Equity at End of the Year		752,622	573,196

The attached NOTES form part of these Financial Statements.

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Statement of Financial Position*As at 31 March 2013*

		2013	2012
	Note	\$	\$
Equity			
Retained Earnings - MSCNZ	4	581,363	531,954
Retained Earnings - AT	4	171,259	41,242
Total Equity		752,622	573,196
Represented by;			
Current Assets			
Westpac Bank – Government Trading		35,006	218,382
Westpac Bank – Imprest Account		150,000	150,000
Westpac Bank – Business Online		728,856	365,646
Westpac – AT		434,470	429,690
Accounts Receivable		35,820	3,595
Prepayments		4,384	466
Accrued Income		504	370
Medical Sciences Secretariat Limited		39,553	69,257
Total Current Assets		1,428,593	1,237,406
Non-Current Assets			
Investments in MSS		50	50
Total Assets		1,428,643	1,237,456
Current Liabilities			
Accounts Payable		14,749	14,225
GST Due for Payment		72,794	81,053
Income in Advance – MSCNZ		403,378	403,683
Income in Advance – AT		185,100	165,300
Total Current Liabilities		676,021	664,260
Net Assets/ (Liabilities)		752,622	573,196

For and on behalf of the Board;

Chairperson:



Date: 20/08/2013

Registrar:



Date: 20/08/2013

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 2013

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 the Future

In February 2011, Health Workforce New Zealand (HWNZ), 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 regulatory authorities.

In late 2012 HWNZ funded a detailed business case for the establishment of a shared secretariat organisation. This is being considered by each of the 16 health regulatory authorities.

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

Until a decision is made, there is uncertainty about the form in which the 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 prior year in relation to her services performed for the Anaesthetic Technicians project transition.

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

Notes to the Financial Statements

For the Year ended 31 March 2013

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 Sciences 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.
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

	2013 \$	2012 \$
Retained Earnings – MSCNZ		
Opening Balance	531,954	426,857
Net Surplus/(Deficit) For The Year	49,409	105,097
Closing Balance	581,363	531,954
Retained Earnings – AT		
Opening Balance	41,242	–
Net Surplus/(Deficit) For The Year	130,017	41,242
Closing Balance	171,259	41,242
Total Consolidated Retained Earnings	752,622	573,196

5. Anaesthetic Technicians Project

The Medical Sciences 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 sciences 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.

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 (2012: \$nil).

7. Contingent Liabilities

There are no contingent liabilities at balance date (2012: \$nil).



MEDICAL SCIENCES COUNCIL OF NEW ZEALAND