



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**
TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

Annual Report

1 April 2024 - 31 March 2025

Nau mai haere mai ki Te Kaunihera Pūtaiao O Aotearoa - Ko tō mātou haepapa, he tiaki i te hauora me haumarū o ngā tāngata o Aotearoa mā te whakarite kia mōhio ngā mātanga kua rehitatia hei mātanga taiwhanga pūtaiao rongōā me te hangarau whakamoe rongōā e whai mana ana, e tika ana ki te mahi.

Welcome to Te Kaunihera Pūtaiao Hauora O Aotearoa | The Medical Sciences Council. The council is responsible for protecting the health and safety of New Zealanders by ensuring practitioners registered in the professions of medical laboratory science and anaesthetic technology are competent and fit to practise.

Throughout this report:

Te Kaunihera Pūtaiao Hauora o Aotearoa Medical Sciences Council (MSC/the Council)

Te Rangatapu Pūtaiao a Rongōā Medical Sciences Secretariat (MSS/the Secretariat)

Health Practitioners Competence Assurance Act 2003 (HPCA/the Act)

Te Ama Tōtika Māori Practitioners Advisory Committee

MLS	Medical Laboratory Scientist (2x scopes of practice – provisional and full)
MLT	Medical Laboratory Technician (2x scopes of practice – provisional and full)
MLPAT	Medical Laboratory Pre-Analytical Technician (2x scopes of practice – provisional and full)
AT	Anaesthetic Technician

The Council is pleased to submit this report for the year ending 31 March 2025.

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Tō mātou tau | Our year

1

The Chair and the Chief Executive

Tēnā koutou katoa

Council Work in 2024–2025

In 2024–2025, Te Kaunihera Pūtaiao Hauora o Aotearoa | Medical Sciences Council (MSC/the Council) focused on key strategic projects that have furthered the work that underpins the scope of practice for the professions that the Council regulates.

The Council acknowledges all practitioners who work in the professions that it regulates as they continue to provide essential health services to consumers across the country. While there are challenges faced by members of the sector, this has not been reflected by a substantial increase in notifications and complaints related to practitioners. The council remains reassured that the public are protected through the mechanisms it uses, and the standards it sets, to regulate the professions.

Year in review: 2024–2025

As this report shows, 2024-2025 was once again a very busy year, not only because of increased volumes of applicants, but because of several initiatives that were commenced or advanced during that time. This occurred while ensuring that business-as-usual functions were delivered to an excellent standard.

Te Ama Tōtika – Māori Practitioner Advisory Committee

Established in 2023-2024, **Te Ama Tōtika** has continued to provide the Council with advice to ensure it complies with section 118 of the Act - making sure practitioners have the competencies that enable effective interaction with Māori. Te Ama Tōtika have provided advice and guidance around the scope of practice for anaesthetic technicians as well as the competencies. Representatives of the rōpū were also part of the expert advisory group for the medical laboratory science scope of practice.

Members of Te Ama Tōtika also met with Te Manu Mātārae, the Medical Radiation Technologists Board's Māori Practitioner Advisory Committee, and discussed matters of common interest.

Updated standards and scopes of practice

A key achievement was the gazetting of a new **scope of practice** and **standards of competence** for the **anaesthetic technician** profession. This has been supported by updates in policy to ensure consistency with the standards. This was a significant milestone that took time to ensure all requirements were contemporary and reflected practice, now and into the future.

This review was needed as over the past few years, the work of anaesthetic technicians has expanded in both the skills they have and the areas in which they practice. The 2025 scope of practice now incorporates skills that were once deemed to be 'expanded practice'. Integrations of these skills is enabled by their inclusion within the pre-registration programme of education for the profession.

Coupled with the revised scope of practice is the development of **revised standards of competence**. To support new practitioners entering the workforce a **new supervision policy** for graduates has been implemented.

Work has also commenced on the **medical laboratory science** profession **scope of practice**. An expert advisory group that represents the three scopes of practice (MLS, MLT, MLPAT) met and has provided the Council with advice. We are aware of the changing nature of practice and the role that scientists play in this space. It is therefore essential that any review of scopes focuses not only on the work undertaken today but into the future.

Recertification

During 2024-2025 a random selection of practitioners was audited to ensure compliance with our policy. Once again, results demonstrated a high degree of compliance.

Engaging with the sector

The Council will continue to engage with stakeholders and has taken an active approach by attending conferences and annual scientific meetings, providing several Council and Secretariat staff members with opportunities to meet with practitioners from across the motu. During the anaesthetic technician scope of practice project, webinars were used to inform and engage with practitioners.

The Council will continue engaging with the sector - having an active presence can only strengthen working relationships, enabling us to make better informed decisions when setting policy. The Council, through the Chief Executive, continues to be part of the National Centre for Interprofessional Education and Collaborative Practice. The Centre promotes culturally responsive practice across the health professions by facilitating, promoting, and supporting education and research in this field. In conjunction with the Podiatrists Board, we have worked to support the adoption of a statement of intent for responsible authorities around interprofessional education.

The Council co-hosted representatives from the Malaysian Ministry of Health who came to see, and understand, the work it does regarding regulation.

The Council has also published several newsletters to all practitioners and stakeholders, and responded to consultations that impact practitioners in Aotearoa New Zealand.

Education monitoring and accreditation

Work to monitor accredited qualification programmes that lead to registration is ongoing. During 2024 we accredited the following newly developed programmes.

- **University of Otago (UO)** Post Graduate Diploma in Medical Laboratory Science (PgDipMLSc) Registration Pathway and BMLSc (Hons) programmes both which commenced in 2025.

Accreditation reviews were undertaken in 2024 for:

- **Auckland University of Technology (AUT)** Bachelor of Health Science (BSc) in Perioperative Practice (PP) programme (on site) confirmed 2024.
- **Auckland University of Technology (AUT)** Bachelor of Medical Laboratory Science (BMLS) and Graduate Diploma in Science (GradDipSc) Medical Laboratory Science (MLS) 'revised' programmes confirmed 2025.

Medical Sciences Secretariat updates

The Council regulatory services are provided by Te Rangatapu Pūtaiao a Rongoā | the Medical Sciences Secretariat (MSS/the Secretariat), a company set up by the Council and another responsible authority (RA), to manage their business services and provide advice.

Core functions

MSS staff have continued to make sure that the Council, charged with protecting the public, and its core functions, operate successfully. This means that –

- the Register of Practitioners is maintained and accurate
- the Annual Practising Certificate renewal process enables practitioners to practise their profession
- applicants for registration who meet the robust requirements are entered onto the Register
- programmes of education that lead to registration continue to meet the Council's standards
- communications with registrants and stakeholders ensures there is knowledge and understanding about the work of the Council
- practitioners with identified competence or health issues are managed using a "Right Touch" risk based approach
- complaints about practitioners are managed effectively and, when appropriate, charges are laid at the Health Practitioners Disciplinary Tribunal.

Financial overview

The Council's deficit for this financial year was \$275,928.

Each year when considering a change in fees charged to practitioners, we review our budget against our actual performance. When deciding about fees we look at the reserves we hold, and any prospective issues that need to be actioned and addressed. As a result, in 2024 we once again reviewed and raised fees charged by the Council.

Looking ahead to 2025-2026

While momentum has been gained on projects during 2024-2025, these will be our priorities over the next financial year:

Building cultural safety skills

We will continue working in partnership with Te Ama Tōtika, ensuring its work is embedded in practice, and that practitioners within the professions we regulate have the knowledge and skills to enable effective interaction with consumers of health care services.

Scope of practice

Defining and updating scopes of practice continues to be a key focus for the Council, and work will progress significantly on the medical laboratory science review.

Using technology to improve our work

We are investing in new technology – this will allow us to undertake our core functions while supporting the development, enhancement, and security of data that we hold. This has been a key priority project rolled out in 2025. Further enhancements continue that will support more seamless application and practising certificate processes, and an enhanced user experience for practitioners.

The Council requires intelligence reports at every meeting to provide information about the workforce. It has already invested in improving these reports and plans to make upgrades in 2025 to provide even better information.

Communication and engagement

A communications and engagement strategy is regularly reviewed and updated to support Council work. This has been developed to identify the needs of anyone with an interest in the Council as a responsible authority, including opportunities for collaboration, building/enhancing relationships, and partnerships within the sector.

Quality and assurance

The Quality and Assurance team was established to support the regulation of practitioners by ensuring policy and processes are risk based, robust, informed by evidence, and current.

The team will ensure that the Council is well placed to meet the requirements of the Ministry of Health responsible authority review scheduled for early 2026.

Acknowledgements

The work of the Council would not occur without the tireless efforts and support of the Secretariat staff who take the decisions made by the Council and translate them into workplans and activities.

We also thank the many practitioners who share their feedback - it helps us improve what we do. We look forward to hearing more from you in 2025–2026.

Lastly, we recognise the valuable work done by medical laboratory scientists and anaesthetic technicians across both public and private healthcare in Aotearoa New Zealand.

Ngā mihi



Ruth Beeston
Council Chair



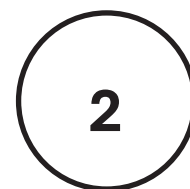
Dr Susan Calvert
Chief Executive

***Mā te mahi mō te painga o te katoa ka whakanui
mātou i tā mātou kawenga mahi ki te mahi tika mō te
painga o te tangata***

By acting for the benefit of the whole we honour our collective responsibility to do what's right for the benefit of people.



Tō mātou poara | Our governance



Council members

Members of the Council are appointed by the Minister of Health. The Council is made up of health practitioners registered in the medical laboratory science and the anaesthetic technician scopes of practice. The Council also includes two lay members.

Council members are appointed for terms of one to three years and they can be reappointed for up to two more terms - a maximum of nine years in total.

At its first meeting in February 2025, the Council appointed Ruth Beeston as its Chair and Nicola Swain as its Deputy. Brett Besley was acknowledged for the significant contribution he made during his time as Chair.

Members include:



Ruth Beeston
Chair - Medical Laboratory Scientist

A registered medical laboratory scientist, Ruth was appointed to the Medical Sciences Council in June 2019, and elected Chair in February 2025.

Ruth has been a medical laboratory scientist for over 30 years. She works currently as a point-of-care coordinator. She is also a technical assessor for International Accreditation New Zealand (IANZ) and has a Postgraduate Diploma in Public Health.



Dr Nicola Swain
Deputy Chair - Lay person

Nicola was appointed to the Council as a lay person in late 2018 and elected as Deputy Chair in February 2025. She is an Associate Professor of Physiotherapy at the University of Otago and has published more than 80 peer-reviewed articles.

Nicola also teaches in well-being programmes at Southern Institute of Technology (SIT), currently serving as Board Chair of Adventure Development Limited (ADL) and the Medical Sciences Secretariat. She is also a member of the Human Rights Review Tribunal, and the Health & Disability Ethics Committee.



Brett Besley
Anaesthetic Technician

Brett is an anaesthetic technician and was appointed to the Council in June 2019. He is currently working for Te Whatu Ora - Hauora a Toi (Bay of Plenty).

Brett has affiliations to Ngāti Kahungunu and Ngāti Tūwharetoa.

Throughout his career Brett has specialised in clinical education and development, contributing to both the former AUT Applied Science diploma for anaesthetic technicians, MSC recertification (CPD) audit process, and the online registration examination.



Erolia Rooney
Medical Laboratory Scientist

Erolia was appointed to the Council in June 2019. Prior to being the Regional Director Pacific Health for Te Wai Pounamu at Te Whatu Ora, she was the Supervising Scientist for the NZ Blood Bank in the Dunedin hospital.

Erolia has been a registered practitioner in Aotearoa New Zealand for more than 20 years. She has been involved in the profession as a NZIMLS examiner and conference organiser, an IANZ technical auditor, a University of Otago pathology tutor, a NZ Blood staff educator, a Samoa measles volunteer practitioner, and a promoter of the profession as a career (especially to the Pasifika youth).



Varsha Desai
Medical Laboratory Pre-Analytical Technician

A registered medical laboratory pre-analytical technician, Varsha was appointed to the Council in June 2019. She has worked as an MLPAT in Aotearoa New Zealand since 2000.

Varsha has moved from being a Phlebotomist to Phlebotomy trainer, to Team Leader, then to Phlebotomy Quality and Compliance Coordinator. She is currently an Area Manager, managing ADHB Central Collection Centres with Labtests.



Natasha Caldwell
Medical Laboratory Scientist

Natasha was appointed to the Council in June 2019, with more than 20 years' experience as a registered medical laboratory scientist. She graduated with a Bachelor of Medical Laboratory Science from Massey University in 2004 and a Masters in Science, majoring in Medical Laboratory Science in 2009.

Natasha worked briefly in Haematology (Palmerston North) before finding her passion in Histology.

She has been leading the Counties Manukau laboratory service in Auckland for the past five years.



Jujhar Singh Randhawa

Lay person

Jujhar was appointed to the Council as a lay person in July 2024. He is a community leader and entrepreneur based in Hamilton – appointed as Chairman of NZ Business Connect in November 2024.

Since arriving in Aotearoa New Zealand in 1998, Jujhar founded JSR Refrigeration and Air Conditioning in 2000. He serves as the CEO and Managing Director of Zephyr Pure Air Ventilation, JSR Management, and Hillcrest Spinal Centre.



Mark Tumai

Anaesthetic Technician

Ko Tainui te waka
Ko Waikato te awa
Ko Taupiri te maunga
Ko Ngāti Mahuta, Ngāti Pou ngā iwi
Ko Mark Tumai e tu nei.

Mark was appointed to the Council in July 2024, having dedicated his career to various capacities in the health sector for over two decades.

He has worked in both public and private hospitals, in non-government organisations, and with Māori Healthcare providers as a project manager throughout the Waikato region.



Judy Campbell

Lay person

Judy was appointed to the Council in July 2020. She is a lay member with extensive senior management experience. Judy has worked in the public and not-for-profit sector for the past 30 years. Her career has a focus on organisations with a strong bicultural focus or need. She is also a consultant, helping organisations address issues of strategic change and financial sustainability. Judy finished her appointment with the Council in July 2024.



Angela Dewhirst

Anaesthetic Technician

Angela was appointed to the Council in May 2021. She is an anaesthetic technician who started as a Histology and Cytology Laboratory Technician in 1984, before qualifying as a Cardiac Technologist. For a few years Angela has held a district-wide position as the Professional Development Facilitator for Allied Health, scientific and technical and Professional lead for Anaesthetics – at Southern DHB (now Dunedin Hospital). In 2022 Angela took up the position of Quality Manager for Dunedin Hospital, where she currently works. Angela finished her appointment with the Council in July 2024.

Committees

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

Committee

Membership

The Professional Standards Committee is made up of representatives of the Council who manage and direct professional standards matters.

Professional Standards Committee

Ruth Beeston
Nicola Swain
Brett Besley
Judy Campbell (*until 30 June 2024*)
Jujhar Randhawa (*from 14 August 2024*)

In addition, the Council has an Examinations Committee with representatives from the Council and external advisors.

Online Examinations Committee

Natasha Caldwell
Nicola Swain
Karen Bennett
Don Mikkelsen
Brett Besley
Lynne Morgan

The Council appointed two expert advisory groups to assist with its work.

Anaesthetic Technician scope of practice expert advisory group

Samantha Baxendale
Karen Bennett
Keri Parata (*lay*)
Rachael Jones
Helen Kenny
Jimi Liddell
Catherine Sinclair
Michael Smith
Megan Richardson

Medical Laboratory Science scope of practice expert advisory group

Anthea Andrew
Melanie Angland
Philippa Coles
Dayna Hoey-Samuel
Mike Hollings (*lay*)
Ajesh Joseph
Paula Keating
Ping Tat (Leo) Luk
Melanie Reid
Catherine Ronayne
Marika Rossouw
Janette Steel
Katy Taylor
Aysha Willis

Te Ama Tōtika | Māori Practitioners Advisory Committee

In 2023 the Council established Te Ama Tōtika. This rōpū is comprised of eight members. Members represent all the different scopes of practice and includes consumers of health care services. Their purpose is to assist with reviewing key standards for the professions the Council regulates and to provide advice to the Council.

I te tau 2023 i whakatūria e te Kaunihera Te Ama Tōtika. Tokowaru ngā mema o tēnei rōpū. Ko rātou ngā māngai mō ngā momo hokaitanga katoa (me ngā tāngata reimana hoki) tae noa ki ngā kiritaki o ngā ratonga hauora. Ko tā rātou he āwhina ki te arotake i ngā paerewa matua mō ngā umanga e whakahaeretia ana e mātou, ā, he tuku tohutohu hoki ki te Kaunihera.

The Council is responsible under the Act for protecting the public of Aotearoa New Zealand by providing ways to ensure that practitioners are fit and competent to practise. There are specific requirements under section 118i to set standards of clinical competence and cultural competence (including competencies that will allow effective and respectful interaction with Māori).

Ki tā te Ture Health Practitioners Competence Assurance Act 2003, ko te haepapa a te Kaunihera he tiaki i te iwi whānui o Aotearoa | Niu Tīreni mā te whakarato ara hei whakarite kia tika, kia matatau hoko ngā mātanga hauora ki te mahi. He herenga motuhake ki tā wāhanga 118i ki te whakatakoto paerewa mō te mātau haumanu me te mātau ahurea (tae atu ki ngā pūkenga e tika ai te whakaute whaitake hoki ki te Māori).

Rōpū members include:

Chelsey Loader – Chair

Chelsey is a practising Medical Laboratory Scientist - connecting to Kāti Mamoe and Kāi Tahu iwi. She has been working in transfusion science for the last eight years and currently works for the New Zealand Blood Service at Christchurch Hospital Blood Bank. She was appointed Chair of Te Ama Tōtika in September 2023.

Aysha Willis

Aysha became a practising Medical Laboratory Scientist after achieving a Bachelor of Physiology, a diploma for graduates in anatomy, and a Bachelor of Medical Laboratory Science. Aysha has worked in Cytology. She was appointed to Te Ama Tōtika in July 2023.

Keri Parata

Keri is a lay person with connections to Te Atiawa on her father's side, and direct links to Wi Parata te Kakakura through her great-great grandfather. Keri's father's mother's side is Ngāi Tahu. Keri was appointed to Te Ama Tōtika in July 2023.

Shannon Paikea

Shannon is a practising Anaesthetic Technician (AT).

Ko Pukekaroro te maunga. Ko Kaipara te moana. Ko Otamatea te marae. Ko Te Uri o Hau te hapu. Ko Ngati Whatua te iwi. Ko Shannon Paikea toku ingoa. She was appointed to Te Ama Tōtika in July 2023.

Dayna Hoey-Samuel

Dayna is the Deputy Chair and a practising Medical Laboratory Pre-Analytical Technician.

Ko Ngaati Wai, Ngaati Hine, Ngaati Hauaa, Aitanga-a-Mahaki nga iwi. Ko Ngaati Rehua te hapu. Ko Motairehe te Marae. Ko Dayna Hoey-Samuel ahau.

Dayna was recently approved as a MLPAT supervisor and graduated with a Masters in Applied Indigenous Knowledge with honours through Te Wānanga o Aotearoa. She was appointed as a member of Te Ama Tōtika in July 2023.

Denese Gallagher	Denese is a practising Medical Laboratory Scientist and links to Ngā Puhi, Ngāti Hine, Te Aupouri and Ngāti Whatua iwi. She is the Quality, Health & Safety Manager for Te Whatu Ora, Waikato Laboratory Services. Denese was appointed to Te Ama Tōtika in July 2023.
Sara Cunningham (to 5 November 2024)	<p>Sara is a practising Medical Laboratory Technician.</p> <p>Takitimu and Horouta are my canoes, Horohoroinga o ngā ringaringa o Kahumatamomoe and Titirangi are my mountains. Ngāti Kahungunu and Ngāti Porou are my iwi. Rongomaipapa and Te Aitanga a Hauiti are my hapū. Pokaitu and Te Uawanui o Ruamatua are my rivers.</p> <p>Sara is a registered Medical Laboratory Pre-Analytical Technician working at Pathlab Rotorua. She was appointed to Te Ama Tōtika in July 2023.</p>
Mark Tumai	<p>Mark is a practising Anaesthetic Technician.</p> <p>Ko Tainui te waka. Ko Waikato te awa. Ko Taupiri te maunga. Ko Ngāti Mahuta, Ngāti Pou ngā iwi. Ko Mark Tumai e tu nei.</p> <p>Mark has worked in both public and private hospitals, in non-government organisations, and with Māori healthcare providers as a project manager throughout the Waikato region. Mark was appointed to Te Ama Tōtika in July 2023 and when appointed to the Council became the Council representative.</p>
Judy Campbell	Judy was a member of Te Ama Tōtika until July 2024.
Angela Dewhirst	Angela was a member of Te Ama Tōtika until July 2024.

The rūpū has met over the course of 2024-2025. They have worked through, and provided advice to the Council on a number of matters including:

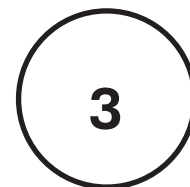
- Anaesthetic Technician scope of practice and standards of competence for this profession
- Medical laboratory science scope of practice
- Cultural competency for the internationally qualified workforce entering practice in New Zealand.

Ka mahia e mātou tā mātou mahi mā te akiaki i ngā reo kanorau i whakanuia ai ngā tirohanga katoa, ma te whakatairangi i te ako tonu me te kōrero tūwhera

We do what we do by encouraging diverse voices where all perspectives are valued, by promoting continuous learning and open dialogue.



A mātou kaimahi | Our people



The Secretariat

The Council works very closely with another health responsible authority, Te Poari Ringa Hangarau Iraruke | the New Zealand Medical Radiation Technologists Board (MRTB/the Board), with whom they set up a jointly owned company, Te Rangatopu Pūtaiao a Rongoā | the Medical Sciences Secretariat (MSS/the Secretariat).

The shared Secretariat arrangement with the Board enables the Council to achieve efficiencies in terms of costs and consistency in regulatory standards. While the Council and the Board are separate authorities with legal responsibilities for the statutory regulation of different groups of health professionals, their strategic priorities and key initiatives are often similar.

Sharing secretariat resources enables both authorities to jointly manage key initiatives and subsequent annual business goals. Consequently, the individual strategic planning documents for the Council and the Board share several similarities and common goals.

At the end of this financial year, the Secretariat had 23.5 full-time equivalent (FTE) staff who cover all aspects of its core business. In 2023-2024 there had been organisational change leading to growth in staff numbers, enabling the progression of strategic work required by the Council.

Staff are encouraged to grow their regulatory knowledge and skills. They are given opportunities to learn more about the Act and their responsibilities. In 2024, several staff took part in an online regulation conference which enabled them to gain an understanding of the impact of their work and international perspectives on occupational regulation.

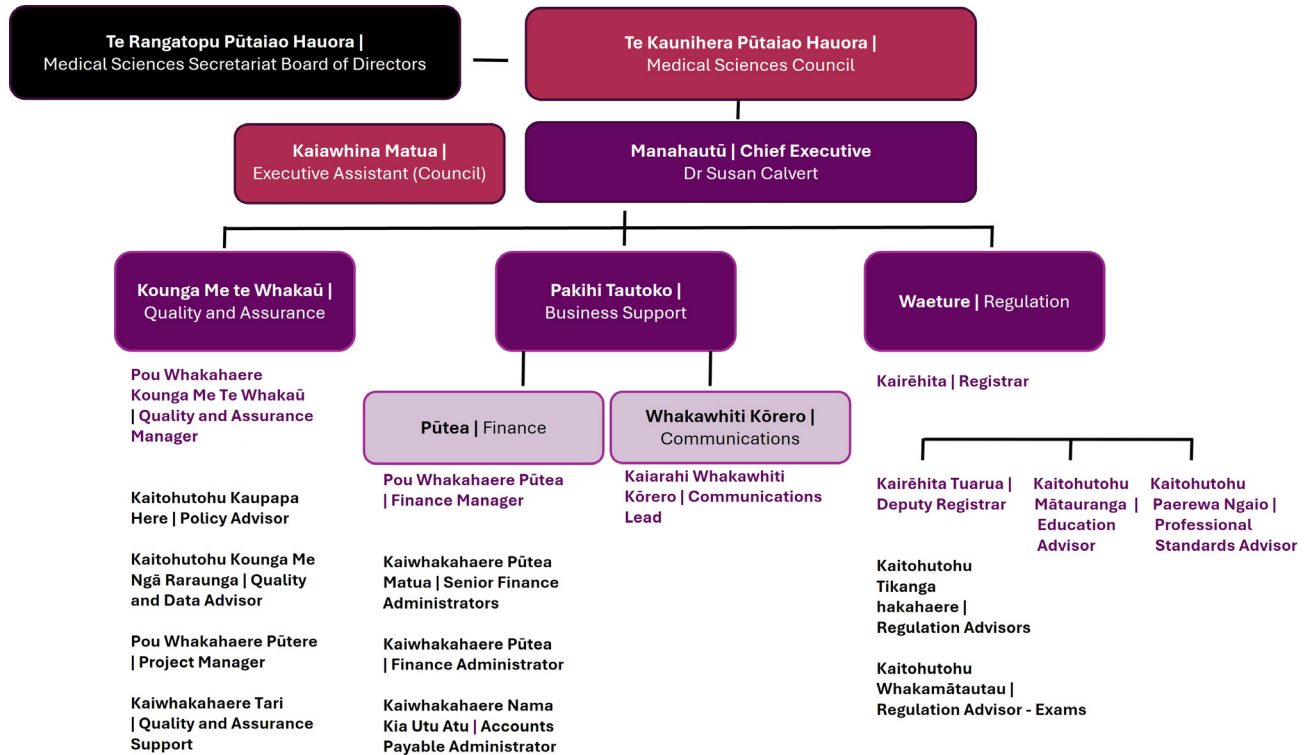
About us – who we are

All staff work for the Secretariat (a mix of full time and part time workers). The group that governs the Secretariat is the MSS Board of Directors (MSS BOD) – it is made up of equal members from the Council and the Board.

In 2024–2025, the Secretariat focused on improving staff safety, security, and wellbeing. All staff were active participants in developing the policy. During this time, the Secretariat:

- Worked to improve staff safety and reviewed its security measures.
- Made sure health and safety equipment and emergency supplies were up to date.
- Confirmed there were enough trained health and safety representatives, fire wardens, and first aiders.
- Additionally, a framework was established to guide staff and professional development.
- Supported staff wellbeing by offering:
 - Ongoing access to the Employee Assistance Programme (EAP)
 - Access to influenza vaccinations.

Secretariat staff – organisation chart



Secretariat staff - roles

Manahautū | Chief Executive

Dr Susan Calvert

Manages the strategic functions and overall business of the MSS Board of Directors - responsible for the general management and statutory compliance of the organisation.

Regulation

Kairēhita | Registrar

Caleb Bridgeman

Has delegated authority from the Council to manage the core regulatory functions under the Health Practitioners Competence Assurance Act 2003 (the Act).

The Registrar is supported by the Deputy Registrar, and a team of regulation staff, professional advisors from within the scopes of practice, and those who support the regulatory functions of the Council. Functions include providing education and practitioner advice for the Council; administration of the notifications processes, reporting and monitoring; activities relating to registration, practising certificates and recertification; completing and processing activities relating to the online examinations, and registration examination assessments for the purpose of registration and recertification.

Business support

Pou Whakahaere Pūtea | Finance Manager

Manages the finance team – provides overall financial management for the Council, and the Secretariat.

Kaiarahi Whakawhiti Kōrero | Communications Lead

Manages the Council's communication/stakeholder and engagement strategies, media, brand/reputation, publications, website content and online initiatives.

Kaiawhina Matua | Executive Assistant to the Chief Executive and the Registrar

Supports the CE and the Registrar with administrative tasks. Manages and coordinates logistics for the Council (and Te Ama Tōtika) meetings.

Quality and assurance

Pou Whakahaere Kōunga Me Te Whakaū | Quality and Assurance Manager

Manages and oversees the Council's policies, project management of strategic projects, and quality and assurance initiatives. The manager is supported by a team that provides analysis and interprets Council data; manages and leads Council projects; develops policy for the Council; provides office administration support.

***E mōhio ana mātou ki ō mātou takohanga ki e taiao,
ki ngā hāpori o ngā rohe, me te whaka tipuranga kei te
heke mai.***

We recognise our responsibilities to the environment, local communities and future generations. And we acknowledge tino rangatiratanga as what makes Aotearoa special in this world.



Ā mātou whakaarotau matua | Our priorities



Strategic priorities and goals

The Council's document, 'Our Strategic Priorities for the Three Years from 2023-2026', describes the work it plans to do in this time. The plan builds on the progress that the Council has achieved through its previous strategic planning framework, ensuring its focus is on public protection. The document is a critical tool for planning, and setting the foundation upon which the Council will fulfil its responsibilities under the Act, in respect of the professions of medical laboratory science and anaesthetic technology.

The primary purpose of the Council is to protect the health and safety of the public by ensuring that practitioners are fit and competent to practise their professions. The Council's focus is to better protect public safety by ensuring that:

- practitioners are fit and competent to practise their profession
- the framework that defines the standards and codes is robust and contemporary
- regulatory processes are proportionate and transparent
- practitioners comply with requirements.

The Council's role is not to protect the interests of medical laboratory science or anaesthetic technician practitioners. Instead, its goal is to achieve the best outcomes for the public through appropriate and sustainable regulation.

Work on these strategic priorities has progressed through 2024-2025.

Strategic priority 1: Alignment of regulatory frameworks

The main projects that have been initiated and progressed include:

Review of the Medical Laboratory Science Scopes of Practice

Following work undertaken in 2022, the Council has continued engaging with members of the sector, and profession to explore the regulation of medical laboratory science practitioners further. With the changing nature of practice and advances in technology, there is interest in regulation by other groups who would not necessarily fall within the current scope. There is also interest in the development of new scopes.

Due to the nature and importance of this work, it was agreed to pause this project in 2023. During 2024-2025 the timetable for this project was reworked and the Council expect there will be significant progress made during 2025-2026. One of the key contributing factors to this progression is establishment of the expert advisory group that will provide advice and guidance to the Council around the different scopes of practice. The Establishment of the expert Advisory Group (EAG) will also advise on the competencies required of practitioners. Representatives on the advisory group include all full scopes and practice, including embryology, mortuary technicians and roles such as hospital scientific officers.

Review of the Anaesthetic Technician scope of practice

During 2024-2025 work continued with the revised scope statement. This was achieved with the Gazette notice being published in January 2025, coming into effect 1 April 2025. Alongside this was the review and updating of the standards of competence for the anaesthetic technician profession. Gazetting a revised scope of practice with associated competencies has enabled the anaesthetic technician profession, with the required knowledge and skills, to work in other areas outside the traditional theatre environment and to undertake additional tasks and duties.

This has been enabled through the development of a specific undergraduate programme of education, and by incorporating what were deemed extended scope tasks into the core work of the anaesthetic technician. To support new practitioners entering practice the Council has reviewed its supervision policy and process. It has also consulted on amendments to supervision and recertification requirements for internationally qualified applicants seeking registration in New Zealand. The aim of the revised supervision process is to protect the public through supervision, but also to support the ongoing development of the technician.

Strategic priority 2: Meeting our obligations as a Te Tiriti o Waitangi partner

The Council has continued to strive to build strong and enduring relationships with Māori to guide and support its regulatory work. To accomplish this, it has four key activities that sit under this strategy; two have been prioritised. These are:

- enhancing its own understanding of te reo Māori, te ao Māori, tikanga Māori
- development of a Māori practitioner advisory committee.

During 2023 Te Ama Tōtika - the Māori practitioner advisory committee - was established, and during 2024-2025 the rōpū continued to provide advice to the Council on the scopes and competencies review, and ensuring that the Council's commitment to cultural safety in practice is reflected in its work. The Council has continued to develop its knowledge and tikanga practice.

Strategic priority 3: Development of a data strategy to support strategic initiatives and the business-as-usual work programme

Having robust data from which to make decisions is a priority for the Council. The development of a quality and assurance team has enabled the Council to enhance the information that it receives.

During 2024-2025 the Council started a process to review and upgrade its practitioner database. This will further enhance the information that the Council receives.

The Council continues to provide data to Manatū Hauora | Ministry of Health to support its workforce modelling project.

Protecting the Council's information and assets is a key component of the work the Secretariat does. MSS has invested in cyber and technological education, and risk assessment during this time. Enhanced policy and process underpins the work around this strategy to ensure the security and integrity of information that is collected and stored.

Responsible authority - core performance standards review

Progress against recommendations for improvement

In 2021 the Council, like all responsible authorities, was required to undertake a performance review by the Ministry of Health. This focused on the Council meeting core functions and responsibilities as articulated in section 118 of the Act.

Performance was reviewed against 23 standards in total. Of those, 15 were fully achieved at that time. The remaining eight standards were assessed as being partially achieved. All ‘partially achieved’ standards were deemed to have a low rating in terms of risk.

The Council has continued to work on the recommendations. The following table provides an update.

Related core performance standard	Recommendation	Status as at 31 March 2025
The responsible authority (RA/ the Council) has prescribed qualifications aligned to those competencies for each scope of practice.	The Council is encouraged to further plan and progress the phased approach reviews of the scopes of practice for the medical laboratory science profession and, once underway, to be followed by the anaesthetic technician scope of practice.	The Council has continued to progress work on the standards of competence for the professions it regulates during 2024-2025. With the revised scope of practice for anaesthetic technicians coming into effect on 1 April 2025, and work continuing on the medical laboratory science profession.
<p>The RA has proportionate, appropriate, transparent, and standards-based mechanisms to:</p> <ul style="list-style-type: none"> – Assure itself applicants seeking registration or the issuing of a practising certificate meet, and are actively maintaining the required standard. – Review a practitioner’s competence and practice against the required standard of competence. – Improve and remediate the competence of practitioners found to be below the required standard. 	The Council is encouraged to further plan and review the two separate sets of continuing professional development (CPD) frameworks.	<p>The Council has implemented new frameworks for recertification which came into effect in 2023.</p> <p>Standards of competence are being reviewed as part of the scope of practice projects. Further review and enhancements of recertification processes will occur once the revised scopes of practice are in place. As part of the review of the anaesthetic technician scope of practice a recertification programme for newly qualified anaesthetic technicians was introduced.</p>
<p>Identifying and responding in a timely way to any complaint or notification about a health practitioner.</p> <p>Considering information related to a health practitioner’s conduct or the safety of the practitioner’s practice.</p> <p>Ensuring all parties to a complaint are supported to fully inform the authority’s consideration process.</p>	Regarding the notifications register, to explore whether the register can be better linked to the practitioner database, such as an automated process, and how this information is provided to the Council.	In 2023 a dedicated position was created to manage notifications and complaints. This has enabled more accurate reporting that informs Council decision making. Review of the database has involved development of a specific notifications and complaints process to ensure further accuracy in reporting. Implementing this will continue in 2025.

<p>The RA sets standards of clinical and cultural competence and ethical conduct that are informed by relevant evidence and are clearly articulated and accessible.</p>	<p>That the Council proceed with its plan to review the competence standards, informed by, and aligned to, the principles of Te Tiriti o Waitangi as articulated in Whakamaua, and informed by the consultations and collaborations already planned.</p>	<p>The Council progressed its work on the Standards of Competence for anaesthetic technicians and Te Ama Tōtika was involved in this process. Te Ama Tōtika will be integral to the review of the scopes of practice and competence standards for the medical sciences professions it regulates.</p>
<p>Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori.</p>	<p>That the Council proceed with its planned review of the cultural competence policy document, and ensure cultural safety is incorporated as a key element within the cultural competence requirement.</p> <p>That in partnership with Māori, the Council develop, adopt, and promote tikanga best practice guidelines for its scopes of practice, and include these in the requirements of practitioners.</p> <p>That the Council (together with the Medical Radiation Technologists Board and the Medical Sciences Secretariat) develop a plan for developing te reo Māori and tikanga Māori practices within the organisations - starting this plan, and continuing to activate it over time.</p>	<p>The Council established Te Ama Tōtika to support it with the work that is required.</p> <p>Further work has progressed on the Council's and the Secretariat's knowledge around tikanga and te ao Māori.</p>
<p>The RA ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions.</p>	<p>That the Council shift its objective in this area from “better ensuring the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand” to “aligning its regulatory framework to the principles of Te Tiriti o Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) and operationalising the principles of Te Tiriti in all its functions”. The principles of tino rangatiratanga and of partnership can be used as the foundations of this alignment, bringing shape and focus to the principles of active participation, equity and options.</p>	<p>The Council and Secretariat staff engage with other RAs on matters of common interest.</p> <p>Staff from the Secretariat are part of an inter-RA rōpū that explores equity, as well as cultural safety and competence. This initiative is ongoing.</p> <p>Staff from the Council are members of the National Centre for Interprofessional Education and Collaborative Practice (NCIPECP).</p>

Also, that the Council proceed with its planned work alongside the Medical Radiation Technologists Board to build a broad understanding of what cultural competence in Māori contexts and cultural safety in broader terms might look like within the scopes of the two RAs.

The development and operationalising of this understanding can then be informed by the planned engagement with practitioners, alongside seeking information from other RAs, as well as other key thought leaders in the sector.

Ā mātou mahi | Our functions



What the Council does

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

The Council has several functions as defined by section 118 of the Act:

Prescribe the qualifications required for scopes of practice for the health professions it regulates, and for that purpose to accredit and monitor educational institutions and degrees, courses of studies, or programmes.

Authorise the **registration** of medical laboratory science and anaesthetic technology practitioners under the Act and maintain registers.

Consider applications for annual practising certificates.

Review and promote the competence of health practitioners registered with the Council.

Recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners registered with the Council.

Receive information from any person about the practice, conduct, or competence of health practitioners and, if appropriate, act on that information.

Notify employers, the Accident Compensation Corporation (ACC), the Director-General of Health, and the Health and Disability Commissioner (HDC) that the practice of a health practitioner registered with the Council may pose a risk of harm to the public.

Consider cases of health practitioners registered with the Council who may be unable to perform the functions required for their relevant scope of practice.

Set the standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners registered with the Council.

Liaise with other authorities appointed under the Act about matters of common interest.

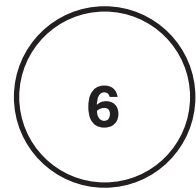
Promote and facilitate interdisciplinary collaboration and cooperation in the delivery of health services.

Promote education and training in the health professions regulated by the Council.

Promote public awareness of the responsibilities of the Council.

Exercise and perform any other functions, powers and duties as conferred or imposed by or under the Act or any other enactment.

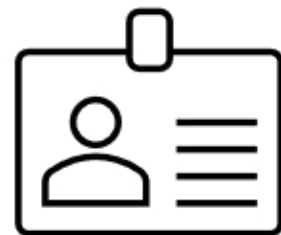
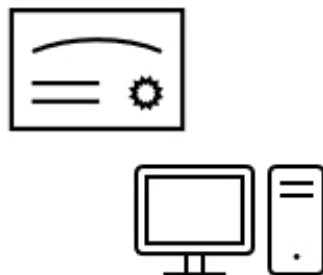
Te whakaraopototango o nga tatauranga | Numbers at a glance



1 April 2024 – 31 March 2025

The Council regulates **two professions**: Medical Laboratory Science – practitioners who sit under six scopes of practice, and Anaesthetic Technicians who are registered under one scope of practice.

Medical laboratory science and anaesthetic technology - overview



We are

1 of 18
Responsible
Authorities (RAs)

Regulating

2
professions that
include

7
scopes of
practice

About

5059
Practising health
professionals/
practitioners as at
31 March 2025

Medical laboratory science

Workforce during 2024/2025



555

new registrations across the

6 scopes of practice

- MLS Medical Laboratory Scientist (Provisional)
- MLS Medical Laboratory Scientist (Full)
- MLT Medical Laboratory Technician (Provisional)
- MLT Medical Laboratory Technician (Full)
- MLPAT Medical Laboratory Pre-Analytical Technician (Provisional)
- MLPAT Medical Laboratory Pre-Analytical Technician (Full)

3

largest groups of applications from internationally qualified practitioners were from:

- Philippines 79
- India 31
- South Africa 26

59%

qualified in Aotearoa New Zealand



330

graduates from Aotearoa New Zealand



225 internationally qualified

4022

practising certificate applications received and processed



Professional standards

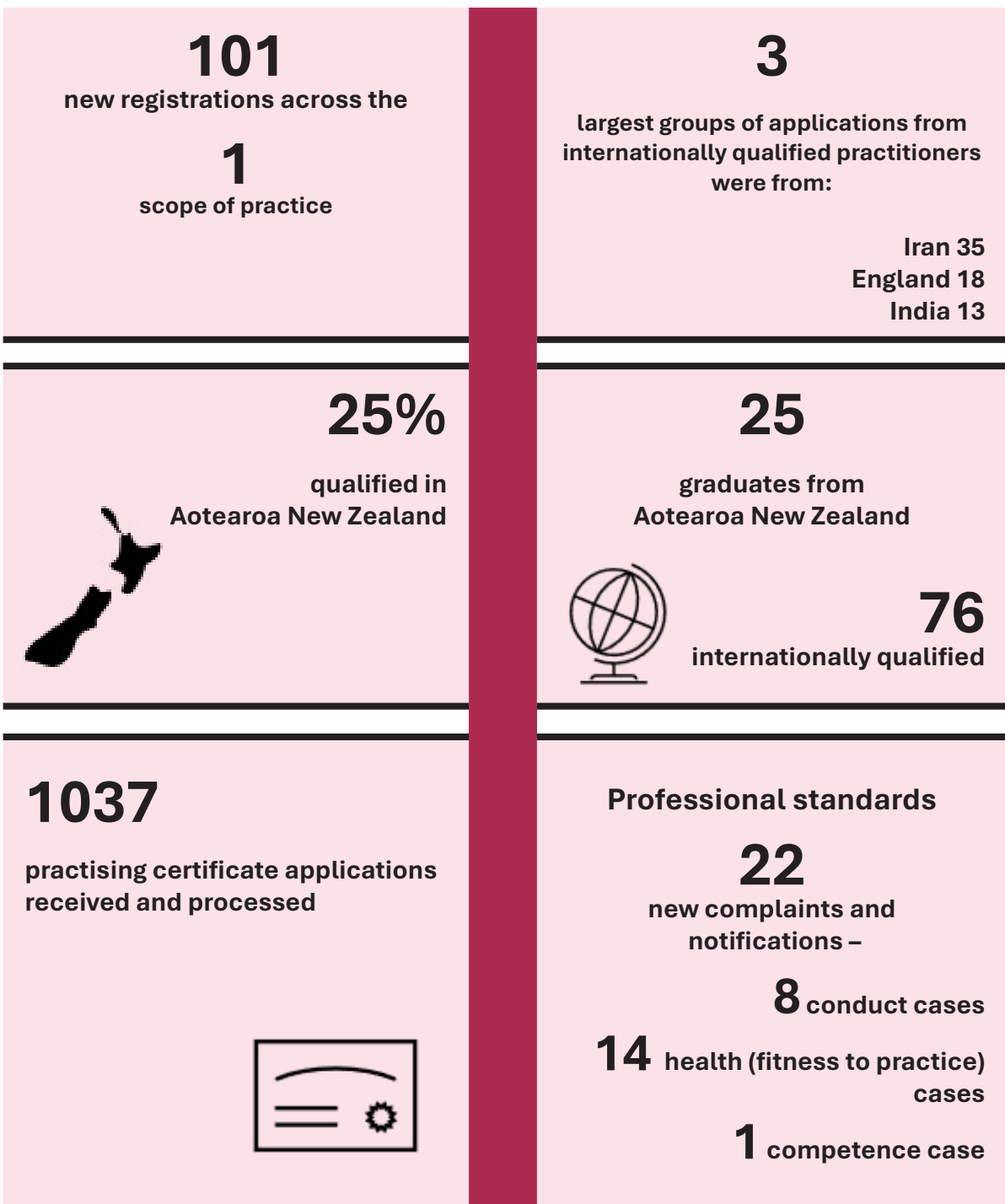
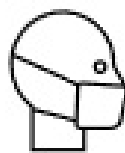
40

new complaints and notifications –

- 8** conduct cases
- 29** health (fitness to practice) cases
- 3** competence cases

Anaesthetic technology

Workforce during 2024/2025



Tā mātou whaihua | Our performance



Professions the Council regulates

Registration and practising certificates

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

The Council is responsible for regulating two distinct professions:

- medical laboratory science practitioners (MLS)
- anaesthetic technicians (AT).

Medical laboratory science

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

Medical laboratory science encompasses several distinct disciplines including:

- Biochemistry
- Blood donor services
- Blood transfusion services
- Cytogenetics
- Cytology
- Embryology
- Haematology
- Histology
- Immunology/virology
- Microbiology
- Molecular diagnostics/genetics
- Mortuary practice
- Phlebotomy
- Point of care testing
- Specimen services.

Medical laboratory science also includes:

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

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

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

- medical laboratory scientist (full or provisional registration)
- medical laboratory technician (full or provisional registration)
- medical laboratory pre-analytical technician (full or provisional registration).

Between 1 April 2024 and 31 March 2025 the Council received 598 new applications from people seeking registration in the medical laboratory science profession. A further 172 applications for registration were pending on 1 April 2024. These were either closed, or registration was proposed, by 31 March 2025.

Of the 770 applications, 72% were approved and 7% declined. The main reason that applications were declined was due to the applicant not meeting the registration criteria. Of the remaining applications:

- 27 (4%) were offered the opportunity to sit an examination as a pathway to registration
- 124 were in the process of being assessed as at 31 March 2025, and will be included in the registration statistics for the 2025-2026 year
- 10 applicants withdrew their application for registration.

Table 1: Outcomes of medical laboratory science applications for registration by scope 2024-2025

Outcome	MLPAT	MLS	MLT	Total
Registration approved	178	199	178	555
Offered online examination	-	27	-	27
Declined	-	48	6	54
Applications received, not processed (still being processed as at 31 March 2025)	48	55	21	124
Applications withdrawn	2	5	3	10
Total received	228	334	208	770

Figure A: 2023-2024 and 2024-2025 approved applications

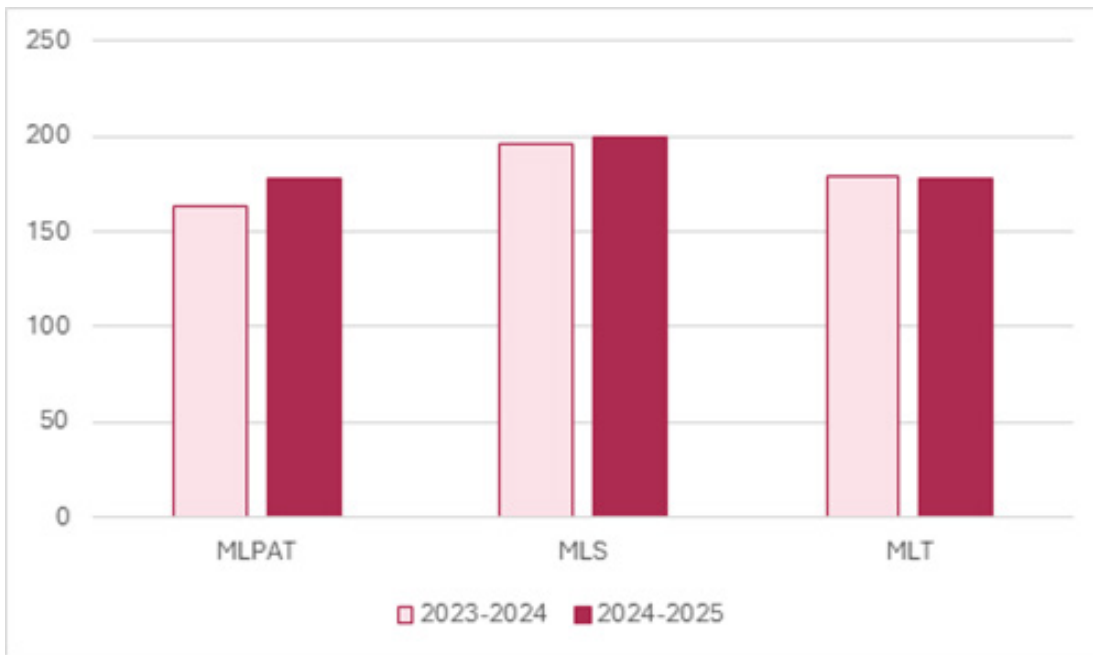


Figure A **above** shows the number of approved applications across all scopes of practice and compares 2023-2024 data with that of 2024-2025. The medical laboratory pre-analytical technician scope and the medical laboratory scientist scope have seen a slight increase in the number of approved applications. The medical laboratory technician scope has seen a very slight decrease in the number of approved applications.

Figure B: Approved applications for medical laboratory science for previous 10 years (all scopes)



Figure B **above** shows there has been a general upward trend in approved applications over the last 10 years. There was a spike in registrations in 2016-2017 as this was the year that the medical laboratory pre-analytical technician scope of practice was introduced.

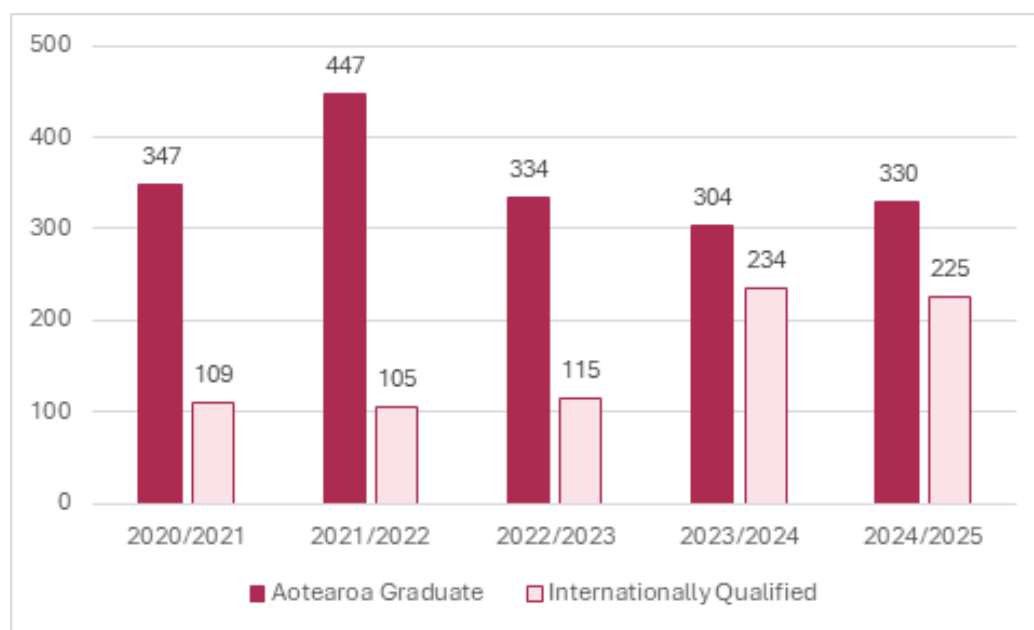
Approved registrations by country of education

Table 2: approved registration for medical laboratory science by country of education

Country	MLPAT	MLS	MLT	Total
Aotearoa New Zealand	146	93	91	330
Australia	1	2	2	5
Brazil		2	1	3
Canada	2		1	3
Chile		1		1
Columbia			1	1
England	1	7	3	11
Fiji	1	16	4	21
Hong Kong	1	1	1	3
India	6	8	17	31
Iran		1	1	2
Iraq		1	2	3
Ireland (Republic of)	1			1
Israel		1		1
Malaysia		1		1
Namibia		1		1
Nepal			3	3
Nigeria		3		3
Northern Ireland		1		1
Pakistan	1	1	2	4
Philippines	10	35	34	79
Poland		1		1
Russia		1		1
Rwanda	1			1
South Africa	3	16	7	26
Spain		1		1
Sri Lanka	2	2	5	9
Thailand	1		2	3
UK		1		1
USA	1	1	1	3
Zimbabwe		1		1
Total	178	199	178	555

Table 2 above shows that 330 of the 555 approved applications were Aotearoa New Zealand graduates – that is 59%. The remaining 41% of applications were from internationally qualified practitioners with the majority of these qualifying in the Philippines, South Africa, India, or Fiji.

Figure C: Approved applications for medical laboratory science by Aotearoa New Zealand graduate and internationally qualified practitioners 2020 – 2025



The increase in internationally qualified applications observed in 2023-2024 has been sustained in 2024-2025 with the numbers of internationally qualified applicants more than double that compared to 2021-2022.

For the 2024-2025 period, 82% of medical laboratory pre-analytical technician applications approved were from Aotearoa New Zealand graduates. This is compared to 51% of medical laboratory technician applications, and 47% of medical laboratory scientist applications. This may indicate a reliance on internationally qualified practitioners to meet workforce requirements.

Graduate pathways to registration

Registered medical laboratory technicians or medical laboratory pre-analytical technicians who hold a relevant Bachelor of Science degree, and who have worked for a minimum of 12 months full-time equivalent in an accredited laboratory, have the option of completing a graduate qualification as a pathway to medical laboratory scientist registration.

In the 2024-2025 year 19 practitioners graduated from one of the three approved programmes of education and were registered as medical laboratory scientists.

Unsuccessful applications

In the 2024-2025 year, 54 (7%) applications for registration were declined due to the applicant not being able to demonstrate the ability to meet the entry level registration requirements. Of the 54 unsuccessful applicants, 11 were educated in New Zealand and 43 were educated internationally. The internationally qualified applicants were from 14 different countries across the world.

The New Zealand applicants who were declined registration did not hold a qualification prescribed by the Council for registration in the scope of practice for which they applied. In making its decision, the Council undertook a process of qualification assessment and considered the qualification was not substantially equivalent to the prescribed qualification for registration, and therefore did not meet registration eligibility requirements.

Of the 48 medical laboratory scientist (MLS) applications for registration that were declined, 21 were offered registration in the medical laboratory technician (MLT) scope of practice, or were already registered in the MLT scope of practice. Twenty-four applicants were offered the opportunity to sit the online examination as part of their registration process, but either chose not to, or were unsuccessful in their attempts. The remaining three did not meet other requirements for registration.

Of the medical laboratory technician (MLT) registration applications that were declined, three were offered registration in the medical laboratory pre-analytical technician (MLPAT) scope of practice, or were already registered in the MLPAT scope of practice. The remaining three did not meet other requirements for registration.

Registration examinations

The online examination may be offered to applicants whose qualification has been assessed as being non-equivalent to the Council's prescribed qualifications for registration.

Applications for the online exam are predominantly international applicants, however, it may be that there are some New Zealand graduates with non-prescribed qualifications that are also offered the examination.

Applicants are only referred to the online examination after their application for registration has been assessed and their qualification deemed 'not equivalent' to a Council accredited qualification.

Applicants for registration cannot apply to the Council and request that they be able to take the examination.

In some instances, an online examination may be used as a return-to-practice pathway for registered practitioners who have not practised for an extensive period.

The examination is competence based with a focus on the application of medical laboratory science knowledge in a clinical environment. The examination assesses knowledge at the level of a practitioner entering the register.

Increase in applicants

The rise in applications from internationally qualified practitioners seen in 2023–2024 has continued into 2024–2025. The number of international applicants is now more than double what it was in 2021–2022.

Where approved applicants studied

In 2024–2025:

- **82%** of approved medical laboratory pre-analytical technician applicants were educated in Aotearoa New Zealand.
- In contrast, only **51%** of approved medical laboratory technician applicants and **47%** of approved medical laboratory scientist applicants were educated in Aotearoa New Zealand.

This suggests that the workforce is relying more heavily on internationally qualified practitioners, especially for technician and scientist roles.

Table 3 **below** shows statistics for those applicants, for registration as a medical laboratory scientist, who sat the online examination. The table shows the number of times the exam was sat, not the number of people who sat the exam.

Table 3: online exam statistics for medical laboratory science 2024-2025

	Total
Total times online exam set	64
Online exam re-sit	0
Online exam successful	39
Online exam unsuccessful	25

Practising certificates

To be able to practise in Aotearoa New Zealand all practitioners must hold a current practising certificate. To obtain a practising certificate, practitioners must demonstrate to the Council they have maintained their competence and are fit to practise.

Table 4 **below** shows the number of practising certificates that were issued to practitioners in the medical laboratory science scopes of practice. Of the 4022 certificates that were issued, 259 (6%) were issued with conditions.

Table 4: Number of practising certificates issued for the medical laboratory science profession between 1 April 2024 and 31 March 2025

	MLPAT	MLS	MLT	Total
Total certificates issued	1181	1988	853	4022
Issued with conditions	52	190	17	259

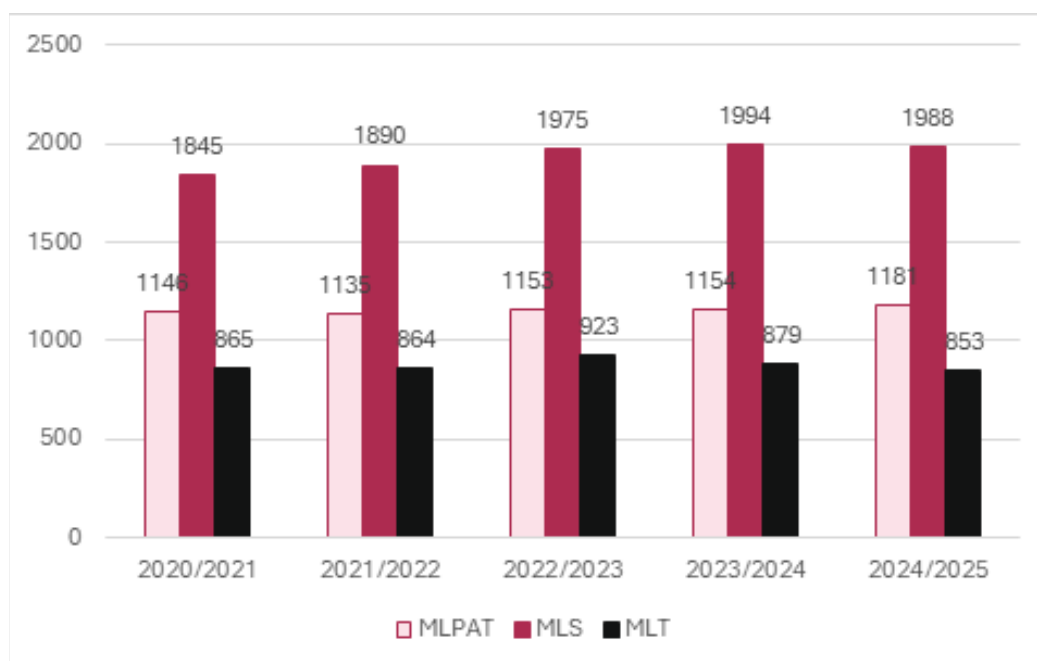


Figure CC: Number of practising certificates issued by scope over last five years

Figure CC **above** shows there has been an increasing trend in the number of practising certificates issued in the MLS and MLPAT scopes of practice. It also shows there has been a slight decrease in the number of practising certificates issued in the MLT scope since 2020/2021. 2022/2023 appears to be an outlier in the number of practising certificates issued for the MLT scope.

Sections 22 (3), (a) and (b) of the Act allow the Council to place a condition on a practitioner's practising certificate that will ensure they are competent to practise. For medical laboratory scientists, the most common reason for a condition on their practising certificate is to restrict their practice to certain disciplines such as embryology, microbiology, or biochemistry. This assures the Council that the practitioner is practising within their area(s) of education and competence.

For medical laboratory technicians (MLT) and medical laboratory pre-analytical technicians (MLPAT) the most common reason for a condition on their practising certificate is to enable them to perform an expanded practice activity approved by the Council, such as performing intravenous cannulation.

The Council is working through a process to record such changes in scope that means in the future they are not recorded as a condition.

Demographics – ethnicity – age – gender

Age

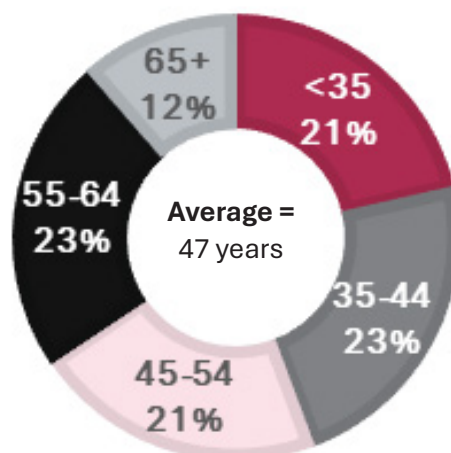
Figure D **below** shows the different age profiles for practitioners in the different scopes of practice. While the average age is 44 (MLS), 42 (MLT) and 47 (MLPAT), 71% of all practitioners are under 55 years of age. In addition - in all scopes - at least 7% of practitioners are over 65 years of age. Workforce planning is essential to ensure a continuous supply of practitioners. This is essential for the MLPAT professions who have a higher average age, but also have 56% of the workforce that are 45 years of age and above.

Of note: all scopes of practice have practitioners who are over the age of 75 years.

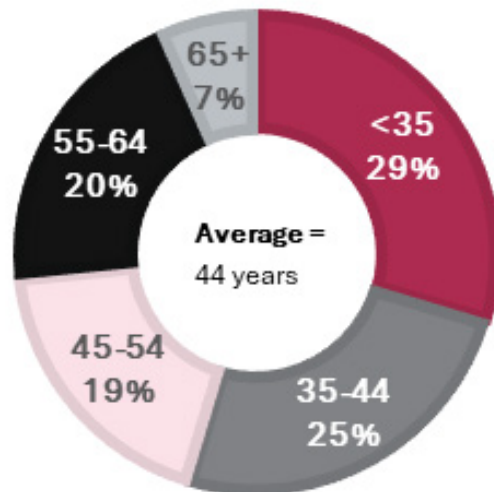
Figure D: Practising certificate holders by age band for the 2024-2025 practising year

Averages:

Medical laboratory pre-analytical technicians



Medical laboratory scientists



Medical laboratory technicians

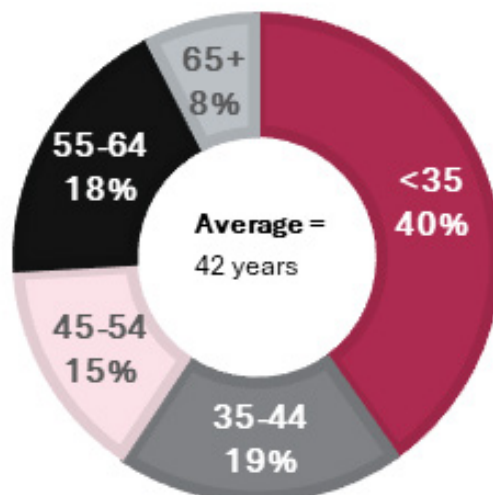
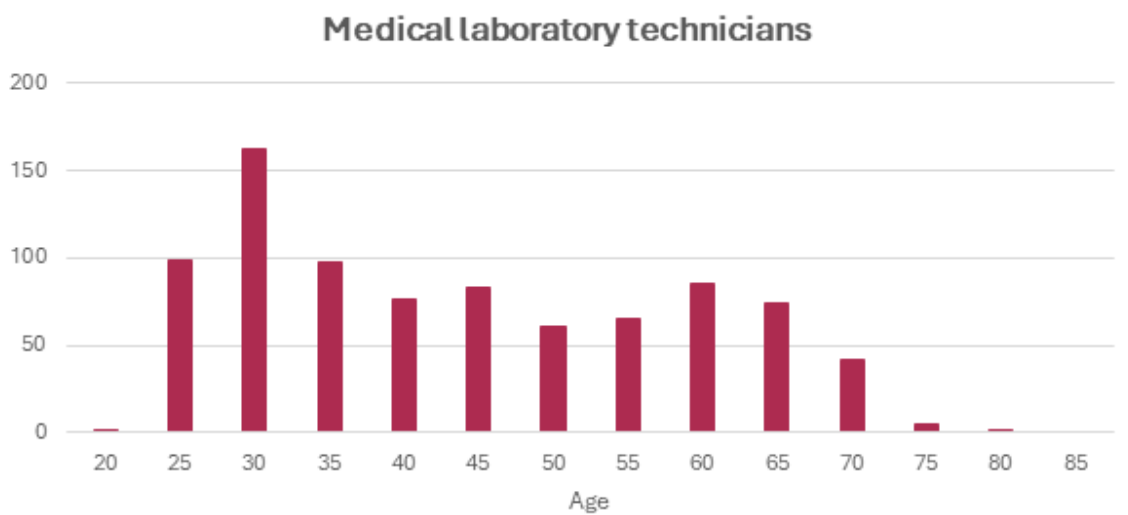
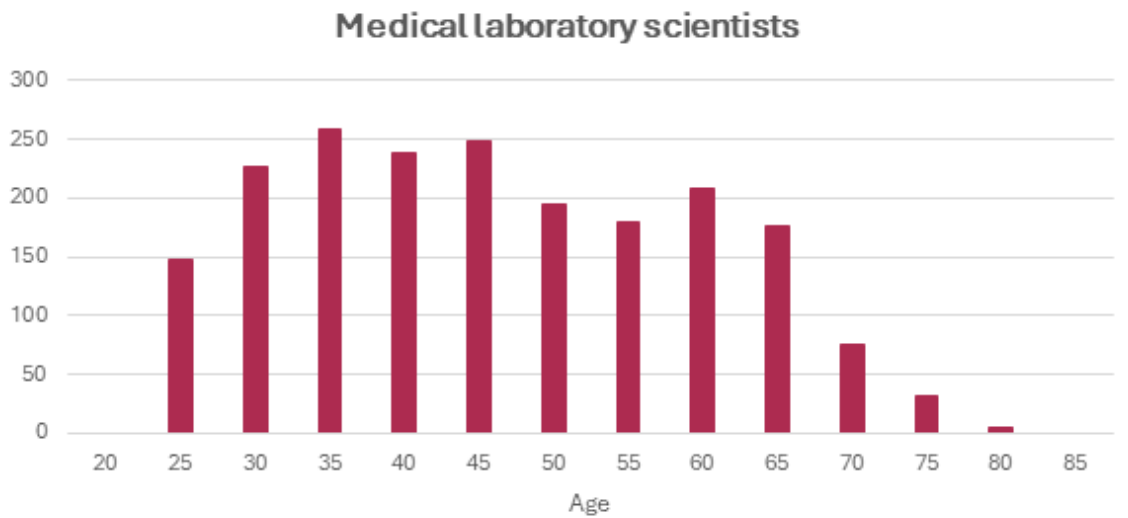
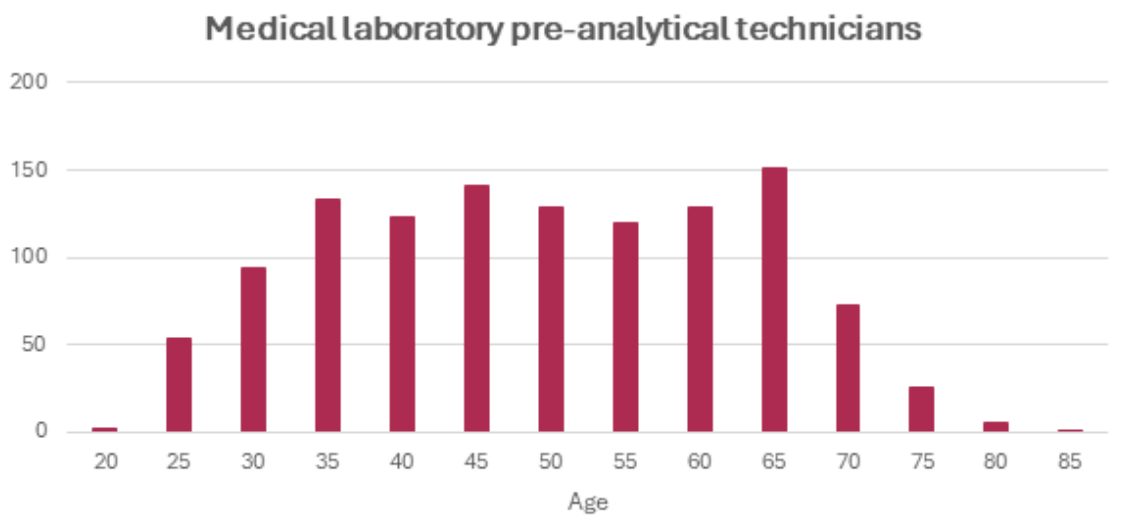


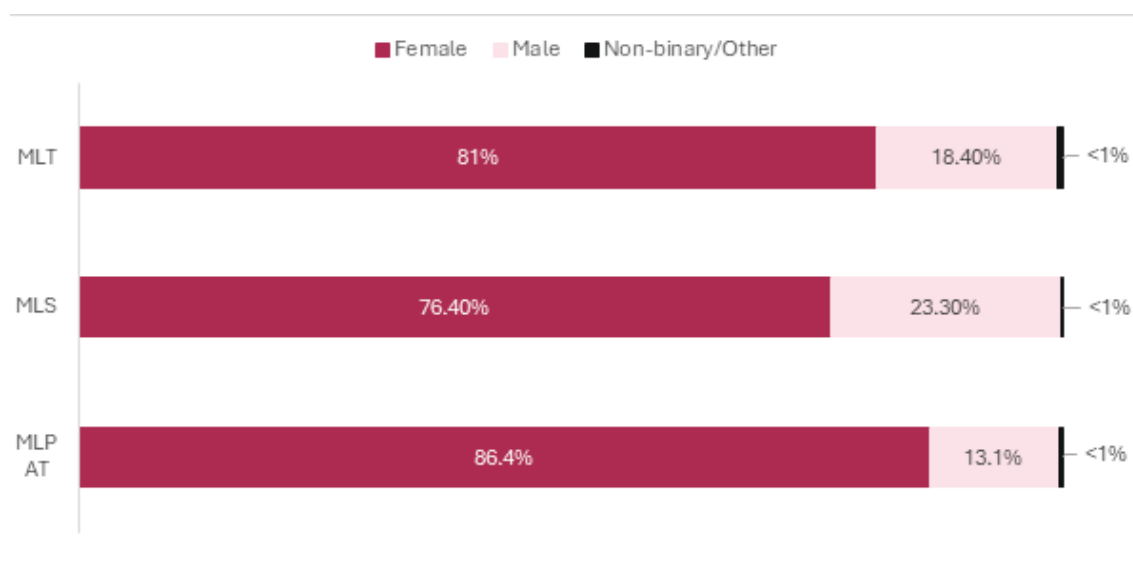
Figure E: Age distribution of practising certificate holders for the 2024-2025 practising year



Gender

All practitioners can self-identify gender. Figure F **below** shows that the majority of practitioners in all scopes identify as female. Since the introduction of additional fields there has been an increase in the number of practitioners across all scopes who identify as non-binary or other.

Figure F: practising certificate holders by gender for the 2024-2025 practising year



Ethnicity

The following graphs show ethnicity information for those practising across all scopes of practice. When applying for registration, practitioners can report up to three ethnicities.

The 2024-2025 statistics include every ethnicity that has been entered for every practising certificate holder. Therefore, each practitioner may be represented in more than one ethnic group (identify themselves as representing up to three ethnicities). Ethnicity data has been collated to protect individual information as it may be there is a single practitioner of one ethnicity.

The Council has adopted the StatsNZ 'Ethnicity New Zealand Standard Classification' for grouping and reporting on ethnicities. These groups are:

- Māori
- European (including NZ European)
- Pacific peoples
- Asian
- Middle Eastern/Latin American/African
- other Ethnicity.

This is a change from how we previously grouped and reported on ethnicities (2024 and prior, groups were Māori, Pasifika, Chinese, Indian, Other non-European, Other European, New Zealand European).

Over half of practitioners within each scope of practice identify as European (this includes New Zealand European) with Māori making up between 2-6% of the different scopes.

Figure G (1): ethnicity data for MLS (different ethnicities) who held a practising certificate in 2024- 2025

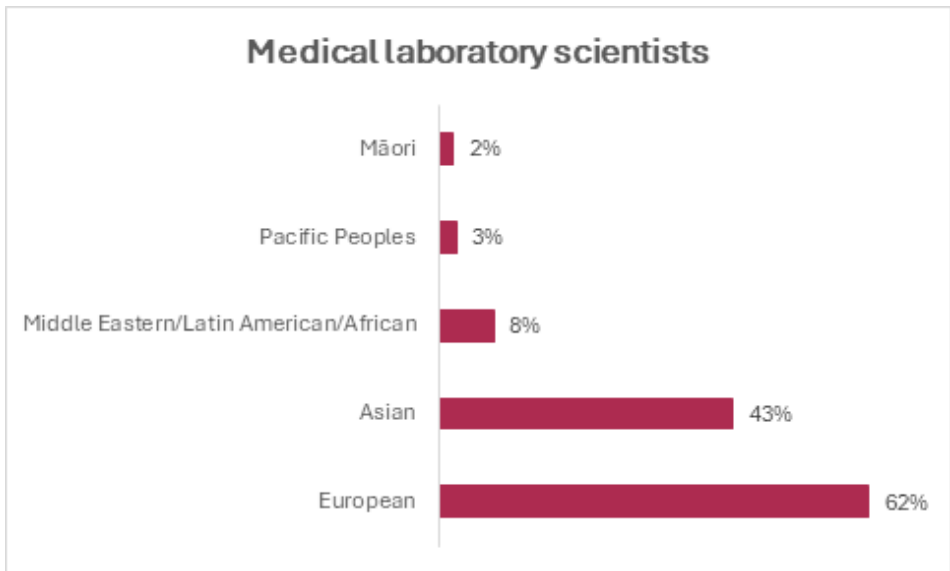


Figure G (2): ethnicity data for MLT who held a practising certificate in 2024-2025

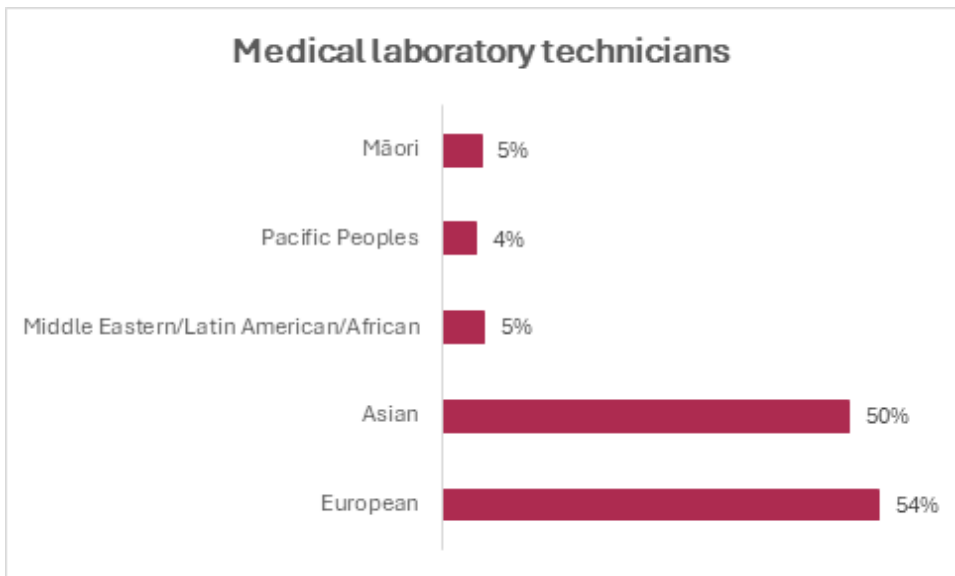
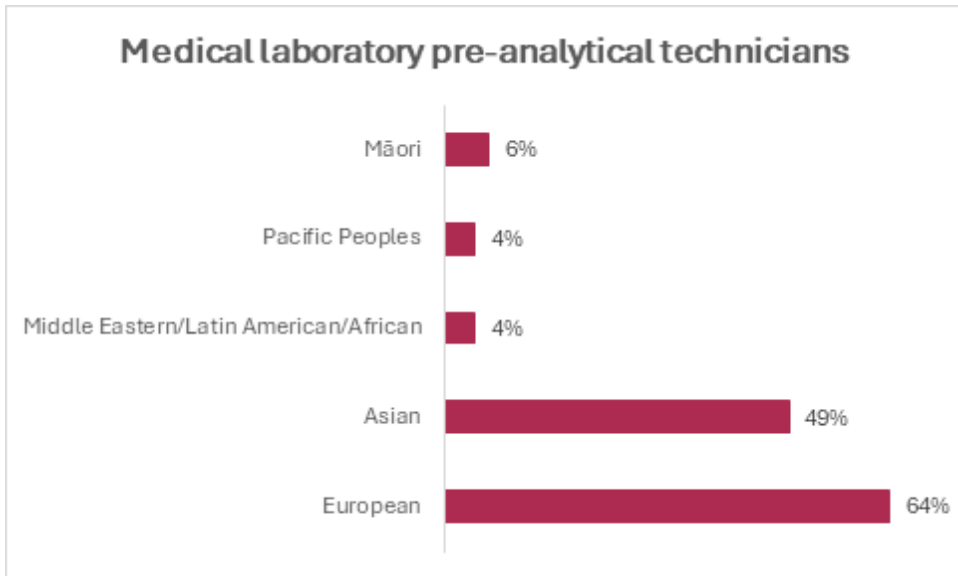


Figure G (3): ethnicity data for MLPAT who held a practising certificate in 2024-2025



Anaesthetic technician

Registration

Between 1 April 2024 and 31 March 2025 the Council received 111 new applications from people seeking registration in the anaesthetic technology profession. A further 19 applications for registration were pending on 1 April 2024, and closed within the reporting period.

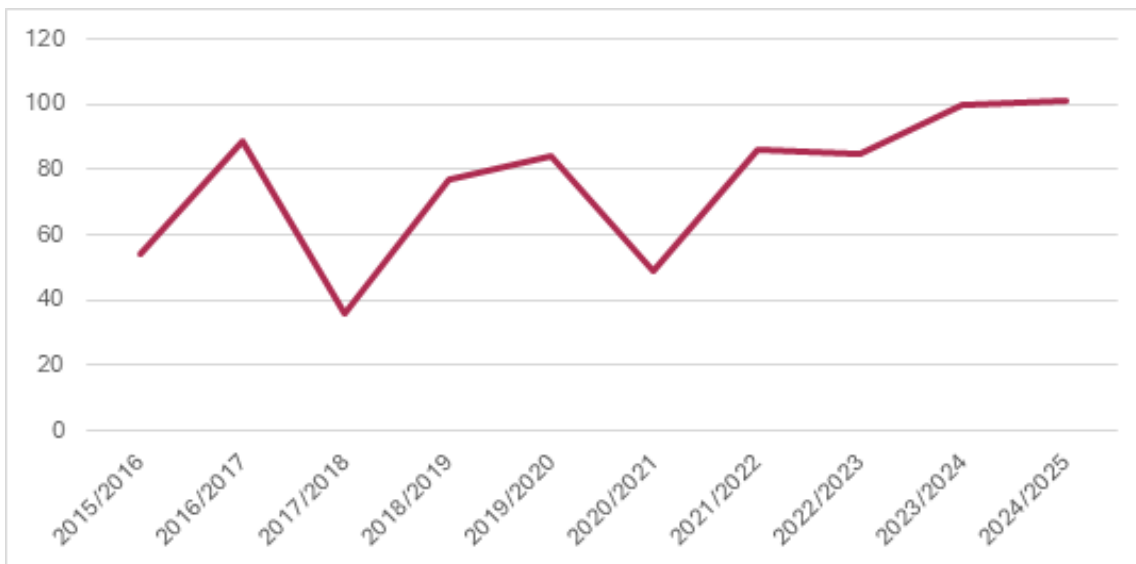
Of these 130 applications for registration, 78% were approved and 2% were declined. Of the remaining applications:

- two (1.5%) were offered the opportunity to sit an online exam as a pathway to registration
- 22 were in the process of being assessed as at 31 March 2025, and will be included in the registration statistics for the 2025-2026 year
- two applicants withdrew their application for registration.

Table 5: Outcomes of applications for registration for anaesthetic technology 2024-2025

Outcome	Total
Registration approved	101
Offered online examination	2
Declined	3
Applications received, not processed/still being processed as at 31st March 2025	22
Applications withdrawn	2
Total received	130

Figure H: Approved applications for registration of anaesthetic technicians between 2015-2025



Overall, the trend in figure 'H' above appears to show there is a general increase in approved applications for registration for the anaesthetic technology profession. However, there is significant variation across years.

Over the past five years there has been significant change and investment in the profession. Providers of education commenced graduating two cohorts of practitioners in 2024. It is hoped that by sustaining the number of graduates, the number of practitioners will continue to grow.

Approved registrations by country of education

Table 6 below shows that 75% of approved applications for registration during the 2024-2025 year were internationally qualified. There is also a decrease in the number of New Zealand graduates. This is partly due to the transition of the pre-registration programme of education from a diploma to a degree qualification. The numbers continue to be monitored.

Most internationally qualified applicants for registration come from Iran, England, and India.

Table 6: approved registration for anaesthetic technology by country of education

Country	Total
Aotearoa New Zealand	25
Australia	1
England	18
Ghana	1
India	13
Iran	35
Italy	1
Jordan	1
Pakistan	1
Palestine	1
Scotland	1
Tunisia	1
UAE	2
Total	101

Figure 1: approved applications for anaesthetic technology by Aotearoa New Zealand graduate and internationally qualified 2020-2025

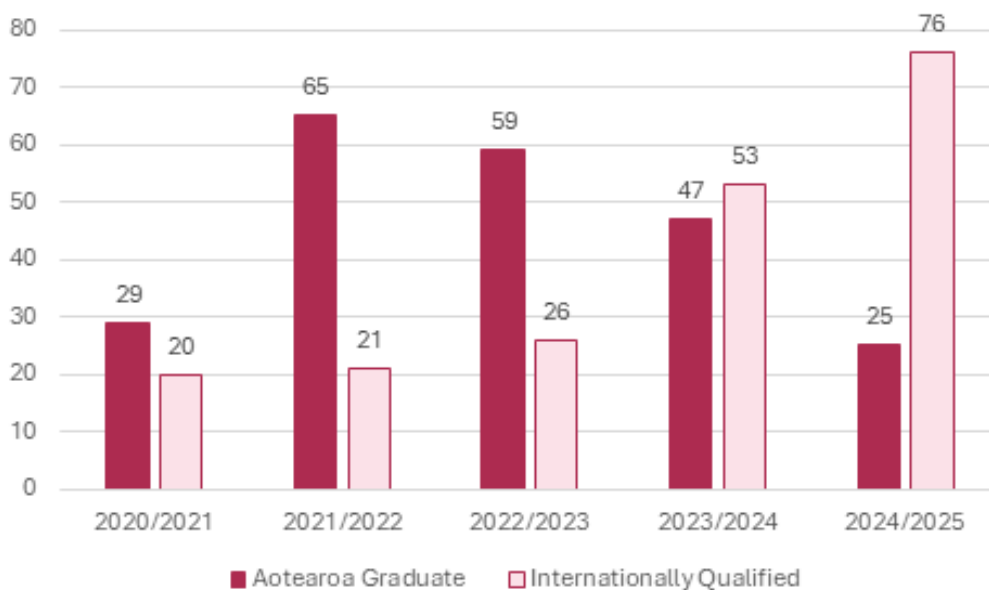


Figure 1 above shows the decrease of Aotearoa New Zealand graduates as previously explained. It also shows there has been a large increase in the number of internationally qualified applicants seeking registration, and being granted.

The number of internationally qualified applicants for registration that have been approved has increased by 190% since 2022-2023.

Unsuccessful applications

In the 2024-2025 year, three applications for registration were declined due to the applicant not being able to demonstrate the ability to meet the requirements for registration. All three applicants were educated internationally.

Of the three applications declined, **two were offered the opportunity to sit the online examination with the results below.** The remaining applicant did not meet other requirements for registration.

Examinations

Table 7: online exam statistics for anaesthetic technology 2024-2025

	Total
Total times online exam sat	2
Online exam re-sit	0
Online exam successful	1
Online exam unsuccessful	1

Practising certificates

In Aotearoa New Zealand practitioners must hold a current practising certificate in order to practise their profession.

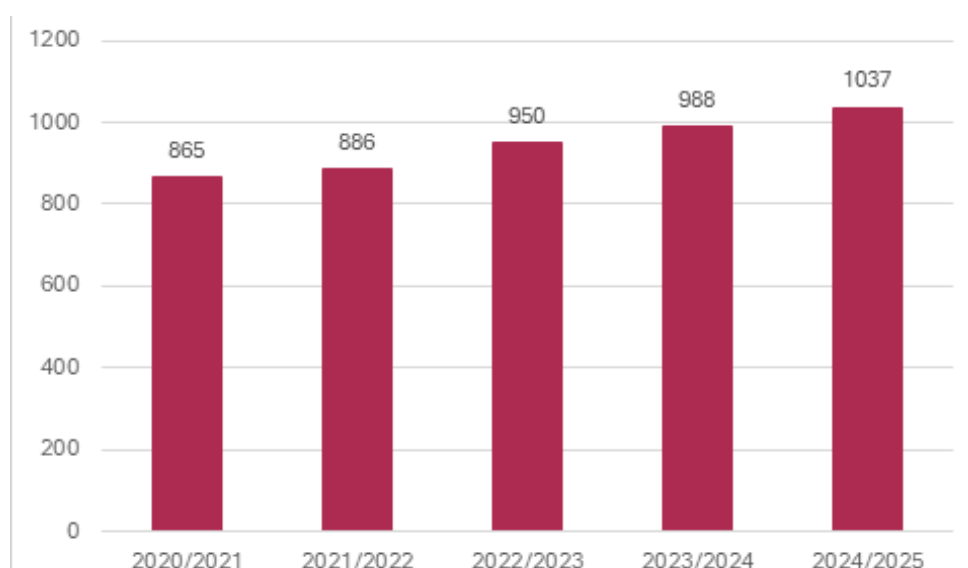
Table 8: Number of practising certificates issued for anaesthetic technology practitioners between 1 April 2024 and 31 March 2025

	Total
Total certificates issued	1037
Issued with conditions	62

During 2024-2025 (1 April to 31 March), a total of 1037 certificates were issued.

Figure J **below** shows that there has been continued growth in the number of certificates issued in the last five years with a 5% increase in 2024-2025 compared to 2023-2024. One of the limitations of this, however, is that practising certificates do not necessarily equate to a full-time equivalent staff member in the workplace. So, while the numbers of practitioners may have increased, the total number of FTE providing care may not have.

Figure J: Practising numbers for anaesthetic technology over the last five years 2020 – 2025



Conditions

Sections 22 (3), (a) and (b) of the Act allow the Council to place a condition on a practitioner's practising certificate. For many practitioners, the condition(s) on their practising certificate require them to practise under supervision for a period specified by the Council. Supervision is a formal process of professional support and teaching to enable the practitioner to build on their knowledge, skills, and professional attributes, and to progressively assume responsibility for their own practice.

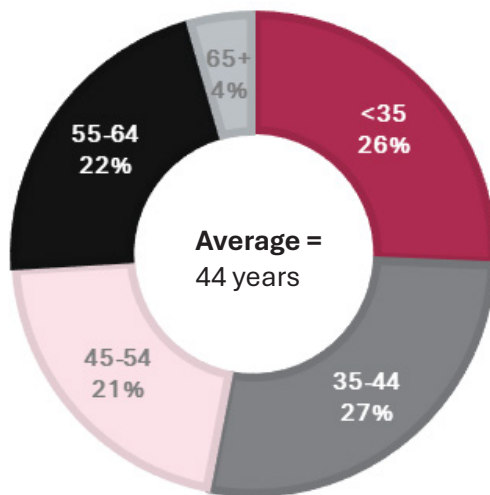
The Council also has a number of practitioners who have an extension to the scope. This enables the practitioner to work in areas such as the post-anaesthetic care unit or to perform additional skills, for example insertion of PICC lines. While these are recorded as conditions, the Council is aware that these do not meet the definition as such. With changes to the scope of practice that will come into effect on 1 April 2025 the need for conditions for the latter group of practitioners will be removed.

Demographics – ethnicity – age – gender

Age

Figure K **below** shows the proportion of practitioners in each age band. While the average age of practitioners is 44 years, a quarter are less than 35 years of age and a quarter are over 55 years of age, with 4% being over 65 years of age.

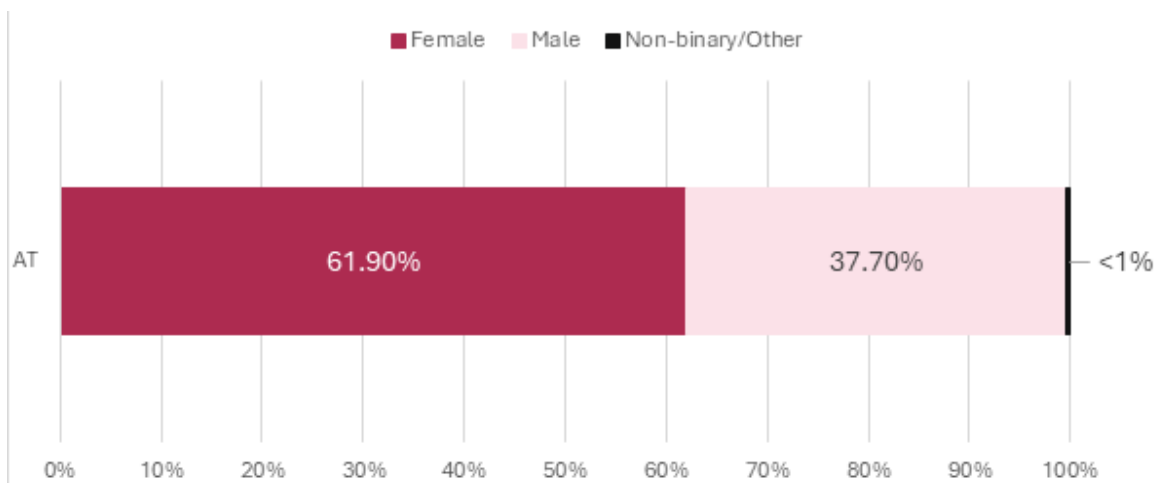
Figure K: practising certificate holders by age band for the 2024-2025 year



Gender

The workforce is predominantly female as Figure L **below** shows.

Figure L: Anaesthetic Technician practising certificate holders by gender for the 2024-2025 practising year



Ethnicity

Figure M **below** shows the ethnicity makeup of anaesthetic technicians who held a practising certificate in the 2024-2025 year. When applying for registration, practitioners can report up to three ethnicities. The 2024-2025 statistics include every ethnicity that has been entered for every practising certificate holder. Therefore, each practitioner may be represented in more than one ethnic group (identify themselves as representing up to three ethnicities). Ethnicity data has been collated to protect individual information as it may be in a few instances that there is a single practitioner of one ethnicity.

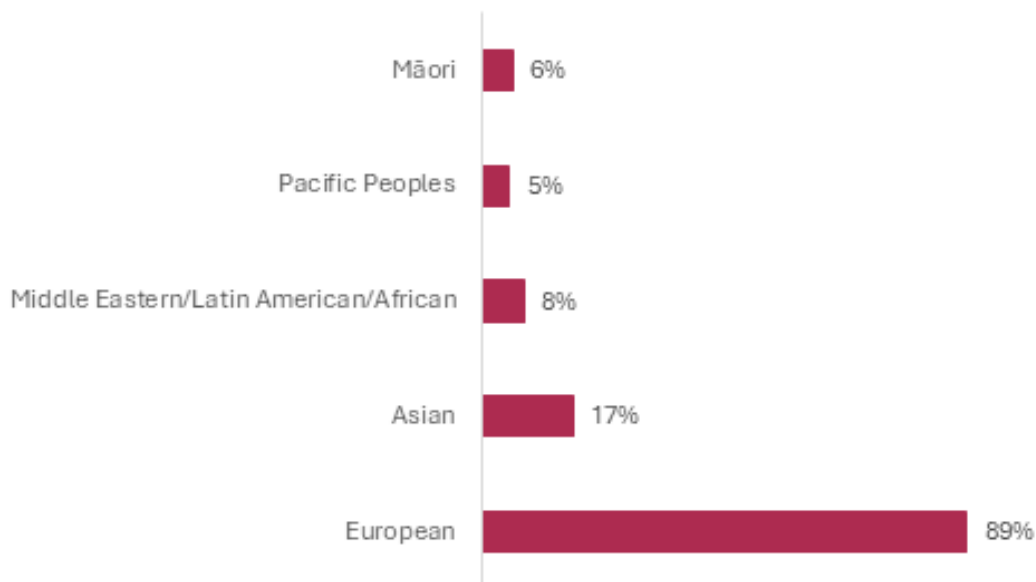
The Council has adopted the StatsNZ ‘Ethnicity New Zealand Standard Classification’ for grouping and reporting on ethnicities. These groups are:

- Māori
- European (including NZ European)
- Pacific peoples
- Asian
- Middle Eastern/Latin American/African
- Other Ethnicity

This is a change from how we previously grouped and reported on ethnicities (2024 and prior, groups were Māori, Pasifika, Chinese, Indian, Other non-European, Other European, New Zealand European).

Nearly 90% of anaesthetic technicians identify as European (including NZ European), and about 6% identify as Māori.

Figure M: ethnicity data for Anaesthetic Technicians who held a practising certificate in 2024-2025



Education and continuing professional development

The Council accredits several Aotearoa New Zealand education providers that offer the qualifications prescribed for registration in the medical laboratory science, and anaesthetic technology professions. All accredited providers are subject to an ongoing monitoring process to ensure programmes leading to registration produce graduates capable of meeting the entry-level competence standards for the respective profession.

Profession of medical laboratory science

Accreditation of providers and approval of programmes

The Council has approved the following programmes of education for the purposes of entry to the register of medical laboratory, scientists, technicians, and pre-analytic technicians:

- University of Otago: Bachelor of Medical Laboratory Science, Postgraduate Diploma in Medical Laboratory Science
- Auckland University of Technology: Bachelor of Medical Laboratory Science, Graduate Diploma in Science (in Medical Laboratory Science)
- Massey University: Postgraduate Diploma in Health Science (Medical Laboratory Science) (discontinued from 2025)
- New Zealand Institute of Medical Laboratory Science: Qualified Medical Laboratory Technician Certificate in Biochemistry, Component Processing, General Technician, Haematology, Histology, Immunology, Microbiology, Mortuary Services, or Transfusion Science; Qualified Medical Laboratory Pre-Analytical Technician Certificate in Donor Technician, Phlebotomy, or Specimen Services
- Ara Institute of Canterbury: New Zealand Diploma in Applied Science.

During 2024-2025 the Council undertook its annual monitoring of these programmes, focusing on Standard 2 Qualification Programme (2.4–2.5). Results from this monitoring confirmed compliance by all education providers.

Recertification and ongoing professional development

For the purposes of complying with the recertification policy, medical laboratory practitioners must be engaged in a formal continuing professional development (CPD) programme. The Council has approved the following for that purpose:

- New Zealand Institute of Medical Laboratory Science (NZIMLS)
- Australasian Association for Clinical Biochemistry and Laboratory Medicine Inc (AACB)
- New Zealand Hospital Scientific Officers' Association Inc
- Awanui.

Audit

During 2024-2025 the Council undertook an audit of Medical Laboratory Science practitioners to ensure compliance with the recertification policy.

- Of the total sample 95% demonstrated compliance with the policy
- One section 43 notice was issued.

Profession of anaesthetic technology

Accreditation of providers and approval of programmes

The Council has approved the following programmes of education for the purposes of entry to the register of anaesthetic technicians:

- Auckland University of Technology: Bachelor of Health Science (Perioperative Practice).

During 2024-2025 the Council completed a site visit and undertook its annual monitoring of this programme, focusing on Standard 2 Qualification Programme (2.4–2.5). Results from this monitoring confirmed compliance by the education provider.

Recertification and ongoing learning

For the purposes of complying with the recertification policy, anaesthetic technicians maintain their own records of continuing professional development.

Audit

During 2024-2025 the Council undertook an audit of practitioners to ensure compliance with the recertification policy. Of the total sample:

- Of the total sample 100% demonstrated compliance with the policy.

Competence and fitness to practise

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

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

All notifications about practitioners are referred to the Professional Standards Committee in the first instance; this is a subcommittee of the Council that triages and manages all notifications regarding competence and health.

Profession of medical laboratory science

Competence

Source	Health Practitioners Competence Assurance Act 2003 (HPCA) Section		Closed		Still active
		New 2024/2025	Existing		
Health practitioner ^[1]	34(1)	2	1	2	1
Employer ^[2]	34(3)	1		1	
Professional Conduct Committee	80(2)(a)		2	1	1
Total		3	3	4	2

^[1] All notifiers in this column were current employers of the practitioner at the time of the notification.

^[2] All notifications in this column were made by former employers of the practitioner, as HPCAA s34(3) refers only to when a practitioner resigns or is dismissed from employment, and there are issues that have been identified regarding competence.

Outcomes of competence notifications

Outcomes	HPCA Section	Closed		Still active
		New	Existing	
Referred to HDC, ACC, and Director-General of Health	35			1
Competence review	36	2	2	1
Orders concerning competence	38			1
Ceased practice		2	1	
No further action			1	
Initial inquiries ongoing as of 31 March 2025				1

A single notification can result in multiple outcomes that span an extended period.

Members of the competence review panels during 1 April 2024 – 31 March 2025 were: Kylie Drake, Xiaodan (Grandy) Li, and Ping Tat (Leo) Luk.

Profession of anaesthetic technology

Competence

Source	Health Practitioners Competence Assurance Act 2003 (HPCA) Section		New 2024/2025	Existing	Closed	Still active
	Health practitioner ^[1]	34(1)	1		-	1
Employer ^[2]	34(3)		1	-	1	
Total		1	1	-	2	

^[1] All notifiers in this column were current employers of the practitioner at the time of the notification.

^[2] All notifications in this column were made by former employers of the practitioner, as HPCAA s 34(3) refers only to when a practitioner resigns or is dismissed from employment, and there are issues that have been identified regarding competence.

Outcomes of competence notifications

Outcomes	Section	Existing	Still active
Competence review	36	-	1
Orders concerning competence	38	-	1
Competence programme	40	-	1

A single notification can result in multiple outcomes that span an extended period.

Members of the competence review panel during 1 April 2024–31 March 2025 were Matthew Lawrence and Michele Peck.

Health/fitness to practice

The Council has the responsibility to protect the public by ensuring that medical laboratory science and anaesthetic technology practitioners are fit to practise.

Profession of medical laboratory science

As at 1 April 2024, two practitioners were under health monitoring and one was required to undertake a health assessment following referrals in previous years. The Council received 29 new notifications during the 2024-2025 year with the majority being self-disclosures from the practitioner themselves. Of the 32 notifications received or active during 2024-2025, 22 were closed during this reporting period.

Source	Health Practitioners Competence Assurance Act 2003 (HPCA) Section		New 2024/2025	Existing	Closed	Still active
	Employer	45(1)	8	-	6	2
Self-notification		21	2	15	8	
Professional Conduct Committee	80(2)(b)	-	1	1	-	
Total		29	3	22	10	

Outcomes of health notifications

Outcomes	New	Existing	Still active
No further action	8	2	
Health assessment	1	1	
Conditions imposed	3		
Voluntary agreement			10
Ceased practice	10	1	
Registration cancelled	1		

A single notification can result in multiple outcomes that span an extended period.

Profession of anaesthetic technology

As at 1 April 2024, three practitioners were under health monitoring following referrals in previous years. The Council received 14 new notifications during the 2024-2025 year with the majority being self-disclosures from the practitioner themselves. Of the 17 notifications received or active during 2024-2025, eight were also closed during this reporting period.

Health/fitness to practice

Source	Health Practitioners Competence Assurance Act 2003 (HPCA) Section		New			Still active
	45(1)	45(3)	2024/2025	Existing	Closed	
Employer	45(1)		1	2		3
Self-notification			12	1	8	5
Other	45(3)		1			1
Total			14	3	8	9

Outcomes of health notifications

Outcomes	Closed		Still active	
	New 2024/2025	Existing	New 2024/2025	Existing
No further action	3	1		
Health assessment				
Conditions imposed				
Voluntary agreement				
Ordered monitoring				
Ceased practice				

A single notification can result in multiple outcomes that span an extended period.

The number of notifications that required formal regulatory intervention was small, reflecting that most practitioners who are the subject of a health notification are already accessing adequate care and support and agree to provide the Council with updates on their ongoing care and/or recovery.

The information above demonstrates that the Council is applying a proportionate response to matters related to health, in that it has used the regulatory mechanisms in a small number of cases. Further, that it continues to monitor a relatively low number of practitioners. Monitoring provides the Council with ongoing reassurance of a practitioner’s ability to remain in practice or otherwise.

Last five years

The following tables show the change in health notifications over the course of the last five years. While the number of competence notifications has remained relatively low and static over this period, the number of health notifications has increased. This is largely due to a change in Council practice which has been to actively promote the health sections of the Act. By doing this it is expected that more practitioners will make a self-disclosure if their ability to practise is impacted by their health and that this number will increase.

Medical laboratory science

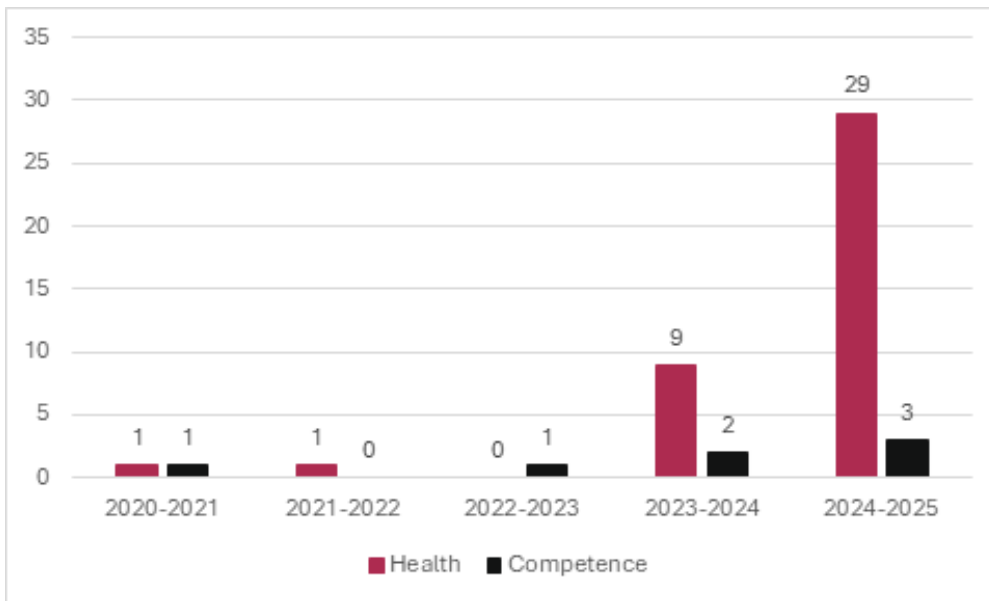


Figure N: Number of health and competence notifications about Medical Laboratory Scientists, Technician, and Pre-Analytical Technicians received over the last five years

Anaesthetic Technicians

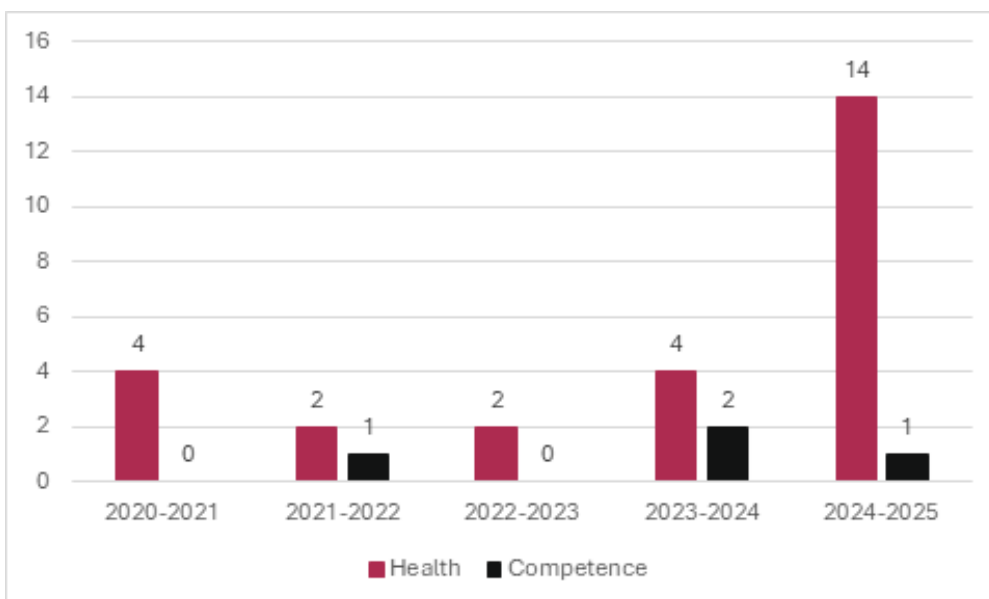


Figure O: Number of health and competence notifications about Anaesthetic Technicians received over last five years

Complaints and discipline

The Council has the responsibility to act on information received about the conduct of a medical laboratory science or anaesthetic technology practitioner.

The Health Practitioners Competence Assurance Act 2003 enables the Council to appoint a Professional Conduct Committee (PCC) to investigate a complaint received by the Council, alleging that the practice or conduct of a health practitioner registered with the Council may pose a risk of harm or serious harm to the public. The Professional Standards Committee refers matters related to conduct to these committees.

Profession of medical laboratory science

As at 1 April 2024, initial inquiries were being made about one notification received during the previous reporting period, four practitioners were subject to ongoing disciplinary processes (Professional Conduct Committees | PCC and Health Practitioners Disciplinary Tribunal | HPDT) and one practitioner was referred to the Health and Disability Commissioner | HDC following a notification received in the previous year. Of the four, two were referred to a PCC and had charges brought against them before the Health Practitioners Disciplinary Tribunal prior to 1 April 2024, and as of 31 March 2025 one decision had been published. Another two were the subject of ongoing Professional Conduct Committees (PCC) as of 1 April 2024, and both PCCs concluded during the reporting period. The practitioner who had been referred to the Health and Disability Commissioner prior to 1 April 2024 was referred back to the Council during the reporting period.

During this reporting period the Council received eight new notifications. The tables below provide information around the source of these notifications and initial processes undertaken. The number of matters considered by the Council in 2024/2025 is comparable to recent years.

Source	Number	No further action	Outcome		Still active
			Referred to PCC	Referred to HDC	
Health practitioner	2	1			2
Employer	2	2	2 PCCs ongoing as of 1/4/24	1	1
Self-notifications	4	3	1		1

Matters referred to PCC

Conviction	1
Inappropriate behaviour	2

Outcomes of cases closed

The two PCC investigations that were ongoing as of 1 April 2024 both concluded during the reporting period, both with a determination of no further action.

One PCC was ongoing as of 31 March 2025.

Of the cases that were resolved with no further regulatory intervention, about half were in relation to practitioners practising for a period without a current practising certificate. The Council took an educational approach to resolving these with the practitioners involved. Most of the rest of the cases that were resolved with no further regulatory intervention were determined to be employment issues that had been adequately addressed within the workplace.

Professional Conduct Committees

The Council has a pool of experienced practitioners and lay people that it uses for Professional Conduct Committees (PCC). Each committee is comprised of two health practitioners and a lay member of which one member is the Chair. During 2024-2025 members of the PCC were:

Rosanne Hawarden
 Jim Lindsay
 Marj Noble
 Arleen Donaldson

Priscilla Waetford
 Marjorie Ramos
 Sue Carnoutsos

Last five years – complaints and discipline

The **figure below** shows that the number of complaints and discipline matters about medical laboratory science technicians brought to the Council’s attention over the past five years has been relatively stable.

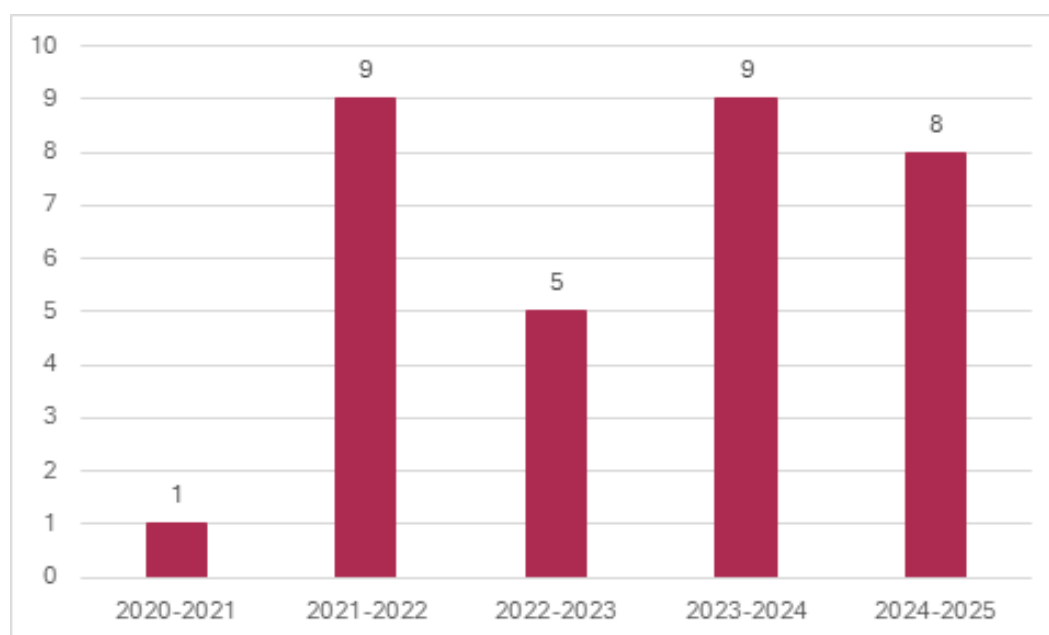


Figure P: Number of complaints about medical laboratory science technicians received over the last five years.

Profession of anaesthetic technology

As at 1 April 2024, one practitioner was subject to monitoring following a notification from a previous year. The monitoring requirements were met during the reporting period and the matter was closed. During this reporting period the Council received eight new notifications. The tables below provide information around the source of these notifications and initial processes undertaken. Compared to previous years there is an increase in the number of matters considered by the Council.

Source	Number	Outcome				
		No further action	Referred to PCC	Referred for health assessment	Referred to HDC	Still active
Health practitioner	2		2		1	
Employer	3	2	1			1
Self-notifications	2			1		2
Other	1		1			1

Matters referred to a PCC

Conviction	1
Inappropriate behaviour	2
Practising outside of scope	1

Outcomes of cases closed

Of the two PCC investigations that concluded during the reporting period, one had a recommendation to counsel the practitioner and one had a determination of no further action.

One PCC was ongoing as of 31 March 2025.

Professional Conduct Committees

The Council has a pool of experienced practitioners and lay people that it uses for Professional Conduct Committees (PCC). Each committee is comprised of two health practitioners and a lay member of which one member is the Chair. During 2024-2025 members of the PCC were:

Helen Walker
Rosanne Hawarden
Marj Noble
Tania Kennedy

Grant Scarf
Garry Cobb
Graham Boyes
Nicola Smith-Guerin

Last five years – complaints and discipline

The **figure below** shows that there has been an increase in the number of complaints and discipline matters about anaesthetic technicians brought to the Council’s attention over the past five years.

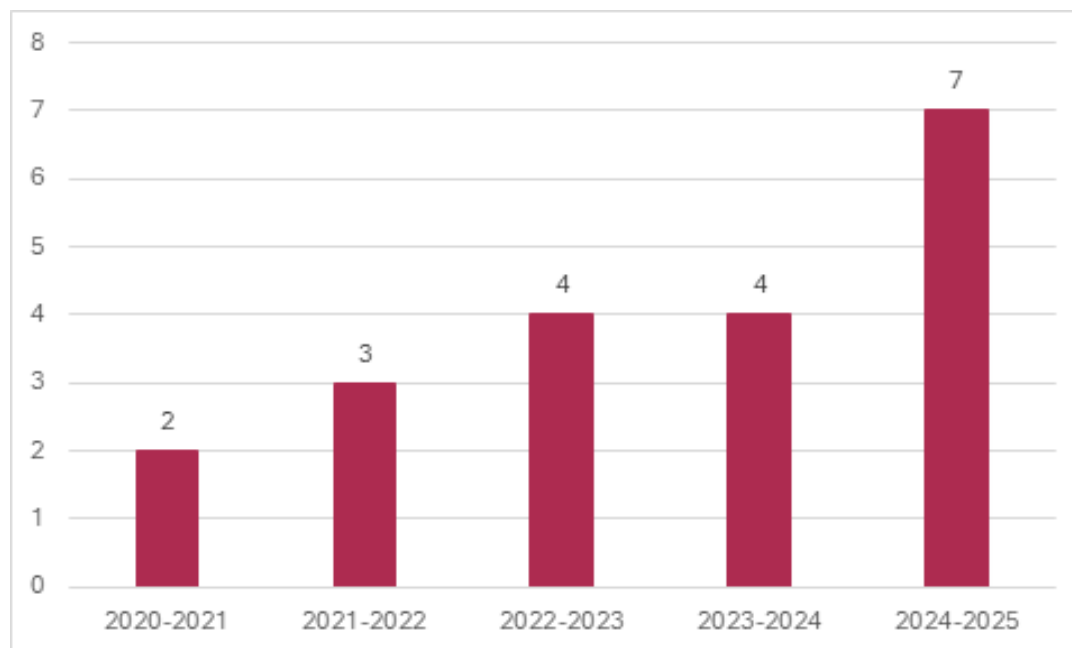


Figure Q: Number of complaints about anaesthetic technicians received over last five years.

Health Practitioner Disciplinary Tribunal (HPDT)

There were two cases involving medical laboratory science practitioners before the Health Practitioners Disciplinary Tribunal during the reporting period. In both cases, the charges were brought prior to 1 April 2024. One case that was concluded resulted in the practitioner being removed from the register.

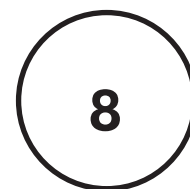
There were no cases involving anaesthetic technicians before the Health Practitioners Disciplinary Tribunal.

When a charge is laid about a medical laboratory science or anaesthetic technology practitioner, a tribunal panel is established. This panel includes a Chair, three practitioners and a lay member. All Tribunal members are appointed by the Minister of Health. All are required to hold practising certificates and to be in good standing with the Council.

Appeals and judicial reviews

There was one appeal against a decision made by the Council initiated during 2024-2025. As of 31 March 2025 the appeal conference for the matter was adjourned. There were no judicial reviews of decisions made by the Council during 2024-2025.

Tā mātou whaihua a-ahumoni | Our financial performance 2024 - 2025



Our finances

This year we have recorded a loss of \$275,928.

The Council purchases regulatory services from Te Rangatapu Pūtaiao a Rongoā | the Medical Sciences Secretariat (MSS/the Secretariat). The Medical Sciences Council (the Council) is a 50% shareholder in the MSS with the other shareholder being a separate Responsible Authority (RA) – Te Poari Ringa Hangarau Iraruke | the Medical Radiation Technologists Board (MRTB/the Board). Staff providing all regulatory services are employed by the MSS and, except for the professional education advisors, provide services for both RAs. This means that many of the operational overhead costs are divided across both RAs.

Within the Council there is a further split of costs between the two professions - medical laboratory science and anaesthetic technician. Practising certificate fees for both these professions are different. The Council operates with different types of reserves. These are operational, disciplinary, and capital asset reserves. The operational reserves are those funds that are allocated for meeting the ongoing regulatory functions of the Council, regulation, education, and its share of operational expenses.

In 2024 the Council implemented, a separate disciplinary levy. This levy is used for meeting costs associated with matters of conduct that are referred to a Professional Conduct Committee (PCC), and the funding of the Health Practitioner Disciplinary Tribunal. The Council is required to pay fees towards the Tribunal even if no cases are brought against a practitioner. This levy is itemised in financial statements. While the Council does not employ staff or enter into agreements such as leases etc, it is required to pay - and therefore hold - a reserve for capital assets including its practitioner database. The operational reserve for both Council professions is funded by the Annual Practising Certificate (APC) fee. The setting of the APC fee involves considering expected costs associated with the regulatory functions of the RA. This includes consideration of costs associated with complaints, before they are referred to a PCC, as well as matters of competence and health that are referred regarding practitioners.

Each year when considering change to the fees set, the Council reviews its current budget. When it makes a decision around consideration of fees, it looks at the reserves it holds and any prospective issues that need to be actioned and addressed. In 2024-2025 the Council once again reviewed the fees, and after consultation with the professions, raised its fees. During 2024-2025 considerable work and expenditure has occurred on the new practitioner database which was implemented in 2025. The cost of this service has impacted on the loss incurred by the Council during this financial year.

Separate to this, while the number of notifications and complaints received each year is difficult to predict, the number of notifications including self-notifications made by practitioners requires resourcing to be managed. There can also be associated costs - for example, if a practitioner is referred for a health assessment or competence review. Therefore, the fee structure reflects both external and internal service costs, combined with costs derived from project work designed to enhance the Council's practitioner experience, in addition to meeting HPCA requirements.

Financial report

Te Kaunihera Pūtaiao Hauora | Medical Sciences Council of New Zealand

Entity information

for the year ended 31 March 2025

Legal name	Medical Sciences Council of New Zealand
Entity Type	Body Corporate & Registered Charity
Charities registration number	CC34594
Entity's purpose or mission	To protect the health and safety of members of the public by providing mechanisms to ensure that medical laboratory science and anaesthetic technician practitioners are competent and fit to practise.
Entity structure	<p>An eight member governance council.</p> <p>Board Members:</p> <p>Jujhar Singh Randhawa (start date 15 July 2024)</p> <p>Mark Tumai (start date 15 July 2024)</p> <p>Brett Besley</p> <p>Erolia Rooney</p> <p>Nicola Swain</p> <p>Natasha Packer</p> <p>Ruth Beeston</p> <p>Varsha Desai</p> <p>Judy Campbell (finish date 1 July 2024)</p> <p>Angela Dewhirst (finish date 1 July 2024)</p>
Main method used by entity to raise funds	Practitioners and applicants for registration comprising: fees and levies (refer section 130 and 131 of the Health Practitioners Competence Assurance Act (HPCA/the Act)).
Physical address	Level 7, Perpetual Guardian House, 99 Customhouse Quay, Wellington 6011
Postal address	PO Box 11-905, Wellington 6142
Phone	+64 4 801 6250
Email	msc@medsci.co.nz
Website	www.msccouncil.org.nz

Independent auditor's report

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PO Box 1208, Wellington 6140
New Zealand

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F: +64 4 473 4720
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W: www.bakertillysr.nz



INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025

The Auditor-General is the auditor of the Medical Sciences Council of New Zealand ('the Council'). The Auditor-General has appointed me, Zirus Zuber, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the financial statements of the Council on his behalf.

Opinion

We have audited the financial statements of the Council on pages 1 to 9 that comprises the entity information and the statement of financial position as at 31 March 2025, the statement of financial performance, and the statement of cash flows for the year ended on that date, and the statement of accounting policies and notes to the financial statements.

In our opinion, the financial statements of the Council:

- present fairly, in all material respects,
 - its financial position as at 31 March 2025; and
 - its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Tier 3 (Public Sector) Standard issued by the External Reporting Board (applicable financial reporting framework).

Our audit was completed on 25 February 2026. 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 relating to the financial statements and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Council for the financial statements

The Council is responsible for preparing financial statements that are fairly presented and that comply with generally accepted accounting practices in New Zealand.

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

In preparing the financial statements, the Council is responsible for assessing the Council's ability to continue as a going concern. The Council is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Council or to cease operations, or there is no realistic alternative but to do so.

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

Responsibilities of the auditor for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these financial statements.

We did not evaluate the security and controls over the electronic publication of the financial statements.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw

attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.

- We evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Our responsibilities arise from the Public Audit Act 2001 and Section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

We are independent of the Council in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

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



Zirus Zuber
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General
Wellington, New Zealand

Te Kaunihera Pūtaiao Hauora | Medical Sciences Council

Statement of financial performance

How the business was funded - what it cost

for the year ended 31 March 2025

	Note	Current year \$	Last year \$
Revenue			
Revenue from service delivery		148,981	136,262
Practitioner Levies and Fees	1	2,128,439	1,526,603
Interest, dividends and other investment revenue		86,602	87,475
Total revenue		2,364,022	1,750,340
Expenses			
Expenses related to service delivery		2,438,561	1,629,901
Other expenses	2	201,389	132,164
Total expenses		2,639,950	1,762,065
Surplus (deficit) for the year		(275,928)	(11,725)

This performance report has been approved by those charged with governance.

Date: 25/February/2026

Signature:



Name: Ruth Beeston

Position:

MSC Chair

Date: 25/February/2026

Signature:



Name:

Dr Nicola Swain

Position:

MSC Deputy Chair



Te Kaunihera Pūtaiao Hauora | Medical Sciences Council

Statement of financial position

What we own - what we owe

for the year ended 31 March 2025

Assets	Note	Current year \$	Last year \$
Current assets			
Cash and short-term deposits		3,623,565	1,647,458
Debtors and prepayments	3	40,127	187,262
Term deposit		-	1,800,000
Other current assets		1,955	13,932
Total current assets		3,665,647	3,648,652
Non-current assets			
Investments	3	50	50
Total non-current assets		50	50
Total Assets		3,665,697	3,648,702
Liabilities			
Current liabilities			
Creditors and accrued expenses	4	335,809	228,069
Income received in advance		1,839,056	1,653,873
Total current liabilities		2,174,865	1,881,942
Total assets less total liabilities (net assets)		1,490,832	1,766,760
Accumulated funds			
Accumulated surpluses (or deficits)	5	1,240,032	1,766,760
General reserves		-	-
Disciplinary reserves		250,800	-
Total accumulated funds		1,490,832	1,766,760



Te Kaunihera Pūtaiao Hauora | Medical Sciences Council

Statement of cash flow

How the business has received and used cash
for the year ended 31 March 2025

	Current year \$	Last year \$
Cash flows from operating activities		
Operating receipts (money deposited into the bank account)		
Receipts from service delivery	148,982	3,016
Funding from practitioner levies and fees	2,309,565	2,152,784
Interest, dividends and other investment receipts	98,579	84,663
Goods and Services Tax (GST)	-	70,720
Total receipts	2,557,126	2,311,183
Less operating payments (money withdrawn from the bank account)		
Payments related to service delivery	2,362,212	1,853,724
Goods and Services Tax (GST)	18,807	-
Total payments	2,381,019	1,853,724
Net cash flows from operating activities	176,107	457,459
Cash flows from other activities cash was applied to		
Payments to purchase/(receipts from) investments	(1,800,000)	300,000
Net cash flows from other activities	1,800,000	(300,000)
Net increase/(decrease) in cash	1,976,107	157,459
Opening cash	1,647,458	1,489,999
Closing cash	3,623,565	1,647,458



Te Kaunihera Pūtaiao Hauora | Medical Sciences Council

Statement of accounting policies

How we do our accounting

for the year ended 31 March 2025

Basis of preparation

This performance report is prepared in accordance with the XRB's Tier 3 (PS) Standard. The entity is eligible to apply these requirements as it does not have public accountability and has total annual expenses of less than \$5,000,000. All transactions in the performance report are reported using the accrual basis of accounting. This performance report is prepared under the assumption that the entity will continue to operate for the foreseeable future.

Treatment of Goods and Services Tax (GST)

Medical Sciences Council of New Zealand is registered for Goods and Services Tax (GST). All amounts are recorded on a GST exclusive basis, except for Debtors and Creditors which are stated inclusive of GST.

Income Tax

Medical Sciences Council of New Zealand is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Bank Accounts and Cash

Cash and short term deposits in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Historical Cost

These financial statements have been prepared on a historical cost basis. The financial statements are presented in New Zealand dollars (NZ\$) and all values are rounded to the nearest NZ\$, except when otherwise indicated.

Revenue Recognition

Revenue is received during February and March, relating to the next financial year. Therefore, receipts are shown on the Statement of Financial Position as income received in advance and recognised in the statement of financial performance in the next financial year.

Annual Practicing Certificate

APC is generally received during the months of February and March and are initially recorded as deferred revenue and recognised as revenue in the period in which the certification belongs. Fees received for the issue of APCs are recognised in the year which the fees relate. Fees derived from the delivery of service are recognised when the service is delivered. All other fees are recognised on receipt.

Interest Income

Interest revenue is recognised as it accrues, using the effective interest method.

Disciplinary Levies

Disciplinary Levies are recorded as revenue when it is possible that future economic benefits will flow to the entity and the full value can be measured reliably.

Examination Revenue

Examination Revenue is recorded as revenue when the fees are invoiced.

Investment

The investment in MSS has been assessed and the MSC does not have control or significant influence over MSS. Accordingly, the investment is accounted for at cost. Investment income is recognised on an accrual basis where appropriate.

Accounts Receivable

Accounts Receivable are stated at net realisable value having taken into account any doubtful debts.

Accounts Payable

Accounts Payable are stated at amortised cost. The amounts are unsecured.

Income Received in Advance

Income received in advance are amounts received prior to the period in which they are to be recognised as income. These amounts are moved to revenue in the period the revenue relates to.

Expenses (principal vs agent)

The Medical Sciences Council of NZ (MSC) has some expenditure that is paid for by the Medical Sciences Secretariat Ltd (MSS). This expenditure is categorised as either Principal or Agent. Expenditure classified as Principal reflects a 50% share of MSS costs. Expenditure classified as Agent is expenditure directly attributed to MSC and MRTB but paid for by MSS.

Changes in Accounting Policies

The Council applied the Tier 3 (PS) standard for the first time this year. There have been no other changes in the Council's accounting policies since the date of the last audited performance report (last year - nil).



Te Kaunihera Pūtaiao Hauora | Medical Sciences Council

Notes to the performance report
for the year ended 31 March 2025

Note 1: Analysis of revenue

Category	Analysis	Current year \$	Last year \$
Revenue from service delivery	Online Exam Fees	134,056	133,246
	Misc Income	14,925	3,016
	Total	148,981	136,262
Practitioner Levies and Fees	Registration	295,115	244,953
	APC	1,582,524	1,281,650
	Disciplinary Levy Medical Laboratory Sciences	199,300	-
	Disciplinary Levy Anaesthetic Technicians	51,500	-
	Total	2,128,439	1,526,603
Interest, dividends and other investment revenue	Interest	86,602	87,475
	Total	86,602	87,475



Te Kaunihera Pūtaiao Hauora |

Medical Sciences Council

Notes to the performance report
for the year ended 31 March 2025

Note 2: Analysis of expenses

Category	Analysis	Current year \$	Last year \$
Expenses related to service delivery	MSS Provided Services	1,941,576	1,396,061
	MSS Arranged Services *	78,548	(21,469)
	Board Member Fees	177,578	165,973
	Catering	1,749	2,505
	Conferences, Workshops, Seminars	15,433	1,706
	Consultancy Fees	2,366	1,125
	Examinations, Assessors, Registrations	54,960	15,735
	Insurance	14,205	12,950
	IT	24,454	-
	PCC-Personnel Costs and Expenses	82,436	42,366
	Printing and Stationery	2,400	1,217
	Projects	29,966	-
	Publications	3,204	-
	Travel and Accommodation	9,686	11,732
Total		2,438,561	1,629,901

*MSS arranged services are negative for the 2023/24 year, because expenses incurred during MSS's office renovations were overstated in the prior year and the difference was refunded on completion. The difference related to costs that were capitalised by MSS.

Category	Analysis	Current year \$	Last year \$
Other expenses	Audit Fees	9,164	8,482
	Accounting Fees	6,475	-
	Bank Charges	38,510	27,562
	General Expenses	3,844	3,980
	Legal Fees	143,396	92,140
	Total		201,389



Te Kaunihera Pūtaiao Hauora |

Medical Sciences Council

Notes to the performance report
for the year ended 31 March 2025

Note 3: Analysis of assets

Category	Analysis	Current year \$	Last year \$
Cash and short-term deposits	Westpac working	1,152,380	1,063,578
	Westpac working AT	765,410	578,225
	Westpac saving	5,775	5,655
	Cash – short deposits	1,700,000	-
	Total	3,623,565	1,647,458
Category	Analysis	Current year \$	Last year \$
Debtors and prepayments	Prepayments	-	23,845
	MSS intercompany	-	127,347
	Debtors	40,127	36,070
	Total	40,127	187,262
Category	Analysis	Current year \$	Last year \$
Other current assets	Accrued income	1,955	13,932
	Total	1,955	13,932
Category	Analysis	Current year \$	Last year \$
Investments	Shares in MSS	50	50
	Total	50	50

Note 4: Analysis of liabilities

Category	Analysis	Current year \$	Last year \$
Creditors and accrued expenses	Accounts payable	37,442	5,191
	GST	176,738	195,545
	Accrued expenses	44,444	21,747
	MSS intercompany	65,199	-
	Withholding tax	11,986	5,586
	Total	335,809	228,069
Category	Analysis	Current year \$	Last year \$
Income received in advance	Practitioner fees received in advance	1,823,968	1,653,873
	Overseas registration fees received in advance	15,088	-
	Total	1,839,056	1,653,873



Te Kaunihera Pūtaiao Hauora |

Medical Sciences Council

Notes to the performance report
for the year ended 31 March 2025

Note 5: Accumulated funds

Current year			
Description	Disciplinary reserve	Accumulated surpluses or deficits	Total
Opening balance	-	1,766,760	1,766,760
Surplus/(deficit)	250,800	(526,728)	(275,928)
Closing balance	250,800	1,240,032	1,490,832

Last year			
Description	Disciplinary reserve	Accumulated surpluses or deficits	Total
Opening balance	-	1,778,485	1,778,485
Surplus/(deficit)		(11,725)	(11,725)
Closing balance	-	1,766,760	1,766,760

Disciplinary reserve

This reserve represents the disciplinary reserve that MSC maintains specifically to fund the costs associated with carrying out its statutory disciplinary functions. This includes costs related to Professional Conduct Committee (PCC) and the Health Practitioners Disciplinary Tribunal (HPDT). Disciplinary levies collected from practitioners are allocated to this reserve and used solely for these purposes.

Note 6: Commitments and contingencies

Commitment	Explanation and timing	Current year \$	Last year \$
Commitments to lease or rent assets: 99 Customhouse Quay, Wellington	Current portion	73,070	73,070
	Non-current portion	58,192	131,262
Commitment to photocopier lease	Five-year lease signed January 2022 with right of renewal for a further five years		
	Current portion	-	1,404
	Non-current portion	-	-
	There is a photocopier lease which expires in March 2025		

There is no current lease on the Photocopier. Currently on a month by month basis until a new lease is agreed.

Contingent liabilities guarantees

There are no contingent liabilities or guarantees as at balance date (Last Year – nil).



Te Kaunihera Pūtaiao Hauora |

Medical Sciences Council

Notes to the performance report
for the year ended 31 March 2025

Note 7: Commitments and contingencies

Description of related party relationship	Description of the transactions (whether in cash or amount in kind)	Value of transactions		Amount outstanding	
		Current year \$	Last year \$	Current year \$	Last year \$
Medical Sciences Secretariat (MSS) Limited	Secretariat services	1,915,286	1,247,399	299,418	128,276
Council member	Brett Besley	44,072	38,805		2,923
Council member	Varsha Desai	7,335	6,716		-
Council member	Erolia Rooney	19,575	20,847		263
Council member	Angela Dewhirst	2,475	16,056		131
Council member	Judy Campbell	3,105	12,994		-
Council member	Nicola Swain	21,150	19,775	630	1,138
Council member	Natasha Packer (Caldwell)	9,158	11,200	135	87
Council member	Jujhar Randhawa	11,880		315	
Council member	Mark Tumai	9,225			
Council member	Ruth Beeston	14,986	11,738	3,291	787

The Medical Sciences Secretariat processed payments valued at \$248,912 in total on behalf of the Medical Sciences Council and the Medical Radiation Technologists Board as their agent (last year - \$235,412). Commencing April 2022 the Medical Sciences Council and Medical Radiation Technologists Board directly paid their costs where applicable. Included in the above table are Medical Sciences Secretariat Board Fees for the following: Brett Besley \$7,605, Erolia Rooney \$9,090, Nicola Swain \$7,560. There were no other transactions involving related parties during the financial year. (Last Year - Nil)

Notes 8: Events after the balance date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report.





**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA