



MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND

TE KAUNIHERA PUŪTAIAO HAUORA O AOTEAROA

Annual Report

1 APRIL 2022 - 31 MARCH 2023

THROUGHOUT THIS REPORT:

MLS: Medical Laboratory Scientist

AT: Anaesthetic Technician

MLT: Medical Laboratory Technician

MLPAT: Medical Laboratory Pre-Analytical Technician

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

Te Kaunihera Pūtaiao Hauora o Aotearoa | The Medical Sciences Council of New Zealand is referred to as the Council.

He Rārangi Upoko | Contents

Report from the Chair and Chief Executive	4	Registrations and Practising Certificates	20
---	----------	---	-----------

Numbers at a Glance	6	Applications Received	22
---------------------	----------	-----------------------	-----------

Approved Registrations for Previous Three Years	23
---	-----------

The Medical Sciences Council	8	Approved Registrations by Country of Education	24
------------------------------	----------	--	-----------

Council Functions	9	Declined Registrations by Country of Education	25
-------------------	----------	--	-----------

Council Members	10	Alternative Pathways to Registration	26
-----------------	-----------	--------------------------------------	-----------

Council Committees	11	Practising Certificates	28
--------------------	-----------	-------------------------	-----------

Secretariat	12	Conditions on Practice	30
-------------	-----------	------------------------	-----------

Ethnicity Statistics	32
----------------------	-----------

Strategic Priorities and Goals	14	Education & Continuing Professional Development	34
--------------------------------	-----------	---	-----------

Responsibility Authority Core Performance Standards Review	16	Audit of Engagement in Recertification Programme	36
--	-----------	--	-----------

Competence and Fitness to Practise	38
------------------------------------	-----------

Complaints and Discipline	40
---------------------------	-----------

Financial Report	42-55
------------------	--------------

From the Chair and Chief Executive

Tēnā koutou katoa,

The 2022-2023 year has passed with speed and Te Kaunihera Pūtaiao Hauora o Aotearoa | The Medical Sciences Council of New Zealand (the Council) has been through a period of change.

In January we said farewell to our longstanding Chief Executive Mary Doyle. Mary left the organisation after many years - during her time she had also been the Chief Executive and Registrar.

Mary had led the organisation through a number of key achievements, including incorporation of the regulation of anaesthetic technicians into the Council, leading it through its first Ministry required audit of performance, and the COVID pandemic with associated impact on practitioners and staffing. Mary was a highly valued member of staff, and her contribution will be missed by the Council and its members.

At this time, we also welcomed our new Chief Executive, Dr Susan Calvert. Sue joined the Council with a background in health, both as a practitioner and with experience in professional regulation.

Consultation on Scopes of Practice

During 2022-2023 the Council considered the review of the scopes of practice for Anaesthetic Technicians and Medical Laboratory Science practitioners. Section 118 of the Act clearly articulates the role of the Council in setting the scopes of practice. The Council in reviewing these must ensure they are contemporary and fit for purpose.

Anaesthetic Technician Scope of Practice

The Council has commenced its review of the Scope of Practice of Anaesthetic Technicians and has been actively engaging with stakeholders around this.

The Council recently accredited the Bachelor of Health Science (perioperative practice) degree as a pathway for entry to the register and expects the first graduates from this programme will enter the Register in 2024. The degree qualification broadens the scope of work that practitioners will be able to undertake, and this has meant there is a need to consider the scope of practice to ensure it meets the needs and the public remains safe.

Medical Laboratory Science Scope of Practice

The Council began a review of the scope of practice of Medical Laboratory Scientists, Medical Laboratory Technicians, and Pre-Analytical Technicians in 2022. Following an initial consultation on the scope of practice, the Council held a hui with key stakeholders including providers of education, professional associations, and unions to discuss this work. Reviewing the scopes will continue during 2023.

Stakeholder Engagement

The Council has continued to engage with a number of stakeholders during this time period. This includes professional bodies such as the New Zealand Institute of Medical Laboratory Science, the New Zealand Anaesthetic Technicians' Society as well as providers of pre-registration education and other groups.

Members of both the Council and the Medical Sciences Secretariat (the secretariat) are participating in a number of Manatū Hauora sector reference groups and Te Whatu Ora/ Te Aka Whai Ora workforce development groups. These groups have been established to consider issues faced by specific health disciplines and to look at strategies to address workforce shortages. As a regulator the Council has a key role in setting the scope of practice, defining the standards of competence, and accrediting programmes of education. It is the Council's standards that people must demonstrate in order to be entered onto the register.

Responsiveness to Māori and meeting our obligations under the Health Practitioners Competence Assurance Act (HPCA Act)

The Council has actively engaged in work that looks at meeting our obligations under the HPCA Act and in considering our role as an ally. During 2022-2023 both the Council and the staff of the secretariat engaged in a programme of learning and development regarding the enhancement of our cultural capability. This included workshops on Te Reo, Te Tiriti o Waitangi and Allyship. The Council has an active plan to incorporate Tikanga Māori in its processes.

The Council has drafted terms of reference for a Māori practitioner advisory group that will assist in ensuring the competencies for practitioners meet our obligations under the HPCA Act. Membership of this group will include representatives from the Council and all the different scopes of practice, as well as lay people. The Council expects to appoint people to this advisory committee in 2023.

Finally

As Council Chair and Chief Executive, we want to acknowledge the work undertaken by the staff of the secretariat that ensures the responsive regulation of the anaesthetic technician and medical laboratory science practitioners. The work undertaken by secretariat staff supports the safety of the public. We also wish to acknowledge the Council members whose role as governors is to set the strategic direction of the Council, and who have worked incredibly hard through this period of change.

Ngā mihi,



Brett Besley
Chair



Dr Susan Calvert
Chief Executive

Numbers at a Glance

1 April 2022-31 March 2023

7 Medical Laboratory Science and Anaesthetic Technology Scopes of Practice

- Medical Laboratory Scientist (Provisional)
- Medical Laboratory Scientist (Full)
- Medical Laboratory Technician (Provisional)
- Medical Laboratory Technician (Full)
- Medical Laboratory Pre-Analytical Technician (Provisional)
- Medical Laboratory Pre-Analytical Technician (Full)
- Anaesthetic Technician



534

New registrations across the seven scopes of practice

The three largest groups of applications from internationally qualified practitioners were from:

30 Philippines

21 UK

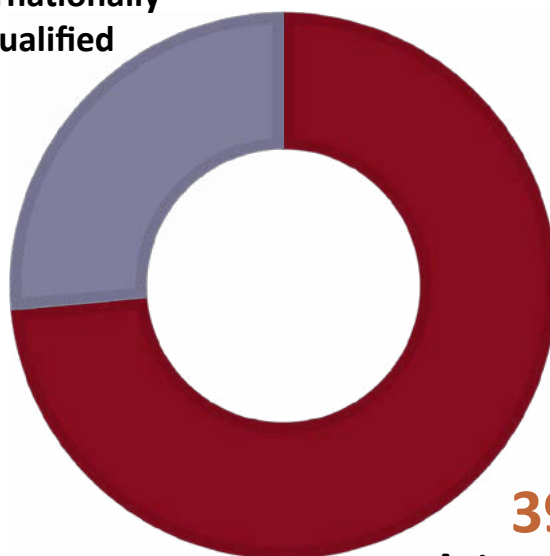
17 India

74%

practitioners qualified in New Zealand



141
Internationally qualified



393
Aotearoa | New Zealand graduates



5001

Practising Certificate Applications
received and processed

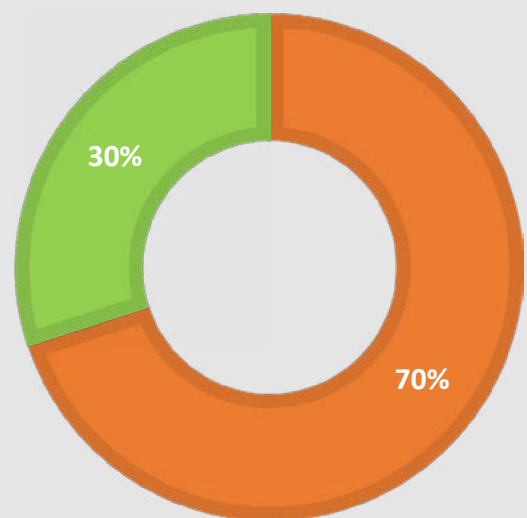
Professional Standards:

10 NEW COMPLAINTS AND NOTIFICATIONS

7 Conduct cases

3 Health (Fitness to Practise) cases

0 Competence cases



■ Conduct ■ Fitness to Practise

Te Kaunihera Pūtaiao Hauora o Aotearoa | The Medical Sciences Council

Te Kaunihera Pūtaiao Hauora o Aotearoa | The Medical Sciences Council (the Council) is one of 18 New Zealand health responsible authorities appointed by the Minister of Health under the Health Practitioners Competence Assurance Act 2003 (the Act).

The Council is responsible for the statutory regulation of two health professions:

- anaesthetic technology; and
- medical laboratory science.









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

The environment the Council operates in helps to determine its strategic direction. The Council works within an ever-changing environment that is subject to various influences including economic factors, legislative and regulatory change, political factors, social and demographic factors, and technological change.

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 and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners registered with the Council.
- Notify employers, the Accident Compensation Corporation (ACC), the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner registered with the Council may pose a risk of harm to the public.
- Consider cases of health practitioners registered with the Council who may be unable to perform the functions required for their relevant scope of practice.
- Set the standards of clinical competence, cultural competence (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.

Council Members

		Term commenced	Term renewed	Term due to be completed
	Brett Besley Chair Anaesthetic Technician	2019	2022	2025
	Nicola Swain Deputy Chair Lay Member	2018	2022	2025
	Judy Campbell Lay Member	2020		2023
	Varsha Desai Medical Laboratory Pre Analytical Technician	2019	2022	2025
	Ruth Beeston Medical Laboratory Scientist	2019	2022	2025
	Natasha Caldwell (Packer) Medical Laboratory Scientist	2019	2022	2025
	Erolia Rooney Medical Laboratory Scientist	2019	2022	2025
	Angela Dewhirst Anaesthetic Technician	2021		2024

Council Committees

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

Committee	Membership
Educational Advisor	Nicola Swain
Professional Standards Committee	Ruth Beeston Nicola Swain Brett Besley Judy Campbell
Registrations and Recertification Review Committee	Natasha Caldwell Nicola Swain Varsha Desai Erolia Rooney Brett Besley Ruth Beeston Caleb Bridgeman

In addition, the Council has an online examination committee with representatives from the Council and external advisors.

Online Examinations Committee	Brett Besley Natasha Caldwell Nicola Swain External advisors for the Council: Karen Bennett Don Mikkelsen Lynne Morgan Holly Perry
--------------------------------------	--

Sector Reference/Workforce Development Groups

Members of the Council are participating in a number of Manatū Hauora sector reference groups and Te Whatu Ora/ Te Aka Whai Ora workforce development groups. These groups have been established to consider issues faced by specific health disciplines and to look at strategies to address workforce shortages.

Working Group	Membership
National Allied Health Technical and Scientific Working Group	Natasha Caldwell Erolia Rooney

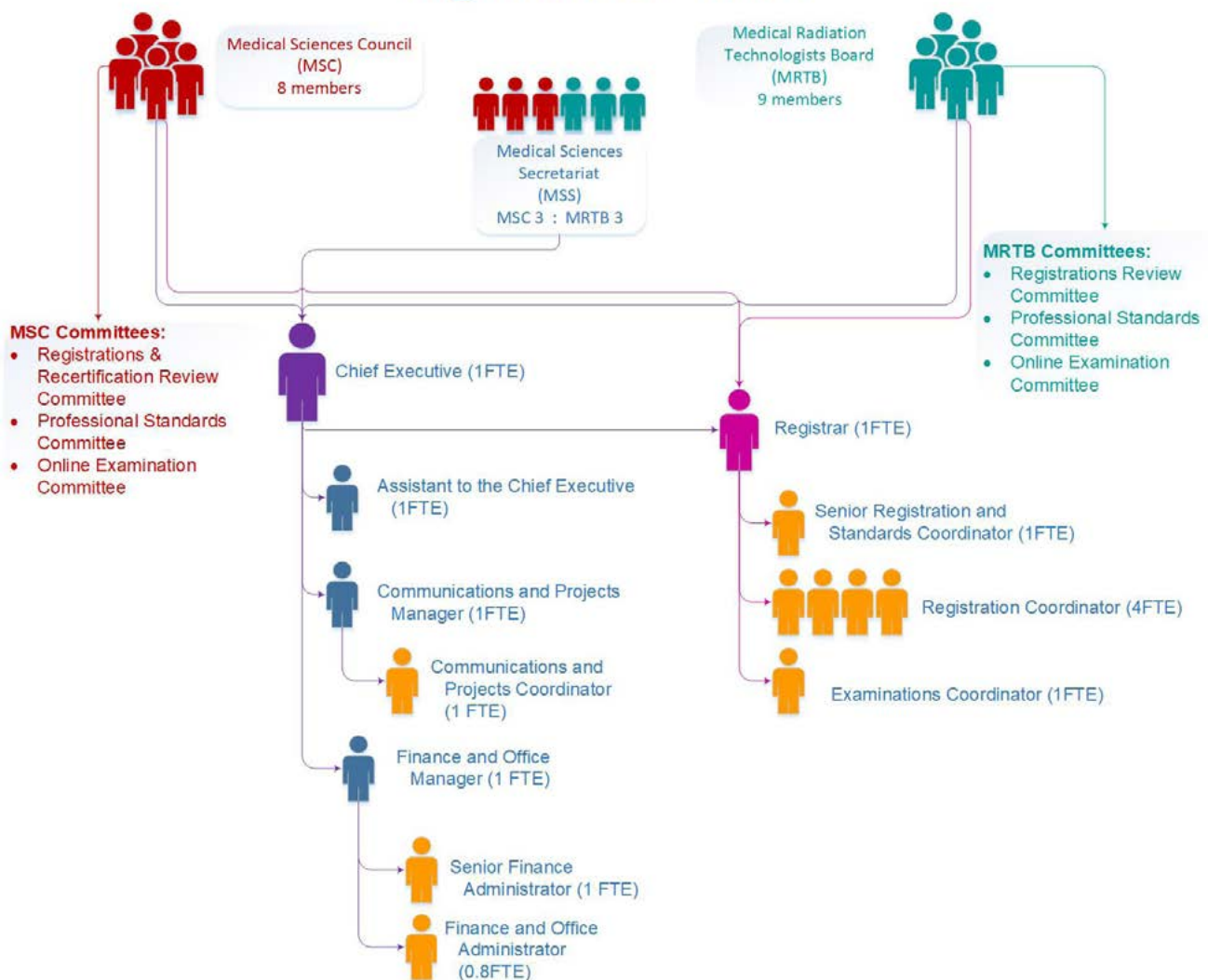
Secretariat

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

The shared secretariat arrangement with the MRTB enables the Council to achieve efficiencies in terms of costs and consistency in regulatory standards. While the Council and the MRTB 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 MRTB share several similarities and common goals.

Organisation Chart



Secretariat Staff (as at 31 March 2023)

Chief Executive	<p>Dr Susan Calvert Manages the strategic functions and overall business of the Council and is responsible for the general management and statutory compliance of the organisation.</p>
Registrar	<p>Caleb Bridgeman Has delegated authority from the Council to manage the core regulatory functions under the HPCA Act. Manages procedures for notifications pertaining to concerns raised about a practitioner. Overall management of Registrations and Professional Standards Team.</p>
Assistant to Chief Executive	<p>Melissa Buist Supports the Chief Executive with administrative and general tasks.</p>
Registrations/ Recertification Team	<p>Michaela Beer Anastasia Williams May Magtoto Emma Groos</p> <p>Complete and process tasks relating to registration and recertification.</p>
Professional Standards	<p>Hayley Roud Supports the Registrar with managing the complaints and notifications processes, reporting and monitoring. Hayley also supports the Registrar with accreditation and monitoring of education providers.</p>
Online Examinations/ Work Based Assessments	<p>Swas Lal Completes and processes tasks relating to examinations for the purpose of registration and recertification.</p>
Finance Team	<p>Pam Sceats Financial Manager - manages the finance team and provides overall financial management.</p> <p>Louise Hurst Senior Finance Administrator - manages the routine accounting activities and payroll.</p> <p>Dianne Heybrock Finance Administrator - provides finance and office administrative support.</p>
Communications and Strategic Projects	<p>Miriam Brown Communications and Projects Manager - manages the Council's ongoing communication strategies, including publications, website, consultations, and online initiatives.</p> <p>Devon Davies Communications and Projects Coordinator - assists the communications and projects manager with producing organisational communications.</p>

Strategic Priorities and Goals

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

Overarching Strategic Priority

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:

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

The Council is not responsible for protecting the interests of medical laboratory science or anaesthetic technician practitioners. The Council's intention through its regulation is to achieve the best outcomes for the public through appropriate and sustainable regulation.

During 2022-2023 the Council reviewed its strategic priorities and refreshed its strategic plan. The Council's strategic priorities are as follows.

Strategic Priority 1: Alignment of Regulatory Frameworks

Work has progressed on this priority over the course of 2022-2023. The main projects that have been initiated and progressed include:

1. Review of the Medical Laboratory Science Scopes of Practice.

After consulting with the profession the Council developed a proposed scope of practice document that was sent out for consultation. After initial feedback it was agreed to review the consultation proposal. Meetings were held with stakeholders, representatives of education providers, professional associations, and unions to discuss the scope of practice. Work on this review will continue in 2023.

2. Review of the Anaesthetic Technician scope of practice.

Changes have occurred to the qualification that leads to registration as an Anaesthetic Technician, in addition, due to expanded practice it is timely to also consider the review of the scope of practice of this group of practitioners. Initial meetings with stakeholders have been held to scope the project and to understand some of the matters impacting on practice. Work will progress during 2023.

Strategic Priority 2: Te Tiriti o Waitangi Partner Obligations

The Council will 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 organisational understanding of Te Reo Māori, te ao Māori, and tikanga Māori and development of a Māori practitioner advisory committee.

The Council has engaged in extensive education around Te Ao and Te Reo Māori and has participated in workshops that have included co-governance, allyship and Te Tiriti o Waitangi. Terms of reference have been developed for a Māori practitioner advisory committee. In order to recruit people onto this committee an expression of interest process will occur. The committee will be charged with providing advice to the Council around key documents including standards of competence for both anaesthetic technicians and medical laboratory science practitioners. The advisory committee will be comprised of both anaesthetic technicians and medical laboratory science practitioners as well as an independent lay member and representatives of the Council. Work will progress on this and other initiatives during 2023.

Strategic Priority 3: Data Strategy

As with any organisation there is a need for robust data to support our core business as usual work. During 2022-2023 the Council considered what data it needed to collect, to provide it with understanding, and to support its initiatives.

The Council will progress the development of this work during 2023-2024. It plans to seek the advice of the Māori practitioner advisory committee to improve communications and inform its regulatory work.

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 the core functions and responsibilities as stated in section 118 of the Health Practitioners Competence Assurance Act 2003.

Our performance was reviewed against 23 standards in total. Of those, 15 were fully achieved, with the remaining eight standards assessed as being partially achieved. All “partially achieved” standards were deemed to have a low rating in terms of risk.

The report made some recommendations to the Council for suggested improvements. While a large number of the actions were completed during 2021-2022 the following (four pages) provides an update.

<i>RELATED CORE PERFORMANCE STANDARDS</i>	<i>RECOMMENDATION</i>	<i>STATUS AS AT 31 MARCH 2023</i>
<i>The RA has prescribed qualifications aligned to those competencies for each scope of practice</i>	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.	A review of the medical laboratory science scopes of practice continues. The review of the Anaesthetic Technician began during 2022. Both reviews have now been incorporated into the Council’s strategic projects workplan.
<i>The RA maintains and publishes an accessible, accurate register of registrants, including, where permitted, any conditions on their practice</i>	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.	This matter was addressed in 2021-2022. When gender information is sought further options are provided. This matter is now business as usual and is closed.

<i>RELATED CORE PERFORMANCE STANDARDS</i>	<i>RECOMMENDATION</i>	<i>STATUS AS AT 31 MARCH 2023</i>
<p><i>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</i></p> <ul style="list-style-type: none"> <i>• Assure itself applicants seeking registration or the issuing of a practising certificate meet, and are actively maintaining the required standard</i> <i>• Review a practitioner’s competence and practice against the required standard of competence</i> <i>• Improve and remediate the competence of practitioners found to be below the required standard</i> 	<p>The Council is encouraged to further plan and review the two separate sets of CPD frameworks.</p>	<p>The Council consulted on its continuous professional development cycle in 2022. As a consequence of the largely positive feedback, changes were made to move to a two year fixed biennium with effect from 1 January 2023. The review of the continuing professional development framework is ongoing during 2023.</p>
<p><i>Identifying and responding in a timely way to any complaint or notification about a health practitioner.</i></p>	<p>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.</p>	<p>Actions required to link complaints and notifications occurred in 2022. Data analytics reporting is ongoing and is a strategic priority for the Council.</p>
<p><i>Considering information related to a health practitioner’s conduct or the safety of the practitioner’s practice.</i></p>		
<p><i>Ensuring all parties to a complaint are supported to fully inform the authority’s consideration process.</i></p>		

*RELATED CORE
PERFORMANCE
STANDARDS*

RECOMMENDATION

*STATUS AS AT 31 MARCH
2023*

Provides clear, accurate, and publicly accessible information about the purpose, functions and core regulatory processes.

That the Council report publicly on the ethnicity breakdown of its workforce and this could be included in the annual report.

This action was completed in 2022. It is now business as usual and is closed.

There is also an opportunity to add a general search function on the website.

The RA sets standards of clinical and cultural competence and ethical conduct that are informed by relevant evidence and are clearly articulated and accessible.

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.

Work on the review of the competence standards is scheduled to occur once the revised scope of practice work for both anaesthetic technician and medical laboratory science practitioners is completed. This is now a strategic project.

Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori.

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.

During 2022-2023 the Council engaged in extensive development with regards to its knowledge of and use of Te Reo and Te Ao Māori and is incorporating tikanga within its processes and in its expectations of those staff who work with it.

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.

Terms of reference have been developed for a Māori practitioner advisory committee whose role will be to ensure that any revised competencies include those that will enable effective and respectful interaction with Māori.

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, start this plan and continue to activate it over time.

This has become a Council strategic project.

**RELATED CORE
PERFORMANCE
STANDARDS**

RECOMMENDATION

**STATUS AS AT 31
MARCH 2023**

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.

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.

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.

The Council engaged Haemata, a Māori consultancy, to work with it to develop its cultural capability and also as it operationalises the principles of Te Tiriti into its functions. This work continues. The Council and MSS/secretariat staff engage with the Medical Radiation Technologists Board and other responsible authorities on matters of common interest. Work continues on this initiative.

Registration & 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 profession of anaesthetic technology is defined as follows:

Anaesthetic technology is the provision of perioperative technical management and patient care for supporting the provision of quality health care and safe anaesthetic services in New Zealand accredited health facilities.

Activities in this definition include but are not limited to:

- Anaesthetic related research and development;
- Applied science and anaesthetic technology education;
- Advanced patient monitoring;
- Collection of samples for diagnostic investigation; and
- Management.

The Council has defined one scope of practice for registration in the profession of anaesthetic technology:

- Anaesthetic Technician.

The profession of medical laboratory science is defined as:

Medical laboratory science is the collection, receipt, preparation, investigation, and laboratory analysis of samples of human biological material for the purpose of supporting patient diagnosis, management, 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)

Applications Received for Registration

Between 1 April 2022 and 31 March 2023 the Council received 760 applications from people applying to be registered. Of these 760 applications, **534** (70%) were approved and **26** (3%) declined due to the applicants not meeting the entry level registration requirements.

Of the remaining applications, **10** (1%) were withdrawn by the applicant and **11** (1%) applicants enrolled in the Graduate Diploma in Medical Laboratory Science or Postgraduate Diploma in Health Science (Medical Laboratory Science) as a pathway to registration as a Medical Laboratory Scientist. **Forty** (5%) applicants were offered the opportunity to sit an online registration examination as they did not meet any other pathway to registration and **two** anaesthetic technician applicants were offered a Work Based Assessment as a pathway to registration. The remaining **137** (18%) applications were still in the process of being reviewed as at 31 March 2023.

Table 1: Outcomes of applications for registration by scope 2022 - 2023

	AT	MLPAT	MLS	MLT	TOTAL
Registration Approved	85	156	148	145	534
Enrolled in Graduate Diploma/Postgraduate Diploma as a pathway to MLS registration	Not applicable (NA)		11	NA	11
Offered WBA as a pathway to registration	2		NA		2
Offered online examination	1	-	39	-	40
Declined	1	1	17	7	26
Applications received, not processed (still being processed as of 31 Mar 2023)	17	30	58	32	137
Applications withdrawn	1	2	4	3	10
TOTAL RECEIVED	107	189	277	187	760

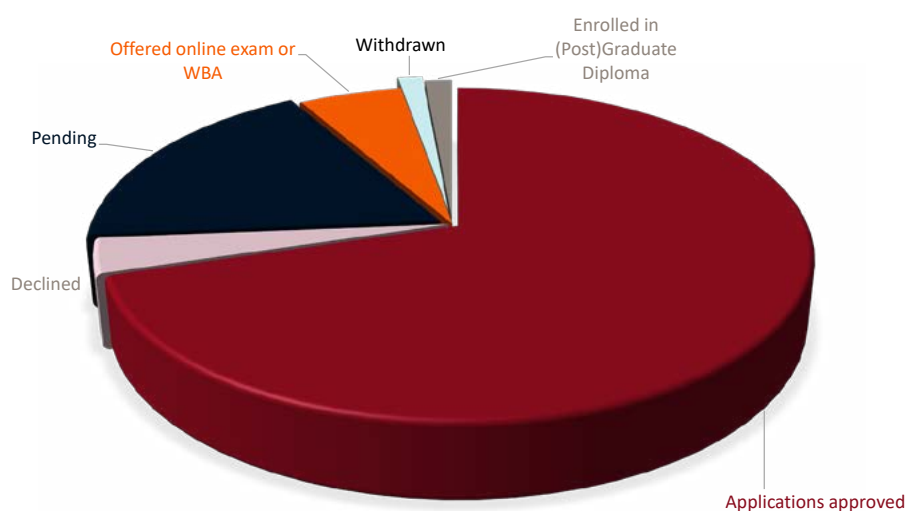


Figure 1: Outcomes of applications for registration 2022 - 2023

Approved Registrations 2020-2023

For the 2022/2023 year the total number of Aotearoa | New Zealand graduate registration applications exceeded internationally qualified applications by **252 (48%)**.

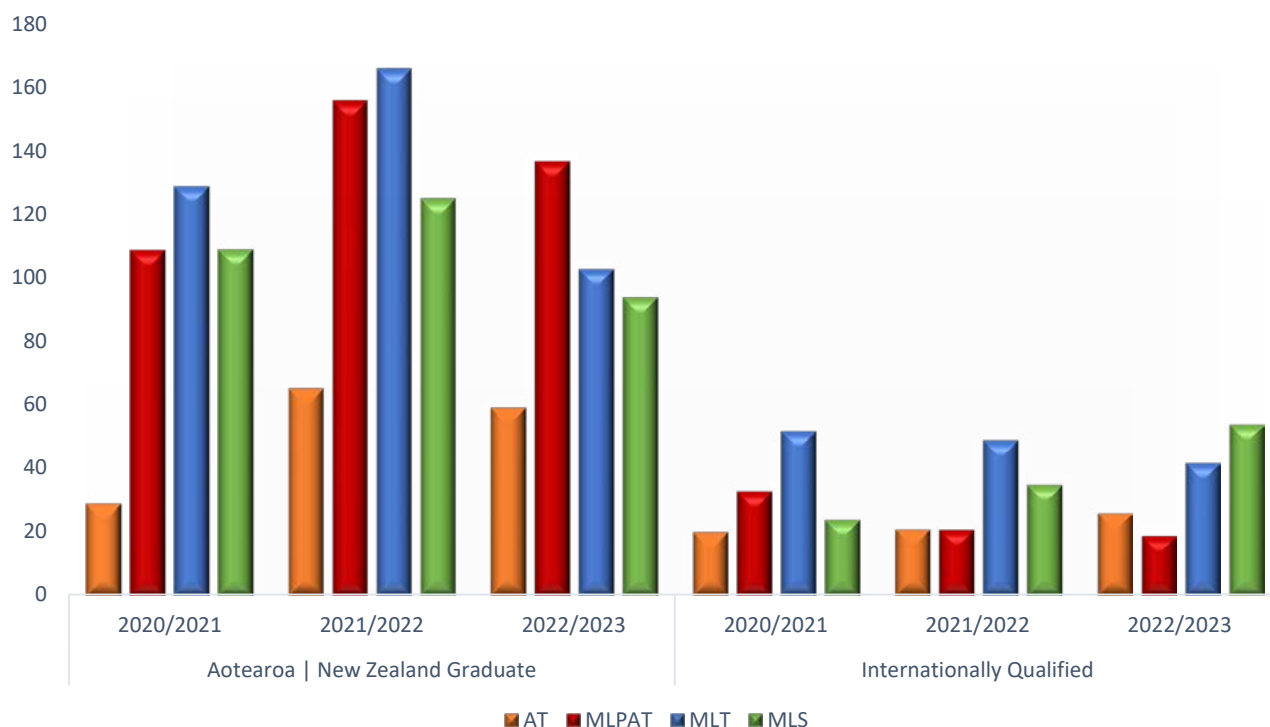


Figure 2: Comparison of Aotearoa | New Zealand graduate registrations and internationally qualified registrations granted over the last three practising years.

While approved registrations have decreased across all scopes of practice since 2021/2022, the number of practising certificate holders across each scope of practice has increased between 1% and 7% since 2021/2022. This indicates that already registered practitioners may have either returned to practise in New Zealand or stayed in New Zealand and obtained a 2022/2023 practising certificate.

Since 2021/2022, the number of practising certificate holders has increased by 76 for Medical Laboratory Scientists, 63 for Anaesthetic Technicians, 57 for Medical Laboratory Technicians, and 12 for Medical Laboratory Pre-Analytical Technicians.

Approved Registrations by Country of Education

Table 2: Approved registrations by country of education between 1 April 2022 and 31 March 2023

	AT	MLPAT	MLS	MLT	TOTAL
New Zealand	59	137	94	103	393
UK	15		4	2	21
Iran	6			1	7
Fiji		2	6	3	11
India	3		6	8	17
Philippines		9	3	18	30
Korea		2		1	3
Australia		2	9	1	12
Croatia			1	1	2
Nigeria	1				1
South Africa	1	1	11	3	16
Denmark			1		1
USA		1	4	2	7
Canada			1		1
Italy			1		1
Hong Kong		1	1		2
Ireland		1	1		2
Netherlands			1		1
Zimbabwe			1		1
Pakistan			1		1
Malaysia			1		1
Russia			1	1	2
Austria				1	1
Total	85	156	148	145	534

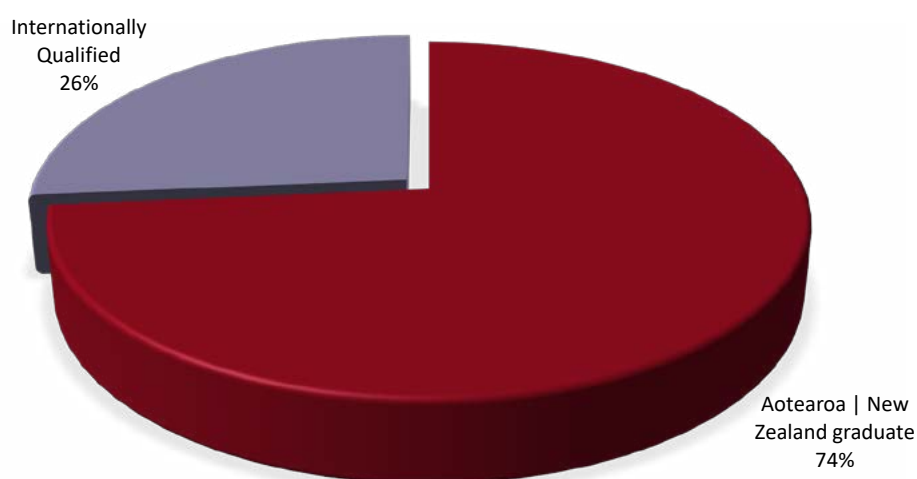


Figure 3: Percentage of approved registrations between 1 April 2022 and 31 March 2023

Declined Registrations by Country of Education

In the 2022/2023 year, **26** (3%) applications for registration were declined due to the applicant not being able to demonstrate the ability to meet the entry level registration requirements.

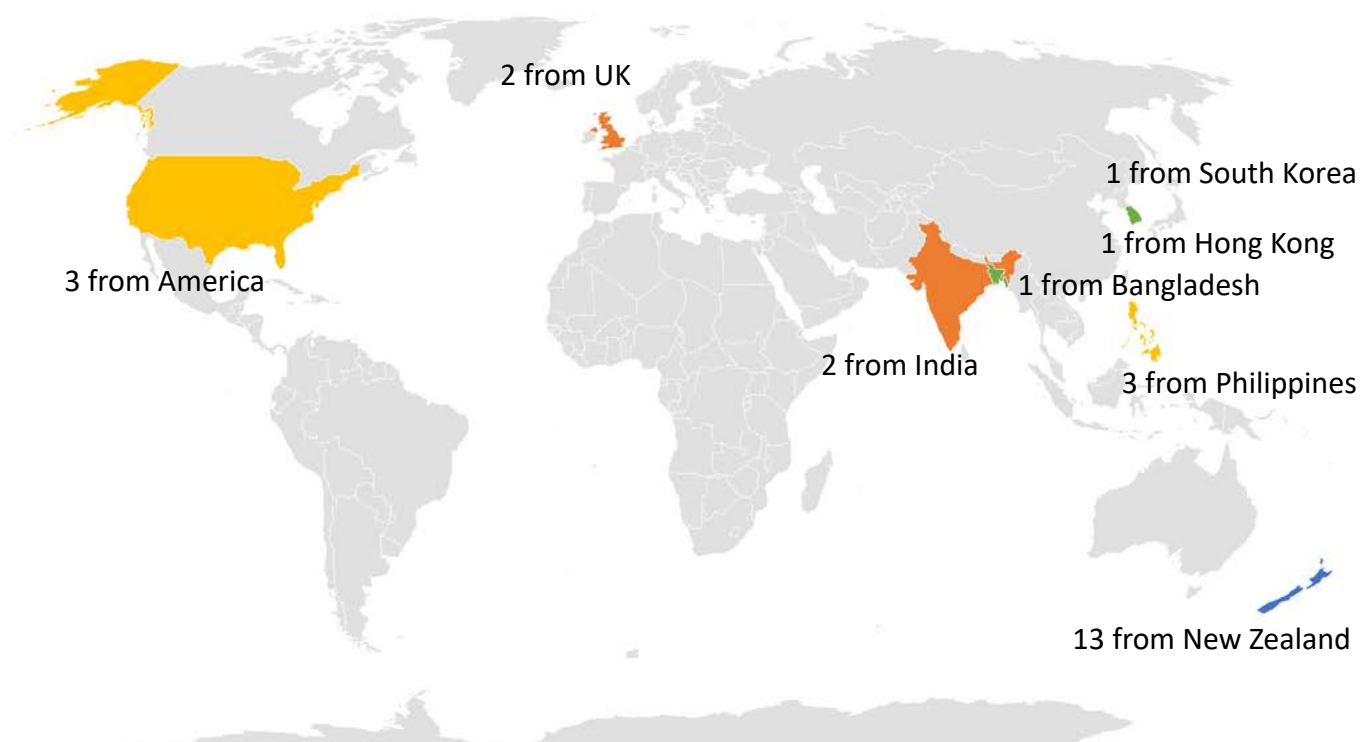


Figure 4: Declined registrations between 1 April 2022 and 31 March 2023 by country of education

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. The Council also assessed their qualification and considered it was not substantially equivalent to the prescribed qualification for registration and hence did not meet registration eligibility requirements.

Of the 17 Medical Laboratory Scientist registration applications that were declined, all 17 were offered registration in the Medical Laboratory Technician scope of practice or were already registered in the Medical Laboratory Technician scope of practice.

Of the seven Medical Laboratory Technician registration applications that were declined, four were offered registration in the Medical Laboratory Pre-Analytical Technician scope of practice or were already registered in the Medical Laboratory Pre-Analytical Technician scope of practice.

The one applicant who was declined registration as an Anaesthetic Technician was offered the work-based assessment. The assessment was not undertaken within the required timeframe and the application was subsequently declined.

Alternative Pathways to Registration

Work-Based Assessment Route to Registration as an Anaesthetic Technician

A Work Based Assessment (WBA) is one mechanism used by the Council to assess a practitioner's competence to practise as an Anaesthetic Technician and therefore, their eligibility for registration as an Anaesthetic Technician.

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

A WBA includes both a self-assessment that is to be completed by the practitioner prior to the day of the WBA and a one day on-site practical assessment conducted by two Council-approved WBA assessors. An oral session is conducted following the practical assessment during which practitioners are asked questions to test their theoretical knowledge. The practitioner is assessed against a set of Council-approved criteria and the level of practice expected is that of a graduating Anaesthetic Technician.

On completion of this, an assessment is done on the practitioner's clinical and technical skills and knowledge. The Council then makes a final decision as to whether the practitioner will be granted registration.

In 2022-2023 three WBAs were offered as a pathway to registration. One of these applicants successfully completed the WBA and was subsequently registered.

Table 3: Work-Based Assessment statistics between 1 April 2020 and 31 March 2023

	2020/21	2021/22	2022/23
Offered	-	2	3
Undertaken	-	-	1
Passed	-	-	1
Failed	-	-	-

Note, in any one year the number of assessments offered and those undertaken may differ due to the take up rate and whether the assessment was completed in the year it was offered.

Graduate Diploma Route to Registration as a Medical Laboratory Scientist

Registered Medical Laboratory Technicians or Medical Laboratory Pre-Analytical Technicians who hold a relevant Bachelor of Science degree and who have worked for a minimum of 12-months full time equivalent in an accredited laboratory, have the option of completing a graduate diploma as a pathway to Medical Laboratory Scientist registration.

The Council has approved two two-year programmes of study - the Graduate Diploma in Science (Medical Laboratory Science) through the Auckland University of Technology and the Post Graduate Diploma of Health Science (Medical Laboratory Science) through Massey University. Applicants require evidence of support from their employing laboratory to undertake the clinical components of the course.

In 2022-2023, 11 practitioners were enrolled in, and four practitioners graduated from, one of the two approved study programmes.

Table 4: Enrolment and graduate numbers for Graduate Diploma route to MLS registration between 1 April 2020 and 31 March 2023

	2020/21	2021/22	2022/23
Enrolled in the programme	-	-	11
Graduated and registered as a Medical Laboratory Scientist	-	13	4

Practising Certificates

Practitioners registered with the Council must hold a current practising certificate in order to practise in New Zealand. To obtain a practising certificate, practitioners must demonstrate to the Council they have maintained competence and are fit to practise.

In 2022-2023, the Council issued **5001** practising certificates¹:

- **288** (6%) of those included conditions on practice.

Table 5: Number of practising certificates issued between 1 April 2022 and 31 March 2023

	AT	MLPAT	MLS	MLT	TOTAL
Total certificates issued	950	1153	1975	923	5001
Issued with conditions	46	46	177	19	288

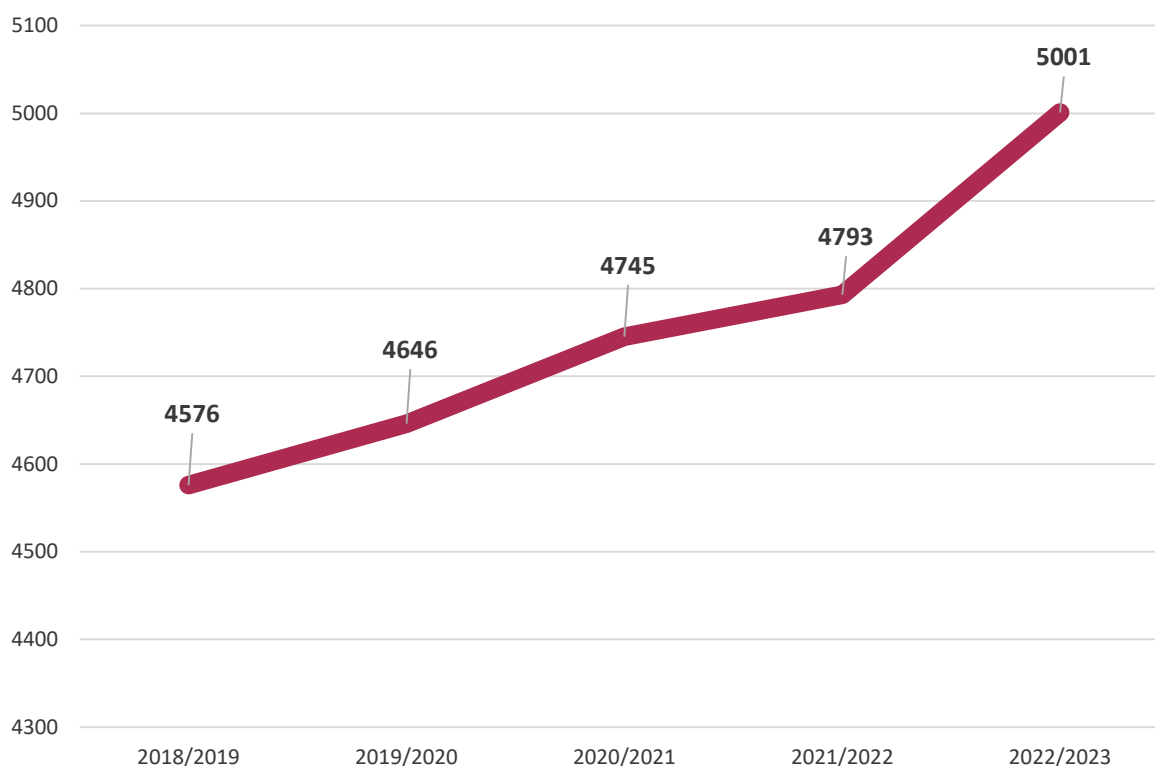


Figure 5: Practising numbers over the last five years 2018-2023

When a practising certificate is issued, the Council is declaring to the New Zealand public that the practitioner is competent and fit to practise.

¹The statistics on this page are inclusive of annual and interim practising certificates issued. Previous annual reports from the Council excluded interim practising certificates from the data. The statistics in this annual report may, therefore, differ slightly to the statistics in previous annual reports.

Demographic Data of Practising Certificate Holders

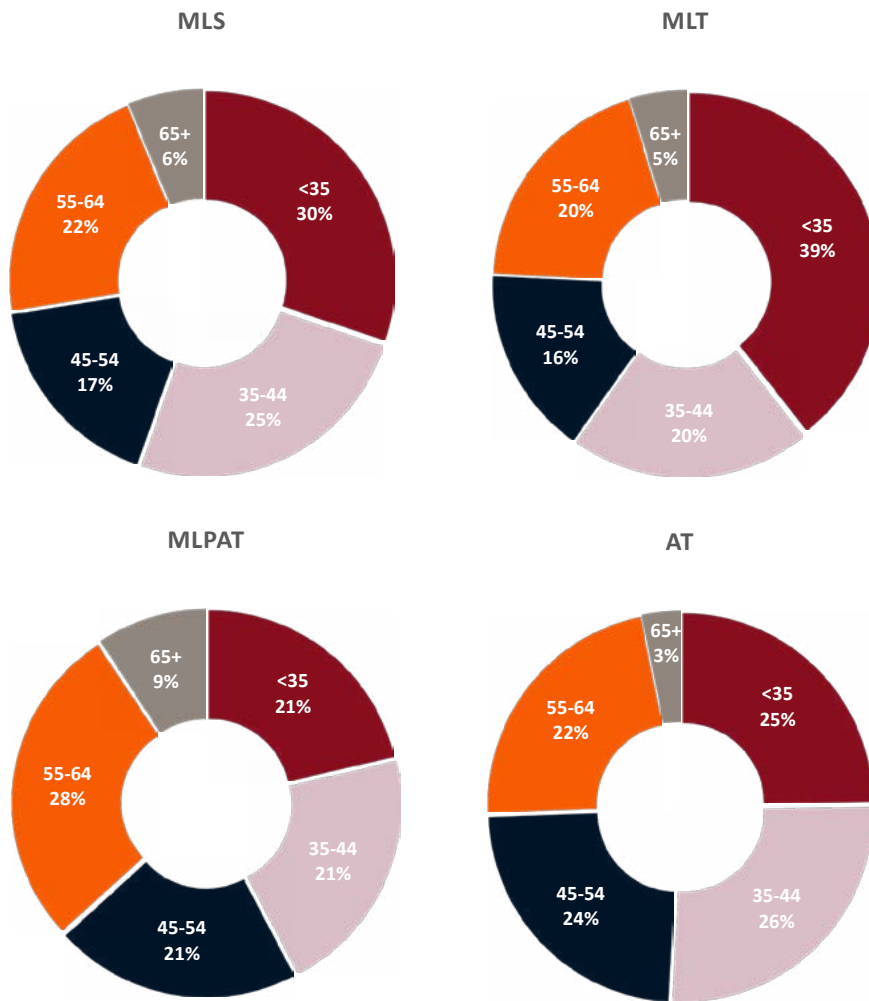


Figure 6 shows on average, 71% of practitioners are under the age of 55 years. However, this means approximately 29% of the workforce will reach 65 years in the next 10 years. Workforce planning is essential to ensure a continuous supply of practitioners across all scopes of practice.

Figure 6: Practising certificate holders by age band for the 2022-2023 practising year

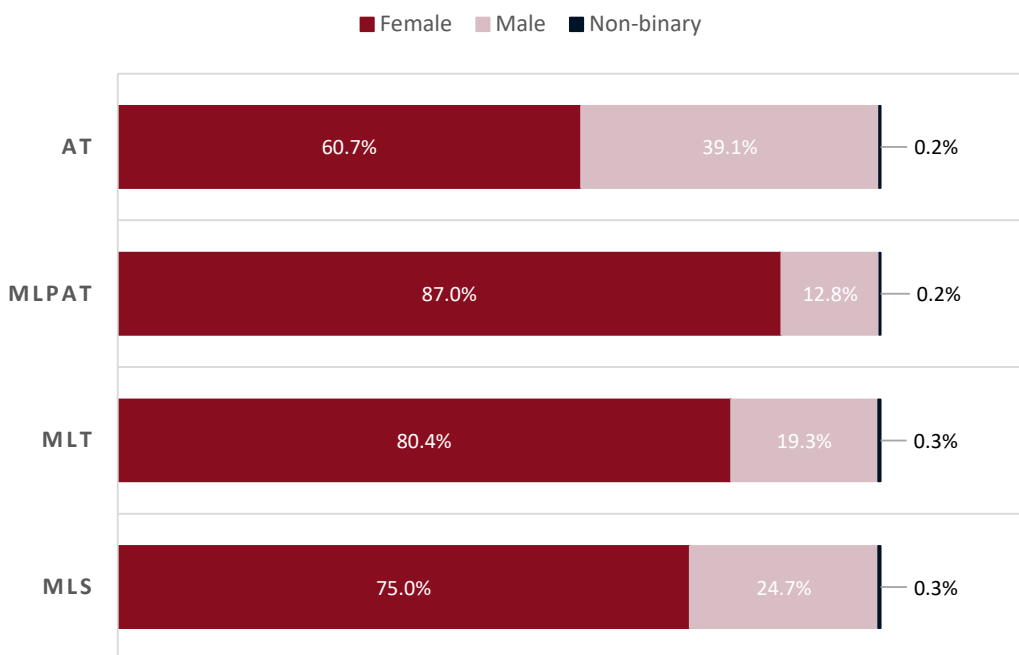


Figure 7 shows that across all scopes the majority of practitioners are female. Since the introduction of additional codes we now see that a number of practitioners identify as non-binary or other.

Figure 7: Practising certificate holders by gender for the 2022-2023 practising year

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 many practitioners, the condition(s) on their practising certificate require them to practise under supervision for a period of time 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. Supervision is most commonly used for practitioners new to or returning to the profession.

For Medical Laboratory Scientists, the most common reason for a condition on their practising certificate is to restrict their practice to certain disciplines. This assures the Council that the practitioner is practising within their area(s) of education and competence.

For Medical Laboratory Technicians, Medical Laboratory Pre-Analytical Technicians, and Anaesthetic Technicians, the most common reason for a condition on their practising certificate is the ability for them to perform an expanded practice activity approved by the Council.

Table 6: Conditions on practising certificates issued between 1 April 2022 and 31 March 2023

Scope	Conditions	Total
	Required to practise under supervision for the duration of expanded practice training	3
AT	Approved to practise in Post Anaesthetic Patient Care Unit (PACU)	5
	Approved to perform Peripherally Inserted Central Catheters (PICC Lines)	20
	Must practise under supervision for a specified period	8
	Approved to administer COVID-19 vaccination	3
	Must contact the Council for conditions regarding scope of practice	2
	Must complete a period of supervision before sitting a Work Based Assessment (WBA)	4
	Condition specific to practitioner	1
	TOTAL	46

Scope	Conditions	Total
MLPAT	Required to practise under supervision for a specified period	5
	Approved to perform IV Cannulation	34
	Approved to administer COVID-19 vaccination	5
	Approved to administer Influenza and MMR vaccine	2
	TOTAL	46
MLS	Required to practise under supervision for a specified period	16
	Practice restricted to a specific discipline	156
	Approved to administer COVID-19 vaccination	2
	Approved to practise in Embryology	1
	Must practise at specified site	2
TOTAL	177	
MLT	Required to practise under supervision for a specified period	4
	Practice restricted to a specific discipline	5
	Approved to perform IV Cannulation	7
	Approved to administer COVID-19 vaccination	3
	TOTAL	19

Ethnicity Statistics

The graphs below show the percentage of practitioners of different ethnicities who held a practising certificate, here in Aotearoa New Zealand, in 2022-2023.

When applying for registration, practitioners can report up to three ethnicities. Previously, the Council has reported ethnicity by assigning each practitioner a single ethnicity using a simplified version of the Statistics New Zealand's Prioritisation standard. The Council has used a different reporting method to report ethnicities for the 2022-2023 year.

The 2022-2023 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 as they can report up to three ethnicities.

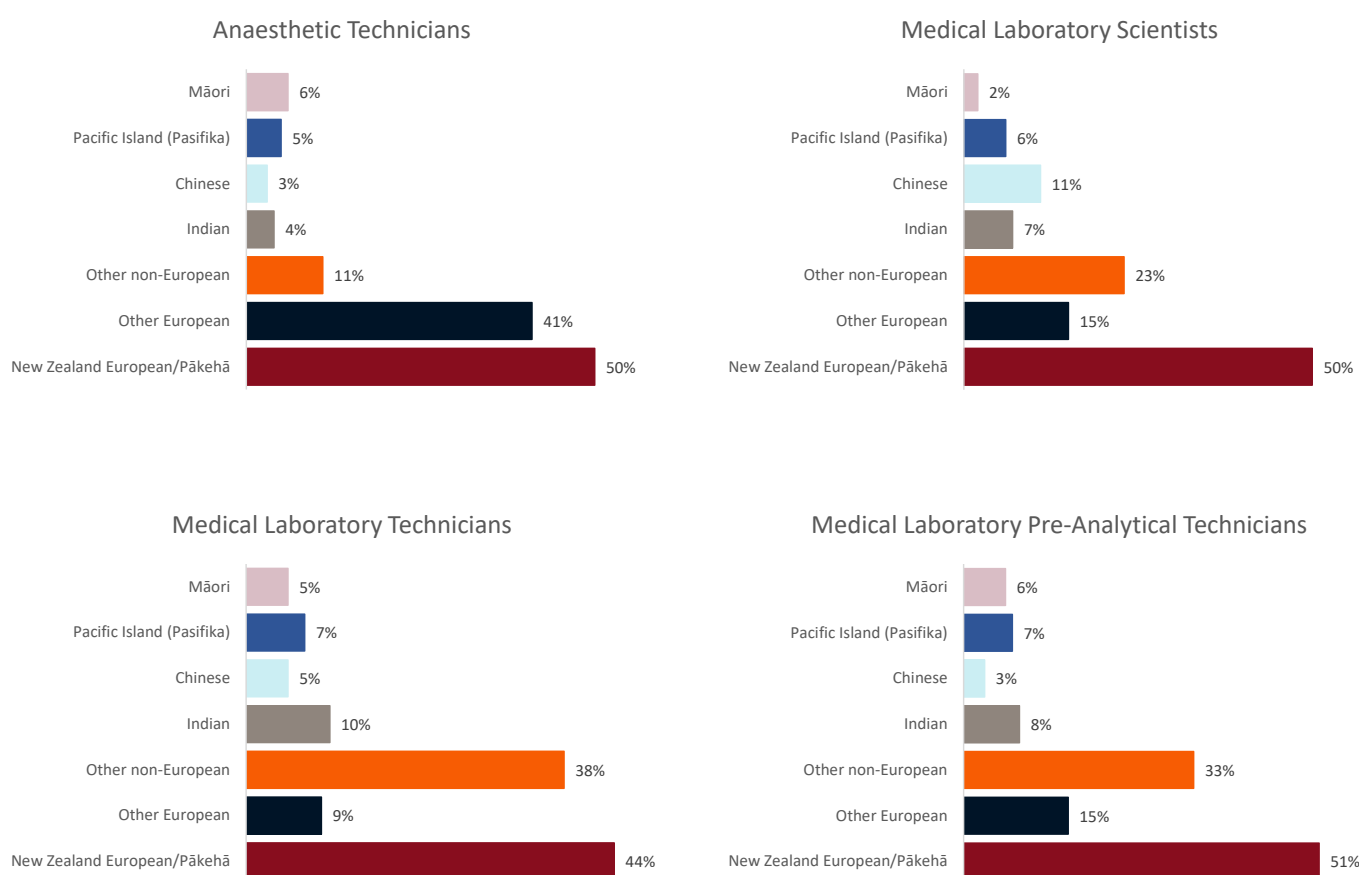


Figure 8: Percentage of practitioners of different ethnicities who held a practising certificate in 2022-2023

Figure 8 shows that the majority of medical laboratory science practitioners working in Aotearoa | New Zealand identify as New Zealand European/Pākehā or other non-European. It also shows the majority of anaesthetic technicians working in Aotearoa identify as New Zealand European/Pākehā or other European. Māori practitioners account for 2-6% of each scope's number of practitioners.

Ethnicity of those practitioners who have identified as Māori and/or Pasifika has been broken down further in table 7 on the next page.

Table 7: Ethnicity of practitioners who identified as Māori and Pasifika in 2022-2023

Ethnicity	AT	MLPAT	MLT	MLS
Māori	48	64	51	40
Cook Island Māori	4	6	-	1
Cook Island Māori/Niuean	1	-	-	-
Samoan/Cook Island Māori	-	1	-	-
Samoan/ Māori	-	2	1	2
Māori/Cook Island Māori	-	1	-	1
Other Pacific Peoples/ Māori	-	-	1	-
Samoan/Niuean/ Māori	-	-	1	-
Cook Island Māori/Tongan	-	-	1	1

Ethnicity	AT	MLPAT	MLT	MLS
Fijian	3	6	5	5
Fijian Indian	12	51	65	86
Tongan/Other Pacific Peoples	1	1	1	-
Samoan/Other Pacific Peoples	-	3	-	-
Samoan	13	13	14	8
Tongan	4	5	9	10
Samoan/Tongan	-	1	-	1
Other Pacific Peoples	3	3	5	5
Fijian Indian/Other Pacific Peoples	-	-	1	2
Fijian/Other Pacific Peoples	-	-	1	-
Samoan/Niuean	1	-	1	1
Niuean	4	1	3	1
Tokelauan	-	-	1	-
Samoan/Tokelauan	1	-	-	-

Education & Continuing Professional Development

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

Each accredited provider is subject to an ongoing monitoring process to ensure programmes leading to registration produce graduates capable of meeting the entry-level competence standards for the practice of medical laboratory science and anaesthetic technology.

Table 8 shows the education provider, programme of education and relevant scope of practice for each accredited qualification.

Table 8: Accredited education providers and qualifications

Education Provider	Qualification Programme	Scope of Practice
University of Otago	Bachelor of Medical Laboratory Science (BMLSc)	Medical Laboratory Scientist
Massey University (Palmerston North)	Postgraduate Diploma in Health Science (Medical Laboratory Science)	Medical Laboratory Scientist
Auckland University of Technology	Bachelor of Medical Laboratory Science (BMLSc)	Medical Laboratory Scientist
	Graduate Diploma in Science (Medical Laboratory Science)	Medical Laboratory Scientist
	Graduate Certificate in Science (Anaesthetic Technology)	Anaesthetic Technician
	Diploma in Applied Science (Anaesthetic Technology)	Anaesthetic Technician
	Bachelor of Health Science (Perioperative Practice)	Anaesthetic Technician
	Ara Institute of Canterbury	New Zealand Diploma in Applied Science (Level 5)
New Zealand Institute of Medical Laboratory Science	Qualified Medical Laboratory Technician Certificate	Medical Laboratory Technician
	Qualified Medical Laboratory Technician Certificate - Phlebotomy	Medical Laboratory Pre-Analytical Technician
	Qualified Medical Laboratory Technician Certificate - Donor Technician	
	Qualified Medical Laboratory Technician Certificate - Specimen Services	

Continuing Professional Development

Continuing Professional Development (CPD) is a critical component of the Council's recertification programme, providing a mechanism for practitioners to support their ongoing competence and professional development throughout their careers. Failure to maintain currency in the relevant registered scope of practice can place the public at risk of harm. The Recertification programme helps to ensure the public get the best possible medical laboratory science and anaesthetic technology services from practitioners who continue to be competent and fit to practise.

The Council expects the practitioner will be able to demonstrate engagement in a number of different activities that include variation in type of learning opportunities. Medical laboratory science practitioners and Anaesthetic Technicians must be able to reflect on education they have completed and identify how this has impacted on their professional practice.

Managing CPD activities

Medical laboratory science practitioners are expected to manage their CPD through enrolment with a CPD provider that has been approved by the Council.

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

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

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

The Council has accredited two CPD Programme Providers for Medical Laboratory Technicians and Pre-Analytical Technicians. They are:

- New Zealand Institute of Medical Laboratory Science (NZIMLS)
- Asia Pacific Healthcare Group (APHG)

Anaesthetic Technicians can manage their own CPD through self-directed learning and self-management of all their CPD records.

Council audit of practitioners engagement in the recertification programme

The 2022 audit was the last audit to be undertaken against the Council's previous CPD policy. Under this policy, 20% of practitioners in each of the gazetted scopes of practice were subjected to an annual audit of their CPD.

In September 2022, the Council consulted on the changes to the CPD cycle and the percentage of practitioners being called for audit. Support for the changes was overwhelming, and for that reason the Council decided to change from a yearly to a two-yearly audit cycle, and from a 20% to a 40% audit rate. Due to these changes, practitioners will next be called for audit in 2024.

Anaesthetic Technicians and Medical Laboratory Scientists must be able to demonstrate they have engaged in a minimum of:

- 40 hours of CPD within each two-year period (biennium).
- 15 hours of CPD in each one-year of the relevant biennium.
- at least 60% of their CPD relates to activities classified as substantive CPD - this equates to 24 hours in any one biennium - substantive CPD activities are activities that have significant intellectual or practical content primarily directed to the relevant scope of practice.

Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians must be able to demonstrate they have engaged in a minimum of:

- 24 hours of CPD within each two-year period (biennium).
- 9 hours of CPD in each one-year of the relevant biennium.
- 14 hours of CPD must relate to activities classified as substantive CPD each biennium - substantive CPD activities are activities that have significant intellectual or practical content primarily directed to the relevant scope of practice.

A practitioner's portfolio of evidence that is provided for audit must be able to show that the practitioner has reflected on their learning activities and have considered what changes they need to make on practice and, where necessary, have implemented these changes.

Audit results

The following audit results demonstrate practitioners are actively engaging in ongoing learning and professional development, with most audited practitioners meeting the Council's ongoing competence requirements.

Practitioners who successfully completed the audit met the minimum requirements set out in the CPD policy for the period being audited. Practitioners who did not successfully meet all minimum CPD requirements will be recalled for audit.

Table 9: Audit results for Anaesthetic Technicians 2018 - 2022

	2018		2019		2020		2022	
Called for audit	74		77		109		170	
Audited	67	91%	62	81%	100	91%	134	79%
Successful completion	62	93%	56	90%	94	94%	131	98%
Not successful	5	7.5%	6	10%	6	6%	3	2%

Table 10: Audit results for Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians 2018 - 2022

	2018		2019		2020		2022	
Called for audit	179		182		218		359	
Audited	156	87%	164	90%	208	95%	281	78%
Successful completion	149	96%	163	99%	199	96%	259	92%
Not successful	7	4%	1	<1%	9	4%	22	8%

Table 11: Audit results for Medical Laboratory Scientists 2022

	2022	
Called for audit	362	
Audited	323	89%
Successful completion	317	98%
Not successful	6	2%

Competence and Fitness to Practise

Competence

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 to improve their standard of practice. Competence reviews undertaken by the Council are based on principles of natural justice, support, and education.

The Council received no new competence notifications during the 2022-2023 year. One competence review was undertaken in the 2022-2023 year as a result of a notification received in the 2020-2021 year. This practitioner was subject to a competence programme under section 40 of the HPCA Act 2003. They successfully completed the programme and subsequently have no conditions on their practice.

Members of competence review panels during the 2022-2023 year were:

- Ruth Beeston
- Natasha Caldwell

Table 12: Competence Referrals

Source	New	Existing ¹	Still active	Closed
Employer	0	1	0	1

¹Historic cases for which there has been no contact with the Council over the previous 24-month period have been removed from this report. They will be reincluded in the reporting should the practitioner return to practise in the future.

Health/Fitness to Practise

Any health practitioner registered with the Council who - because of a mental or physical condition - cannot make safe judgements, demonstrate acceptable levels of competence, or behave appropriately in accordance with ethical, legal, and practice guidelines, will be referred for a review of their health.

The Council received three new fitness to practise notifications in the 2022-2023 year. Tables 13 and 14 provide a breakdown of new and existing fitness to practise notifications and their outcomes.

Table 13: Notifications of inability to perform required functions due to mental or physical (health) condition

New	Existing ¹	Still active	Closed
3	3	2	4

Table 14: Outcomes of health notifications

Outcome	Referred to Professional Conduct Committee	Return to Work Programme	Conditions on Practice	Initial review ongoing at 31 March 2023
New	1	0	1	1
Existing	1	2	0	0

Of the three new notifications, one was referred to a professional conduct committee and was under review at the end of the reporting period. One had conditions imposed on their practice and one voluntarily relinquished their practising certificate while this matter was reviewed.

Of the three existing notifications, two practitioners successfully completed a return-to-work programme. One was referred to a professional conduct committee and subsequently ceased practising.

¹Historic cases for which there has been no contact with the Council over the previous 24-month period have been removed from this report. They will be reincluded in the reporting should the practitioner return to practise in the future.

Complaints and Discipline

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 Council received seven new conduct-related complaints during the 2022-2023 year. Table 15 below provides a breakdown of sources of complaints received by the Council and Table 16 provides initial processes for these complaints.

Table 15: Conduct complaints

Source	Employer	Health practitioner	Other	Total
New	4	2	1	7
Existing¹	3	7	1	11

Table 16: Conduct referrals

	To Health	To Health and Disability Commissioner	To Professional Conduct Committee	Initial review ongoing at 31 March 2023
New	0	2	3	3
Existing	1	1	9	1

¹Historic cases for which there has been no contact with the Council over the previous 24-month period have been removed from this report. They will be reincluded in the reporting should the practitioner return to practise in the future.

Table 17 provides a summary of outcomes from PCC processes.

Table 17: Outcomes of PCC processes

Outcome	No further action	Ceased practise	Refer to Health Practitioners Disciplinary Tribunal	Refer to health	Ongoing at time of report
	3	3	1	1	4

Of the three cases referred to the Health and Disability Commissioner (HDC), two were subsequently referred to a professional conduct committee and the third case was still under review at the time this report was produced.

The practitioner referred to the Health Practitioners Disciplinary Tribunal was subsequently censured and had conditions imposed on their practice.

Members of Professional Conduct Committees during the 2022-2023 year were:

- Phyllis Huitema
- Natasha Caldwell
- Sue Carnoutsos
- Barry Martin
- Vivien Robinson
- Marjorie Ramos
- Jim Lindsay
- Priscilla Waetford
- Marjorie Noble
- Michele Peck
- Garry Cobb
- Grant Scarf
- Arleen Donaldson
- Rosanne Hawarden
- Mary Stevens
- Janet Wilson
- Bruce McLachlan

Financial Report

1 April 2022 - 31 March 2023

Medical Sciences Council of New Zealand

ENTITY INFORMATION

FOR THE YEAR ENDED 31 MARCH 2023

Legal Name:	Medical Sciences Council of New Zealand
Entity Type:	Body Corporate and 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 science practitioners are competent and fit to practise.
Entity Structure:	An eight-member governance council comprising of: Brett Besley Erolia Rooney Nicola Swain Natasha Packer Ruth Beeston Varsha Desai Judy Campbell Angela Dewhirst
Main method used by entity to raise funds:	Practitioners and applicants for registration comprising of: Fees and Levies (refer to section 130 and 131 of the HPCA Act.
Physical Address:	Level 7, Perpetual Guardian, 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

TO THE READERS OF THE MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2023

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

Opinion

We have audited the performance report of the Council that comprises the entity information and the statement of financial position as at 31 March 2023, the statement of financial performance and statement of cash flows for the year ended on that date, and the notes to the performance report that include accounting policies and other explanatory information.

In our opinion, the performance report of the Council:

- presents fairly, in all material respects:
 - its entity information and financial position as at 31 March 2023; and
 - its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector)

Our audit was completed on 26 March 2024. 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 performance report 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 performance report

The Council is responsible for preparing the performance report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

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

In preparing the performance report, 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 performance report

Our objectives are to obtain reasonable assurance about whether the performance report, as a whole, is 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 this performance report.

We did not evaluate the security and controls over the electronic publication of the performance report.

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 performance report, 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 governing body.
- 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 performance report 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 performance report, including the disclosures, and whether the performance report represents 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.

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.



Chrissie Murray
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General
Wellington, New Zealand

Medical Sciences Council of New Zealand

CONSOLIDATION STATEMENT OF FINANCIAL PERFORMANCE

"How was it funded?" and "What did it cost?"

FOR THE YEAR ENDED 31 MARCH 2023

	Note	Actual This Year \$	Actual Last Year \$
Revenue			
Fees, subscriptions and other revenue from practitioners	1	1,522,335	1,402,066
Interest, dividends and other investment revenue	1	38,917	10,713
Other revenue	1	9,419	1,970
Total Revenue		1,570,671	1,414,749
Expenses			
Employee related costs	2	-	665,293
Costs related to providing goods or services	2	1,459,357	451,332
Other expenses	2	82,728	122,124
Total Expenses		1,542,085	1,238,749
Surplus/(Deficit) for the Year		28,586	176,000

Medical Sciences Council of New Zealand

SUMMARY STATEMENT OF CASHFLOW

"How the entity has received and used cash"

FOR THE YEAR ENDED 31 MARCH 2023

	Actual This Year \$	Actual Last Year \$
Cash Flows from Operating Activities		
Cash was received from:		
Fees, subscriptions and other receipts from practitioners	1,512,976	1,479,054
Interest, dividends and other investment receipts	34,889	9,874
Net GST		
Cash was applied to:		
Payments to suppliers and employees	(1,510,275)	(1,212,940)
Cash advanced to related parties	(50,000)	(145,100)
Net Cash Flows from Operating Activities	(12,410)	130,888
Cash flows from Investing and Financing Activities		
Cash was received from:		
Term Deposits	200,000	(450,000)
Net Cash Flows from Investing and Financing Activities	200,000	(450,000)
Net Increase / (Decrease) in Cash	187,590	(319,112)
Opening Cash	1,302,409	1,621,521
Closing Cash	1,489,999	1,302,409
This is represented by:		
Bank Accounts and Cash	1,489,999	1,302,409

Medical Sciences Council of New Zealand

STATEMENT OF FINANCIAL POSITION

"What the entity owns?" and "What the entity owes?"

FOR THE YEAR ENDED 31 MARCH 2023

	Note	Actual This Year \$	Actual Last Year \$
Assets			
Current Assets			
Bank accounts and cash	3	1,489,999	1,302,409
Debtors and prepayments	3	133,315	158,699
Other current assets	3	11,120	2,822
Term Deposits		1,500,000	1,700,000
Total Current Assets		3,134,434	3,163,930
Non-Current Assets			
Shares in MSS	3	50	50
Total Non-Current Assets		50	50
Total Assets		3,134,484	3,163,980
Liabilities			
Current Liabilities			
Creditors and accrued expenses	3	160,720	155,997
Income in Advance	3	1,157,373	1,166,732
Provision for onerous lease	3	-	41,896
Other current liabilities	3	37,906	-
Total Current Liabilities		1,355,999	1,364,625
Non-Current Liabilities			
Provision for onerous lease	3	-	49,456
Total Non-Current liabilities		-	49,456
Total Liabilities		1,355,999	1,414,081
Total Assets less Total Liabilities (Net Assets)		1,778,485	1,749,899
Accumulated Funds			
Accumulated surpluses		1,778,485	1,749,899
Total Accumulated Funds		1,778,485	1,749,899

For and on behalf of the Council;

Chairperson:
Brett Besley



Date: 25 March 2024

Chief Executive:
Dr Susan Calvert



Date: 25 March 2024

Medical Sciences Council of New Zealand

STATEMENT OF ACCOUNTING POLICIES

“How did we do our accounting?”

FOR THE YEAR ENDED 31 MARCH 2023

BASIS OF PREPARATION

Medical Sciences Council of New Zealand was established under the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

Medical Sciences Council of New Zealand has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting - Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

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.

CHANGES IN ACCOUNTING POLICIES

Under a service agreement Medical Sciences Secretariat Limited (MSS) provides services directly to the Board (“Provided Services”) and it arranges goods and services to be supplied to the Board by other suppliers (“Arranged Services”). In prior years, all expenses were classified by functions in note 2 to the financial statements. This year, the Board has changed its accounting policy and now aggregates MSS Provided Services and Arranged Services into two lines. This change in policies provides a more faithful presentation of the secretariat costs.

Note 10 compares how the expenses would be presented under the old and new policies.

There has been no other policy changes (last year - classification and presentational changes).

GOODS AND SERVICES TAX (GST)

All amounts are recorded exclusive of GST, 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

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances.

ANNUAL PRACTISING CERTIFICATE INCOME

Annual Practising Certificate Income is recorded only upon receipt. Receipts for Annual Practising Certificates issued for the future year are shown as income Received in Advance.

INVESTMENTS

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

ONEROUS LEASE

The Onerous Lease expense is recognised in full in the year that it was identified as onerous lease, or in the year of any adjustment to the value of the lease. The amount is the minimum net value to meet the contractual obligation, less revenue from sublease and discounting as at rate of 3%.

REVENUE RECOGNITION

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

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

NOTES TO THE PERFORMANCE REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Note 1: Analysis of Revenue

Revenue Item	Analysis	This Year	Last Year
		\$	\$
Fees, subscriptions and other revenue from members	Registration	211,580	203,267
	APC	1,258,177	1,195,912
	Other	100,914	15,570
	Total	1,570,671	1,414,749

Note 2: Analysis of Expenses

Expense Item	Analysis	This Year	Last Year
		\$	\$
Employee related costs	ACC Levy	-	1,477
	Recruitment	-	22,974
	Salaries	-	620,879
	Staff Salary Deduction	-	9,315
	Staff Training	-	10,648
	Temporary Staff	-	-
Total		-	665,293

Expense Item	Analysis	This Year	Last Year
		\$	\$
Costs related to providing goods or services	MSS Provided Services	1,150,025	-
	MSS Arranged Services	74,796	46,121
	Board Member fees	144,354	128,147
	Catering	327	1,708
	Conferences, Workshops, Seminars	3,000	11,832
	Consultancy Fees	-	4,442
	Examinations, Assessors, Registrations	31,130	17,657
	Insurance	12,045	26,380
	IT	286	77,971
	Lease/Rental	-	57,405
	PCC-Personnel Costs and Expenses	33,711	17,962
	Postage and Courier	-	1,187
	Printing and Stationery	1,129	3,895
	Projects	1,409	13,932
	Publications	1,827	1,128
Security Documents	-	2,759	
Telephone and Tolls	-	2,980	
Travel and Accommodation	5,318	35,826	
Total		1,459,357	451,332

Expense Item	Analysis	This Year	Last Year
		\$	\$
Other expenses	Audit Fees	16,577	16,388
	Accounting Fees	-	6,000
	Bank Charges	34,588	26,044
	CEO Review	-	4,251
	General Expenses	1,577	14,426
	Office Expenses	-	8,822
	Legal Fees	29,986	46,193
Total		82,728	122,124

Note 3: Analysis of Assets and Liabilities

		This Year	Last Year
Asset Item	Analysis	\$	\$
Bank accounts and cash	Westpac Working	962,284	905,330
	Westpac Working AT	522,208	391,630
	Westpac Saving	5,507	5,449
	Total	1,489,999	1,302,409
		This Year	Last Year
Asset Item	Analysis	\$	\$
Debtors and prepayments	Prepayments	700	8,351
	Intercompany	100,110	122,992
	Debtors	32,505	27,356
	Total	133,315	158,699
		This Year	Last Year
Asset Item	Analysis	\$	\$
Other current assets	Accrued Income	11,120	2,822
	Total	11,120	2,822
		This Year	Last Year
Asset Item	Analysis	\$	\$
Investments	Shares in MSS	50	50
	Total	50	50
		This Year	Last Year
Liability Item	Analysis	\$	\$
Creditors and accrued expenses	Accounts Payable	910	5,318
	GST	124,825	139,228
	Accrued Expenses	27,559	7,786
	WHT	7,426	3,665
	Total	160,720	155,997
		This Year	Last Year
Liability Item	Analysis	\$	\$
Income in Advance	Practitioner fees relating to 2022/23	1,157,373	1,166,732
	Total	1,157,373	1,166,732
		This Year	Last Year
Liability Item	Analysis	\$	\$
Current provision for onerous lease	Provision for onerous lease	-	41,896
	Total	-	41,896
		This Year	Last Year
Liability Item	Analysis	\$	\$
Other liabilities	Provision for onerous lease	37,906	-
	Total	37,906	-
		This Year	Last Year
Liability Item	Analysis	\$	\$
Non current provision for onerous lease	Provision for onerous lease	-	49,456
	Total	-	49,456

Note 4: Accumulated Funds

This Year		Accumulated	Total
Description		Surpluses or Deficits	
Opening Balance		1,749,899	1,749,899
Surplus/(Deficit)		28,586	28,586
Closing Balance		1,778,485	1,778,485

Last Year		Accumulated	Total
Description		Surpluses or Deficits	
Opening Balance		1,573,899	1,573,899
Surplus/(Deficit)		176,000	176,000
Closing Balance		1,749,899	1,749,899

Note 5: Commitments and Contingencies

Commitment	Explanation and Timing	At balance date	At balance date
		This Year	Last Year
		\$	\$
Lease Commitment: 99 Customhouse Quay, Wellington	Current Portion	73,070	65,696
	Non Current Portion	208,418	281,488
		281,488	347,184
Onerous Lease Commitment: 80 The Terrace, Wellington	Current Portion	37,906	52,038
	Non Current Portion	-	31,039
		37,906	83,077
Photocopier Lease	Current Portion	1,404	1,404
	Non Current Portion	1,404	2,808
		2,808	4,212

COMMITMENTS

Medical Sciences Secretariat Limited has a lease commitment at 80 The Terrace in the names of the Physiotherapy Board of New Zealand, Dental Council, Medical Sciences Council of New Zealand, Medical Radiation Technologists Board and Pharmacy Council of New Zealand (5 Health Regulatory Authorities), all of whom have joint and several liability. This has been fully paid in May 2023.

On 1 January 2022, Medical Sciences Secretariat Limited signed a new 5 year lease at 99 Customhouse Quay. There is a right of renewal for a further 5 years.

There is also a photocopier lease which expires in March 2025.

CONTINGENT LIABILITIES AND GUARANTEES

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

Note 6: Related Party Transactions

Description of Related Party Relationship	Description of the Transaction (whether in cash or amount in kind)	This Year	Last Year	This Year	Last Year
		\$	\$	\$	\$
		Value of Transactions	Value of Transactions	Amount Outstanding	Amount Outstanding
During the year the Medical Sciences Council of New Zealand purchased secretariat services on normal trading terms from Medical Sciences Secretariat Ltd. Members of the Board of Medical Sciences Council of New Zealand are directors of Medical Sciences Secretariat Ltd. Medical Sciences Council of New Zealand owns 50% of the share capital of Medical Sciences Secretariat Ltd. Medical Radiation Technologists Board owns the remaining 50% of Medical Sciences Secretariat Ltd.	Secretariat Services	1,150,023	940,629	120,842	108,409
	Brett Besley	38,411	31,885	4,148	2,838
	Andrew Warmington	-	822	-	-
	Varsha Desai	9,749	8,698	-	42
	Erolia Rooney	23,564	16,795	1,050	2,529
	Angela Dewhirst	18,594	10,349	1,181	1,955
	Judy Campbell	10,063	9,605	-	-
	Nicola Swain	23,319	17,746	2,450	1,785
	Natasha Packer	14,809	6,545	1,181	1,759
	Ruth Beeston	13,957	7,684	791	1,190

There were no other transactions involving related parties during the financial year. (Last Year - Nil)

Medical Sciences Secretariat processed payments valued at \$217,577 in total on behalf of the Medical Sciences Council and the Medical Radiation Technologists Board as their agent (last year-\$113,031). Commencing April 22 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 \$6,125, Erolia Rooney \$10,951, Nicola Swain \$10,194

Note 7: Events After the Balance Date

The operating lease agreement at 80 The Terrace was contracted to expire on 31 October 2023. Negotiations for the early exit of this lease was concluded with the landlord in May 2023 with the early termination of the lease agreed for 20 May 2023. There were no other events that have occurred after the balance date that would have a material impact on the Performance Report. (Last Year - Nil)

Note 8: Revenue Received in Advance

Fees received during February and March are received in advance and apply for the year beginning 1 April. Revenue in Advance for the current year was \$1,157,373 (Last Year - \$1,166,732)

Note 9: Ability to Continue Operating

The entity will continue to operate for the foreseeable future.

Note 10: Change in Presentation

Expense Item	Analysis	New Presentation \$	Old Presentation \$
Employee related costs	ACC Levy	-	1,609
	Recruitment	-	12,999
	Salaries	-	686,388
	Staff Welfare	-	9,126
	Staff Training	-	14,254
	Temporary Staff	-	-
Total		-	724,376

Expense Item	Analysis	New Presentation \$	Old Presentation \$
Costs relating to providing Goods or Services	MSS Provided Services	1,150,025	-
	MSS Arranged Services	74,796	-
	Board Member fees	144,354	182,215
	Catering	327	3,336
	Conferences, Workshops, Seminars	3,000	5,842
	Consultancy Fees	-	2,235
	Examinations, Assessors, Registrations	31,130	31,301
	Insurance	12,045	7,942
	IT	286	105,017
	Māori Consultancy	-	43,960
	MSS Interest - Received	-	(1,480)
	MSS Services Charges	-	64,681
	Lease/Rental	-	50,059
	PCC-Personnel Costs and Expenses	33,711	51,233
	Postage and Courier	-	2,868
	Printing and Stationery	1,129	4,787
	Projects	1,409	35,583
	Publications	1,827	7,870
	Security Documents	-	3,000
Telephone and Tolls	-	3,574	
Travel and Accommodation	5,318	72,167	
Total		1,459,357	676,190

Expense Item	Analysis	New Presentation \$	Old Presentation \$
Other expenses	Audit Fees	16,577	7,977
	Accounting Fees	-	7,983
	Bank Charges	34,588	36,470
	CEO Review	-	34,823
	General Expenses	1,577	5,474
	Office Expenses	-	10,732
	Legal Fees	29,986	19,165
Total		82,728	122,624



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PUŪTAIAO HAUORA O AOTEAROA