

Responsible Authority Core Performance Standards Review Report

Authority Name	Medical Sciences Council
Date of Review Report	18 August 2021
Name of reviewing Designated Auditing Agency	BSI Group New Zealand Limited

Executive Summary

The Medical Sciences Council (the Council) is the responsible authority under the Health Practitioners Competence Assurance Act (the Act), for the regulation of the medical laboratory science profession and the anaesthetic technology profession.

The Medical Sciences Council has 13 staff (shared with the Medical Radiation Technologists Board) and 4,642 registered professionals. The Council has eight members, six of whom come from the professions (four from medical laboratory science and two from anaesthetic technology), and two who are lay members. In 2006 the Council formed a business partnership with another responsible authority, the Medical Radiation Technologists Board and established a shared secretariat, the Medical Sciences Secretariat (MSS). MSS is a registered New Zealand limited liability company that is jointly owned by the Medical Sciences Council and the Medical Radiation Technologists Board.

The Council has defined three scopes of practice for the medical laboratory science profession and one defined one scope of practice for the anaesthetic technology profession. For the medical laboratory science profession, the Council accredits and monitors three qualification programme providers and has accredited one tertiary education provider of a qualification programme for registration in the Anaesthetic Technician scope of practice. The 23 training hospitals across New Zealand are subject to a Council accreditation and monitoring programme.

Processes and systems are well established to register applicants, issue practicing certificates, review and improve competence, and respond to complaints, conduct and health notifications.

There is a public website that contains key information on its role, functions and the core regulatory processes. This includes policies, newsletters, annual reports and the Council's five-year strategic plan. A new-look website was implemented in April 2021.

Policies in place to support the setting of clinical and cultural competence and ethical conduct. Policies consistently recognise the Council's principal purpose to protect public safety. The Council demonstrates the principles of Right-touch regulation through its policies, processes, systems, consultations, plans and how it works with practitioners.

There is a five year Strategic Directions April 2021 – March 2026 implemented by way of an annual business plan. Priority initiatives include a phased scope of practice review and looking to strengthen its engagement with Māori to seek advice on the various elements of its regulatory framework to better ensure the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand.

Recommendations for improvement identified from this performance review include completing the review of scopes of practice, widening the current gender category for

practitioners to self-identify (e.g., male/female/gender diverse), progressing the further review the two separate sets of CPD frameworks, improvement to the Notifications Register, supporting the cultural initiatives, publicly reporting on the ethnicity breakdown and adding a general search function to the website.

Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes. Refer to the next section of the report for the full reviewer's comments associated with the recommendation.

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	PA	L	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.	6-12 months (up to 1 July 2022)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	PA	L	It was identified that an improvement for the registration process would be for the gender categories of male / female to also include the ability to select gender diverse (or similar). Could also include in all other areas where practitioner feedback is sought e.g. responses to consultation documents and an opportunity when they apply for their APC renewal to update their gender identity should they wish.	3 months (15 November 2021)
3.1	The RA has proportionate, appropriate, transparent and standards-based mechanisms to: <ul style="list-style-type: none"> Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard Review a health 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 	PA	L	The Council is encouraged to further plan and further review the two separate sets of CPD frameworks.	12-16 months (up to 31 December 2022)

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
	Promote the competence of health practitioners				
4.2	<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>	PA	L	Regarding the "Notifications Register"; to explore if the register can be better linked to the practitioner database such as an automated process and how this information is provided to the Council.	6 months (15 February 2022)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> Informed by relevant evidence Clearly articulated and accessible 	PA	L	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 (refer 10.1), and informed by the consultations and collaborations already planned.	6-12 months (up to 1 July 2022)
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	PA	L	<p>That the Council proceed with its planned review of the Cultural Competence policy document, and ensure that cultural safety is incorporated as a key element within the cultural competence requirement.</p> <p>That in partnership with Māori, the Council develop, adopt and promote tikanga best practice guidelines for its scopes of practice, and include these in the requirements on practitioners.</p> <p>That the Council (together with the Medical Radiation Technologists Board and the Medical Sciences Secretariat) develop a plan for developing te reo Māori and tikanga Māori practices within the organisations, commence activation this plan and continue this activation over time.</p>	6-12 months (up to 1 July 2022 and ongoing)
9.2	Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes	PA	L	<p>That the Council publicly report on the ethnicity breakdown of its workforce and this could be included in its annual report.</p> <p>There is also an opportunity to add a general search function to the website.</p>	3 months (15 November 2021)

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <p>Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions</p>	PA	L	<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 <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) 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>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.</p>	<p>6-12 months</p> <p>(up to 1 July 2022 and ongoing)</p>

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of Core Performance Standards. These standards are aligned with the functions under section 118 of the HCPA Act.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>The Council has defined three scopes of practice for the medical laboratory science profession: Medical Laboratory Scientist, Medical Laboratory Technician, and Pre-Analytical Medical Laboratory Technician. There are then two streams of registration for each of these scopes – full registration and provisional registration.</p> <p>Full registration allows Medical Laboratory Scientists to practise independently while provisional registration requires them to complete a period of supervised practice. Medical Laboratory Technicians and Pre-Analytical Medical Laboratory Technicians with full registration take full responsibility for their practice with general oversight from an appropriately qualified and registered health practitioner. Provisional registration for the latter practitioners requires them complete a period of supervised practice.</p> <p>Scope of Practice for the Medical Laboratory Science is identified in the New Zealand Gazette Notice – 1 June 2021 (2021-Apr-MScope Gazette Notice (MLS))</p> <p>The Council has defined one scope of practice for the anaesthetic technology profession: Anaesthetic Technician.</p>	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		Scope of practice for Practice of Anaesthetic Technology in New Zealand dated 10/4/14 (2014-May-MScope Gazette Notice (AT))				
1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>All scopes have prescribed qualifications for the purpose of registration, and these are set out in the Council's gazette notices for scopes and qualifications (Policy And Guidelines: Gazette Notices).</p> <p>In addition to accrediting and monitoring qualification programmes provided within Aotearoa New Zealand, the Council has a clearly documented process for considering the appropriateness of qualifications held by overseas-trained practitioners who are seeking registration here (Policy: qualification assessments for overseas-trained practitioners).</p> <p>In 2021 the Council is scheduled to commence a review of the scopes of practice for the medical laboratory science profession which will include a review of the associated qualifications. This purpose of this review is to ensure the regulatory framework remains fit for purpose into the future, especially as diagnostic medical laboratory practices continue to be influenced by rapidly changing technological advances. The review takes note of the 2020 Simpson Report (Review of the New Zealand Health System) which highlighted</p>	PA	L	The Council is encouraged to further plan and progress the phased approach reviews of the scopes of practice (inclusive of prescribed qualifications) for the medical laboratory science profession and, once underway, to be followed by the anaesthetic technician scope of practice.	6-12 months (up to 1 July 2022)

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>the need for responsible authorities to move towards more consumer-focused and competency-based approaches to regulation. The Council will keep this as a critical reference point when undertaking the scopes of practice review.</p> <p>A review of the anaesthetic technician scope of practice will be undertaken once the medical laboratory sciences scopes review is underway. Taking a phased approach to these scopes reviews enables a timely framework of review without undue pressure on available resources and/or increased costs.</p>				
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	<p>Policy And Guidelines: Accreditation Of Anaesthetic Technician Training Hospitals is in place. The prescribed New Zealand qualification for anaesthetic technicians (Diploma in Applied Sciences – Anaesthetic Technology) has three distinct components: 1. An academic programme of learning (currently via distance learning through the Auckland University of Technology); and 2. Clinical-based training within an accredited training hospital in New Zealand; and 3. An anaesthetic technician registration examination.</p> <p>All of the above components are accredited by the Council in accordance with its responsibilities under the Act. Academic study and clinical-based training occurs</p>	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>simultaneously and are prerequisite to trainees sitting the registration examination. Accreditation is attestation that a hospital has adequate and appropriate resources, systems and processes in place to support a clinical training programme for trainee anaesthetic technicians while simultaneously protecting the health and safety of patients. Monitoring processes are in place for the accreditation.</p> <p>Policy And Guidelines: Accreditation Of Prescribed New Zealand Qualifications is in place for both tertiary and non-tertiary education providers. Includes accreditation and monitoring of a qualification programme. Accreditation is the status granted in recognition that a qualification meets the standards to be prescribed as a medical laboratory science or anaesthetic technology qualification.</p> <p>Standards are in place for medical laboratory science qualification programme or an anaesthetic technology. Providers seeking accreditation are currently assessed against five standards: 1. Governance and Quality Assurance, 2. Qualification Programme, 3. Public Safety, 4. Assessment and 5. The Student Experience.</p> <p>For the medical laboratory science profession, the Council accredits and monitors three qualification programme</p>				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>providers, two related to the Medical Laboratory Scientist scope and the other to the Medical Laboratory Technician and Pre-Analytical Medical Laboratory Technician scopes.</p> <p>The Medical Laboratory Scientist qualifications are set at a level-7 bachelor's degree on the New Zealand Qualifications Framework. The qualification programme for the Medical Laboratory Technician and Pre-Analytical Medical Laboratory Technician scopes are based on an apprenticeship model with the trainees being employed by a laboratory and then undertaking a syllabus of learning and examination which are provided through a professional body.</p> <p>The Council has accredited one tertiary education provider of a qualification programme for registration in the Anaesthetic Technician scope of practice. The current programme is based on an apprenticeship model with trainees being employed by a training hospital and then completing a level-5 diploma in anaesthetic technology via distance learning with the tertiary education provider. The current diploma level qualification for Anaesthetic Technicians is being replaced by a level-7 bachelor's degree with the first student intake scheduled for 2022. The Council agreed it was appropriate to move the level</p>				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>of the qualification prescribed for registration as an Anaesthetic Technician to a bachelor's degree especially as a level 7 qualification (a higher level of learning) will produce graduates who are better able to practise flexibly within the perioperative environment. The Council engaged in a communication and consultation process with the profession and representatives from key stakeholder groups to work through the issues.</p> <p>The 23 training hospitals for Anaesthetic Technicians across New Zealand are also subject to a Council accreditation and monitoring programme. Advised that when the qualification changes to the level-7 bachelor's degree that this training hospital accreditation will no longer be required.</p> <p>Accreditation and monitoring of the programmes and the educational institutions are framed within a set of consistently applied standards. Accreditation Review Reports have been completed with the following education providers.</p> <ul style="list-style-type: none"> • Ara Institute of Canterbury Ltd. - Diploma in Applied Science (Pre-Analytical Technician Pathway) • Auckland University of Technology (AUT) - Diploma in Applied Science (Anaesthetic Technology Pathway and Graduate Certificate in Applied Science (Anaesthetic Technology Pathway) 				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<ul style="list-style-type: none"> Auckland University of Technology (AUT) - Bachelor of Medical Laboratory Science (BMLS) and Graduate Diploma in Science New Zealand Institute of Medical Laboratory Science (NZIMLS) - Qualified Medical Laboratory Technician (QMLT) University of Otago - Bachelor of Medical Laboratory Science (BMLS) <p>Accredited providers are required to submit an annual report to the Council. Annual Reports of these education providers sighted from 2017 – 2020.</p> <p>The 2020 reports show the change from previously receiving the provider's annual report to receiving the "accreditation qualification programme – annual report template."</p> <p>All accredited programmes must demonstrate alignment with the clinical and cultural competence standards, and the ethical standards required of medical laboratory science practitioners, and anaesthetic technicians, as set by the Council.</p> <p>In keeping with the right-touch-regulation principle of <i>proportionality</i>, the Council's 2019 review of the accreditation standards qualification programmes in Aotearoa New</p>				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Zealand took cognisance of the substantial experience demonstrated by the qualification providers accredited at that point in time, and at the same time allowing for the entry of new (and previously non-accredited) qualification programmes.</p> <p>The Council does not accredit a qualification programme for a set period however, an accredited provider is subject to an ongoing programme of monitoring by the Council. A programme remains accredited only if the Council continues to be satisfied that both the programme and the qualification provider meet the accreditation standards. If, during the monitoring process, it is found that the standards are no longer being met, the Council may impose conditions or revoke accreditation of a programme.</p> <p>Monitoring allows for early intervention by the Council if concerns are raised about an accredited qualification and maximises the likelihood that students enrolled in the programme can complete their studies and graduate with a qualification recognised by the Council.</p> <p>Commencing 2020, each year the monitoring programme focuses on a particular quality aspect. For the 2020 year, the Council's monitoring programme focused on the impacts of the Covid-19 pandemic with a particular focus on strategies to</p>				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>ensure graduates were able to meet the requirements of the clinical practice papers. In 2021 the monitoring programme will be focusing on student assessments.</p> <p>Ongoing monitoring work plan for 2021 includes standard message and reporting template for the accredited providers to complete and return with results being tracked in a spreadsheet.</p>				
1.4	the RA takes appropriate actions where concerns are identified	The Council has processes in place to monitor an accredited education provider or training hospital where concerns are identified. Identified that an anaesthetic technician training hospital was monitored in 2018.	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The Council's register is published on its website and is updated automatically in real time. Advised that a printed copy of the register would be available on request.</p> <p>Conditions on practice are specifically stated in all cases except for those related to health issues. Where a practitioner has conditions on their practice due to health concerns the condition on the register is normally stated as "please contact the Council for conditions regarding scope of practice". This alerts the reader to the fact that the practitioner is subject to conditions on their practice and therefore acts to protect public health and safety while at the same time protecting the privacy of the practitioner in terms of sensitive health information, when appropriate.</p> <p>There is a policy in place for Managing The Register. The currency of the register is reviewed on a regular basis with the last review completed in 2020.</p> <p>An overview of the registration process (practitioner facing) was provided to the review team. This included, but not limited to, an overseas example, cultural competency, police clearance, first language and checking qualification status.</p>	PA	L	<p>It was identified that an improvement for the registration process would be for the gender categories of male / female to also include the ability to select gender diverse (or similar).</p> <p>Could also include in all other areas where practitioner feedback is sought e.g. responses to consultation documents and an opportunity when they apply for their APC renewal to update their gender identity should they wish.</p>	3 months (15 November 2021)

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> • Register applicants who meet all statutory requirements for registration • Issue practicing certificates to applicants in a timely manner <p>Manage any requests for reviews of decisions made under delegation</p>	<p>Registration applications are managed through a dedicated team within MSS who work under the supervision of the Council Registrar. The 4-member team manages all registration and recertification applications for both the Council and the Medical Radiation Technologists Board. Advised that over the five-year period from 2016 to 2020, registration applications for the Council averaged 562 per year, with an average “declined application” rate of 5%. Approved registration applications from overseas trained practitioners averaged at 29% over this five-year period.</p> <p>In the 2020 business year, the Council issued a total of 4642 practising certificates. Between 2016 and 2020 the number of practising certificates issued by the Council increased by 15%.</p> <p>The registration process is articulated on the Council's website which was upgraded in April this year.</p> <p>After a public consultation process in 2018 the Council is scheduled to introduce an online examination as another pathway to registration. Development of the examinations is still in progress with an expected rollout date later in 2021. This pathway is primarily offered to overseas trained practitioners who do not have a formal academic qualification that is deemed</p>	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>as equivalent to, or as satisfactory as, the New Zealand prescribed qualifications, but who have significant clinical experience. In the longer term, an online examination will replace the Work Based Assessment registration pathway for anaesthetic technicians. The latter is a practical-based assessment of a practitioner's competence carried out in the clinical environment.</p> <p>Council correspondence clearly sets out applicants' rights to have delegated decisions reviewed by the Council. There is a well-established process for considering requests for reviews of registration and/or recertification decisions which includes the practitioner being given opportunities to meet with Council representatives to discuss their case. Reviews are undertaken by Council members who were not involved in the initial decision, thereby ensuring impartiality. In a number of instances these face-to-face meetings have provided the Council with additional information which has led to a subsequent decision to grant registration (in some cases this has involved the imposition of conditions on practice as a mechanism for protecting public health and safety).</p> <p>The management of registration and practising certificate applications is guided by a series of policy and procedure documents which, as a minimum, are reviewed on a two-yearly cycle. Policies are</p>				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>aligned to the relevant sections of the Act and include a reference to other related documents to ensure the various rules and standards are joined up and implemented fairly (in alignment with the right touch regulation principle of consistency). Examples of policy documents include but are not limited to: Registration, Practising Certificates, Examinations Policy And Guidelines, Locum Practice, Criminal History, English Language Proficiency, Return To Practice, etc. All new polices and revised polices where it is proposed to make significant changes to the intent of the current version, are subject to a public consultation process to assist the Council with issuing a final published version.</p> <p>All overseas applications are subject to a qualification assessment which is managed through the MSS staff team and based on a set of standard criteria which are consistently applied to all applications. The assessment utilises international databases of educational information.</p> <p>The Council has clearly stated delegations that are applied to all regulatory functions.</p>				

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
3.1	<p>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</p> <ul style="list-style-type: none"> Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard Review a health 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 Promote the competence of health practitioners 	<p>There are established Registration And Recertification Procedures - Reference Booklet For The MSS registrations And Recertification Team.</p> <p>Polices in place for CPD and Supervision for both the Recertification Of Anaesthetic Technicians and Recertification Of Medical Laboratory Science Practitioners.</p> <p>All overseas trained practitioners in the medical laboratory science profession are normally granted provisional registration which requires them to complete a specified period of supervised practice. At the end of the supervised period of practice practitioners must be signed-off from a nominated supervisor attesting that they meet the required competencies for the relevant scope of practice. This mechanism helps the Council to satisfy itself that the practitioner is safe and competent to practise within Aotearoa New Zealand.</p> <p>Professional Standards Competence Review Operational Manual Nov 2020 provides for: Competence reviews are designed to assist practitioners to improve their practice. They are based on a collegial and educative approach. Competence reviews are to be fair, constructive, supportive and educative. Reviews may be general, focused or mixed</p>	PA	L	The Council is encouraged to further plan and further review the two separate sets of CPD frameworks.	12-16 months (up to 31 December 2022)

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>depending on the terms of reference. The methods adopted will depend on the nature of the review to be undertaken.</p> <p>Practising certificates (APC) are issued on an annual cycle and a core component of the renewal process requires practitioners to make a statutory declaration that they have undergone a performance appraisal in the previous 12-month period and there have been no concerns raised as to their competence. This is checked by the Council as a component of the annual CPD audit programme.</p> <p>All practitioners are required to undertake continuing professional development (CPD) and the Council audits 20% of all current APC holders each year. The sampling of practitioners is spread across all scopes of practice. CPD is monitored on the basis of a 2-year cycle – biennium – which is aligned to calendar years. The registrations team mark each CPD portfolio to criteria and follow-up with the practitioner as necessary. CPD audit report is provided to the Council.</p> <p>The Council currently has two distinct CPD frameworks for the two different professions of medical laboratory science and anaesthetic technology. Medical laboratory science practitioners are expected to</p>				

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>manage their CPD through a provider approved by the Council while Anaesthetic Technicians have an option of self-managing their CPD and/or doing their CPD through a third-party provider.</p> <p>The Council has published a set of CPD standards for each of the professions that practitioners are expected to meet. In addition, the Council has published a set of accreditation standards that providers of CPD programmes (medical laboratory science) must meet in order to be granted an "approved provider" status.</p> <p>The Council has acknowledged that having two separate sets of CPD standards which are based on fundamentally different approaches for the two professions, is not ideal and a further review of the CPD frameworks is to be undertaken to be scheduled for 2022</p> <p>In its 2021-2022 business year the Council plans to review its requirements in terms of CPD and demonstration of cultural competence. This is in alignment with the Council's strategic focus on reviewing its standards framework for cultural competence in respect of the ongoing competence of health practitioners registered with the Council.</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <p>Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner</p>	<p>The MSC website includes how the public can raise a concern about a practitioner. This includes categories of competence, conduct or health. The complaints process is explained and a complains document can be accessed by the public.</p> <p>Notifications policy is available to the public under resources on the website.</p> <p>Any decisions by the Health Practitioners Disciplinary Tribunal (HPDT) are published on the website.</p>	FA			
4.2	<ul style="list-style-type: none"> Identifying and responding in a timely way to any complaint or notification about a health practitioner Considering information related to a health practitioner's conduct or the safety of the practitioner's practice Ensuring all parties to a complaint are supported to fully inform the authority's consideration process 	<p>Advised that while the number of notifications received by the Council are relatively small, some of those have presented with a degree of complexity and a corresponding impact on the resources required to manage them.</p> <p>There are documented policies and procedures in place to guide Council members and staff through the processes to ensure public health and safety is maintained and there is compliance with the requirements of the Act.</p>	PA	L	Regarding the "Notifications Register"; to explore if the register can be better linked to the practitioner database such as an automated process and how this information is provided to the Council.	6 months (15 February 2022)

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>This includes Policy And Guideline: Notifications that sets out the policy and guidelines for the investigation process for complaints or concerns relating to competence, health and conduct made under the Act.</p> <p>The Professional Standards Committee, which comprises Council members from the profession plus a lay member, has delegated authority to make decisions in respect of notifications received and advise the Registrar on the approach to be taken with each notification. The delegations are in accordance with the provisions under the Act. (Included in the Professional Standards Operational Manual)</p> <p>The Council's Professional Standards Committee (the Committee) has delegated authority to oversee the processes for all notifications.</p> <p>The Council is updated at each of its two-monthly meetings on the status of notifications with calls for formal resolutions to be made in respect of any individual case as required. If a full-Council discussion and/or decision is required outside of the two-monthly meeting schedule, the Registrar</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>arranges for an extraordinary meeting to be convened via video conferencing.</p> <p>Discussion with Council representatives confirmed the Professional Standards Committee's processes and reporting to the Council.</p> <p>Professional Standards Professional Conduct Operational Manual states that Professional Conduct Committees (PCC) undertake investigations into a practitioner's alleged professional misconduct. Following its investigation, a PCC can order that the practitioner appears before the Health Practitioners Disciplinary Tribunal (HPDT). The Committee has delegated authority to determine whether a notification is to be investigated by a PCC and approve the appointment of a PCC. The Council's input into the PCC process ceases upon appointment of the PCC. The PCC takes full responsibility for the management of the investigation process and any subsequent referral to the HPDT.</p> <p>The Registrar's regular report to the Council includes updated information regarding complaints, a Professional Standards</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Committee update, and HPDT decisions (if any).</p> <p>MRTB Competence Case Sample and MRTB Conduct Case Sample provided for this performance review. Also, examples reviewed and discussed with the Registrar for competence notification, conduct notification, and PCC.</p> <p>Advised that in 2020, and in accordance with the 2019 edition of the Health Practitioners Competence Assurance Act 2003 (sections 157 and 157A-157I), the Council consulted on, and subsequently adopted a new policy on the <i>Publication of Practitioners Subject to an Order or Direction</i>. Development of the policy was assisted through a collaborative approach with other responsible authorities, inclusive of legal expert review and advice prior to finalising and publishing the policy. This policy document articulates the principles and processes the Council will follow when considering whether to publish the name of a practitioner about whom an order or direction has been made. The Council may use a variety of media to publish a notice including (without limitation): websites, newsletters, news media, online publications, and social media.</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		The Council maintains a "Notifications Register" inclusive of both historical and current cases. This register is in an excel spreadsheet with information transferred manually to the practitioner database.				
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	Professional Standards Operational Manual includes: If the Council believes the practitioner under review may pose a risk of harm to the public, they must notify the following people: - The Accident Compensation Corporation - The Director-General of Health - The Health and Disability Commissioner - Any person who, to the knowledge of the Council, is the employer of the practitioner. There is a threshold test to determine the risk of harm.	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> • Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession • Take appropriate, timely, and proportionate action to minimise risk 	<p>The Council has received a small number of notifications over recent years in respect of concerns raised about a practitioner's health and the impact of those concerns on their ability to practise.</p> <p>Advised that a pastoral approach is often taken as a first step in the Council's review process, with the practitioner being contacted via a phone call rather than a formal written letter being the starting point of communications with the practitioner. This has been found to be a good way of engaging the practitioner and has sometimes led to the voluntary surrendering of their practising certificate while they access the necessary medical care to address their health concern.</p> <p>As per Policy And Guideline: Notifications, the Council decides whether an issue of competence, health or conduct exists and takes appropriate action, including determining whether the practitioner poses a risk of serious harm to the public. The Council has the power to restrict a practitioner's scope of practice or suspend their registration on an interim basis, during an investigation.</p> <p>A full risk assessment is always undertaken before any decision is made as</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		to the approach to be used with each health-related notification. Also, example reviewed and discussed with the Registrar for a health notification.				

Function 6: Section 118i) To set 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 of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	<p>Polices in place to support the setting of clinical and cultural competence and ethical conduct include: A) Cultural Competence that sets out the Council's expectations of all registered medical laboratory science and anaesthetic technology practitioners in respect of cultural competence. It acknowledges Te Tiriti o Waitangi and cultural competence in practice by way of self-reflection, information and education and skills. B) Competence Standards for Medical Laboratory Science Practitioners in Aotearoa New Zealand that identify the minimum knowledge, skills and professional attributes necessary for practice. Key competencies are arranged within a number of integrated themes called Domains. Domain 1: Professional and Ethical Conduct Domain 2: Communication and Collaboration Domain 3: Evidence-Based Practice and Professional Learning Domain 4: Safety of Practice and Risk Management Domain 5: Specific scope of practices. There are competence Standards for anaesthetic technology practitioners. C) Code Of Ethical Conduct For Medical Laboratory Science And Anaesthetic Technology Practitioners In Aotearoa New Zealand to describe the conduct or behaviour expected registered medical laboratory science and anaesthetic technology practitioners. The Council acknowledges that many medical laboratory</p>	PA	L	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 (refer 10.1), and informed by the consultations and collaborations already planned.	6-12 months (up to 1 July 2022)

Function 6: Section 118i) To set 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 of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>science practitioners do not usually have a direct interaction with patients when performing their work. However, this does not negate their duty of care in ensuring that they maintain patient confidentiality and treat all of the human samples within the laboratory with the same respect as they would if the interaction was with the patient in their entirety.</p> <p>The Code is set out in a framework of 5 principles: 1) Patient Health and Wellbeing, 2) Patient-Centred Service Delivery, 3) Collaborative Practice to Optimise Health Outcomes, 4) Honesty and Integrity, and 5) Responsibility for Professional Decisions.</p> <p>The Council has explicit policy and processes for consulting on core regulation standards. This helps to ensure its regulatory frameworks are well informed by current practice and the lens of a wide range of stakeholders. The Council is currently considering what can be done to improve their approach to ensuring ongoing regulatory framework reviews are inclusive of a Māori perspective. This has involved seeking expert advice from a national Māori advisory agency within the health sector (Te Tumu Whakarae). This work is being managed as a joint initiative with the Medical Radiation Technologists Board. The Council is also engaged with the other 15 RAs who are collectively considering potential</p>				

Function 6: Section 118i) To set 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 of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>collaborative approaches to various aspects of health regulation.</p> <p>A revision of the competence standards is scheduled for 2021, and again this will include input from the two professions to develop a proposed revised version prior to being issued for public consultation.</p>				
6.2	Developed in consultation with the profession and other stakeholders	<p>Policy for Consultations states the commitment to having open, transparent, and consistent communication with registered practitioners, stakeholders, and members of the public. A key aspect of this is to consult when reviewing or developing standards, guidelines, and policies. Consultation allows the Council to seek information and/or feedback from relevant parties that it will consider when making a decision.</p> <p>Advised that in 2017 the Council undertook a major revision of the competence standards documents. The standards are articulated for both professions within the same structural framework.</p> <p>The drafting of the 2017 integrated competence standards document was managed through workshops with representatives from the two professions with the final draft of the proposed revised</p>	FA			

Function 6: Section 118i) To set 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 of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		standards then being issued for public consultation.				
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	<p>The Council has published a Code of Ethical Conduct. Both the Code and the Competence Standards include explicit reference to the expectation for practitioners to engage in professional behaviour that demonstrates respect of cultural difference. There are specifically articulated requirements for practitioners to:</p> <ul style="list-style-type: none"> • Include application of the Treaty of Waitangi with an understanding of its principles within the context of Aotearoa New Zealand and medical imaging and radiation therapy practice and its practical application within the profession; and • Uphold tikanga best practice guidelines when working with Māori patients and their whānau. <p>A Cultural Competence policy document sets out the Council's expectations of practitioners in terms of embracing cultural competence as a cornerstone of their professional practice. A review of this policy is planned for later in 2021 and planning is underway as to the best way to engage Māori practitioners in this process.</p>	PA	L	<p>That the Council proceed with its planned review of the Cultural Competence policy document, and ensure that cultural safety is incorporated as a key element within the cultural competence requirement.</p> <p>That in partnership with Māori, the Council develop, adopt and promote tikanga best practice guidelines for its scopes of practice, and include these in the requirements on practitioners.</p> <p>That the Council (together with the Medical Radiation Technologists Board and the Medical Sciences Secretariat) develop a plan for developing te reo Māori and tikanga Māori practices within the organisations, commence activation this plan and continue this activation over time.</p>	6-12 months (up to 1 July 2022 and ongoing)

Function 6: Section 118i) To set 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 of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>In its five-year strategic plan, the Council states a commitment to working to improve cultural safety for patients and medical laboratory science and anaesthetic technology practitioners to help facilitate health equity. This overarching objective is reflected in the Council's business plan for 2021-2022:</p> <ul style="list-style-type: none"> • Seek advice and create a plan in respect of the Council's standards and resources relating to cultural competence; and • Work with education providers, professional bodies, and employers to ensure cultural safety is embedded in all training and recertification programmes. <p>Building the Council's collective understanding of cultural competency is ongoing and in 2021 members undertook to complete two online courses that focus on Māori healthcare and cultural competence. Secretariat staff are also engaging in the same professional development opportunities.</p> <p>The Council also participates in joint workshops on Māori Cultural Competency with its colleagues from the Medical Radiation Technologists Board.</p>				

Function 6: Section 118i) To set 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 of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		Discussion with Council representatives and the Chief Executive confirmed the Council's strong interest, focus and commitment on improving cultural competencies and working with Māori.				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>The Council's partnership arrangement with the Medical Radiation Technologists Board through their joint ownership of a shared secretariat, the Medical Sciences Secretariat (MSS) provides the platform for sharing of resources and joint initiatives in respect of their regulatory frameworks.</p> <p>The Council has had an ongoing collaborative relationship with other authorities and continues to liaise with colleagues from other authorities. Advised that this is primarily at the operational level with the Registrar and/or Chief Executive engaging in ongoing forums to discuss matters of common interest. Meetings are typically scheduled for three-times a year.</p> <p>The Council is part of the whole-of-RAs collective that has a Memorandum of Understanding with the Health Practitioners Disciplinary Tribunal (HPDT) and work is in progress amongst the RAs to update this important document.</p> <p>As part of its ongoing collaboration efforts, the collective responsible authorities met early 2021 to discuss potential collaborative initiatives for the upcoming year. This includes topics of cultural safety, equity, and Te Tiriti o Waitangi obligations for responsible authorities and working to agree the top three collaborative projects.</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>An integrated set of competence standards are in place for the three the scopes of practice within the medical laboratory science profession and the single scope of practice within the anaesthetic technology profession. The medical laboratory science standards are structured as several generic competencies that apply to all scopes with an additional set of clinical competencies that apply to each specific scope of practice. For the anaesthetic technology profession, the standards are also expressed as several generic competencies with one set of clinical competencies that applies to the single scope. The Code Of Ethical Conduct is set out in a framework of five principles that supports the competence standards.</p> <p>Inter-disciplinary cooperation, collaboration and communication across the professions regulated by the Council (medical laboratory science profession and anaesthetic technology profession) and the Medical Radiation Technologists Board (medical imaging and radiation therapy profession) is promoted and facilitated through both authorities having a common construct for the competence standards required for each of these professions.</p> <p>The Council's accreditation standards include a specific requirement for principles</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>of inter-professional learning and practice to be embedded in the curriculum.</p> <p>In 2021-2022 the Council is planning to develop a guideline for registered practitioners on teamwork and inter-professional collaboration. This will be managed as a joint initiative with Medical Radiation Technologists Board.</p>				

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions 	<p>The Council has a very good understanding of its role in protecting public health and safety which includes an informative and comprehensive website for the public, competency standards, CPD audits and health notification processes.</p> <p>The discussions with the Council representatives, Chief Executive and staff demonstrated their understanding of the importance to protect public safety.</p> <p>Policies consistently recognise the Council's principal purpose to protect public safety.</p>	FA			
9.2	<ul style="list-style-type: none"> Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes 	<p>The Council has a public website that contains key information on its role and functions and the core regulatory processes that are in place. The website is structured in recognition of key audience groups with specific pages containing critical information for the public, practitioners, and other key stakeholders such as education providers. This includes policies, newsletters, annual reports and the Council's five-year strategic plan.</p> <p>The website is subject to regular reviews (responsibility of designated member of the secretariat staff team) in respect of its design and structure, with the latest review being completed with a new-look website rolled-out in April 2021. Reviews of the design and structure of the website are managed as a joint initiative with the Medical</p>	PA	L	<p>That the Council publicly report on the ethnicity breakdown of its workforce and this could be included in its annual report.</p> <p>There is also an opportunity to add a general search function to the website.</p>	3 months (15 November 2021)

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Radiation Technologists Board as both websites have the same infrastructure but their own branding and content. The register can be searched.</p> <p>Ethnicity data is collected for the MoH but the Council does not report on the ethnicity of the workforce to practitioners or the public.</p>				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> 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>Discussed that In 2021 the Council is looking to strengthen its engagement with Māori to seek advice on the various elements of its regulatory framework to better ensure the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand. This work is a joint initiative with the Medical Radiation Technologists Board. As a starting point some discussion forums with Māori practitioners from the professions are to be arranged, to look at practical ways the Council can promote improved culturally competent practices across the medical laboratory and anaesthetic technology workforce.</p> <p>The Council participates in joint workshops with the Medical Radiation Technologists Board. to build a collective understanding of Māori cultural competence. The two authorities are also planning to develop a joint policy statement in respect of right-touch-regulation (scheduled for late 2021/early 2022).</p>	PA	L	<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>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.</p>	6-12 months (up to 1 July 2022 and ongoing)

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.2	<ul style="list-style-type: none"> Ensure the principles of Right-touch regulation are followed in the implementation of all its functions 	<p>The six principles of Right-touch regulation are proportionate, consistent, targeted, transparent, accountable, and agile. The Council demonstrates these principles through its policies, processes, systems, plans and how it works with practitioners.</p> <p>Advised that ensuring continuous quality improvement across all their regulatory and corporate functions is an important component of both the Council's and the Medical Radiation Technologists Board's business priorities. The organisation has a commitment to strengthening a results-approach to its business and in 2021 the MSS team has introduced a schedule for reporting the secretariat's performance in meeting agreed measures across both regulatory and corporate functions.</p> <p>An annual strategic and business planning process has been in place for the last 12-years. Strategic plans are framed within a five-year period and currently is the Strategic Directions April 2021 – March 2026. It is revised every year, taking into consideration emerging issues and trends. An annual business plan is documented for each financial year, prioritising the initiatives that are linked back to the strategic plan. The Council monitors the annual business plan regularly and includes this in meeting minutes.</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.3	<ul style="list-style-type: none"> Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern 	<p>There are Policy And Guidelines: Risk Management and a Risk Register. The risk management process provides a set of tools to help minimise threats to the Medical Sciences Council's business as well as to maximise opportunities for business enhancement. The described risk management process is to be applied to all business activities including regulatory functions, back-office (corporate) functions, and projects.</p> <p>The Risk Register applies a consequences versus likelihood matrix for low, medium, high and extreme risk ratings. Risk contexts include: 1) regulation of practitioners, 2) governance, 3) information management, 4) business operations and 5) financial. Includes a section that summarises changes to the register over time.</p> <p>The Council maintains the Risks Register and it is updated on a bi-annual schedule. The risk register includes categories of risk to be reviewed bi-monthly. The discussion with the Council representatives showed they are very aware of their risks.</p> <p>Advised that as a shareholder owner of a registered New Zealand company (Medical Sciences Secretariat Limited), the Council has mechanisms in place to check ongoing compliance with the Companies Act 1993. In 2020/2021 the Council, along with its</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>colleague shareholder, the Medical Radiation Technologists Board, engaged in a review of the company's Constitution and Shareholders Agreement to ensure the framework for the governance and management of the secretariat remains current, relevant, and fit for purpose.</p> <p>As a gatekeeper of a significant volume of personal information regarding health practitioners, the Council must ensure compliance with the Privacy Act 2020. In addition, information is primarily managed through digital means and the Council has various cybersecurity measures in place to protect the information in its stewardship. There have been no known data breaches in recent times in respect of personal information held by the Council.</p> <p>For Covid-19 the Council closed the office and staff worked from home until at alert level one. There are Covid precautions in the office for health and safety.</p>				
10.4	<ul style="list-style-type: none"> Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners 	<p>Policy for Consultations states the commitment to having open, transparent, and consistent communication with registered practitioners, stakeholders, and members of the public.</p> <p>The Council has a well-established approach for consulting with relevant stakeholders on matters relating to the regulation of laboratory science practitioners</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>and anaesthetic technology practitioners. Consultations are planned and communicated to allow respondents sufficient time to submit their feedback. Different methods of consultation have been used to account for different levels of complexity.</p> <p>The Council engages with the profession to assist with execution of key components of the regulatory framework to ensure appropriate expertise is utilised and applied. Some examples of this are:</p> <ul style="list-style-type: none"> • 2017 revision of the competence standards • Work Based Assessments • Online examination questions writers • Online Examination Committee <p>The Council maintains a list of key stakeholders who are alerted to the release of publications pertaining to the Council's work.</p>				
10.5	<ul style="list-style-type: none"> • Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment 	<p>There are policies and procedure in place for financial management, Role And Responsibilities Of Medical Science Council Members, Council Members' Remuneration and Good Governance Practice Within A Statutory Authority.</p> <p>Advised that the Council's fiscal prudence and sustainability is monitored through external audits under the Public Audit Act</p>				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>2001. All annual audits to date have returned an untagged result.</p> <p>The Council has adopted a three-year budgetary cycle which includes an annual forecasting of the required level of practitioner fees. This allows the Council to take a proactive approach in engaging with the profession and employers in respect of any fee increases.</p> <p>With the potential for membership changes on a three-year rolling cycle, the Council needs to ensure incoming members are brought up-to-speed relatively quickly in respect of gaining a good understanding of their key roles and functions. All incoming members receive an orientation session prior to their first meeting. All members are subject to a Code of Conduct and a Delegations policy clearly sets out the different levels of delegations.</p> <p>Professional development that focuses on their governance role and responsibilities is critical for the ongoing collective strength of the Council. Members are expected to engage in professional development opportunities to develop and enhance their governance skills. Some of these opportunities are managed as joint initiatives between the Medical Sciences Council and the Medical Radiation Technologists Board. This has helped to facilitate a consistency in thinking and approaches to various</p>				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>regulatory issues that are then applied across three different health professions.</p> <p>Within 12-18 months of their initial appointment, Council members are expected to attend professional development workshops on the core functions of the HPCA Act. As the workshops are accessed by many of the responsible authorities, they provide an opportunity for Council members to liaise with members from other authorities and learn first-hand about similar issues and challenges of serving on a statutory authority.</p>				