

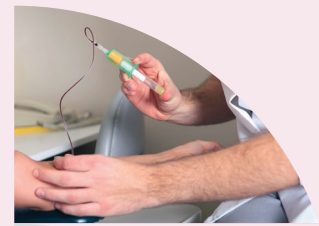
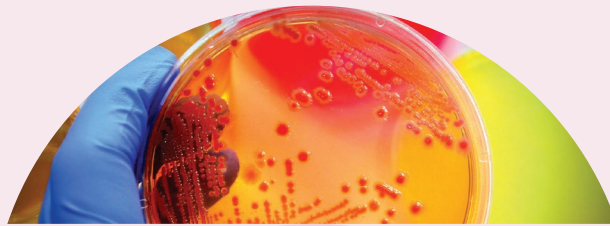
# Annual Report

1 April 2023 – 31 March 2024



**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA



## Throughout this report:

Te Kaunihera Pūtaiao Hauora o Aotearoa | the Medical Sciences Council (also referred to as the Council or MSC)

MSS | Medical Sciences Secretariat (also referred to as the Secretariat)

HPCA Act | Health Practitioners Competence Assurance Act 2003 (also referred to as the Act)

MLS | Medical Laboratory Scientist

MLT | Medical Laboratory Technician

MLPAT | Medical Laboratory Pre-Analytical Technician

AT | Anaesthetic Technician

SOP | Scope of practice

PCC | Professional Conduct Committee

CPD | Continuing Professional Development

APC | Annual Practising Certificate

WBA | Work Based Assessment

RA | Responsible Authority

HDC | Health and Disability Commissioner

HPDT | Health Practitioner Disciplinary Tribunal

Our purpose is to **protect the health and safety of the New Zealand public by providing mechanisms to ensure medical imaging and radiation therapy practitioners are competent and fit to practise.**

Te Kaunihera Putaiao Hauora o Aotearoa | the Medical Sciences Council of New Zealand is pleased to submit this report for the year ending 31 March 2024.

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# Tō mātou tau | Our year

## From the Chair and Chief Executive

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Tēnā koutou katoa

It has been an eventful and busy year for the Council, with the continuation of strategic projects that support the professions we regulate.

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

### Highlights from 2023-2024

As this report shows 2023-2024 was a very busy year for us, not only because of increased volumes of applicants for registration, but because a number of initiatives were commenced or advanced during that time. This occurred while ensuring that our business-as-usual functions were delivered to an excellent standard.

### Te Ama Tōtika | Māori Practitioner Advisory Committee

We are committed to our obligations under Te Tiriti and acknowledges the impact on Māori when there are issues of equity. As part of our strategic plan the Council made a commitment to the establishment of a Māori Practitioner Advisory Committee - this year we saw the establishment of Te Ama Tōtika.

### Contemporary standards

Work has progressed on the review of the scopes of practice for both the professions regulated by us. Reviewing the scope of practice for anaesthetic technicians means there will also be changes to the standards of competence expected of practitioners. The review of the medical laboratory science practitioners has taken a pause so that more background research can be undertaken. In due course there will also be a refresh of the accreditation standards for both professions.

### Recertification

Following consultation in 2022, we implemented a revised policy around practitioner requirements for recertification. Due to the change in time frames, no practitioners have been audited against this revised policy.

### Stakeholder engagement

This year we have taken an active approach to engagement, attending conferences, professional and annual meetings, providing several of the Council and Secretariat staff members with opportunities to meet with practitioners from across the motu. This means we are able to listen to practitioner experiences and be better informed of the different experiences practitioners have across the regions.

We plan to continue this type of engagement - having an active presence can only strengthen working relationships, enabling us to make better informed decisions and when setting policy. This year we have

also had representation on the National Centre for Interprofessional education and collaborative practice.

The Centre promotes culturally responsive practice across the health professions through the facilitation, promotion and support of education and research in this field. We also participated in a panel presentation at the Royal Australasian College of Medical Administrators conference on Diversity and Inclusion.

## Change within Medical Sciences Secretariat

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

During 2023 there was an organisational change within the Secretariat. This included the appointment of a professional advisor for the sciences profession - staff numbers have increased to reflect the increase in work volumes.

## Core business

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

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

## Financial results

The Council's deficit for this financial year was \$11,725. Each year when considering a change in fees charged to practitioners, we review our budget against our actual performance. When making a decision about the consideration of fees we look at the reserves we hold, and any prospective issues that need to be actioned and addressed. In 2023 we reviewed and raised Council fees. We also gazetted a disciplinary levy.

## Moving into 2024-2025

While momentum has been gained on projects as we move into 2024-2025 these will be our priorities.

## Enhancing capability with cultural safety

We will work in partnership with Te Ama Tōtika to ensure its work is embedded across the organisation. We also engaged the services of Haemata – a Māori consultancy, to ensure the Council, and the staff it engages to provide services, have appropriate knowledge and skills with regard to Te Ao Māori.

## Refreshed standards

Work will progress on the Standards of Competence for the Anaesthetic Technician profession. A review of research and establishment of an expert advisory group will support the review of the scope of practice for the medical sciences professions.

## Technology to enhance core functions and reporting

There is a need to invest in new technology that will allow us to not only undertake our core functions, but also support the development, enhancement and security of data that we hold. This will be a key priority project.

## Monitoring and accreditation

Work looking at the monitoring of programmes that lead to registration and also the accreditation of newly developed programmes will be ongoing. A review of accreditation standards will be scheduled.

## Communication and engagement

A communications and engagement strategy was developed to support Council work. A stakeholder engagement and communications strategy is being developed to identify the needs of anyone that has an interest in the Council as a responsible authority, including opportunities for collaboration, building/enhancing relationships and partnerships within the sector.

## Quality

Policy, process and quality improvement projects will all become engrained in our day-to-day work. It is vital that these elements, used to support the regulation of practitioners, are robust, informed by evidence, and current. They also need to reflect the risk-based approach and ensure we are meeting our obligations under the Health Practitioners Competence Assurance Act 2003 (the Act).

A core workstream within the MSS is the Quality and Assurance Team. Although not fully staffed at this time, 2024-2025 will see the full development of this team, including the planning and prioritisation of their ongoing work programme.

## Acknowledgement

The work of the Council would not occur without the tireless efforts and support of the MSS staff who take the decisions made by the Council and translate them into the workplans and activities. MSS staff have endured a large amount of change over the course of 2023-2024 and the work has not relented. We also acknowledge the many practitioners who take the time to provide feedback on the Council efforts so that we may continue to improve services. During 2024-2025 we hope that you will continue to engage with us and provide your perspectives on the work that we do. We, the Council, and the Secretariat, acknowledge the work that is undertaken by members of the Medical Laboratory Science and Anaesthetic Technician professions.

Ngā mihi



Brett Besley  
**Chair**

A handwritten signature in black ink, appearing to read 'B. Besley'.



Dr Sue Calvert  
**Chief Executive**

A handwritten signature in black ink, appearing to read 'Sue Calvert'.

## **Tāwhirimatea ko te rangi e tu nei, ko te paerewa e kakahu nei – tawhirimatea.**

The god of wind, standing in the sky, are the standards we are clothed in.

*The meaning we take from this is: this emphasises the importance of having consistent and high standards. Much like the consistent presence of Tawhirimatea in the sky, and just as Tawhirimatea is a constant presence, maintaining consistent professional standards and quality of care is crucial.*

## **Glossary**

<b>Rōpū</b>	Group, party of people, committee.
<b>Te tiriti o Waitangi</b>	New Zealand's founding document - signed on 6 February 1840 between the British Crown and Māori rangatira (chiefs)
<b>Te ao Māori</b>	Emphasises the importance of relationships between nature and people. It is a holistic world view that focuses on interconnections and is grounded in tikanga (customary values and lore) and mātauranga (knowledge).
<b>Te reo Māori</b>	The language of the Māori people of Aotearoa New Zealand.
<b>Tikanga Māori</b>	Tikanga, in the context of this document, means the right way/best practice of looking after a person receiving treatment.
<b>Pākeha</b>	New Zealand european.

# Tō mātou poara | Our governance

## Council members

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Members of the Council are appointed by the Minister of Health to this role. The Council is comprised of health practitioners registered in the medical laboratory science, and the anaesthetic technician scopes of practice. The Council also includes two lay members. Council members are appointed for terms of between one and three years with the possibility of renewal for a further two terms, ie up to a maximum of nine years. At its first meeting in February 2024, the Council reappointed Brett Besley as its Chair, and Ruth Beston as Deputy Chair. Nicola Swain was acknowledged as the Deputy until that time.



**Brett Besley (Chair)** is an anaesthetic technician who has worked in the public and private sector since qualifying in 2004 and is currently working for Te Whatu Ora – Hauora a toi (Bay of Plenty). Throughout his career Brett has specialised in clinical education and development, contributing to both the former Auckland University of Technology (AUT) Applied Science diploma, Council recertification audit process, and the online registration examination.



**Nicola Swain (Deputy until February 2024)** was appointed to the Council as a lay member in late 2018. Nicola teaches and supervises in well-being programmes at Te Pukenga. She has governance experience and also sits on the Human Rights Review Tribunal and the Health and Disability Ethics Committee.



**Ruth Beeston (Deputy from February 2024)** is a registered medical laboratory scientist with over 30 years experience. She is currently working as a point-of-care coordinator and is a technical assessor for IANZ.



**Varsha Desai** is a Medical Laboratory Pre-Analytical Technician who has worked as an MLPAT in New Zealand since 2000. Varsha is currently an Area Manager, managing ADHB Central Collection Centres with Labtests.





**Natasha Caldwell** is a Medical Laboratory Scientist who has worked for more than 17 years in Histology. Natasha is now managing the Counties Manukau Laboratory and is involved in a number of workforce projects, both regionally and nationally.



**Erolia Rooney** is a Medical Laboratory Scientist who was the Supervising Scientist for the NZ Blood Bank in the Dunedin Hospital before becoming the Regional Pacific Lead Te WaiPounamu at Te Whatu Ora. Erolia is currently involved as a Community Board Trustee on The WellSouth Primary Health Network, The Otago Youth Wellness Trust and recently Diabetes NZ.



**Angela Dewhirst** is a Anaesthetic Technician who started as a Histology and Cytology Laboratory Technician in 1984 before qualifying as a Cardiac Technologist. For the past three years Angela has held a district-wide position as the Professional Development Facilitator for Allied Health, scientific and technical, at Southern DHB.



**Judy Campbell** is a lay member who comes with extensive senior management experience. Judy has worked in the public and not for profit sector for the past 30 years. Judy's career has a focus on organisations with a strong bicultural focus or need - she is currently a consultant helping organisations address issues of strategic change and financial sustainability.

# Council committees

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The Council has several standing committees. They have delegated authority to oversee some functions.

## Committee

Professional standards committee

## Membership

Ruth Beeston  
Nicola Swain  
Brett Besley  
Judy Campbell

Registrations and recertification review committee

Natasha Caldwell  
Nicola Swain  
Varsha Desai  
Erolia Rooney  
Brett Besley

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

## Advisory groups

Te Ama Tōtika – Māori practitioner advisory committee

Chelsey Loader (Chair)  
Sara Cunningham  
Denese Gallagher  
Dayna Hoey-Samuel  
Shannon Paikea  
Keri Parata  
Mark Tumai  
Aysha Willis  
Judy Campbell (Council representative)  
Angela Dewhirst (Council representative)

Anaesthetic technician scope of practice expert advisory group

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

## Te Ama Tōtika

During 2023 Te Ama Tōtika – the Māori practitioner advisory committee - was established.

Members represent all the different scopes of practice (as well as lay people) from consumers of health care services to assist with reviewing key standards and codes of conduct. They also provide advice to the Council. The rōpū have been active in providing valuable cultural insights into the scope review and ensuring that the Council's commitment to cultural safety in practice is reflected in its work. Members are:

**Chelsey Loader – Chair** Chelsey is a practising Medical Laboratory Scientist of Māori, Scottish and Irish descent - connecting to Kāti Mamoe and Kāi Tahu iwi. Chelsey grew up in a multicultural household with Samoan and Māori parents. She has a passion for improving equity within the healthcare system.

**Aysha Willis** Aysha is a practising Medical Laboratory Scientist – determined to make changes that will benefit Māori and all New Zealand citizens.

**Keri Parata** Keri is a lay person with connections to Te Atiawa on her father's side, and direct links to Wi Parata te Kakakura through her great-great grandfather. Keri's father's mother's side is Ngai Tahu

**Shannon Paikea** Shannon is a practising Anaesthetic Technician. Ko Pukekaroro te maunga. Ko Kaipara te moana. Ko Otamatea te marae. Ko Te Uri o Hau te hapu. Ko Ngati Whatua te iwi. Ko Shannon Paikea toku ingoa.

**Dayna Hoey-Samuel** Dayna is a practising Pre-Analytical Medical Laboratory Technician.  
Ko Ngaati Wai, Ngaati Hine, Ngaati Hauaa, Aitanga-a-Mahaki nga iwi. Ko Ngaati Rehua te hapu. Ko Motairehe te Marae. Ko Dayna Hoey-Samuel ahau.

**Denese Gallagher** Denese is a practising Medical Laboratory Scientist and links to NgaPuhi, Ngati Hine, Te Aupouri and Ngati Whatua iwi. Her passion is to improve on equitable health outcomes for Māori.

**Sara Cunningham** Sara is a practising Medical Laboratory Technician.  
Ko Takitimu me Horouta oku waka. Ko te Horohoroinga o ngā ringaringa o Kahumatamomoe me Titirangi oku maunga. Ko Ngati Kahungunu me Ngāti Porou oku iwi. Ko Ngāti Rongomaipapa me Te Aitanga a Hauiti oku hapu. Ko Pokaitu me Te Uawanui o Ruamatua oku awa. Ko Sara Cunningham ahau. Tēna koutou e te iwi.

**Mark Tumai** Mark is a practising Anaesthetic Technician.  
Ko Tainui te waka. Ko Waikato te awa. Ko Taupiri te maunga. Ko Ngāti Mahuta, Ngāti Pou ngā iwi. Ko Mark Tumai e tu nei.

The rōpū has met over the course of 2023-2024. They have worked through, and provided advice to the Council on a number of matters including:

- Anaesthetic Technician scope of practice
- Continuing professional development requirements for anaesthetic technicians
- Cultural competency for the internationally qualified workforce.

# A mātou kaimahi |

## Our people

### The Secretariat

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

At the end of this year, the Secretariat had 19.1 FTE of staff who cover all aspects of its core business. During 2023-2024 there had been organisational change and growth to enable the progression of projects. Due to the volume of work some roles had been reviewed and functions separated, and others developed to support core functions. In 2023 professional advisors were appointed to support the work of the Council by providing advice around professional matters regarding the regulation of health professions. The Council also utilises the services of other contractors to support the delivery of its work. These can be engaged in many roles including the development of policy, review of documentation, through to competence review or professional conduct committee panel members.

Staff within the Secretariat are supported to enhance their regulatory knowledge and skills through enrolment in the G-Reg Certificate in Regulatory Compliance, and other opportunities for development that enhance knowledge and skills to do with the HPCA Act.

### About us – who ‘we’ are

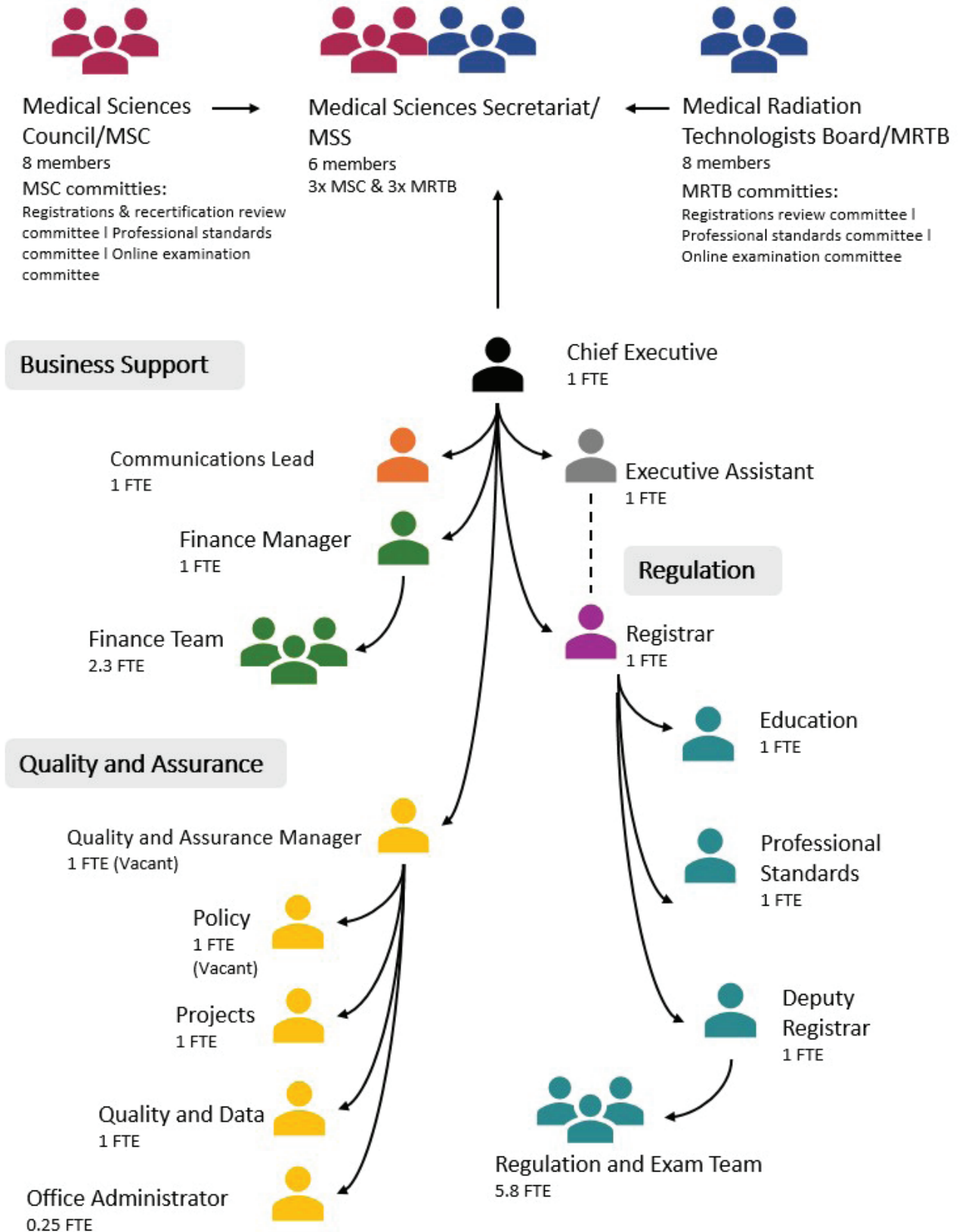
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While all staff are employed by the Medical Sciences Secretariat, Council members comprise half of the Board of Directors (the governing body). The Secretariat staff comprise a mix of full and part time staff.

As part of its commitment to staff wellbeing during 2023-2024, all HR policies and procedures were reviewed to ensure they were contemporary and robust. All staff were active participants in the policy development process. During 2023-2024 the Secretariat:

- updated all health and safety equipment and civil defence supplies
- ensured there were sufficient health and safety representatives, fire wardens and first aid providers
- completed a process of remuneration review to ensure that remuneration was reflective of market rates
- supported flexible working arrangements
- supported staff wellbeing by providing:
  - access to the Employee Assistance Programme
  - access to influenza vaccines.

# Organisation chart



# Getting in touch

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## Secretariat staff- as at 31 March 2024

### Chief Executive

#### **Dr Susan Calvert**

Manages the strategic functions and overall business of the Board of Directors (BOD), and is responsible for the general management and statutory compliance of the organisation.

## Regulation

### Registrar

#### **Caleb Bridgeman**

Has delegated authority from the Council to manage the core regulatory functions under the Health Practitioners Competence Assurance Act (2003). Manages procedures for notifications related to concerns raised about a practitioner.

### Deputy Registrar

#### **Peter Lourie**

Supports the Registrar in managing core regulatory functions. Overall management of Regulation and Examination teams.

### Education Advisor | MSC

#### **Dr Anna Wiles**

Provides education and practitioner advice for the Council.

### Regulation Advisors

#### **Michaela Beer**

#### **Anastasia Williams**

#### **Emma Groos**

#### **Valerie Luzzi**

#### **Lynda Greer**

Completes and processes activities relating to registration, practising certificates and recertification.

### Regulation Advisor | Examination

#### **Swas Lal**

Completes and processes activities relating to the online examinations and registration examination assessments, for the purpose of registration and recertification.

### Professional Standards Advisor

#### **Hayley Roud**

Supports the Registrar with managing the complaints and notifications processes, reporting, and monitoring.

## Business Support

### Finance Manager

#### **Pam Sceats**

Manages the finance team and provides overall financial management.

### Finance Administrators

#### **Louise Hurst**

Senior Finance Administrator - manages the routine accounting activities and payroll.

#### **Dianne Heybrock**

Finance Administrator - provides finance support.

#### **Gordon Arnold**

Finance Administrator - provides finance support.

### Communications Lead

#### **Diane Hughes**

Manages the Council's ongoing communication and stakeholder engagement strategies, including media and communications advice, brand/publications/website/consultations and online initiatives.

### Assistant to the Chief Executive and Registrar

#### **Alison McKessar**

Supports the Chief Executive and Registrar with administrative and general tasks. Manages and coordinates logistics for the Council and Te Ama Tōtika meetings.

### Office Administrator

#### **Ana Johnston**

Provides office administration to support efficient and smooth operation.

## Quality and Assurance

### Quality and Assurance Manager

*Position vacant*

### Quality and Data Advisor

#### **Devon Davies**

Analyses and interprets Council data, and data security.

### Project Manager

#### **Sam Hannaway**

Manages and leads Council projects.

### Policy Advisor

*Position vacant*

### Quality and Assurance Support

#### **Ethan Jones**

Supports Council activities through research.

# Ā mātou whakaarotau matua | Our priorities

## Strategic priorities and goals

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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 that 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, and for setting the foundation upon which the Council will fulfil its responsibilities under the Act - in respect of the professions of medical laboratory science and anesthetic 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. Work has progressed on the strategic priorities during 2023-2024.

### Strategic Priority 1: Alignment of regulatory frameworks

The main projects that have been initiated and progressed include:

#### Review of the medical Laboratory science scopes of practice

Following the work that was undertaken in 2022, the Council has continued to engage with members of the sector and profession to explore the regulation of medical laboratory science practitioners further. With the changing nature of practice and advances in technology, there is interest in regulation by other groups who would not necessarily fall within the current scope. There is also interest in the development of new scopes. Due to the nature and importance of this work it was agreed to pause any formal advancement, and therefore consultation, around this project while we were able to undertake background research and analysis.

The timetable for this project has been reworked and we expect there will be significant progress during 2024-2026. This pause has enabled the Council to ensure the right amount of resourcing will be allocated to guarantee the success of this work.



## Review of the Anaesthetic Technician scope of practice

Work has progressed on the review of the anaesthetic technician scope of practice during 2023-2024. A consultation process was undertaken with the profession following the development of a draft scope of practice statement. Engagement included presentation with stakeholders via webinar, and also at invited meetings with the professional association, and professional leaders across Aotearoa | New Zealand. The Anaesthetic Technician scope of practice review experienced a high level of engagement with the sector. The Council was pleased to note that a large number of submissions were made.

A revised scope statement was gazetted\*, however after this occurred the Council received advice and consequently the statement was rescinded. Work is continuing to progress the revised scope statement during 2024.

*\*Gazetted: These are notifications that are required by legislation to be formally published in the New Zealand Gazette (the official Government newspaper and authoritative journal of constitutional record), ie scopes of practice, accepted qualifications, and fees.*

To support the review of the scope there was agreement that there also needed to be a revision of the Standards of Competence. To do this an expert advisory group was established using an expressions of interest process. This group, which includes representatives of the workforce, professional associations, the pre-registration education sector and a lay member, have begun the process of review. This work will be progressed during 2024. Consultation will occur with the sector before any change process is commenced.

## Strategic Priority 2: Meeting our obligations as a te tiriti o Waitangi partner

*Kei te Kaunihera te mana ki tā te Health Practitioners Competence Assurance Act 2003 ki te ārai i te iwi whānui o Aotearoa ma te whakarato huarahi kia pai, kia matatau hoki nga kaimahi hauora ki te mahi. He whakaritenga motuhake ki tā te tekiona 118i ki te whakatakoto paerewa o te mātauranga haumanu me te mohiotanga ahurea (tae atu ki nga pukenga e tika ai te whakaute whaitake ki te Māori).*

The Council is responsible under the Health Practitioners Competence Assurance Act 2003 for protecting the public of Aotearoa | New Zealand by providing ways to ensure that practitioners are fit and competent to practise. There are specific requirements under section 118i to set standards of clinical competence and cultural competence (including competencies that will allow effective and respectful interaction with Māori).

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 understanding of te reo Māori, te ao Māori, tikanga Māori, and the development of a Māori practitioner advisory committee.

During 2023 Te Ama Tōtika – the Māori practitioner advisory committee - was established. Applications were sought via an expressions of interest process. The group commenced its work in late 2023.

*Tokowaru nga tangata o Te Ama Tōtika. Ko rātou ngā māngai o nga momo hōkaitanga katoa (me nga tangata reimana hoki) mai i nga kirtaki o nga ratonga hauora, hei awhina i te arotake i ngā paerewa matua me nga tikanga whakahaere. He kaitohutohu hoki ratou ki te Kaunihera.*

The Māori practitioners advisory committee | Te Ama Tōtika is made up of eight people. They represent all the different scopes of practice (as well as lay people) from consumers of health care services to assist with reviewing key standards and codes of conduct. They also provide advice to the Council.

The rōpū have been active in providing valuable cultural insights into the scope review and ensuring that the Council's commitment to cultural safety in practice is reflected in its work.

You can view member details under the previous heading 'Council committees'.

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

Having robust data from which to make decisions is a priority for the Council. With the organisational restructure a Quality and Assurance team has been established. One of the priorities of this workstream is to develop the data strategy and to enhance the reporting that is provided to inform decisions.

This will enable the Council to progress the development of this work during 2024-2025. As part of this the Council will seek the advice of Te Ama Tōtika to inform this aspect of its regulatory work.

## Responsible authority core performance standards review

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 articulated 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 many of the actions were completed during 2021-2022 the following pages provide an update on the progress of those recommendations that were not concluded at that time.

Related core performance standard	Recommendation	Status as at 31 March 2024
The RA has prescribed qualifications aligned to those competencies for each scope of practice	The Council is encouraged to further plan and progress the phased approach reviews of the scopes of practice for the medical laboratory science profession and, once underway, to be followed by the anaesthetic technician scope of practice	Following feedback from the sector, the Council has taken the opportunity to review the medical laboratory scope of practice project and to consider a way forward with this work. This will continue in 2024-2025.  The review of the anaesthetic technician scope of practice project has progressed over the course of 2023-2024. The Council will continue with this work and review of the Standards of Competence over 2024-2025.
The RA has proportionate, appropriate, transparent and standards-based mechanisms to: <ul style="list-style-type: none"> <li>Assure itself applicants seeking registration or the issuing of a practising certificate meet, and are actively maintaining the required standard</li> </ul>	The Council is encouraged to further plan and review the two separate sets of CPD frameworks.	cont.,

Related core performance standard	Recommendation	Status as at 31 March 2024
<ul style="list-style-type: none"> <li>Review a practitioner’s competence and practice against the required standard of competence</li> <li>Improve and remediate the competence of practitioners found to be below the required standard.</li> </ul>		
<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>	<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>During 2023-2024 as part of the organisational restructure a dedicated position was created to manage notifications and complaints.</p> <p>This has enabled more accurate reporting that informs Council decision making. However further work is required and will be considered as part of a review of the Council’s database.</p>
<p>The RA sets standards of clinical and cultural competence and ethical conduct that are informed by relevant evidence and are clearly articulated and accessible.</p>	<p>That the Council proceed with its plan to review the competence standards, informed by and aligned to the principles of Te Tiriti o Waitangi as articulated in Whakamaua, and informed by the consultations and collaborations already planned.</p>	<p>The Council progressed its work on the Standards of Competence for anaesthetic technicians. It has formed an expert advisory group to review this work.</p> <p>The Council has also engaged Te Ama Tōtika - a Māori Practitioner Advisory Committee to support it in its work.</p> <p>Te Ama Tōtika will be integral to the review of the Competence standards for both professions regulated by the Council.</p>
<p>Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori.</p>	<p>That the Council proceed with its planned review of the Cultural Competence policy document and ensure that cultural safety is incorporated as a key element within the cultural competence requirement.</p>	<p>The Council has established Te Ama Tōtika to support it with the work that is required.</p> <p>The Council and MSS staff have also continued to engage the services of Haemata – a Māori consultancy.</p>

Related core performance standard	Recommendation	Status as at 31 March 2024
cont.,	<p>That in partnership with Māori, the Council develop, adopt, and promote tikanga best practice guidelines for its scopes of practice, and include these in the requirements of practitioners. 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.</p>	<p>During 2023-2024 staff and Council members attended a workshop that explored the concept of allyship. Further work has progressed on the Council and Secretariat's knowledge around tikanga and te ao Māori.</p>
<p>The RA ensures that the principles of equity and of te Tiriti o Waitangi/the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions.</p>	<p>That the Council shift its objective in this area from “better ensuring the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand” to “aligning its regulatory framework to the principles of Te Tiriti o Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) and operationalising the principles of Te Tiriti in all its functions”. The principles of tino rangatiratanga and of partnership can be used as the foundations of this alignment, bringing shape and focus to the principles of active participation, equity and options.</p> <p>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.</p> <p>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>The Council has continued to utilise Haemata to develop its cultural capability.</p> <p>The Council and MSS staff engage with other responsible authorities (RAs) on matters of common interest.</p> <p>Staff from the MSS are part of an inter-RA rōpū that explores, amongst other things, cultural safety and competence.</p> <p>Work is ongoing on this initiative.</p>

# Ā mātou mahi | Our functions

## Responsible authority

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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
- 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 that 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.

## Role and functions

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.

# Te whakaraopototango o nga tatauranga | Numbers at a glance

1 April 2023 – 31 March 2024

The Council regulates two professions: medical laboratory science practitioners who sit under six scopes of practice, and anaesthetic technician practitioners who have one scope of practice.

## Medical laboratory science

practitioners sit under **6** 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)



**538**

new registrations

across the **6**

scopes of practice

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

Philippines **89** | South Africa **45** | India **31**

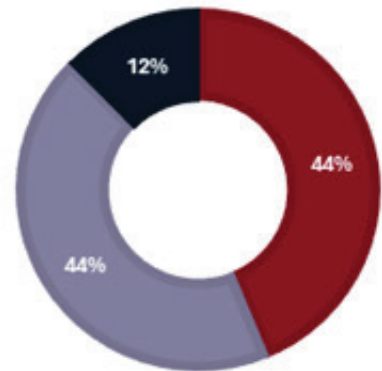




**4027**  
practising certificate applications received and processed

## Professional standards

- 16** new complaints and notifications:
- 7** conduct cases
  - 7** health (fitness to practise) cases
  - 2** competence cases



■ Conduct ■ Health (fitness to practise) ■ Competence



## Anaesthetic technology

practitioners sit under **1** scope of practice



**100**

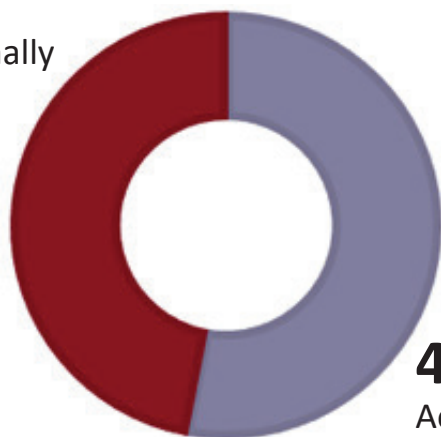
new registrations

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

England **20** | Iran **14** | India **8**

**53**

Internationally qualified



**47**

Aotearoa New Zealand graduates

**47%**  
practitioners qualified in Aotearoa New Zealand



**988**

practising certificate applications received and processed

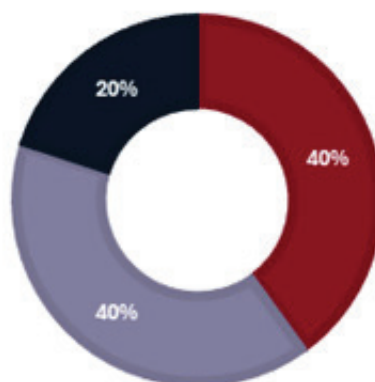
## Professional standards

**10** new complaints and notifications:

**4** conduct cases

**4** health (fitness to practise) cases

**2** competence cases



■ Conduct ■ Health (fitness to practise) ■ Competence

# Tā mātou whaihua | Our performance

## Professions we regulate

---

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

- medical laboratory science practitioners and
- anaesthetic technicians.

### Medical laboratory science

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

Medical laboratory science encompasses several distinct disciplines including:

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

Medical laboratory science also includes:

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

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

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

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

## Anaesthetic technology

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
- management.

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

- anaesthetic technician.

## Registration and practising certificates

Between 1 April 2023 and 31 March 2024 the Council received a total of 900 applications from people applying to be registered in one of the two professions regulated by the Council. This is an increase in volume of 18% from the past year. Of these 900 applications, 638 (71%) were approved and 25 (3%) were declined due to the applicants not meeting the entry level registration requirements. Further analysis by profession and breakdown of outcome is provided below.

The Council also issued a total of 5,015 practising certificates. Of these 299 had a condition on them. The total number of practising certificates issued continues to increase.

**From here we have separated discussion into two professions.**

## Profession of medical laboratory science

The Council received a total of 767 applications for registration of practitioners in the medical laboratory science scopes of practice. These are broken down in Table 1 below.

Of the 767 who applied for registration 70% were approved and 3% declined, due to the applicant not meeting the registration criteria. Of the remaining applications:

- 59 (7%) were offered an online registration examination as a pathway to registration
- 130 were in the process of being assessed as at 31 March 2024, and will be included in the registration statistics for the 2024-2025 year
- 15 applicants withdrew their application for registration.

**Table 1: Outcomes of medical laboratory science applications for registration by scope 2023-2024**

Outcomes	MLPAT	MLS	MLT	TOTAL
Registration approved	163	196	179	538
Offered online examination	-	59	-	59
Declined	1	21	3	25
Applications received, not processed (still being processed as at 31 March 2024)	28	60	42	130
Applications withdrawn	8	2	5	15
<b>Total received</b>	<b>200</b>	<b>338</b>	<b>229</b>	<b>767</b>

Figure A: 2022-2023 and 2023-2024 approved applications

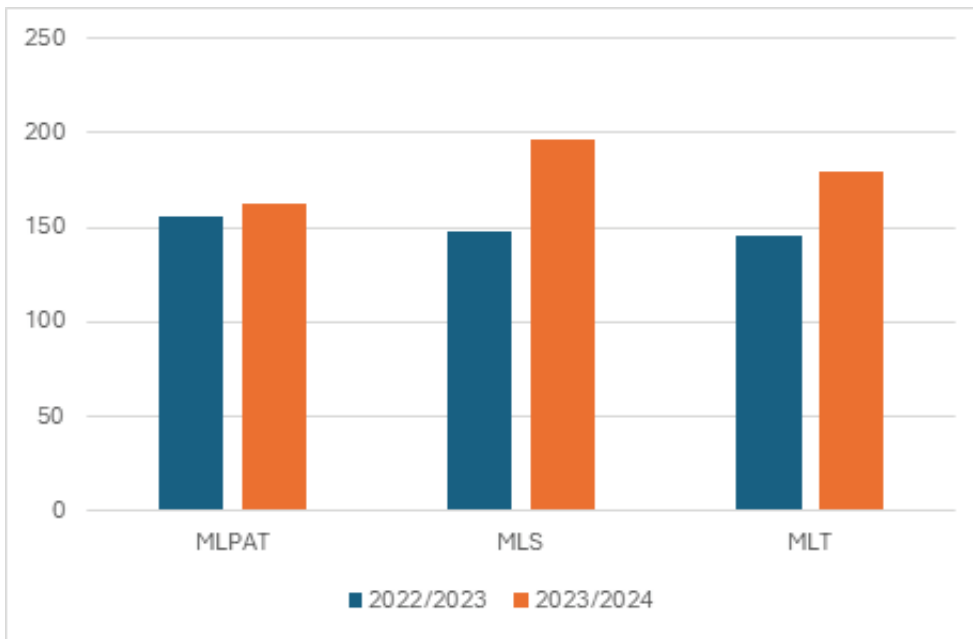
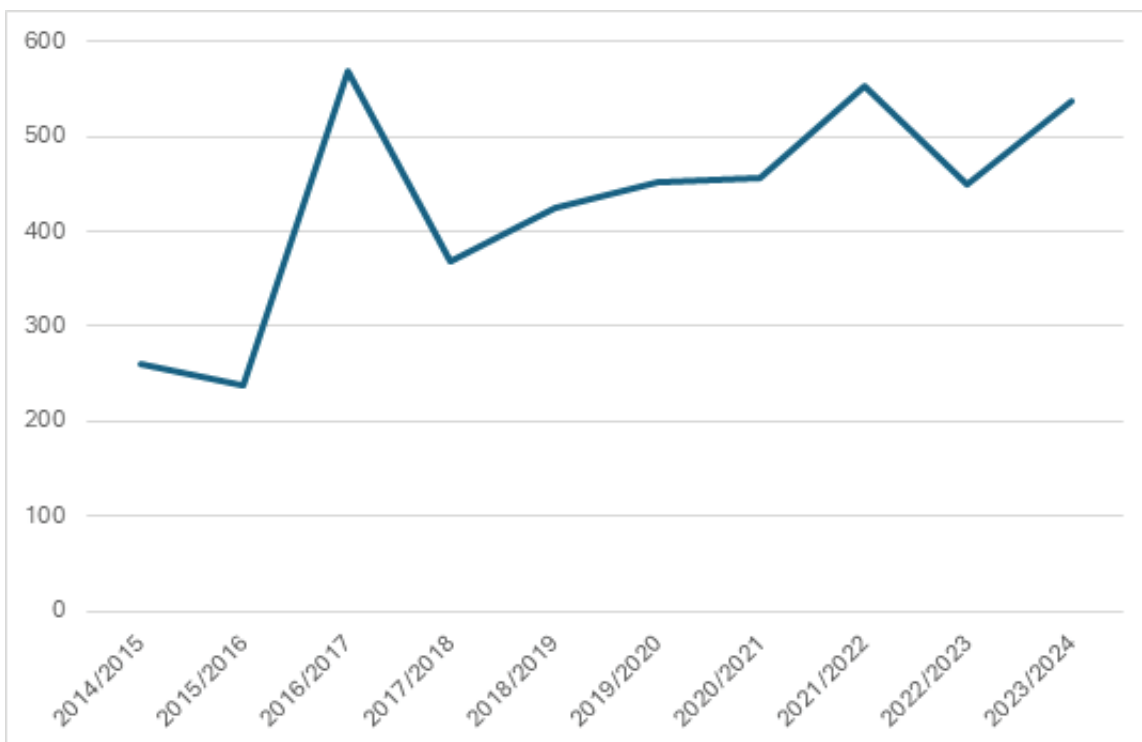


Figure A above shows the number of approved applications across all scopes of practice and compares 2022-2023 data with that of 2023-2024. Within all scopes there is an increase in the number of approved applications with the largest increase in medical laboratory scientists.

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

Figure B: approved applications for medical laboratory science for previous 10 years



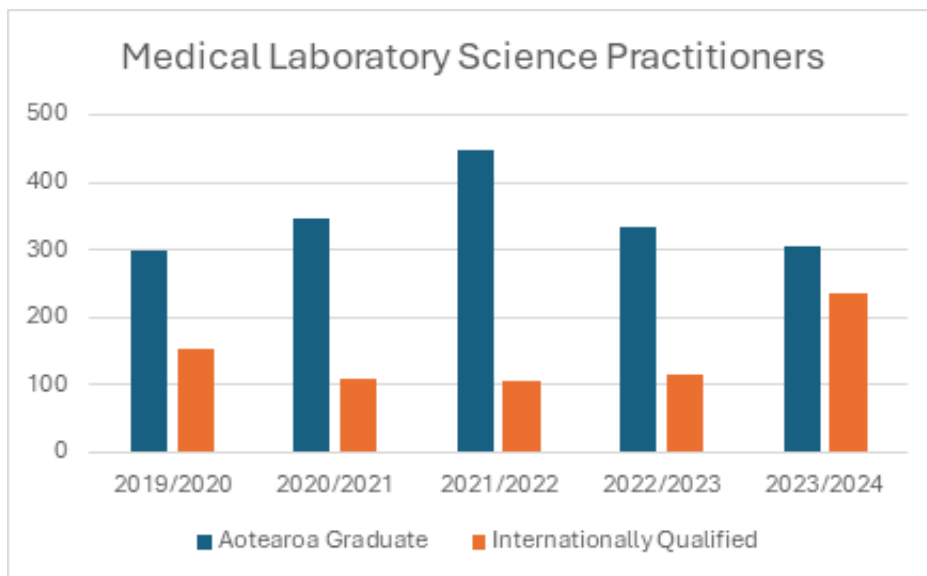
## Approved registrations by country of education

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

	MLPAT	MLS	MLT	Total
Aotearoa New Zealand	128	96	80	304
Australia	1	2	2	5
Brazil		1		1
Canada	1	1		2
China	1	1	1	3
Columbia			2	2
Congo			1	1
Egypt		1		1
England	1	5	1	7
Fiji	2	7	6	15
Germany			1	1
Hong Kong		1		1
India	8	9	14	31
Iran		3	1	4
Ireland (Republic of)		2		2
Jamaica	1			1
Nepal	2			2
Northern Ireland		2		2
Oman		1		1
Pakistan		2	1	3
Philippines	12	24	53	89
Russia	1			1
Scotland		1		1
Singapore	1		1	2
South Africa	4	32	9	45
Spain		1		1
Sri Lanka		1	1	2
USA		2	4	6
Wales		1		1
Zimbabwe			1	1
<b>Total</b>	<b>163</b>	<b>196</b>	<b>179</b>	<b>538</b>

Table 2 above shows that applicants for registration in all scopes of practice have completed their qualification in many countries across the world. While Figure C shows that the majority of practitioners are educated in Aotearoa New Zealand.

Figure C: Approved applications for medical laboratory science by Aotearoa New Zealand graduate and internationally qualified 2019 – 2024



Of note is the increase in registrants in 2023-2024 who are internationally qualified. When considered together the main country of qualification is Aotearoa New Zealand however when divided into different scopes we see that for the MLT and MLS scopes the majority of registrants in this time period were internationally qualified – indicating that there may be a reliance on these practitioners to meet the workforce requirements.

## Graduate diploma pathway to registration

Registered medical laboratory technicians or medical laboratory pre-analytical technicians who hold a relevant Bachelor of Science degree, and who have worked for a minimum of 12 months full-time equivalent in an accredited laboratory, have the option of completing a graduate 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 in Health Science (Medical Laboratory Science) through Massey University. In 2023 Massey University advised the Council that it was no longer accepting enrolments in the Post-graduate Diploma in Health Science (Medical Laboratory Science) although students currently enrolled in this programme would be able to complete their qualification.

In the 2023-2024 year, 13 practitioners graduated from one of the two approved study programmes and were registered as a medical laboratory scientist.

## Unsuccessful applications

In the 2023/2024 year, 25 (3%) applications for registration were declined due to the applicant not being able to demonstrate the ability to meet the entry level registration requirements. Of the 25 unsuccessful applicants, 14 were educated in New Zealand and 11 were educated internationally. The internationally qualified applicants were from eight different countries across the world including countries in South America, Africa and Southeast Asia.

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 undertook a process of qualification assessment and considered the qualification was not substantially equivalent to the prescribed qualification for registration, and hence did not meet registration eligibility requirements.

Of the 21 medical laboratory scientist applications for registration that were declined, 14 were offered registration in the medical laboratory technician scope of practice or were already registered in that scope. Four applicants were offered the opportunity to sit the online examination as part of their registration process, but either chose not to or were unsuccessful in their attempt. The remaining three did not meet other requirements for registration.

Of the remaining medical laboratory technician and medical laboratory pre-analytical technician registration applications that were declined, the main reason was due to the applicant not holding a qualification that was deemed substantially equivalent for registration in that scope.

## Registration examinations

In July 2022, the Council introduced an online registration examination as part of the process that can lead to registration for medical laboratory scientists. The online examination may be offered to applicants whose qualification has been assessed as being non-equivalent to the Council's prescribed qualifications for registration. Applicants are only referred to the online examination after their application for registration has been assessed. Applicants for registration cannot apply to the Council and request that they be able to take the examination. In some instances, an online examination may be used as a return-to-practice pathway for registered practitioners who have not practised for an extensive period.

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

Table 3 below shows statistics for those medical laboratory scientists who sat the online examination.

**Table 3: Online exam statistics for medical laboratory science 2023-2024**

	Total	
Total times online exam sat	49	<i>Note: some people sat the exam more than once</i>
Online exam re-sit	11	
Online exam passed	25	
Online exam unsuccessful	24	

The online examination is monitored by a proctor (a person who watches the candidates) during the entire testing session in real-time. If at any time during the examination, the candidate is not following the examination rules, they may be suspended. Those who have been suspended are recorded as unsuccessful.

## Practising certificates

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

Table 4 below shows the number of practising certificates that were issued to practitioners in the medical laboratory science scopes of practice. Of the 4,027 certificates that were issued, 246 (6%) had conditions on them.

**Table 4: Number of practising certificates issued for medical laboratory science between 1 April 2023 and 31 March 2024**

	MLPAT	MLS	MLT	Total
Total certificates issued	1154	1994	879	4027
Issued with conditions	50	180	16	246

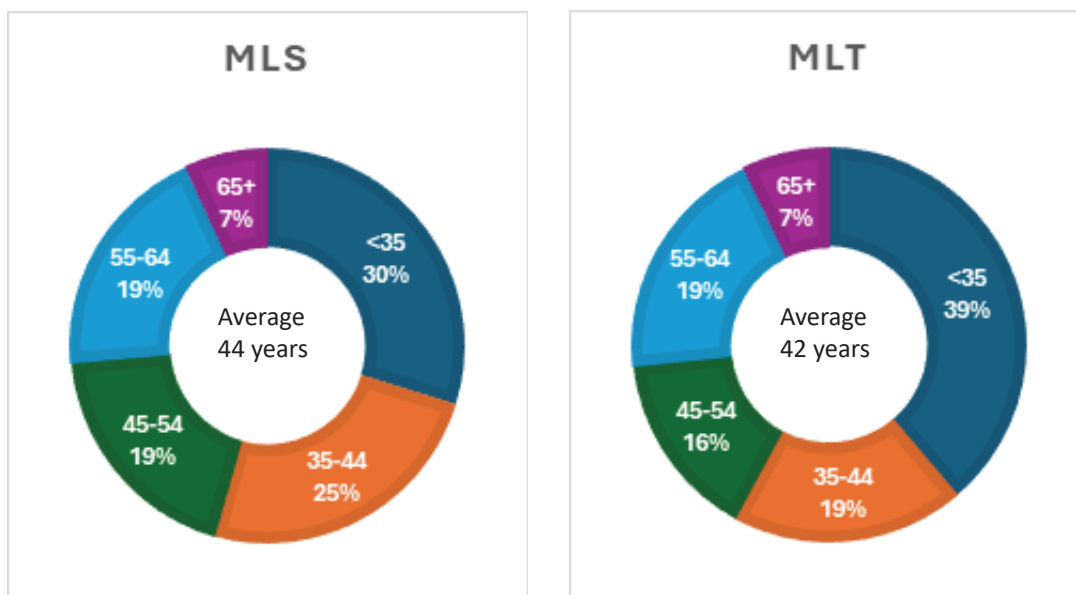
Sections 22 (3), (a) and (b) of the Act allow the Council to place a condition on a practitioner’s practising certificate that will ensure they are competent to practise. For medical laboratory scientists, the most common reason for a condition on their practising certificate is to restrict their practice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

For medical laboratory technicians (MLT) and medical laboratory pre-analytical technicians (MLPAT) the most common reason for a condition on their practising certificate is to enable them to perform an expanded practice activity approved by the Council, such as performing IV cannulation. The Council is working through a process to record such changes in scope that means in the future they are not recorded as a condition.

## Workforce demographic information

Figure D below shows the different age profiles for practitioners in the different scopes of practice. While the average age is 44 (MLS), 42 (MLT) and 48 (MLPAT), 71% of all practitioners are under 55 years of age. In addition - in all scopes - at least 7% of practitioners are over 65 years of age. Workforce planning is essential to ensure a continuous supply of practitioners. This is essential for the MLPAT professions who have a higher average age, but also have 57% of the workforce that are 45 years of age and above.

*Figure D: Practising certificate holders by age band for the 2023-2024 practising year*





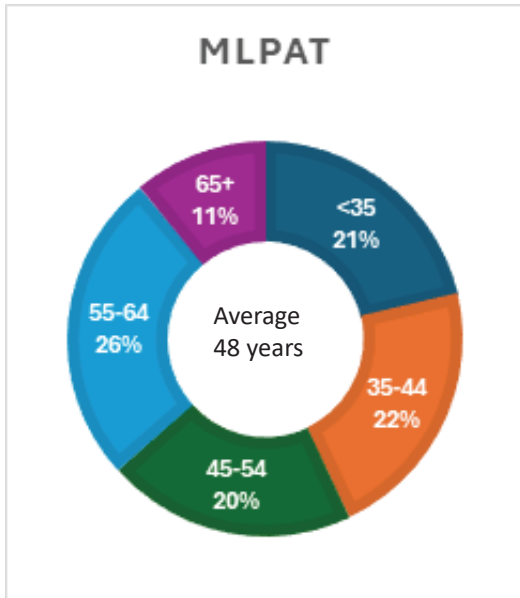
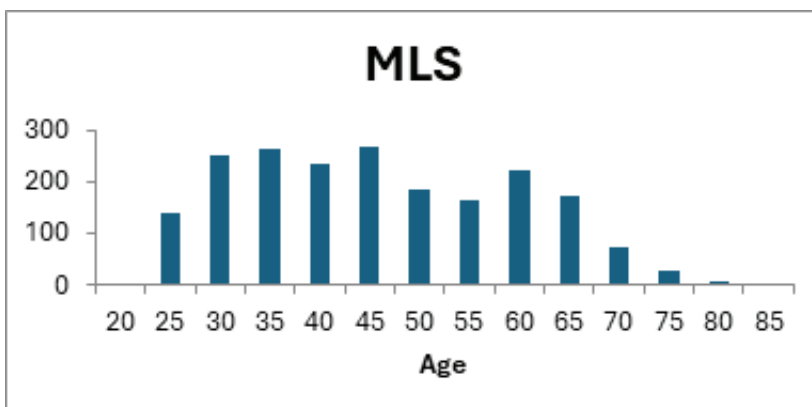
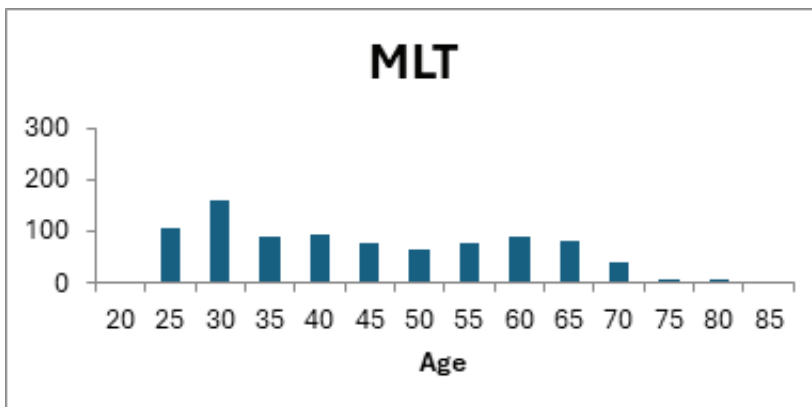
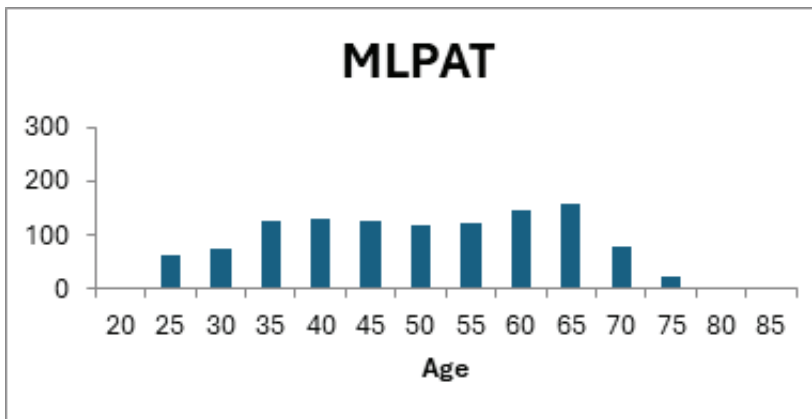


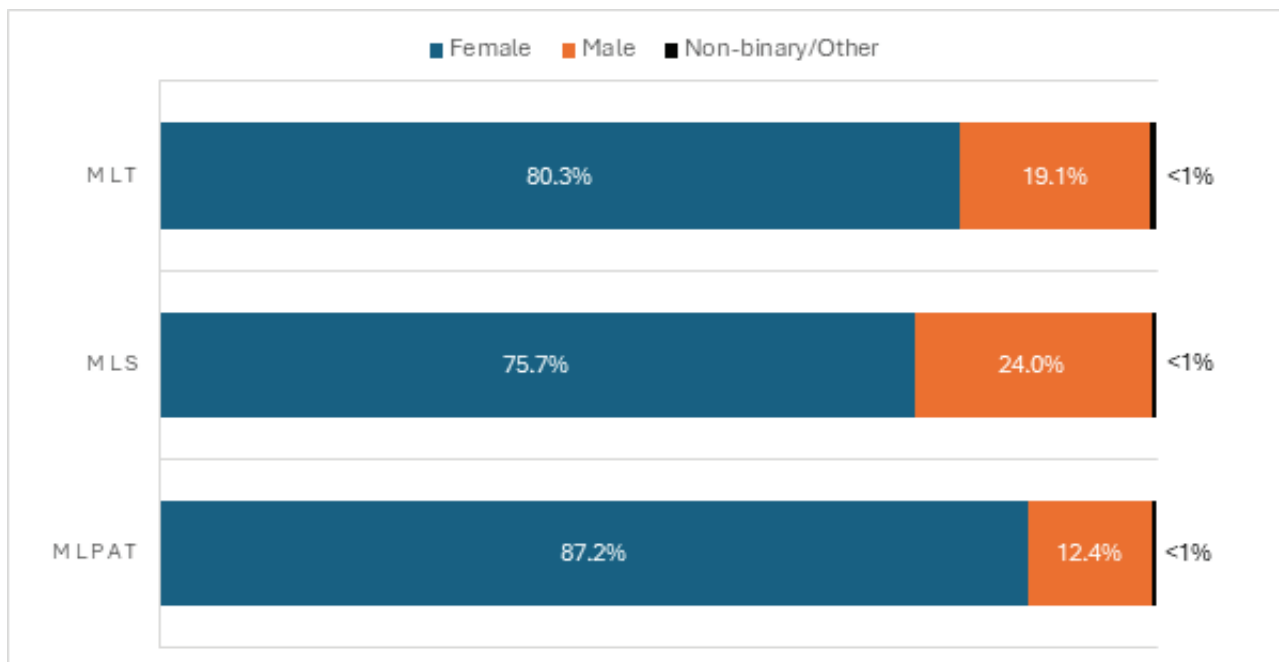
Figure E: Age distribution of practising certificate holders for the 2023-2024 practising year



## Gender

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

Figure F: practising certificate holders by gender for the 2023-2024 practising year



## Ethnicity

The following graphs show ethnicity information for those practising across all scopes of practice. When applying for registration, practitioners can report up to three ethnicities. Previously, the Council has reported ethnicity by assigning each practitioner a single ethnicity using a simplified version of the Statistics New Zealand prioritisation standard. The Council has used a different reporting method to report ethnicities for the 2023-2024 year.

The 2023-2024 statistics include every ethnicity that has been entered for every practising certificate holder. Therefore, each practitioner may be represented in more than one ethnic group (identify themselves as representing up to three ethnicities). Ethnicity data has been collated to protect individual information as it may be there is a single practitioner of one ethnicity. Almost half of all practitioners within each scope identify as New Zealand European | Pākehā, with Māori making up between 2-7% of the different scopes.

Figure G (1): ethnicity data for MLS (different ethnicities) who held a practising certificate in 2023-2024

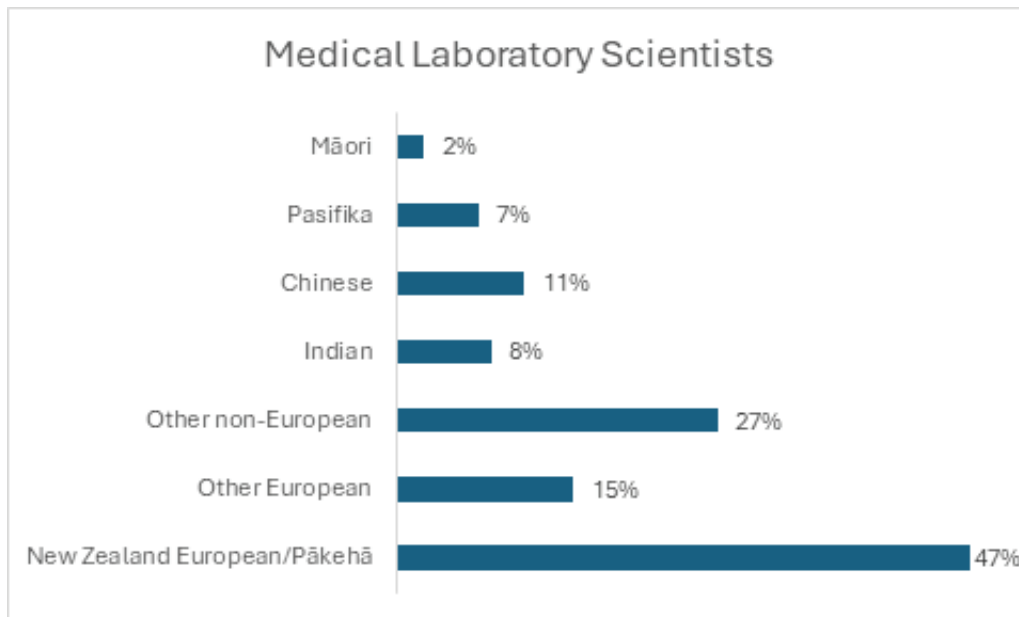


Figure G (2): ethnicity data for MLT who held a practising certificate in 2023-2024

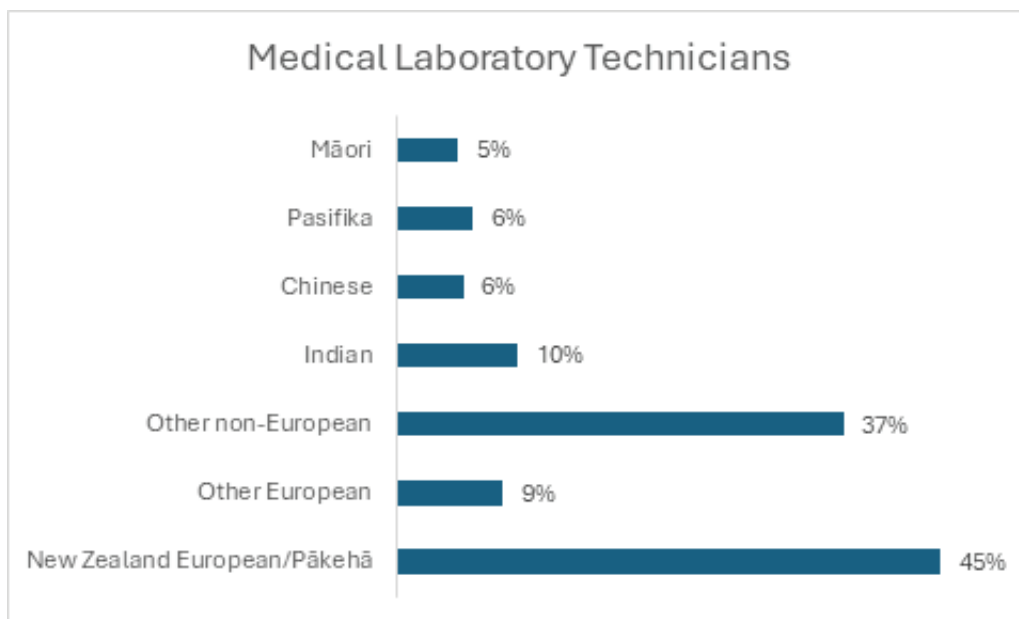
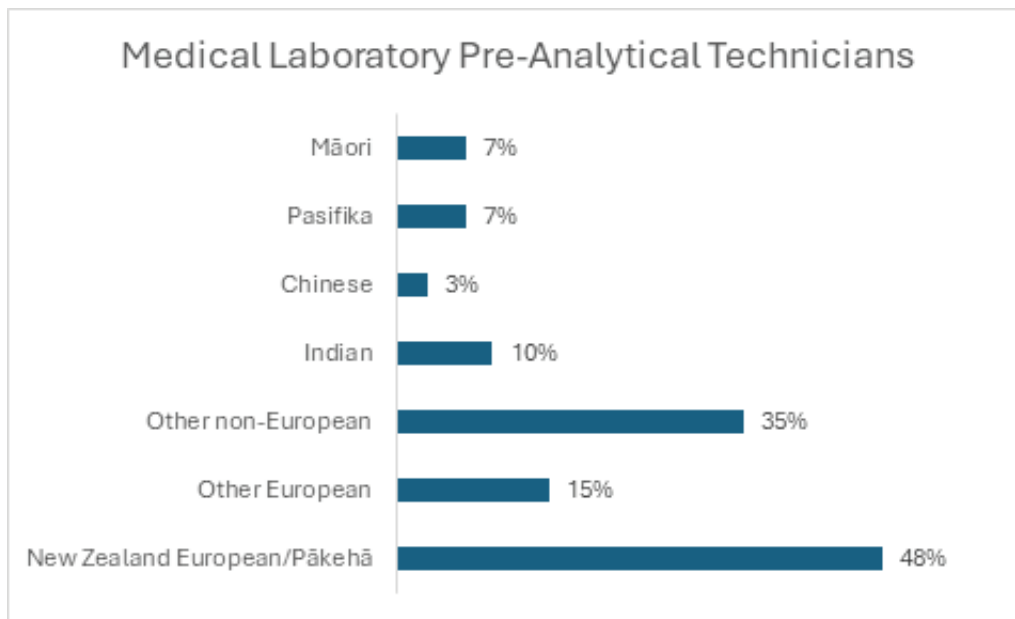


Figure G (3): ethnicity data for MLPAT who held a practising certificate in 2023-2024



## Profession of anaesthetic technology

### Registration

The Council received a total of 133 applications for registration of practitioners in the Anaesthetic Technician profession.

Of the 133 applications for registration 75% were approved. No applications were declined. Of the remaining applications:

- two (1%) were offered the opportunity to sit an online exam as a pathway to registration
- 31 were in the process of being assessed as at 31 March 2024 and will be included in the registration statistics for the 2024-2025 year
- no applicant withdrew their application for registration.

**Table 5: Outcomes of applications for registration for anaesthetic technology 2023-2024**

Outcome	Total
Registration approved	100
Offered online exam	2
Declined	0
In progress	31
<b>Total received</b>	<b>133</b>

## Approved registration trends

Figure H: 2023-2024 approved applications for anaesthetic technology compared to 2022-2023

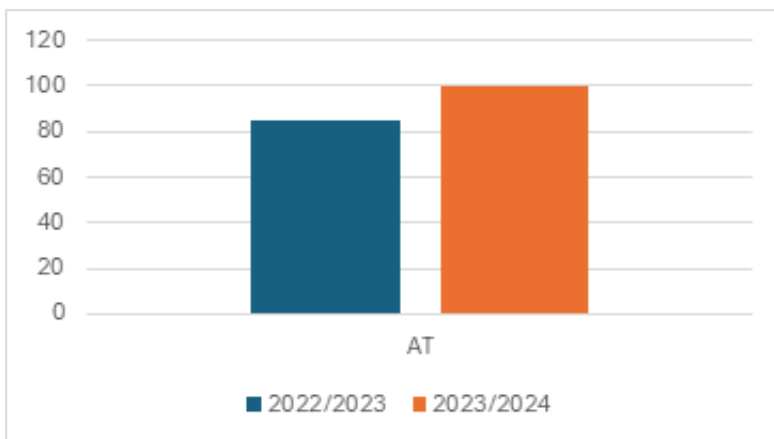
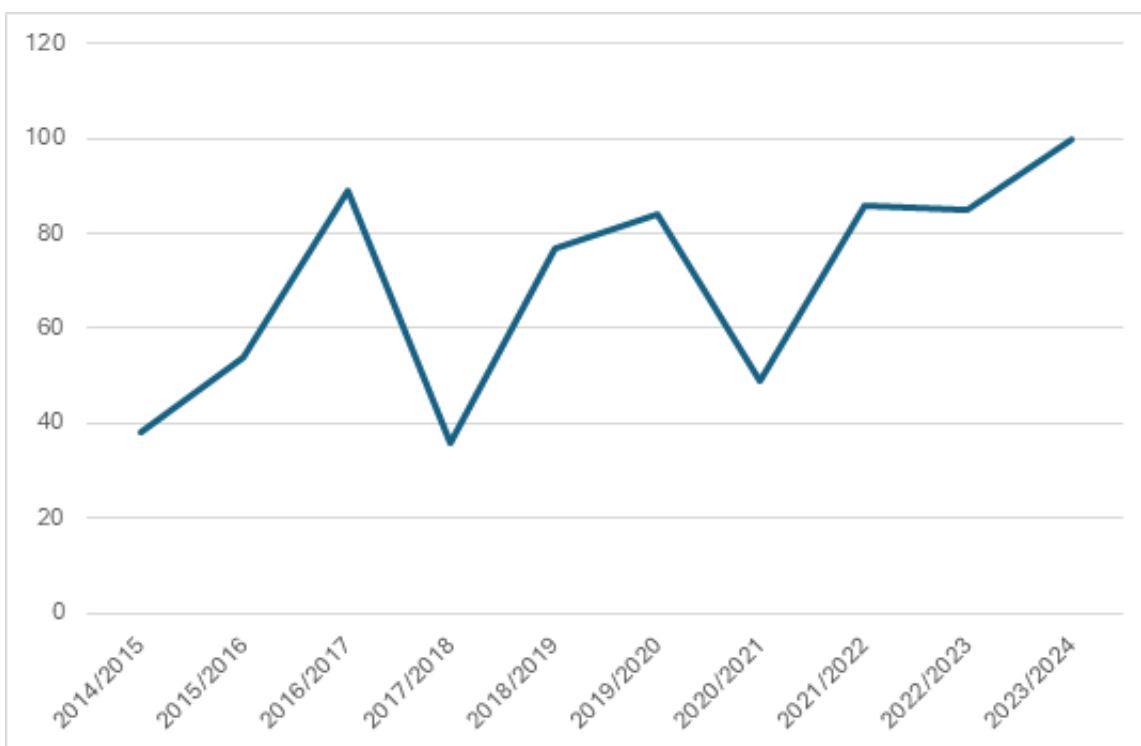


Figure H above shows the increase in the number of approved applications for registration of anaesthetic technicians in the 2023-2024 practising year as compared to 2022-2023.

Figure I: Approved applications for registration of anaesthetic technicians between 2015-2024



Overall, the trend in figure 'I' above appears to show there is a general increase in approved applications for registration, for the anaesthetic technology profession.

## Approved registrations by country of education

When considering the total number of applications for registration most (during 2023-2024) were internationally qualified. There is also a decrease in the number of New Zealand graduates. This is partly due to changes in the qualification required to practise in Aotearoa New Zealand. However, this will be monitored by the Council.

Table 6 below provides a breakdown of approved applications by country of education. Compared to 2023 there is an increase in the number of countries from which applications are received. However, most internationally qualified registrants continue to be from England with an increase noticed in applicants from Iran and India.

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

Country	Total
Aotearoa New Zealand	47
England	20
India	8
Iran	14
Malawi	1
Netherlands	3
Pakistan	2
Philippines	1
South Africa	2
USA	1
Vietnam	1
<b>Total</b>	<b>100</b>

## Pathways to registration

With the introduction of the online examination for anaesthetic technicians, the Council is phasing out the work-based assessment, previously used to assess a practitioner's competence to practise as an anaesthetic technician.

In 2023-2024 no assessments were offered as a pathway to registration. However, two applicants who were previously offered the assessment prior to the introduction of the online examination sat the WBA in 2023-2024. These two applicants successfully completed the WBA and were subsequently registered. Table 7 below shows the outcome of these assessments over the past three years.

**Table 7: Work-based assessment statistics between 1 April 2021 and 31 March 2024**

	2021/22	2022/23	2023/24
Offered	2	3	-
Undertaken	-	1	2
Passed	-	1	2
Unsuccessful	-	-	-

The Council also offers an online examination for anaesthetic technicians as part of the registration process. In 2023-2024 one candidate sat and passed the online examination.

Figure J: approved applications for anaesthetic technology by Aotearoa graduate and internationally qualified 2019-2024

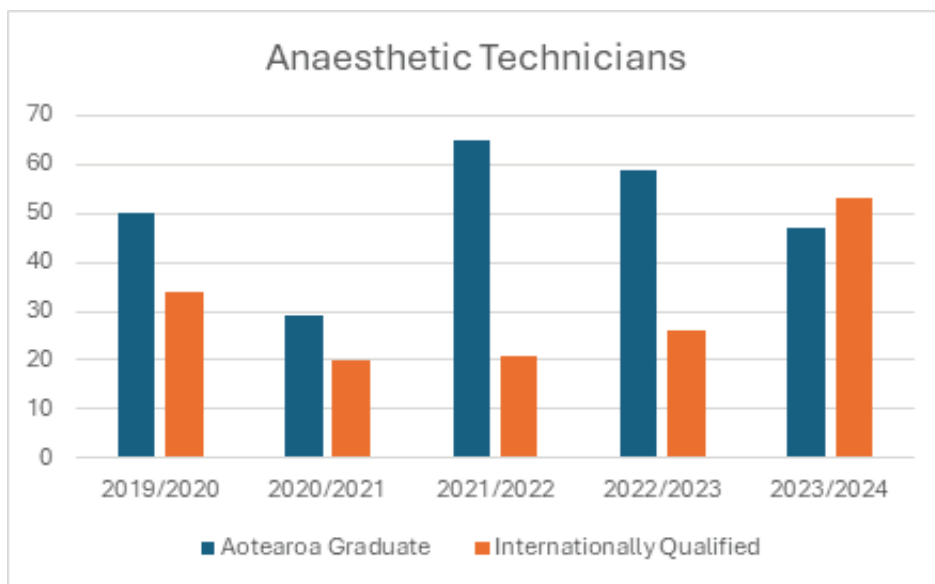


Figure J shows the increase in Aotearoa New Zealand graduates, and the decrease in internationally qualified registrants.

## Practising certificates

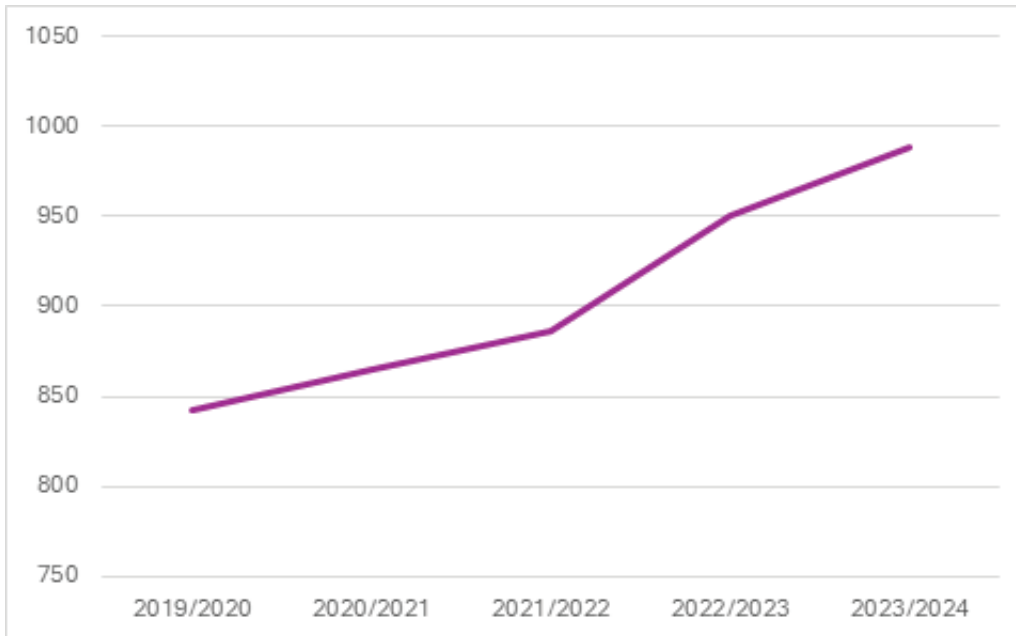
In Aotearoa New Zealand practitioners must hold a current practising certificate to practise their profession.

**Table 8: Number of practising certificates issued for anaesthetic technology between 1 April 2023 and 31 March 2024**

	Total
Total certificates issued	988
Issued with conditions	53

During 2023-2024 (1 April to 31 March), a total of 988 certificates were issued. This continues an upward trend and Figure K below shows that there has been continued growth in the number of certificates issued in the last five years. One of the limitations of this, however, is that practising certificates do not necessarily equate to a full-time equivalent staff member in the workplace. So, while the numbers of practitioners may have increased, the total number of FTE providing care may not have.

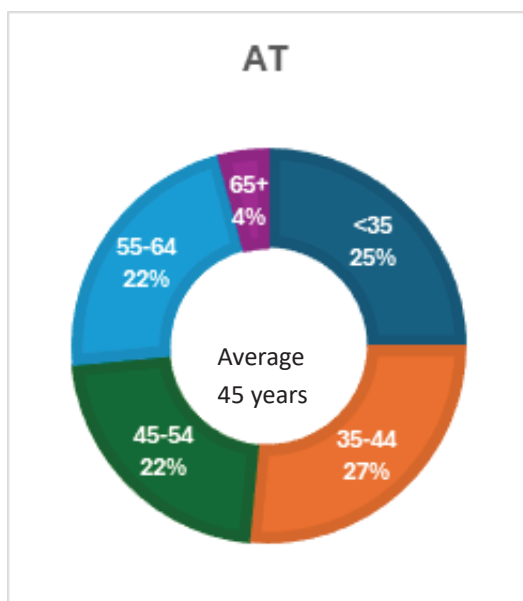
Figure K: Practising numbers for anaesthetic technology over the last five years 2019 – 2024



## Demographic data

Figure L shows the proportion of practitioners in each age band. While the average age of practitioners is 45 years, a quarter are less than 35 years of age and a quarter are over 55 years of age, with 4% being over 65 years of age.

Figure L: practising certificate holders by age band for the 2023-2024 year





The workforce is predominantly female as Figure M below shows.

Figure M: gender make-up of the Anaesthetic Technician profession

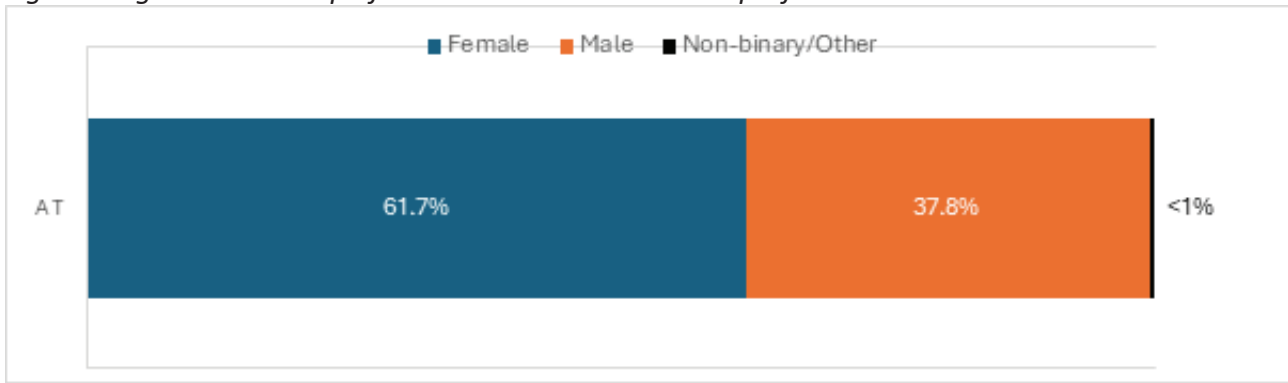
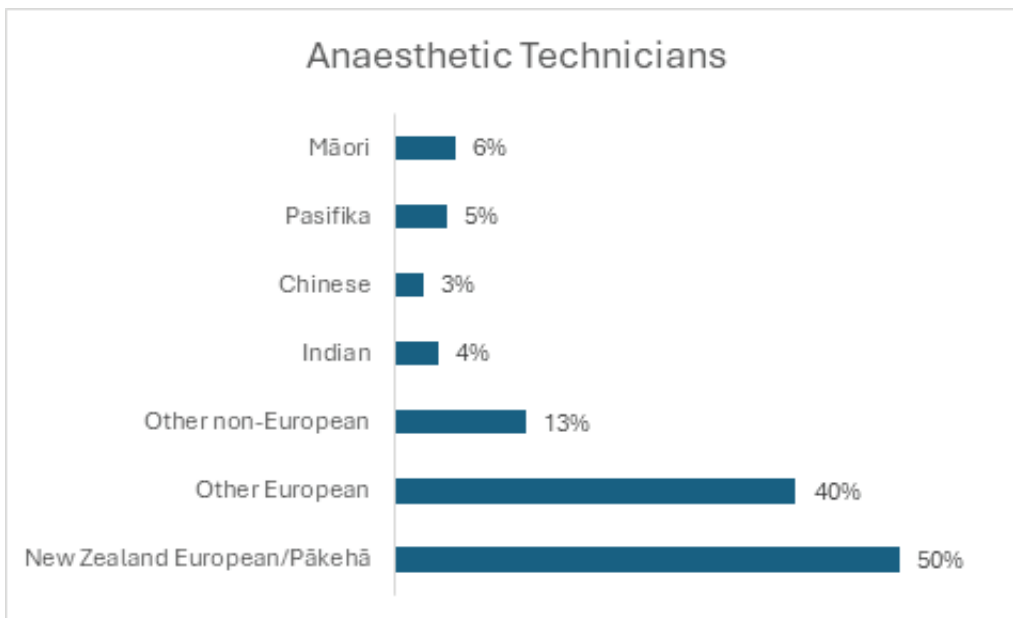


Figure N below shows the percentage of AT practitioners of different ethnicities who held a practising certificate in Aotearoa New Zealand, in 2023-2024. The 2023-2024 statistics include every ethnicity that has been entered for every practising certificate holder. Therefore, each practitioner may be represented in more than one ethnic group as they can report up to three ethnicities.

Figure N: practitioner ethnicity



Māori make up 6% of the anaesthetic technician workforce, with New Zealand European being the ethnicity of half the current practising certificate holders.

## Conditions

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 specified by the Council. Supervision is a formal process of professional support and teaching to enable the practitioner to build on their knowledge, skills, and professional attributes, and to progressively assume responsibility for their own practice.

The Council also has a number of practitioners who have an extension to the scope. This enables the practitioner to work in areas such as the post-anaesthetic care unit or to perform additional skills, for example insertion of PICC lines. While these are recorded as conditions, the Council is aware that these do not meet the definition as such. To address this, it is working on a quality improvement project to review how this information is recorded.

## Education and continuing professional development

The Council accredits a number of Aotearoa New Zealand education providers who offer the qualifications prescribed for the purpose of registration in medical laboratory science and anaesthetic technology.

All accredited providers are subject to an ongoing monitoring process to ensure programmes leading to registration produce graduates capable of meeting the entry-level competence standards for the respective profession.

### Medical laboratory science practitioners

Table 9 shows the accredited education provider and qualification that leads to registration in the respective medical laboratory science scope.

**Table 9: Accredited education provider and qualifications**

Education provider	Qualification programme	Scope of Practice
University of Otago	Bachelor or Medical Laboratory Science (BMLSc)	Medical Laboratory Scientist
Massey University	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
Ara Institute of Canterbury	New Zealand Diploma in Applied Science (Level 5)	Medical Laboratory Pre-Analytical Technician
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	

In 2023, the Council was advised by Massey University that it was no longer accepting enrolments in the Post-graduate Diploma in Health Science (Health Science), but that students currently enrolled would be able to complete their qualification. While this would create a potential shortfall in graduates, the Council also received an application from the University of Otago to accredit a Post-graduate Diploma in Medical Laboratory Science. This is a bridging programme for technicians seeking registration as a scientist.

In addition, the Council also received an application for approval and accreditation from Auckland University of Technology for a revised Bachelor of Medical Laboratory Science degree. Both new programmes from the University of Otago and Auckland University of Technology had commenced the accreditation process as at 31 March 2024.

Within Aotearoa New Zealand the only accredited qualification for registration as a Medical Laboratory Technician is the Qualified Medical Laboratory Technician Certificate provided by the New Zealand Institute of Medical Laboratory Science (NZIMLS). The NZIMLS and Ara Institute of Canterbury also provide programmes of education that lead to registration as a medical laboratory pre-analytical technician.

## Recertification and ongoing professional development

The recertification programme, of which Continuing Professional Development (CPD) is a critical component, provides a mechanism for practitioners to support their ongoing competence and professional development throughout their careers. The Recertification programme helps to ensure the public get the best possible medical laboratory science 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 must be able to reflect on education they have completed and identify how this has impacted on their professional practice.

Medical laboratory scientists must be able to demonstrate they have engaged in a minimum of:

- 40 hours of CPD within each consecutive two-year period (biennium)
- 15 hours of CPD in each one-year of the relevant biennium

At least 60% of their CPD must relate to activities classified as substantive CPD - these 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 consecutive two-year period (biennium)
- nine 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.

## Managing continuing professional development (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.

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 technician practitioners

The Council accredits one provider for qualifications that lead to registration as an anaesthetic technician. In 2021 the Council approved the Bachelor of Health Science (perioperative practice) degree from Auckland University of Technology. Since that time there have been no further enrolments in the Graduate Certificate in Science and the Diploma in Health Science. As there will be no more graduates from these programmes at the end of 2024, approval of them will cease.

Table 10 shows the current providers and programmes that lead to registration.

**Table 10: Providers of programmes that lead to registration as an anaesthetic technician**

Provider	Programme	Scope of Practice (SOP)
Auckland University of Technology	Graduate Certificate in Science (Anaesthetic Technology) Diploma in Applied Science (Anaesthetic Technology) Bachelor of Health Science (Perioperative Practice)	Anaesthetic Technician

## Recertification

All anaesthetic technicians are required to engage in the Council's recertification programme. This means that they must be able to demonstrate they have engaged in a minimum of:

- 40 hours of continuous professional development (CPD) within each consecutive 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 activities - these are activities that have significant intellectual or practical content primarily directed to the relevant scope of practice.

Anaesthetic technicians are able to manage their own professional development through self-directed learning and self-management of their professional development records.

## Council audit of practitioners engagement in the recertification programme

Due to changes in the timing and requirements of recertification, practitioners will next be called for audit in the 2024–2025 practising year.

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 to their practice. Where necessary, practitioners can demonstrate they have implemented these changes.

## Competence and fitness to practise

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

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

All notifications about practitioners are referred to the Professional Standards Committee; this is a sub-committee of the Council that triages and manages all notifications regarding competence and health matters.

## Medical laboratory science practitioners

The Council received two new competence notifications during the 2023-2024 year and both of these notifications were made by employers. Both practitioners held practising certificates for the MLT scope of practice. Tables 11 and 12 below provide a breakdown of competence referrals in the 2023-2024 year and a summary of their outcomes.

**Table 11: Competence referrals**

Source	New	Existing	Stil active at 31 March 2024	Closed
Employer	2	0	1	1
<b>Total</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>

**Table 12: Outcomes of competence notifications**

Outcome	Competence review	Initial review ongoing at 31 March 2024
2023-2024 notification	1	1

The practitioner who was referred for a competence review ceased practice and will be required to engage in a review, should they return.

## 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 seven new fitness to practise (health) notifications in the 2023-2024 year. Tables 13 and 14 below 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**

Source	New	Existing	Active	Closed
Health practitioner including self	7	0	2	5

**Table 14: Outcomes of health notifications**

Outcome	Referred to professional conduct committee	No further action	Return to work programme	Ceased practice	Initial review ongoing at 31 March 2024
New	0	2	1	2	2
Existing	0		0	0	0

Of the seven notifications, one successfully completed a return-to-work programme, and two did not require any further action. Two ceased practice and processes will continue should they return.

## Anaesthetic technician practitioners

The Council received two new competence notifications during the 2023-2024 year. Of these notifications, one was received from an employer and the other was received from a health practitioner.

Tables 15 and 16 below provide a breakdown of competence referrals in the 2023-2024 year and a summary of their outcomes.

**Tables 15: Breakdown of notifications received**

Source	New	Existing at 1 April 2023	Active	Closed
Employer	1	0	0	1
Health practitioner	1	0	1	0
<b>Total</b>	<b>2</b>		<b>1</b>	<b>1</b>

**Table 16: Outcomes of competence notifications**

Outcome	Competence review	Competence programme including supervision
2023-2024 notification	1	1

The practitioner who was required to undergo a competence review had yet to undertake it at the end of the reporting period. The other practitioner was able to continue practising and is completing a competence programme that includes supervision.

One competence review was initiated during the 2023-2024 year, however, this had not been completed by the end of the review year.

The following undertook competence reviews for the Council during the 2023-2024:

- Matthew Lawrence
- Michele Peck.

## Health/fitness to practise

The Council received four new fitness to practise notifications in the 2023-2024 year. Two were from an employer and two from the practitioners themselves. There were also two existing notifications received prior to the 2023-2024 year.

Tables 17 and 18 below provide a breakdown of new and existing fitness to practise notifications and their outcomes.

**Table 17: Notification of inability to perform required functions due to mental or physical (health) condition**

Source	New	Existing	Active	Closed
Employer	2	2	2	2
Health practitioner (including self)	2	0	1	1
<b>Total</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>3</b>

**Table 18: Outcomes of health notifications**

Source	Conditions on practice	Return to work	No further action	Ceased practice	Initial review ongoing at 31 March 2024
New	1	0	1	1	1
Existing	1	1	0	0	0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

Of the four new notifications, one had conditions imposed on their practice, one did not require any further action, and one ceased practice. Of the two existing notifications, one had conditions imposed on their practice and one successfully completed a return-to-work programme.

## 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.

## Medical laboratory science practitioners

The Council received seven new conduct-related complaints during the 2023-2024 year.

Table 19 below provides a breakdown of sources of complaints received by the Council, and Table 20 provides initial processes for these complaints.

**Table 19: Conduct complaints**

Source	Employer	Health practitioner	Other	Total
New	6	1	0	7
Existing <sup>1</sup>	5	2	1	8

<sup>1</sup>Historic 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 practice in the future.

**Table 20: Conduct referrals**

Source	to Health	to Health and Disability Commissioner	to professional Conduct Committee	Initial review ongoing at 31 March 2024
New	6	1	0	7
Existing	5	2	1	8

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 as at 31 March 2024. Two other new cases were also referred to professional conduct committees.

Table 21 provides a summary of outcomes from PCC processes. Of this, two practitioners were referred to the Health Practitioner Disciplinary Tribunal (HPDT) during this reporting period.

From this, four cases had action taken under section 80 (2) which enables the professional conduct committees to recommend to the Council that it takes further action. Such recommendations include that:

- the Council undertake a competence review (2)
- the practitioner is referred for health assessment (1)
- it reviews their scope of practice (1)
- it counsel the practitioner (4).

There may be more than one recommendation per practitioner.



**Table 21: Outcomes from PCC processes**

Outcome	No further action	Ceased practise	Refer to Health Practitioners Disciplinary Tribunal	Action under s80 (2)	Ongoing at time of report
Number of cases	4	1	2	4	2

## Anaesthetic technician practitioners

The Council received four new conduct-related complaints during the 2023-2024 year. Tables 22 and 23 below provide a breakdown of new and existing conduct complaints, and how these were progressed.

**Table 22: Conduct complaints**

Source	Employer	Health practitioners	Other	Total
New	4	0	0	4
Existing	1	4		5

**Table 23: Conduct outcomes**

	No further action	to Health	to Health and Disability Commissioner	to Professional Conduct Committee	Initial review ongoing at 31 March 2024
New	3	1	0	0	1

**Table 24: Provides a summary of outcomes from PCC processes**

Outcome	No further action	Ceased practise	Refer to Health Practitioners Disciplinary Tribunal	Action under s80 (2)	Ongoing at time of report
Number of cases	1	0	0	1	0

Table 24 above shows outcomes for those cases that were existing at the start of the reporting period. One required no further action, and one PCC resulted in a recommendation that the Council take action under section 80 (2).

One practitioner remains under monitoring, following an order from the HPDT.

Members of Professional Conduct Committees during the 2023-2024 include:

- Sue Carnoutsos
- Arleen Donaldson
- Sandy Gill
- Rosanne Hawarden
- Priscilla Waetford
- Phyllis Huitema
- Tania Kennedy
- Jim Lindsay
- Bruce McLachlan
- Janet Wilson.
- Barry Martin
- Marjorie Noble
- Michele Peck
- Marjorie Ramos
- Vivien Robinson
- Sue Russ
- Grant Scarf
- Mary Stevens

# Tā matou whaihua a-ahumoni | Our financial performance

## Our finances

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This year we have recorded a small loss of \$11,725.

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

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

In 2023 the Council consulted on, and has implemented, a separate disciplinary levy. This levy is used for meeting costs associated with matters of conduct that are referred to a Professional Conduct Committee (PCC), and the funding of the Health Practitioner Disciplinary Tribunal. The Council is required to pay fees towards the Tribunal even if no cases are brought against a practitioner. This levy is shown in the financial statements as part of income received in advance. The capital assets reserve is used to purchase assets – this is funded by the Council. While the Council does not employ staff or enter into agreements such as leases etc, it is required to pay- and therefore hold- a reserve for capital assets including its practitioner database. The operational reserve for both Council professions is funded by the Annual Practising Certificate (APC) fee. The setting of the APC fee involves considering expected costs associated with the regulatory functions of the RA. This includes consideration of costs associated with complaints, before they are referred to a PCC, as well as matters of competence and health that are referred regarding practitioners.

Each year when considering change to the fees set, the Council reviews its current budget. When it makes a decision around consideration of fees, it looks at the reserves it holds and any prospective issues that need to be actioned and addressed. In 2023-2024 the Council reviewed the fees, and after consultation with the professions, raised its fees. During 2023-2024 an organisational review was undertaken which led to the establishment of a number of roles within MSS. These roles have largely supported the progression of strategic project work. Further, with increased staff there was also the need for increased capital expenditure on equipment to support the work requirements.

Separate to this, while the number of notifications and complaints received each year is difficult to predict, as reported there has been an increase in all matters that have been brought to the Council's attention. These require resourcing to be managed, and there can be associated costs- for example, if a practitioner is referred for a health assessment or competence review. Therefore, the fee structure reflects both external and internal service costs, combined with costs derived from project work designed to enhance the council's practitioner experience, in addition to meeting HPCA requirements.

# Financial report

1 April 2023 - 31 March 2024

Te Kaunihera Putaiao Hauora o Aotearoa | the Medical Sciences Council of New Zealand

## Entity information – for the year ended 31 March 2024

<b>Legal name</b>	Medical Sciences Council of New Zealand
<b>Entity type</b>	Body Corporate and Registered Charity
<b>Charities registration number</b>	CC34594
<b>Entity's purpose or mission</b>	To protect the health and safety of the New Zealand public by providing mechanisms to ensure medical science practitioners and anaesthetic technicians are competent and fit to practise.
<b>Entity structure</b>	An eight-member governance council comprising:  Brett Besley Erolia Rooney Nichola Swain Natasha Packer Ruth Beeston Varsha Desai Judy Campbell Angela Dewhirst
<b>Main method used by entity to raise funds</b>	Practitioners and applicants for registration comprising: fees and levies (refer section 130 and 131 of the Health Practitioners Competence Assurance Act (2003)).
<b>Physical address</b>	Level 7, Perpetual Guardian House, 99 Customhouse Quay, Wellington 6011.
<b>Postal address</b>	PO Box 11-905, Wellington 6142.
<b>Phone</b>	+64 4 801 6250
<b>Email</b>	msc@medsci.co.nz
<b>Website</b>	www.msccouncil.org.nz

## INDEPENDENT AUDITOR'S REPORT

### TO THE READERS OF MEDICAL SCIENCES COUNCIL OF NEW ZEALAND'S PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2024

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 Council 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 2024, the statement of financial performance, and the statement of cash flows for the year ended on that date, and the statement of accounting policies and notes to the performance report.

In our opinion, the performance report of the Council:

- present fairly, in all material respects,
  - its financial position as at 31 March 2024; and
  - its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 29 October 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 performance reports that are fairly presented and that comply with generally accepted accounting practices in New Zealand.

The Council is responsible for such internal control as it determines is necessary to enable the preparation of the performance report that are 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, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

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

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 Council.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the 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 and Section 134(1) of the Health Practitioners Competence Assurance Act 2003.

### **Independence**

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

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



Chrissie Murray  
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General  
Wellington, New Zealand

# Medical Sciences Council of New Zealand

## Statement of Financial Performance

How it was funded and what it cost

for the year ended 31 March 2024

	Note	Actual this year \$	Actual last year \$
<b>Revenue</b>			
Fees, subscriptions and other revenue from practitioners	1	1,659,849	1,522,335
Interest, dividends and other investment revenue	1	87,475	38,917
Other revenue	1	3,016	9,419
<b>Total revenue</b>		<b>1,750,340</b>	<b>1,570,671</b>
<b>Expenses</b>			
Costs related to providing goods or services	2	1,629,901	1,459,357
Other expenses	2	132,164	82,728
<b>Total expenses</b>		<b>1,762,065</b>	<b>1,542,085</b>
<b>Deficit for the year</b>		<b>(11,725)</b>	<b>28,586</b>

# Medical Sciences Council of New Zealand

## Statement of Financial Position

What we own and what we owe

for the year ended 31 March 2024

	Note	Actual this year \$	Actual last year \$
<b>Assets</b>			
<b>Current assets</b>			
Bank accounts and cash	3	1,647,458	1,489,999
Debtors and prepayments	3	187,262	133,315
Other current assets	3	13,932	11,120
Term deposits		1,800,000	1,500,000
<b>Total current assets</b>		<b>3,648,652</b>	<b>3,134,434</b>
<b>Non-current assets</b>			
Shares in MSS	3	50	50
<b>Total non-current assets</b>		<b>50</b>	<b>50</b>
<b>Total assets</b>		<b>3,648,702</b>	<b>3,134,484</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Creditors and accrued expenses	3	228,069	160,720
Income in advance	3	1,653,873	1,157,373
Other current liabilities	3	-	37,906
<b>Total current liabilities</b>		<b>1,881,942</b>	<b>1,355,999</b>
<b>Total liabilities</b>		<b>1,881,942</b>	<b>1,355,999</b>
<b>Total assets less total liabilities (net assets)</b>		<b>1,766,760</b>	<b>1,778,485</b>
<b>Accumulated funds</b>			
Accumulated surpluses		1,766,760	1,778,485
<b>Total accumulated funds</b>		<b>1,766,760</b>	<b>1,778,485</b>

This performance report has been approved by the Board, for and on behalf of the Medical Sciences Council of New Zealand:

Date: 18/10/2024

Signature:



Name: Brett Besley  
Position: Council Chair

Date: 18/10/2024

Signature:



Name: Dr Susan Calvert  
Position: Chief Executive



# Medical Sciences Council of New Zealand

## Statement of Cash Flows

How we received and used cash

for the year ended 31 March 2024

	Actual this year \$	Actual last year \$
<b>Cash flows from operating activities</b>		
<b>Cash was received from:</b>		
Fees, subscriptions and other receipts from practitioners	2,159,745	1,512,976
Interest, dividends and other investment receipts	81,098	34,889
Net GST		
<b>Cash was applied to:</b>		
Payments to suppliers and employees	(1,783,384)	(1,510,275)
Cash advanced to related parties	-	(50,000)
<b>Net cash flows from operating activities</b>	<b>457,459</b>	<b>(12,410)</b>
<b>Cash flows from investing and financing activities</b>		
<b>Cash was received from:</b>		
Term deposits	(300,000)	200,000
<b>Net cash flows from investing and financing activities</b>	<b>(300,000)</b>	<b>200,000</b>
<b>Net (decrease) / increase in cash</b>	<b>157,459</b>	<b>187,590</b>
<b>Opening cash</b>	<b>1,489,999</b>	<b>1,302,409</b>
<b>Closing cash</b>	<b>1,647,458</b>	<b>1,489,999</b>
<b>This is represented by:</b>		
Bank accounts and cash	<b>1,647,458</b>	<b>1,489,999</b>

# Medical Sciences Council of New Zealand

Statement of Accounting Policies

How we did our accounting

**for the year ended 31 March 2024**

## Basis of preparation

The 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.

The 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

There have been no changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.

## 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

The 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 an onerous lease, or in the year of any adjustment to the value of the lease. The onerous lease was paid in full in May 2023 and no outstanding balance remaining.

## 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 2024

## Note 1: Analysis of revenue

Revenue Item	Analysis	This year	Last year
		\$	\$
Fees, subscriptions and other revenue from members	Registration	244,953	211,580
	APC	1,281,650	1,258,177
	Online exam fees	133,246	51,418
	Interest	87,475	38,917
	Other	3,016	10,579
	<b>Total</b>		<b>1,750,340</b>

## Note 2: Analysis of expenses

Expense Item	Analysis	This year	Last year
		\$	\$
Costs relating to providing goods or services	MSS provides services	1,396,061	1,150,025
	MSS arranged services *	(21,469)	74,796
	Board member fees	165,973	144,354
	Catering	2,505	327
	Conferences, workshops, seminars	1,406	3,000
	Consultancy fees	1,125	-
	Examinations, assessors, registrations	15,735	31,130
	Insurance	12,950	12,045
	IT	-	286
	PCC-personnel costs and expenses	42,366	33,711
	Printing and stationery	1,217	1,129
	Projects	-	1,409
	Publications	-	1,827
	Staff training	300	-
	Travel and accommodation	11,732	5,318
<b>Total</b>		<b>1,629,901</b>	<b>1,459,357</b>

\*MSS arranged services are negative for the year as MSS carried out office renovations. This was initially expenses via monthly recharges, however, as some of these movements were capital in nature, they were then capitalised in MSS, with the final washup resulting in a negative figure for MSS arranged services.

Revenue item	Analysis	This year	Last year
		\$	\$
Other expenses	Audit fees	8,482	16,577
	Bank charges	27,562	34,588
	General expenses	3,980	1,577
	Legal fees	92,140	29,986
	<b>Total</b>		<b>132,164</b>

# Medical Sciences Council of New Zealand

Notes to the Performance Report  
for the year ended 31 March 2024

## Note 3: Analysis of assets and liabilities

### Revenue item

Bank accounts and cash

### Analysis

Westpac working

Westpac working AT

Westpac saving

### Total

This year

\$

1,063,578

578,225

5,655

**1,647,458**

Last year

\$

962,284

522,208

5,507

**1,489,999**

### Asset item

Debtors and prepayments

### Analysis

Prepayments

Intercompany

Debtors

### Total

This year

\$

23,845

127,347

36,070

**187,262**

Last year

\$

700

100,110

32,505

**133,315**

### Asset item

Other current assets

### Analysis

Accrued income

### Total

This year

\$

13,932

**13,932**

Last year

\$

11,120

**11,120**

### Asset item

Investments

### Analysis

Shares in MSS

### Total

This year

\$

50

**50**

Last year

\$

50

**50**

### Liability item

Creditors and accrued expenses

### Analysis

Accounts payable

GST

Accrued expenses

Withholding tax (WHT)

### Total

This year

\$

5,191

195,545

21,747

5,586

**228,069**

Last year

\$

910

124,825

27,559

7,426

**160,720**

### Liability item

Income in advance

### Analysis

Practitioner fees relating to 2024/2025

### Total

This year

\$

1,653,873

**1,653,873**

Last year

\$

1,157,373

**1,157,373**

### Liability item

Other liabilities

### Analysis

Provision for onerous lease

### Total

This year

\$

-

-

Last year

\$

37,906

**37,906**

# Medical Sciences Council of New Zealand

Notes to the Performance Report  
for the year ended 31 March 2024

## Note 4: Accumulated funds

### This year

#### Description

	Accumulated surpluses \$	Total \$
Opening balance	1,778,485	1,778,485
Surplus	(11,725)	(11,725)
Closing balance	1,766,760	1,766,760

### Last year

#### Description

	Accumulated surpluses \$	Total \$
Opening balance	1,749,899	1,749,899
Surplus	28,586	28,586
Closing balance	1,778,485	1,778,485

## Note 5: Commitments and contingencies

### Commitment

### Explanation and timing

		At balance date This year \$	At balance date Last year \$
Lease commitment: 99 Customhouse Quay, Wellington	Current portion	73,070	73,070
	Non-current portion	131,262	208,418
		<b>204,332</b>	<b>281,488</b>
Onerous lease commitment: 80 The Terrace, Wellington	Current portion	-	37,906
		-	<b>37,906</b>
Photocopier lease	Current portion	1,404	1,404
	Non-current portion	-	1,404
		<b>1,404</b>	<b>2,808</b>

### Commitments

The 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 the Pharmacy Council of New Zealand (five Health Regulatory Authorities), all of whom have joint and several liability. This has been fully paid in May 2023.

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

# Medical Sciences Council of New Zealand

Notes to the Performance Report  
for the year ended 31 March 2024

## Notes 6 - 9

### Note 6: Related party transactions

	Description of the transaction	This year \$	Last year \$	This year \$	Last year \$
Description of related party relationship	(whether in cash or amount in kind)	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 the Medical Sciences Secretariat Ltd.	Secretariat services	1,247,399	1,150,023	128,276	120,842
	Brett Besley	38,805	38,411	2,923	4,148
	Varsha Desai	6,716	9,749	-	-
	Emolia Rooney	20,847	23,564	263	1,050
	Angela Dewhirst	16,056	18,594	131	1,181
	Judy Campbell	12,994	10,063	-	-
Members of the Board of Medical Sciences Council of New Zealand are directors of Medical Sciences Secretariat Ltd.	Nicola Swain	19,775	23,319	1,138	2,450
	Natasha Packer	11,200	14,809	87	1,181
	Ruth Beeston	11,738	13,957	787	791

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

There were no other transactions involving related parties during the financial year (Last year - nil). The Medical Sciences Secretariat Ltd processed payments valued at \$235,412 in total on behalf of the Medical Sciences Council and the Medical Radiation Technologists Board as their agent (Last year - \$217,577). Commencing April 2022 the Medical Sciences Council and the Medical Radiation Technologists Board directly paid their costs where applicable.

Included in the above table are the Medical Sciences Secretariat Board fees for the following: Brett Besley \$5,950; Erolia Rooney \$11,397; Nicola Swain \$8,400.

### Note 7: Events after the balance date

There were no events that have occurred after the balance date that would have a material impact on the performance report (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 \$1,632,676 (Last year - \$1,157,373).

### Note 9: Ability to continue operating

The entity will continue to operate for the foreseeable future.



**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

