

MEDICAL  
COUNCIL  
of NEW ZEALAND



# 2015 Annual Report

Medical Council of New Zealand

Protecting the public, promoting good medical practice  
Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

# 2005

## Facts at a glance

1 July 2004 – 30 June 2005

### Newly registered doctors

– Trained in New Zealand 311

– International medical graduates 1,434

Total practising doctors at 30 June 2005 11,029

Doctors holding vocational scopes 7,026

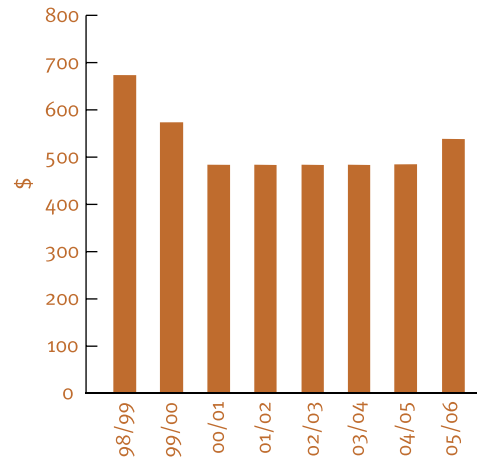
Candidates who sat NZREX clinical 145

Candidate passes in NZREX clinical 68

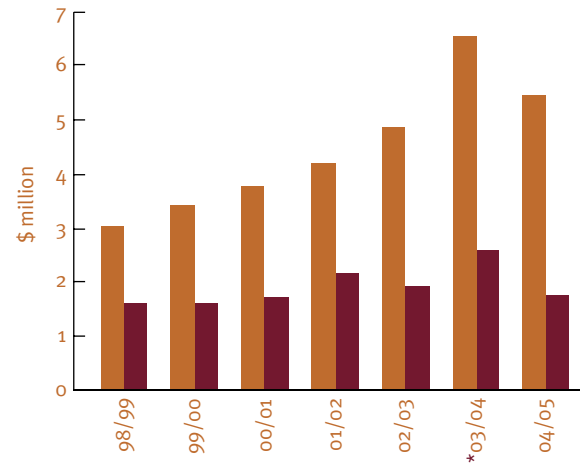
Complaints assessment/professional conduct committees 9

Referrals to competence/performance for consideration 41

Competence/performance reviews 20



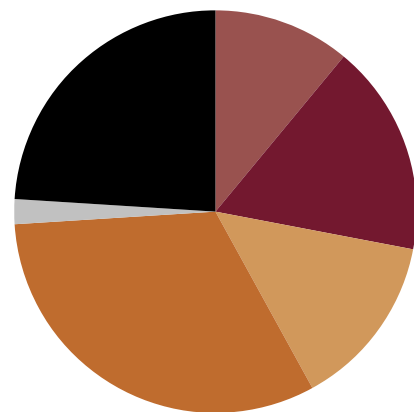
Annual Practising Certificate Fee



General fund  
Complaints investigation & prosecution fund

Note: \*15 month period

### Summary of Expenditure



- Education – 11%
- Health – 17%
- Professional standards – 14%
- Registration – 32%
- Workforce survey – 2%
- Complaints investigation & prosecution – 24%

Total Expenditure \$7,223,289

# Contents

- 2 Members of the Council at 30 June 2005
- 4 Chairperson's foreword
- 5 Chief Executive's introduction
- 7 Significant activities
  - 8 Medical education
  - 9 Doctors' health
  - 10 Registration of doctors
  - 24 Examinations
  - 26 Professional standards
  - 28 Complaints
  - 30 Tribunal activities (for doctors only)
- 32 Medical workforce survey
- 33 Corporate governance
- 34 Council committees
- 35 Finance
  - 36 Auditor's report
  - 37 Financial statements
- 49 Council office

The Medical Council of New Zealand is pleased to submit this report for the year ending 30 June 2005 to the Minister of Health. The report is presented in accordance with section 134 of the Health Practitioners Competence Assurance Act 2003 and incorporates a report on the Tribunal's activities (for doctors only).

# Members of the Medical Council at 30 June 2005



**Professor John Campbell**  
MB ChB, MD Otago, DipObst,  
MRACP, FRACP

Since 1980, Professor Campbell has been a consultant physician in geriatric medicine with the Otago District Health Board. He has been professor of geriatric medicine at Otago Medical School since 1984. Between 1995 and 2005 he was dean of Otago University's faculty of medicine. Professor Campbell joined Council in 2001 and is the current chairperson. Professor Campbell has numerous professional affiliations. He was a member of the National Advisory Committee on Health and Disability, and is now a member of the Medical Reference Group. Professor Campbell has convened or been a member of government committees on services for the elderly and currently chairs the Health Regulatory Authorities of New Zealand.



**Dr Barnett Bond**  
MB ChB, FRNZCGP

Dr Bond has worked in rural general practice for 23 years. He was part of a small group practice in the rural Waikato from 1977 to 1994 where he had a large obstetric practice and was a teacher in the family medicine training programme. In 1983 he did a year of anaesthetic training in the United Kingdom and then gave two sessions of general anaesthetics each week at the Matamata's Pohlen Hospital until 1994. Dr Bond has done locums in a remote part of Newfoundland and in a small mission hospital in western Thailand. He currently has a general practice on Waiheke Island. Dr Bond is chair of the Audit Committee.



**Dr Kate O'Connor**  
BHB, MB ChB, FRANZCR

Dr O'Connor graduated from Auckland University in 1995 and completed her vocational training in diagnostic radiology in 2002. She worked as a house officer in Waikato and Tauranga hospitals and as a registrar in all the public hospitals in Auckland. During that time she served on the national executive of the New Zealand Resident Doctors' Association for six years, including two years as national president. Dr O'Connor is currently a radiologist at Middlemore Hospital and with the Auckland Radiology Group. She was elected to Council in 2003 and is a member of Council's Health Committee.



**Dr Joanna MacDonald**  
MB ChB, FRANZCP

Dr MacDonald graduated from Otago University in 1978, was vocationally registered in psychiatry in 1986, and has since worked in psychiatry in the public health system. She is a senior lecturer in the department of psychological medicine at the Wellington School of Medicine and Health Sciences and works clinically with the Porirua community mental health team. Dr MacDonald has extensive experience in psychiatry. She spent six years on the Examination Committee of the Royal Australian and New Zealand College of Psychiatrists and a further seven years as an ex-officio member of the committee and chair of its case history subcommittee. She is chairperson of Council's Health Committee.



**Dr Deborah Read**  
MB ChB, Dip Com Health,  
MCCM (NZ), FAFPHM (RACP)

Dr Read is a public health physician with a special interest in environmental health. She currently works as a consultant for a number of public sector organisations and part time as a medical officer of health for the Hutt Valley District Health Board. Her public health medicine career has included positions with the Wellington School of Medicine, the former Public Health Commission and Central Regional Health Authority, MidCentral Health and the Environmental Risk Management Authority New Zealand. Dr Read is an honorary research fellow at the Centre for Public Health Research, Massey University, and has been the recipient of a World Health Organisation fellowship in environmental health. Dr Read is chairperson of the Education Committee and deputy chairperson of Council.



**Mrs Heather Thomson**

Mrs Thomson is in her second term as a public member of Council. She has been a public member on many boards including the Cartwright Committee, the Public Health Commission, the Maori Health Commission and the Bay of Plenty District Health Board. Currently manager for Rural Health Services Eastern Bay, Mrs Thomson lives in Whitianga Bay, 50 kilometres east of Opotiki. Her interest in health has been mainly in health management, the development of services for Maori, and community and rural development. Her hapu is Ngati Paeakau; her iwi te Whanau a Apanui. Mrs Thomson is a member of Council's Audit Committee and Health Committee.



**Dr Philip Barham**

MB ChB, Dip Obst, MHP Ed NSW, MRNZCGP, FRNZCGP, MRCCGP

Dr Barham has been involved in educational and examination roles with the Council since the late 1980s and was elected to Council in 2001. From 1962 to 1978 Dr Barham ran a general practice in Dargaville. He then became the foundation director of the Goodfellow Unit at the University of Auckland, an organisation he built up over 20 years. Dr Barham recently chaired a reference group on a medical training programme for rural general practice. He is currently a member of Council's Health Committee and Education Committee.



**Ms Jean Hera**

NZ Certificate in Science, Bachelor of Social Work (Hons), PhD, MANZASW

Ms Hera is a community health worker/coordinator at Palmerston North Women's Health Collective and provides professional supervision to social and community workers. Previously, she was a tutor in the social policy and social work department of Massey University, the department through which she completed her PhD. Ms Hera is currently completing a postgraduate diploma in social service supervision at Massey. She is a member of the Education Committee.



**Dr Peter Moller**

MNZM, MB ChB, MRCPed, MRCP, FRACP

Dr Moller was appointed to Council by the Minister of Health in March 2005 following the resignation of Dr Pippa MacKay in 2004. Dr Moller has worked as a junior doctor in Auckland, New Plymouth, rural India and England, and in general practice in New Zealand and London. He specialised in rheumatology and worked in Dunedin and Christchurch as a member of Otago University's department of medicine until 2004. Dr Moller was chair of the Canterbury Association of Physicians from 1992 to 1998, and a member of the Medicines Assessment Advisory Committee of the Ministry of Health from 1974 to 1994. He has been an advisor to the pharmaceutical industry and was a member of the editorial board of the *New Zealand Medical Journal* from 1999 to 2001. Dr Moller is currently a rheumatologist in Christchurch. He is a member of Council's Education Committee.



**Ms Liz Hird**

LLB (Hons)

Ms Hird has been a barrister since 1987. She has a wide-ranging commercial and administrative law practice. Ms Hird has had a long involvement in community health, beginning with the founding of the Otaki Women's Health Group in 1987. She was also an initial member of the Otaki community health committee of the Area Health Board and founding trustee and chair of the Otaki Community Health Trust. Ms Hird is a member of the Otaki Primary Health Organisation (PHO) steering committee and is also national legal adviser to Health Care Aotearoa (Inc), a network of community primary health providers and PHOs. In 2002 she was appointed district inspector of mental health services for MidCentral District Health Board and in 2004 was appointed district inspector for intellectually disabled services for the lower half of the North Island. Ms Hird is a member of Council's Audit and Education Committees.



# Chairperson's Foreword

The year has been one of considerable change for the Council as it focused on implementing changes required by the introduction of the Health Practitioners Competence Assurance Act 2003 (HPCAA). The Council devoted considerable resources to changing existing policies, particularly in the areas of registration and audit of recertification.

Today the Council is the body that registers doctors, maintains competence and standards, and provides guidance to the profession. It is no longer involved in complaints investigation or discipline.

The transition to the new legislation was achieved with a minimum of disturbance to the profession and this was due to the hard work of the Council's chief executive, Sue Ineson, and her staff.

In February, the Council met to reflect on its performance against the strategic plan *Towards 2005* and develop new strategies for the next five years, in light of the changes that will affect the profession both nationally and globally.

The new strategies reflect the Council's statutory role as set out in the Health Practitioners Competence Assurance Act 2003 (HPCAA) and its desire to be a world leader in medical regulation.

The Council's strategic goals *Towards 2010* are:

- implement mechanisms to ensure doctors are competent and fit to practise
- improve public understanding of the Council and its role in implementing the primary purpose of the HPCAA
- improve standards of practice and maintain self-regulation with input from the public, the profession and stakeholders
- increase awareness of medical regulatory and workforce issues both in New Zealand and globally.

The Council responds to media enquiries about its policies and consultation documents, and about individual doctors. We are constrained in what we can publicly disclose about doctors because of confidentiality and privacy issues. As a matter of policy, the Council does not discuss individual doctors or cases but we try to give background material whenever possible so that the media report stories accurately.

The Council has continued to play an active part in the activities of the Health Regulatory Authorities of New Zealand (HRANZ) and in April, I was appointed chair. HRANZ is a useful forum for all registering authorities to discuss matters of mutual interest and identify best practice.

In March, we welcomed the appointment by the former Minister of Health, the Hon Annette King, of Dr Peter Moller as a member of Council.

I would like to thank both Council members and staff for their achievements over the past year in maintaining the functions of the Council so effectively while also implementing the many changes arising from the HPCAA.

John Campbell  
Chairperson

# Chief Executive's Introduction



In last year's annual report I referred to the need for the Council to consolidate and build on the changes brought about by the HPCAA legislation.

In the registration area of the Council office, the main task has been implementing the HPCAA. In late 2004 the workload was huge – developing new processes and systems within agreed policies and answering enquiries from doctors adjusting to the new regime, as well as the usual end-of-year pressures.

Since then we have focused on consolidating work already achieved and fine-tuning the pathways, policies and procedures in the face of increased enquiries from doctors, employers and agencies as they adjust to the new regime.

In the annual practising certificate area, the Council ensured mechanisms were in place for auditing continuing professional development.

In the competence or performance area, emphasis has been on building on the colleague, patient and self questionnaire trials with members of Council, the New Zealand Orthopaedic Association, and the Royal New Zealand College of General Practitioners (RNZCGP), among others. These bodies have been involved in trialing the processes for the screening pilot – the performance evaluation programme (PEP) – which will be used to check compliance with continuing professional development.

I would like to thank Council members, the New Zealand Orthopaedic Association, the RNZCGP and the others involved in trialing and developing the PEP.

In the area of education, Council has been developing a memorandum of understanding with the universities on fitness-to-practise issues and consolidated vocational branch reaccreditation processes. It also has ongoing involvement in the development of a vocational branch for doctors working in rural hospitals.

In the health area, extra resourcing has meant the health team could reduce a backlog of cases with the aim of enabling doctors to keep practising whenever possible. Council's experience is that early intervention usually enables doctors with a treatable illness to keep practising safely while receiving treatment.

In February, we held half-day consultation meetings open to all doctors, College representatives, consumer groups and provider organisations to discuss the Council's draft cultural competence document. The consultation has proved a useful means of involving stakeholders and others in the development of Council policy, and allowing Council to learn from others' views.

We also held meetings with various stakeholder groups to look at ways of resolving concerns about the practice of cosmetic and appearance medicine.

In addition, the Council staff met periodically with doctors throughout the country to explain the HPCAA, as well as with community groups to outline our role and functions.

The Council also asked for comments on proposed amendments to its statement on internet medicine.

We revised the following definitions to meet the requirements of the HPCAA:

- practice of medicine
- fitness to practise
- clinical practice and non-clinical practice.

We also either developed or revised the following statements during the year:

- *Complementary and alternative medicine*
- *Disclosure of harm*
- *Ending a doctor-patient relationship*

- *Responsibilities of doctors in management and governance*
- *Statement on employment of doctors and the Health Practitioners Competence Assurance Act 2003*
- *The doctor's duty to help in an emergency.*

The Council actively sought feedback from the profession, stakeholders, and consumer groups on the following draft consultation documents:

- *Assuring medical practitioners' cultural competence* – a discussion document produced for the Council by the Health Services Research Centre / Te Hikuwai Rangahau Hauora, School of Government, Victoria University of Wellington
- a draft statement on complementary and alternative medicine
- a draft statement on Primary Health Organisations (PHOs), doctors, and the HPCAA
- a proposed statement on the transfer of patient care.

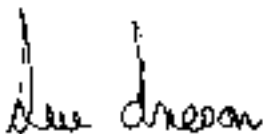
The Council has spent considerable time discussing with the Ministry of Health the detail of data provision and data access agreements for the Health Practitioner Index.

We have been contracted by four boards to deliver executive officer services for the Health Practitioners Disciplinary Tribunal. They are the Midwifery Council, the Medical Laboratory Science Board, the Occupational Therapists Board, and the Optometrists and Dispensing Opticians Board.

Council members and staff met for a strategic planning day to map out our priorities, objectives and goals for the next five years. We also took the opportunity to hold a half-day workshop on the media. Ms Rae Lamb, health correspondent for Radio New Zealand and Mr Jonathan Coates, the Council's external legal adviser, gave valuable advice about and insight into the dilemmas Council faces in trying to meet media demands while maintaining the confidence of the profession.

The Council operation for the year to 30 June 2005 showed a deficit of \$501,528 compared to the budgeted deficit of \$758,000. In more recent years, by retaining an unchanged annual practising certificate fee, Council has budgeted for and operated deficits to reduce reserves to that of policy.

I would like to thank both staff and Council for their support and the professionalism they have shown in enabling the Council to meet the challenges of the HPCAA.



Sue Ineson  
Chief Executive



# The purpose of the Council is to ensure that medical practitioners are competent to practise medicine in order to protect and promote public health and safety.

Our four strategic goals are to:

- implement mechanisms to ensure doctors are competent to practise
- enhance understanding of the Council and its role to implement the primary purpose of the Medical Practitioners Act 1995 and Health Practitioners Competence Assurance Act 2003
- facilitate self-regulation of the profession in partnership with the public
- raise awareness about medical workforce issues.

## Significant activities

- 8 Medical education
- 9 Doctors' health
- 10 Registration of doctors
- 24 Examinations
- 26 Professional standards
- 28 Complaints
- 30 Tribunal

# Medical education

Principal activities: accreditation of medical schools, assessing teaching and learning environments in hospitals for interns, maintaining a network of intern supervisors, setting policy on the intern and pre-vocational years, considering applications for recognition and then reaccreditation of vocational scopes of practice, and approving recertification programmes.

Total cost: \$818,565

## Our focus on medical standards and public safety begins with the education of a doctor.

We have three major areas of responsibility:

- accreditation of medical schools and medical school courses in conjunction with the Australian Medical Council
- education, training and supervision during a doctor's intern year
- vocational education, training and accreditation and reaccreditation of branch advisory bodies (BABs) and colleges.

The Education Committee is made up of medical professionals and educators. It includes two resident medical officers who provide an important perspective as recent graduates.

## Accreditation

The Australian Medical Council (with New Zealand representation) has visited Auckland University's faculty of medical and health sciences and the Otago School of Medical Sciences as part of the accreditation process.

As part of the Council's ongoing accreditation process this year, Council members and staff visited 15 hospitals throughout New Zealand to ensure teaching standards were being maintained. All the hospitals were subsequently accredited.

The Council is currently considering one application for recognition of a new vocational scope of practice and has carried out three full reaccreditation reviews. We are also monitoring the progress of recently reaccredited branches that report to us periodically on areas of concern we had with their training or recertification programmes.

## Summer studentships

The Council awarded four summer studentships, each of \$5,000, with the aim of increasing medical students' awareness of the Council's work and their knowledge of good medical practice, and introducing them to the research methods necessary to publish their findings.

Studentships for research on the following topics were awarded to the students named below:

- *The ageing academic workforce* – Mike Foss
- *Cultural competency of health professionals: Is Asian health being considered?* – Jerusha Padayachee
- *Integrating overseas doctors into the New Zealand medical system* – Ruth Upsell
- *Role modelling professional behaviour as a dynamic application of the hidden curriculum* – Rosemary Wyber.

# Doctors' health

Principal activities: considering the cases of doctors with possible health conditions, establishing treatment and monitoring programmes for doctors whose health conditions affect their fitness to practise, and promotion of doctors' health.

Total cost: \$1,212,688

The Council aims to protect patients by the appropriate management of doctors who, because of some mental or physical condition, may not be fit to practise.

Doctors, like the general population, can suffer from a range of afflictions including drug and alcohol dependence, psychiatric problems and a wide range of physical disorders, all of which can impact on their performance.

The Health Committee received 72 new referrals of doctors during the year. Of these, 15 doctors were involved in a high support programme and 29 needed a lower level of support. Another 28 cases were closed.

In addition, the Council continued to monitor 158 doctors from the previous year. Of these, 59 were in a high-level programme, 65 were monitored at a lower level and 34 files were closed.

The total number of doctors monitored for the year was 168.

A high-level support programme involves the regular review and follow-up of a doctor's health by the Health Committee. A low level programme involves the periodic monitoring of a doctor's health, often through progress reports from his or her treatment team.

In August, the Council held a training day for the independent assessors who examine doctors referred to them by the Health Committee.

The Council continues to work closely with the Doctors' Health Advisory Service.

## 1. Doctors' health statistics

1 July 2004 – 30 June 2005

	2004-05
<b>New referrals received</b>	72
High-level monitoring	15
Low-level monitoring	29
Closed	28
<b>Total</b>	<b>44</b>
<b>Monitoring continued from previous years</b>	158
High-level monitoring	59
Low-level monitoring	65
Closed	34
	<b>124</b>
<b>Total</b>	<b>168</b>

# Registration of doctors

**Principal activities:** maintaining the medical register, considering applications for registration, issuing annual practising certificates and certificates of good standing, and registration policy development.

**Total cost:** \$2,318,352

Registration is the core business of the Council. It assures the public that a doctor whose name appears on the medical register has met an appropriate standard for medical practice in New Zealand. The register is publicly available online. It protects both the public and the integrity of the profession by ensuring that entry and continuing registration are granted only after the necessary standards have been reached.

Key registration statistics for the year ended 30 June 2005:

- 1,434 international medical graduates (overseas trained doctors) were registered
- 311 New Zealand graduates were registered
- 471 doctors were granted registration within a vocational scope
- 13,951 doctors were on the medical register, of whom 11,029 held a current annual practising certificate (APC)
- 1,679 'new' doctors were registered from 56 countries, including 301 from New Zealand.

With the introduction of the HPCAA in September 2004, the types of registration changed from those under the Medical Practitioners Act (MPA) and 'scopes of practice' eg, provisional general, were established. This report's registration statistics reflect these changes.

## Protecting public health and safety

The Council's legislative role is to protect public health and safety by ensuring doctors are competent and fit to practise medicine. Recent overseas cases have highlighted the need to thoroughly check all doctors' credentials when they apply for registration. In the interests of public safety, the Council has consequently tightened its registration procedures.

Since May 2005, applications for registration have required:

- Certificates of Good Standing (CGS) issued by the regulatory authority from each country or state the applicant has worked in as a doctor during the previous three years
- three references from senior medical colleagues with verbal contact or other direct check made by the employer or agent.

Once an international medical graduate is registered in New Zealand, the Council's final method of checking the doctor is competent and fit to practise safely is the requirement that he or she works under supervision for at least 12 months.

## Electronic exchange of Certificates of Good Standing

The Council has formalised the electronic exchange of CGSs with the General Medical Council in the United Kingdom and has extended the exchange of electronic CGS to its counterparts in South Africa, South Australia and Ireland and the Delhi Medical Council. The Council is also looking at ways of increasing the amount of information exchanged with the General Medical Council to help with verification of the identity and credentials of doctors moving from the United Kingdom to New Zealand. These initiatives are part of the International Association of Medical Regulatory Authorities' fast-track credentialing project.

## 2. Summary of registration scopes

At 30 June 2005

	<b>2005</b>
Provisional general	1,107
General	5,568
Provisional vocational	205
Vocational	6,792
Special purpose	71
Temporary	205
Total practising	11,029
Suspended	3
Total on register	13,951

Note: Doctors holding more than one registration status concurrently have been counted once for the purpose of producing these tables. This is a change from the way this was recorded in previous years. The new way of recording registration scopes is due to changes in registration pathways introduced with the HPCAA.

### 3. Registration activities

1 July 2004 – 30 June 2005

<b>Probationary registration issued (MPA)</b>		<b>Number</b>
Class 1	New Zealand graduates (interns)	4
Class 2	Overseas graduates (NZREX passes)	32
Class 3	Overseas graduates (eligible for vocational registration)	13
Class 4	Overseas graduates (suitable for assessment – vocational registration)	11
Class 7	Vocational training	14
Class 8	Graduates of General Medical Council (GMC) accredited medical schools	30
Variations		43
<b>Provisional general/vocational issued (HPCAA)</b>		
New Zealand graduates (interns)		295
Australian graduates (interns)		3
Approved examination passes		58
Graduate of competent authority accredited medical schools		414
Worked in comparable health system		82
Transitional		158
Non-approved postgraduate qualification – vocational assessment		31
Non-approved postgraduate qualification – vocational eligible		24
Approved postgraduate qualification – vocational eligible		3
Approved BAB training programme		3
Variations		270
<b>General registration issued</b>		
New Zealand graduates		11
Overseas graduates		56
Reinstatements		47
<b>Temporary certificates issued (MPA)</b>		
Class 1	Visiting teacher	6
Class 2	Training and research	16
Class 3	Service provision	360
Extensions		148
<b>Special purpose scope issued (HPCAA)</b>		
Visiting expert		6
Training and research		40
Locum tenens in specialist post		75
Emergencies or other unpredictable short-term situation		1
Extensions		14

<b>General registration after completion of probationary period</b>	<b>Number</b>
Class 1 New Zealand and overseas graduates (interns)	7
Class 2 Overseas graduates (NZREX passes)	22
Class 3 Overseas graduates (eligible for vocational registration)	13
Class 4 Overseas graduates (suitable for assessment – vocational registration)	4
Class 5 New Zealand and overseas graduates (reregistration following erasure)	2
Class 7 Rural service provision and vocational training	5
Class 8 Graduates of GMC – accredited medical schools	24
Class 9 Exceptions to policy	2
Temporary eligible for probationary, completed 12 months supervised practice	4
<b>General scope after completion of provisional period</b>	
New Zealand/Australian graduates (interns)	280
Approved examinations passed	35
Graduate of competent authority accredited medical school	61
Worked in comparable health system	3
Transitional	9
Non-approved postgraduate qualification – vocational assessment	4
Non-approved postgraduate qualification – vocational eligible	15
Approved BAB training programme	15
Temporary – completed 12 months supervised practice	15
<b>Vocational scope after completion of provisional period</b>	
Non-approved postgraduate qualification – vocational assessment	18
Non-approved postgraduate qualification – vocational eligible	42
Approved postgraduate qualification – vocational eligible	5
Approved BAB training programme	4
<b>Additions to vocational register</b>	471
<b>Amendments to register</b>	
Change of address	2,647
Change of name	60
Additional qualifications	408
<b>Suspensions</b>	
Suspended or interim suspension	–
Revocation of suspension	–
<b>Conditions</b>	
Imposed	134
Revoked	43
<b>Removals (MPA)</b>	
Death s.43	6
Discipline order s.110(1)(a)/46(3)(c)	1
Failure to notify change of address s.42(2)	5
Non-resident doctors s.45(1)(c)	210
At own request s.44(1)	12

<b>Cancellations (HPCAA)</b>	<b>Number</b>
Death s.143	36
Discipline order s.101(1)(a)	1
False, misleading or not entitled s.146	1
Revision of register s.144(5)	–
At own request s.142	75
MPA temporary s.203(3)	1
MPA interim s.204(3)	1
<b>Annual practising certificates</b>	<b>13,064</b>
<b>Certificates of good standing</b>	<b>1,101</b>
<b>Certificates of registration</b>	<b>27</b>
<b>Confirmation of standing</b>	<b>136</b>
<b>Reprints of practising certificate</b>	<b>104</b>



#### 4. New Zealand vocational register

1 July 2004 – 30 June 2005

Vocational scope	Vocational registration at 30/6/2004 <sup>1</sup>	Added 2004/05	Removed 2004/05	Net change	Vocational scope at 30/6/2005 <sup>1,2</sup>
Accident and medical practice	103	6	1	5	108
Anaesthesia	491	45	14	31	522
Breast medicine	4	1	–	1	5
Cardiothoracic surgery	27	–	1	-1	26
Clinical genetics	1	4	–	4	5
Dermatology	48	4	1	3	51
Diagnostic and interventional radiology	278	21	8	13	291
Emergency medicine	69	23	–	23	92
Family planning and reproductive health	24	–	–	–	24
General practice	2,510	138	43	95	2,605
General surgery	250	14	8	6	256
Intensive care medicine	52	1	2	-1	51
Internal medicine	724	42	19	23	747
Medical administration	12	2	1	1	13
Musculoskeletal medicine	16	4	–	4	20
Neurosurgery	17	–	–	–	17
Obstetrics and gynaecology	273	10	11	-1	272
Occupational medicine	41	2	1	1	42
Ophthalmology	122	7	4	3	125
Oral and maxillofacial surgery	–	10	–	10	10
Orthopaedic surgery	206	18	4	14	220
Otolaryngology head and neck surgery	92	5	–	5	97
Paediatric surgery	17	–	–	–	17
Paediatrics	239	16	8	8	247
Palliative medicine	28	4	–	4	32
Pathology	249	22	12	10	259
Plastic and reconstructive surgery	48	3	3	–	48
Psychiatry	453	50	13	37	490
Public health medicine	167	11	7	4	171
Radiation oncology	49	2	–	2	51
Rehabilitation medicine	11	–	–	–	11
Sexual health medicine	17	1	–	1	18
Sports medicine	10	1	–	1	11
Urology	52	2	1	1	53
Vascular surgery	17	2	–	2	19
Venereology	7	–	7	-7	–
<b>Total</b>	<b>6,724</b>	<b>471</b>	<b>169</b>	<b>302</b>	<b>7,026</b>

1. Includes doctors who may currently be inactive (have no APC).

2. 232 doctors registered within two vocational scopes and one doctor registered within three vocational scopes.

**5. Registration issued by country of primary qualification**  
1 July 2004 – 30 June 2005

Country	Probationary – MPA							Provisional general – HPCAA					
	Class 1	2	3	4	7	8	Total	NZ/Aust graduates	Exams	Competent authority	Comparable health system	Transitional	Total
Australia	-	-	-	-	-	-	-	3	-	-	-	-	3
Austria	-	-	-	-	-	-	-	-	-	-	1	-	1
Bangladesh	-	4	-	-	-	-	4	-	6	-	-	-	6
Belgium	-	-	-	-	1	-	1	-	-	-	2	-	2
Canada	-	-	-	-	2	-	2	-	-	-	12	6	18
China	-	4	-	-	-	-	4	-	8	-	-	-	8
Czech Republic	-	-	-	-	-	-	-	-	1	-	-	1	2
Denmark	-	-	-	-	-	-	-	-	-	-	-	-	-
Dominican Republic	-	-	-	-	-	-	-	-	-	-	-	1	1
Egypt	-	3	-	-	-	-	3	-	4	-	1	4	9
England	-	-	4	-	-	21	25	-	-	279	-	-	279
Ethiopia	-	-	-	-	-	-	-	-	-	-	-	-	-
Fiji	-	-	-	-	-	-	-	-	-	-	-	2	2
France	-	-	-	-	-	-	-	-	-	-	-	1	1
Georgia	-	-	-	-	-	-	-	-	1	-	-	1	2
Germany	-	-	1	2	-	-	3	-	1	-	13	5	19
Ghana	-	-	-	-	-	-	-	-	-	-	-	1	1
Greece	-	-	-	-	-	-	-	-	-	-	-	-	-
Grenada	-	-	-	-	-	-	-	-	-	-	1	-	1
Hungary	-	-	-	-	-	-	-	-	-	-	-	1	1
Iceland	-	-	-	-	-	-	-	-	-	-	-	-	-
India	-	4	1	3	-	-	8	-	12	-	5	10	27
Iraq	-	1	-	-	-	-	1	-	7	-	-	-	7
Ireland	-	-	-	-	-	5	5	-	-	33	-	1	34
Italy	-	-	-	-	-	-	-	-	-	-	2	-	2
Japan	-	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaysia	-	-	-	-	-	-	-	-	1	-	-	-	1
Malta	-	-	-	-	-	-	-	-	-	-	-	-	-
Myanmar	-	1	-	-	-	-	1	-	1	-	-	1	2
Netherlands	-	1	-	-	-	-	1	-	1	-	3	-	4
New Zealand	4	-	-	-	-	-	4	295	-	-	-	-	295
Northern Ireland	-	-	-	-	-	-	-	-	-	5	-	-	5
Pakistan	-	1	-	1	-	-	2	-	-	-	1	4	5
Papua New Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-
Philippines	-	1	-	1	-	-	2	-	5	-	2	3	10

Provisional vocational – HPCAA					Temporary – MPA				Special purpose – HPCAA						
Non-app post-grad qual voc assessment	Non-app post-grad qual voc eligible	App post-grad qual voc eligible	BAB training programme	Total	Class 1	2	3	Total	Visiting expert	Sponsored trainee	Research	Post-grad training/exp	Locum tenens	Emergencies	Total
-	-	-	-	-	4	-	7	11	2	-	-	-	4	1	7
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-
-	-	-	-	-	-	1	17	18	-	1	-	1	9	-	11
-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	1	-	-	3	3	-	-	-	-	-	-	-
6	15	-	-	21	-	1	139	140	-	-	-	-	12	-	12
-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	1	-	-	-	4	-	-	4
1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	-	-	-	3	-	1	3	4	-	-	-	-	2	-	2
-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
4	-	2	-	6	-	2	8	10	-	2	1	8	4	-	15
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	1	-	-	1	-	-	16	16	-	-	-	-	2	-	2
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	1	-	-	-	1	-	-	1
-	-	-	-	-	-	-	-	-	1	-	-	2	-	-	3
-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2
3	-	-	-	3	-	-	2	2	-	-	-	-	1	-	1
-	1	-	-	1	-	-	-	-	-	-	-	-	1	-	1
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
1	-	-	-	1	-	-	3	3	-	-	-	1	-	-	1
-	-	-	-	-	-	2	-	2	-	-	-	1	-	-	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Country	Probationary – MPA							Provisional general – HPCAA					
	Class 1	2	3	4	7	8	Total	NZ/Aust graduates	Exams	Competent authority	Comparable health system	Transitional	Total
Poland	-	-	-	-	-	-	-	-	1	-	2	-	3
Romania	-	1	-	-	-	-	1	-	-	-	-	-	-
Russia	-	3	-	-	-	-	3	-	3	-	1	1	5
Scotland	-	-	1	-	-	2	3	-	-	80	-	1	81
Somalia	-	-	-	1	-	-	1	-	-	-	-	-	-
South Africa	-	-	3	1	10	-	14	-	-	-	1	86	87
Spain	-	-	-	-	-	-	-	-	-	-	-	1	1
Sri Lanka	-	1	-	-	-	-	1	-	3	-	1	3	7
Sweden	-	-	-	-	-	-	-	-	1	-	1	-	2
Switzerland	-	-	-	-	-	-	-	-	-	-	-	-	-
Syria	-	-	-	-	-	-	-	-	-	-	1	-	1
Taiwan	-	1	-	-	-	-	1	-	-	-	-	-	-
Turkey	-	-	-	-	-	-	-	-	-	-	-	-	-
Ukraine	-	1	-	-	-	-	1	-	1	-	-	-	1
United States of America	-	-	1	2	-	-	3	-	-	-	32	22	54
Uruguay	-	-	-	-	-	-	-	-	1	-	-	-	1
Wales	-	-	-	-	-	2	2	-	-	17	-	-	17
Yugoslavia (Federal Republic of)	-	5	-	-	-	-	5	-	-	-	-	-	-
Zambia	-	-	-	-	-	-	-	-	-	-	-	1	1
Zimbabwe	-	-	2	-	1	-	3	-	-	-	-	1	1
<b>Total</b>	<b>4</b>	<b>32</b>	<b>13</b>	<b>11</b>	<b>14</b>	<b>30</b>	<b>104</b>	<b>298</b>	<b>58</b>	<b>414</b>	<b>82</b>	<b>158</b>	<b>1010</b>

Provisional vocational – HPCAA					Temporary – MPA				Special purpose – HPCAA						
Non-app post-grad voc assessment	Non-app post-grad qual voc eligible	App post-grad qual voc eligible	BAB training programme	Total	Class 1	2	3	Total	Visiting expert	Sponsored trainee	Research	Post-grad training/exp	Locum tenens	Emergencies	Total
-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
2	-	-	-	2	-	-	-	-	-	-	-	1	1	-	2
-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
1	2	-	-	3	1	-	50	51	2	-	-	-	-	-	2
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1	1	2	6	-	-	36	36	-	-	-	-	9	-	9
1	1	-	-	2	-	-	1	1	-	-	-	-	1	-	1
-	-	-	1	1	-	-	-	-	-	2	-	7	-	-	9
1	-	-	-	1	-	-	1	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	2	-	-	3	-	4	47	51	1	-	-	5	23	-	29
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	1	-	-	2	-	-	16	16	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
1	-	-	-	1	-	-	2	2	-	-	-	-	2	-	2
<b>31</b>	<b>24</b>	<b>3</b>	<b>3</b>	<b>61</b>	<b>6</b>	<b>16</b>	<b>360</b>	<b>382</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>34</b>	<b>75</b>	<b>1</b>	<b>122</b>

## 6. Vocational scope granted to doctors, by vocational scope

1 July 2004 – 30 June 2005

Vocational scope	Overseas	New Zealand
Accident and medical practice	3	3
Anaesthesia	25	20
Breast medicine	–	1
Clinical genetics	–	4
Dermatology	3	1
Diagnostic and interventional radiology	8	13
Emergency medicine	10	13
General practice	72	66
General surgery	4	10
Intensive care medicine	–	1
Internal medicine	22	20
Medical administration	1	1
Musculoskeletal medicine	1	3
Obstetrics and gynaecology	7	3
Occupational medicine	1	1
Ophthalmology	1	6
Oral and maxillofacial surgery	4	6
Orthopaedic surgery	10	8
Otolaryngology head and neck surgery	3	2
Paediatrics	11	5
Palliative medicine	1	3
Pathology	19	3
Plastic and reconstructive surgery	–	3
Psychiatry	29	21
Public health medicine	3	8
Radiation oncology	2	–
Sexual health medicine	–	1
Sports medicine	–	1
Urology	1	1
Vascular surgery	2	–
<b>Total</b>	<b>243</b>	<b>228</b>

## 7. Outcomes of applications for assessment of eligibility for vocational registration

1 July 2004 – 30 June 2005

Branch	Incomplete applications	Pending (at College/Council)	Withdrawn/lapsed	Vocational scope	Vocational eligible	Vocational assessment	NZREX	Total
Anaesthesia	5	4	7	8	7	8	3	42
Cardiothoracic surgery	1	–	–	–	–	–	2	3
Dermatology	–	2	–	1	–	–	–	3
Diagnostic and interventional radiology	3	1	–	1	–	2	–	7
Emergency medicine	–	2	2	3	1	3	–	11
General practice	4	2	6	–	4	2	–	18
General surgery	1	4	1	2	2	4	1	15
Intensive care medicine	–	1	–	–	–	2	1	4
Internal medicine	12	12	5	8	3	16	7	63
Musculoskeletal medicine	–	–	–	–	–	–	1	1
Neurosurgery	2	1	–	–	–	1	1	5
Obstetrics and gynaecology	2	1	2	4	3	5	4	21
Occupational medicine	–	–	–	–	–	–	2	2
Ophthalmology	1	–	–	–	1	1	4	7
Orthopaedic surgery	4	2	–	1	3	–	1	11
Otolaryngology head and neck surgery	2	1	1	–	–	–	–	4
Paediatric surgery	–	1	–	–	–	–	–	1
Paediatrics	3	–	1	1	2	5	3	15
Palliative medicine	–	2	–	–	–	–	–	2
Pathology	2	1	1	1	4	3	2	14
Plastic and reconstructive surgery	–	1	–	–	–	–	–	1
Psychiatry	9	4	1	7	10	12	1	44
Public health medicine	1	1	–	1	–	1	–	4
Radiation oncology	–	1	1	1	–	1	–	4
Rehabilitation medicine	–	1	1	–	–	–	1	3
Urology	4	1	3	–	–	2	–	10
Vascular surgery	–	2	–	–	–	1	1	4
<b>Total</b>	<b>56</b>	<b>48</b>	<b>32</b>	<b>39</b>	<b>40</b>	<b>69</b>	<b>35</b>	<b>319</b>
Percentages based on total number outcomes				21.31%	21.86%	37.70%	19.13%	

**8. Doctors on the New Zealand medical register by country of primary qualification**  
As at 30 June 2005

Country	Provisional general	General	Provisional vocational	Vocational	Temporary	Special purpose	Total	Number with practising certificates
England	305	439	17	783	49	9	1,602	1,223
South Africa	79	263	83	509	31	1	966	813
Scotland	82	145	4	227	30	–	488	373
Australia	3	261	–	183	3	–	450	292
India	30	167	22	183	10	12	424	338
Sri Lanka	10	113	3	147	1	9	283	194
United States of America	55	8	7	61	36	17	184	122
Iraq	9	113	–	27	–	–	149	123
Ireland	35	25	3	51	2	–	116	81
Bangladesh	15	83	3	7	–	–	108	85
Germany	19	25	11	42	2	1	100	89
Canada	18	18	3	42	10	5	96	64
Wales	18	24	1	30	5	–	78	52
China	15	25	–	37	–	–	77	61
Egypt	13	32	3	17	1	–	66	55
Fiji	3	18	–	31	2	4	58	51
Yugoslavia (Federal Republic of)	5	21	1	16	–	–	43	38
Pakistan	5	14	4	14	3	1	41	32
Philippines	12	20	2	7	–	–	41	33
Northern Ireland	5	11	–	20	–	1	37	27
Zimbabwe	1	4	4	18	2	1	30	27
Netherlands	5	7	6	10	1	–	29	28
Russia	8	10	1	5	–	–	24	22
Singapore	1	1	–	21	–	–	23	19
Poland	3	10	1	7	–	–	21	18
Myanmar	3	9	–	5	–	2	19	16
Romania	1	4	5	7	–	2	19	16
Croatia	–	11	–	1	–	–	12	12
Papua New Guinea	–	5	1	3	–	1	10	10
Bulgaria	–	4	–	4	1	–	9	9
Malaysia	1	1	1	4	1	1	9	5
Czech Republic	1	3	1	3	–	–	8	7
Japan	1	1	1	2	2	1	8	4
Sweden	1	2	2	2	1	–	8	6
Denmark	–	–	1	5	1	–	7	7



Country	Provisional general	General	Provisional vocational	Vocational	Temporary	Special purpose	Total	Number with practising certificates
Former Yugoslav Republic of Macedonia (FYROM)	1	5	–	1	–	–	7	4
Hungary	1	3	–	3	–	–	7	7
Switzerland	–	1	–	6	–	–	7	4
Ukraine	2	4	–	1	–	–	7	5
Belgium	2	–	1	1	2	–	6	6
Bosnia and Herzegovina	–	3	–	3	–	–	6	6
Iran	–	2	–	4	–	–	6	3
Norway	–	2	–	4	–	–	6	6
Other*	14	25	12	32	9	3	95	78
New Zealand	325	3,626	1	4,206	–	–	8,158	6,558
<b>Total</b>	<b>1,107</b>	<b>5,568</b>	<b>205</b>	<b>6,792</b>	<b>205</b>	<b>71</b>	<b>13,948</b>	<b>11,029</b>

\* 'Other' represents 45 countries with fewer than six doctors.

# Examinations

Principal activity: Ensuring that international medical graduates who wish to be registered in New Zealand are safe to practise.

Total cost: \$406,716

## New Zealand registration examination – NZREX

New Zealand's health system requires all doctors to meet practice standards defined by the Council. NZREX ensures that international medical graduates who wish to be registered in New Zealand are safe to practise.

Doctors who do not have recognised qualifications or experience can qualify for registration by passing first an English test, then a medical knowledge test (United States Medical Licensing Examination (USMLE) Steps 1 and 2) and finally a clinical examination (New Zealand registration examination clinical (NZREX Clinical)). During the year 145 candidates from 24 countries sat the NZREX clinical, and 68 passed (Table 9). Forty-three candidates passed on their first attempt, 17 on their second, and another eight passed after three or more attempts.

In September 2005, the Council is replacing the current format of the NZREX clinical with an objective structured clinical examination (OSCE) in line with international trends.

Dr Steven Lillis, the Council's examinations director, has developed a blueprint for the new examination. He has been working with an external quality assurance group to ensure a smooth transition to the new OSCE format. Examiners who are registered within a vocational scope will continue to be involved in the new format.

## 9. Candidates sitting and passing NZREX clinical

1 July 2004 – 30 June 2005

Country	No. sitting	Attempts					No. of passes	Passes on attempts				
		1	2	3	4	5		1	2	3	4	5
Bangladesh	23	13	6	2	1	1	6	3	2	–	–	1
China	22	8	12	2	–	–	11	2	8	1	–	–
Croatia	1	1	–	–	–	–	1	1	–	–	–	–
Cuba	2	2	–	–	–	–	2	2	–	–	–	–
Egypt	10	5	3	2	–	–	6	4	1	1	–	–
Fiji	3	2	1	–	–	–	1	–	1	–	–	–
Germany	1	1	–	–	–	–	–	–	–	–	–	–
India	31	16	8	5	1	1	14	10	2	2	–	–
Iran	3	1	1	1	–	–	1	–	–	1	–	–
Iraq	9	8	–	1	–	–	7	6	–	1	–	–
Lebanon	1	1	–	–	–	–	–	–	–	–	–	–
Malaysia	1	1	–	–	–	–	1	1	–	–	–	–
Netherlands	2	2	–	–	–	–	2	2	–	–	–	–
Pakistan	1	1	–	–	–	–	–	–	–	–	–	–
Philippines	9	5	2	1	1	–	4	3	1	–	–	–
Poland	1	1	–	–	–	–	1	1	–	–	–	–
Russia	9	8	1	–	–	–	8	7	1	–	–	–
Singapore	1	1	–	–	–	–	–	–	–	–	–	–
Sri Lanka	4	2	2	–	–	–	1	–	1	–	–	–
Sweden	3	–	1	1	1	–	1	–	–	–	1	–
Syria	2	1	1	–	–	–	–	–	–	–	–	–
Taiwan	4	–	1	1	1	1	–	–	–	–	–	–
Uruguay	1	1	–	–	–	–	1	1	–	–	–	–
Zimbabwe	1	–	1	–	–	–	–	–	–	–	–	–
<b>Total</b>	<b>145</b>	<b>81</b>	<b>40</b>	<b>16</b>	<b>5</b>	<b>3</b>	<b>68</b>	<b>43</b>	<b>17</b>	<b>6</b>	<b>1</b>	<b>1</b>

Note: Five sessions of the NZREX examination were held in the 2004–2005 financial year.

# Professional standards

Principal activities: undertaking performance assessments (previously called competence reviews) of doctors and establishing educational programmes, developing policy on performance assessments, and managing doctors who are subject to conditions arising from disciplinary action.

Total cost: \$984,434

## The Council seeks to implement mechanisms to ensure doctors are competent to practise.

The Council referred 40 doctors to the competence / performance process and nine took part in educational programmes. Doctors were referred to the Council, primarily by the Health and Disability Commissioner, because of concerns about clinical skills, record-keeping, communication or prescribing.

Under the Medical Practitioners Act 1995 and now under the HPCAA, the Council has developed initiatives to ensure doctors are competent and fit to practise. Operating at both individual doctor and organisational levels, these initiatives build on and extend strategies begun under both pieces of legislation.

Since 2001, we have done audits of the completion of continuing professional development (CPD) requirements before issuing an annual practising certificate. From June 2005, in a first for doctors practising in New Zealand, the Council has been piloting a 12-month performance evaluation programme (PEP) to monitor and identify areas of good medical practice.

Ten percent of all doctors applying for an annual practising certificate will take part in PEP. Only those who do not satisfy the CPD requirements will go on to participate in a colleague, patient and self questionnaire. Another 10 percent of the doctors who are not being audited will be invited to participate as a control group.

The PEP is designed to ensure doctors continue to upskill and work with their peers, and to make sure there are processes in place to help them if they are not doing so.

At a meeting in August, the competence advisory team decided to research and develop guidelines on how to manage disruptive doctors.

## 10. Competence referrals

1 July 2004 – 30 June 2005

Source of concern	Number
Accident Compensation Corporation (ACC)	10
Complaints assessment committee	2
Employer	4
Health and Disability Commissioner (HDC)	14
Medical Council of New Zealand	5
Peer	5
Public	–
Other	1
<b>Total referrals</b>	<b>41</b>

Type of concern	Number
Boundaries	3
Clinical skills	27
Communication	14
Prescribing	10
Records	14
Surgical skills	5
Other	6

Note: One referral to a competence review may cover more than one category. Twenty-seven referrals had multiple concerns.

Outcomes of competence referrals (may relate to cases referred in the previous financial year)	Number
To competence review	20
No competence review	17
To competence programme	9
Referred to other committee eg, health committee	–

# Complaints

Principal activity: operation of professional conduct committees (PCCs) – formerly called complaints assessment committees (CACs) – to consider complaints and policy on the complaints assessment process.

Total cost of CACs/PCCs: \$588,128

CACs investigate complaints against doctors relating to treatment before 1 July 1996 and professional conduct committees investigate complaints relating to processes under the HPCAA.

From September 2004, complaints about doctors have been able to be made to either the Council or the Health and Disability Commissioner (HDC), but all complaints must be referred to the HDC. The HDC may refer complaints that do not relate to patients back to the Council, which must promptly assess the complaint and consider what action should be taken, including referral to a PCC.

The HDC must notify the Council of any investigation under the HDC Act that directly involves a doctor.

With the introduction of the HPCAA, complaints assessment committees became known as PCCs, but they have a more limited workload as all complaints about patient care are now considered by the HDC. The provisions of the HPCAA have allowed the Council to focus on the standards of the profession and the competence of its members.

Nine complaints were referred to either a CAC or a PCC during the year.

## 11. Schedule of professional conduct committees

1 July 2004 – 30 June 2005

	2004-05
New PCCs appointed	9
Categories of complaint sent to PCC	
– communication	1
– conviction of an offence	4
– inappropriate conduct	3
– treatment	1



# Tribunals

Principal activities: the Tribunal hears and determines disciplinary proceedings brought against medical practitioners under Part VIII of the Medical Practitioners Act 1995 and under Part IV of the Health Practitioners Competence Assurance Act 2003. When the Tribunal sits to hear and determine any matter, it sits with a chair or deputy chair and four members – three medical practitioners and one layperson.

1 July 2004–30 June 2005 Total cost: \$458,707

The Medical Practitioners Disciplinary Tribunal (MPDT) hears and determines disciplinary proceedings brought against medical practitioners.

During the year, the MPDT received nine charges relating to nine doctors – one from the director of proceedings and seven from complaints assessment committees. One charge brought by a complaints assessment committee has yet to be completed.

## Charges before the Medical Practitioners Disciplinary Tribunal

1 July 2004 – 30 June 2005

<b>Nature of charges</b>	
Disgraceful conduct	1
Professional misconduct	4
Conduct unbecoming a medical practitioner and that conduct reflects adversely on the practitioner's fitness to practise medicine	2
Court convictions	2
<b>Total</b>	<b>9</b>
<b>Source</b>	
Prosecution of charges brought by complaints assessment committee	7
Prosecution of charges brought by director of proceedings	1
Charges brought by complaints assessment committee yet to be completed	1
<b>Total</b>	<b>9</b>
<b>Outcome of hearings</b>	
Guilty – disgraceful conduct	–
Guilty – professional misconduct	3
Guilty – conduct unbecoming a medical practitioner and that conduct reflects adversely on the practitioner's fitness to practise medicine	1
Guilty of court conviction	2
Withdrawn	–
Not guilty	2
Struck out	–
Yet to be completed	1
Yet to be heard	–
<b>Total</b>	<b>9</b>



## Medical charges before the Health Practitioners Disciplinary Tribunal

18 September 2004 – 30 June 2005

Total cost: \$61,946

The Health Practitioners Disciplinary Tribunal (HPDT) hears and determines disciplinary proceedings brought against health practitioners, including medical practitioners.

During the year the HPDT received three charges relating to three doctors – one from the director of proceedings and two from professional conduct committees.

The HPDT sat during the year to hear one charge relating to one doctor over two days, and sat for one day to consider a jurisdictional issue relating to the laying of charges under the HPCAA.

<b>Nature of charges</b>	
Professional misconduct	3
Court convictions	–
<b>Total</b>	<b>3</b>
<b>Source</b>	
Prosecution of charges brought by professional conduct committee	1
Prosecution of charges brought by director of proceedings	–
Charges brought by professional conduct committee yet to be heard	1
Charges brought by director of proceedings yet to be heard	1
<b>Total</b>	<b>3</b>
<b>Outcome of hearings</b>	
Guilty – professional misconduct	1
Guilty of court conviction	–
Withdrawn	–
Not guilty	–
Struck out	–
Yet to be heard	2
<b>Total</b>	<b>3</b>

Further information about these statistics can be found on the Tribunal's website [www.hpdt.org.nz](http://www.hpdt.org.nz) or [www.mpdt.org.nz](http://www.mpdt.org.nz)

# Medical workforce survey

The Council collects workforce data annually through the annual practising certificate (APC) application process. The data is used by the New Zealand Health Information Service to analyse workforce needs.

Total cost: \$133,905

The 2003 workforce survey was sent to all doctors with a current APC and 95 percent responded.

The survey showed 70–80 percent of New Zealand’s medical school graduates were still working in New Zealand three years after graduation. It also showed little change in retention trends in the last nine years. While about 20 percent of a graduate year is lost in the first three years, retention after that appears to stabilise at 70–80 percent.

Other significant findings included that:

- there are 8,790 doctors in active employment, an increase of 4.6 percent on the 2002 figure.
- the national average was 219 doctors for every 100,000 people. Though the figures showed one active doctor to 456 people, in terms of full-time equivalent positions there was one doctor for every 395 people (where one full-time equivalent is 40 hours per week).
- the proportion of Maori doctors remained the same at 2.7 percent, while Pacific Island doctors increased slightly to 1.1 percent. Maori continued to be markedly under-represented compared to their proportion of the population. The number of doctors who state their ethnicity as Chinese has risen consistently each year and now stands at 5.4 percent of the medical workforce.
- the proportion of international medical graduates among all doctors rose one percent to 34 percent.

The full version of *The New Zealand Medical Workforce in 2003* is available online at [www.mcnz.org.nz](http://www.mcnz.org.nz) >> Publications & Guidance >> Statistics.

The Council again worked closely with government and other interest groups such as the Health Workforce Advisory Committee, the Medical Reference Group and the District Health Boards.

We recognise the urgent need for more doctors, particularly in rural areas, but this must be balanced by our responsibility to ensure public safety through registering only competent and fit doctors.

# Corporate governance

**Role of the Council:** Members of Council set the strategic direction of the organisation, monitor management performance and ensure the Council meets the requirements of the HPCAA. The Council is accountable to the Minister of Health, the profession and the public in how it performs its functions.

## Council membership

The Council aims to have members who represent:

- a range of age, gender and ethnic groups
- a broad mix of the medical profession, New Zealand society as a whole and people with a wide general knowledge and breadth of vision, and either:
  - broad health sector knowledge, or
  - experience in one of the main vocational areas of medical practice, or
  - experience in health service delivery in a variety of provincial and tertiary settings, or
  - experience in medical education and assessment.

The Council has documented the key professional and personal attributes and competencies we require our members to have.

## Council meetings

In the last financial year the Council met seven times. Its committees met a further 10 times and held two teleconferences.

## Stakeholder liaison

We have continued to be actively involved with registration bodies overseas, sharing ideas for future developments and maintaining contact with organisations such as the International Association of Medical Regulatory Authorities, the Federation of State Medical Boards in the United States of America, the Medical Council of Canada, the Educational Commission for Foreign Medical Graduates, the General Medical Council in the United Kingdom and Australian registration authorities.

As in previous years, the Council has had regular meetings with key stakeholders to discuss matters of mutual interest. Those stakeholders include the Accident Compensation Corporation, the Health and Disability Commissioner, Branch Advisory Bodies (BABs), chief medical advisers of district health boards, District Health Boards New Zealand, the Minister of Health, the Ministry of Health, the Council of Medical Colleges, the New Zealand Medical Association, the Medical Protection Society, Medsafe, the Independent Practitioners Association Council of New Zealand, the Overseas Trained Doctors Association and Te Ohu Rata o Aotearoa (Te ORA) as well as members of the profession and medical students.

## Committee structure

The Council operates three standing committees: Audit, Health and Education. The membership of these committees is on page 34. The Council receives the committee meeting minutes at its formal meetings and in approving those minutes it confirms the decisions made. Delegation limits are established.

## Council standing committees at 30 June 2005

### Health Committee

**Dr Joanna MacDonald**

(Chairperson)

**Dr Philip Barham**

**Mrs Heather Thomson**

**Dr Kate O'Connor**

Alternate layperson **Ms Jean Hera**

### Audit Committee

**Dr Barnett Bond**

(Chairperson)

**Professor John Campbell**

**Mrs Heather Thomson**

**Ms Liz Hird**

### Education Committee

*Council members*

**Dr Deborah Read**

(Chairperson)

**Dr Philip Barham**

**Dr Barnett Bond**

**Professor John Campbell**

**Ms Jean Hera**

**Ms Liz Hird**

*Members appointed by Council*

**Dr Adrian Balasingham**

Vocational branch nominee

**Dr John Doran**

Intern supervisor

**Dr Deborah Clarke**

**Dr Tom Fiddes**

Nominee of appropriate college or branch  
advisory body

Active consumer of education

**Dr Lorna Martin**

**Dr Maria Poynter**

Active consumer of education

Nominee of appropriate college or branch  
advisory body – general practitioner

**Dr David Spriggs**

Nominated by Council

# Finance

- 36 Auditor's report
- 37 Statement of financial position
- 38 Consolidated statement of financial performance
- 39 Statement of movements in equity
- 40 Statement of cash flows
- 41 Notes to and forming part of the financial statements

# Miller Dean Audit



## MEDICAL COUNCIL OF NEW ZEALAND AUDITORS' REPORT FOR THE YEAR ENDED 30 JUNE 2005

**To :** Members of the Medical Council of New Zealand

We were appointed auditors of the Medical Council of New Zealand in accordance with the Health Practitioners Competence Assurance Act 2003.

We have audited the attached financial statements which provide information about the past financial performance of the Council and its financial position as at 30 June 2005. This information is stated in accordance with the accounting policies set out in the notes to the financial statements.

### Council's Responsibilities

The Council is responsible for the preparation of financial statements which fairly reflect the Council's financial position as at 30 June 2005 and of its financial performance for the year ended on that date.

### Auditors' Responsibilities

It is our responsibility to form an independent opinion on the financial statements presented by the Council and to report our opinion to you.

### Basis of Audit Opinion

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Council in the preparation of the financial statements and whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with auditing standards issued by the Institute of Chartered Accountants of New Zealand. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient, reliable and relevant evidence to give reasonable assurance that the financial statements are free from material misstatements, whether caused by error, fraud or other irregularity. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

In addition to our role as auditors we have assisted the Council with the preparation of the Statement of Cash Flows. Other than this, we have no other interests in the Medical Council of New Zealand.

### Unqualified Opinion

We have obtained all the information and explanations we have required. In our opinion the attached financial statements fairly reflect the financial position of the Medical Council of New Zealand as at 30 June 2005 and the results of its operations and cash flows for the year ended on that date.

### Date Of Opinion

Our audit was completed on 19 October 2005 and our unqualified opinion is expressed as at that date.

A handwritten signature in black ink, appearing to read 'Miller Dean Audit'.

Level 5, 315-319 Welles Street, PO Box 11255, Wellington, New Zealand  
Tel: 04 385 0662 Fax: 04 382 3391 Email: [info@mlldean.co.nz](mailto:info@mlldean.co.nz) [www.millerdean.co.nz](http://www.millerdean.co.nz)  
300 Wellington, PO Box 11255, Level 5, Pages 5 & 75-80 A

# Statement of financial position

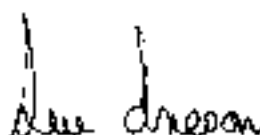
for the year ended 30 June 2005

	12 months 2005	15 months 2004
<b>Current assets</b>		
Petty cash	200	300
ANZ bank account	168,431	123,049
Receivables (Note 7)	93,734	53,807
Interest accrued	304,979	358,501
Term deposits (Note 8)	9,254,684	9,426,395
<b>Total current assets</b>	<b>\$9,822,028</b>	<b>\$9,962,052</b>
Property, plant and equipment (Note 9)	1,556,803	1,458,415
<b>Total assets</b>	<b>\$11,378,831</b>	<b>\$11,420,467</b>
<b>Current liabilities</b>		
Sundry creditors	659,741	538,812
Salaries and holiday pay accrued	229,718	206,161
GST	13,927	(54,110)
Payments received in advance	2,568,097	2,320,728
<b>Total current liabilities</b>	<b>\$3,471,483</b>	<b>\$3,011,591</b>
<b>Capital account</b>		
General fund	6,333,706	6,828,895
Complaints investigation and prosecution fund	1,573,642	1,898,855
Examination fund	-	(318,874)
	<b>\$7,907,348</b>	<b>\$8,408,876</b>
	<b>\$11,378,831</b>	<b>\$11,420,467</b>

The accompanying notes form part of these financial statements.



John Campbell  
Chairperson



Sue Ineson  
Chief Executive

## Consolidated statement of financial performance

for the year ended 30 June 2005

	12 months 2005	15 months 2004
<b>Income</b>		
Fees received	5,729,127	6,989,906
Interest received	561,459	714,028
Other income	193,891	217,811
	<b>\$6,484,477</b>	<b>\$7,921,745</b>
<b>Expenditure</b>		
Audit fees	13,000	14,000
Depreciation (Note 1a, 9)	607,321	707,343
Loss on disposal of assets	–	96,131
Fees paid to council members	431,097	646,953
Other administrative costs	5,702,739	7,225,086
Rent	231,848	280,219
	<b>\$6,986,005</b>	<b>\$8,969,732</b>
<b>Net deficit for period</b>	<b>(\$501,528)</b>	<b>(\$1,047,987)</b>

The accompanying notes form part of these financial statements.



# Statement of movements in equity

for the year ended 30 June 2005

	12 months 2005	15 months 2004
<b>A) ACCUMULATED FUNDS AND RESERVES</b>		
Balance at 30 June 2004	8,408,876	9,456,863
Less: deficit	(501,528)	(1,047,987)
Balance at 30 June 2005	<u>\$7,907,348</u>	<u>\$8,408,876</u>
<b>B) ANALYSIS OF INDIVIDUAL FUNDS</b>		
<b>1) General fund</b>		
Balance at 30 June 2004	6,828,895	7,000,661
Less: deficit	(119,158)	(171,766)
Less: transfer from examination fund 2005 (Note 13)	(376,031)	-
Balance at 30 June 2005	<u>\$6,333,706</u>	<u>\$6,828,895</u>
<b>2) Complaints investigation and prosecution fund</b>		
Balance at 30 June 2004	1,898,855	2,629,889
Less: deficit	(325,213)	(731,034)
Balance at 30 June 2005	<u>\$1,573,642</u>	<u>\$1,898,855</u>
<b>3) Examination fund</b>		
Balance at 30 June 2004	(318,874)	(173,687)
Less: deficit	(57,157)	(145,187)
Add: transfer to general fund 2005 (Note 13)	376,031	-
Balance at 30 June 2005	<u>-</u>	<u>(\$318,874)</u>

The accompanying notes form part of these financial statements.

## Statement of cash flows

for the year ended 30 June 2005

	12 months 2005	15 months 2004
<b>Cash flow from statutory functions</b>		
Cash was provided from:		
Receipts pertaining to statutory functions	6,126,116	7,242,234
Cash was also distributed to:		
Payment for council fees and disbursements and council office expenses	(6,150,752)	(8,379,052)
Net cash flow from statutory functions	(24,636)	(1,136,818)
<b>Cash flow from investing activities</b>		
Cash was provided from:		
Interest received	614,981	795,040
Sale of assets	-	667
Short term investments	171,711	1,505,475
	786,692	2,301,182
Cash was applied to:		
Purchase of assets	(716,774)	(1,199,162)
Short term investments	-	-
	(716,774)	(1,199,162)
Net cash flow from investing activities	69,918	1,102,020
Net increase/(decrease) in cash held	45,282	(34,798)
Opening cash brought forward	123,349	158,147
<b>Ending cash carried forward</b>	<b>\$168,631</b>	<b>\$123,349</b>
Represented by:		
Petty cash	200	300
ANZ bank account	168,431	123,049
	\$168,631	\$123,349

The accompanying notes form part of these financial statements.

# Notes to and forming part of the financial statements

for the year ended 30 June 2005

## 1. Statement of accounting policies

### Reporting entity

The Medical Council of New Zealand is a statutory body constituted under successive Medical Practitioners Acts, including the Medical Practitioners Act 1995 and, from 18 September 2004, the Health Practitioners Competence Assurance Act 2003.

### General accounting policies

These financial statements are a general purpose financial report as defined in the Institute of Chartered Accountants of New Zealand statement of concepts, and have been prepared in accordance with generally accepted accounting practice as defined in that statement.

### Measurement base

The accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on a historical cost basis are followed by the Council.

### Specific accounting policies

The following specific accounting policies that materially affect the measurement and reporting of financial performance and financial position have been applied:

**a) Depreciation** – Assets have been depreciated on a straight line basis at the following rates:

Furniture and fittings	10%pa
Office alterations	10%pa
Office equipment	20%pa
Computer hardware and software	33%pa

**b) Property, plant and equipment** – Is shown at cost less accumulated depreciation (Note 9).

**c) Goods and services tax** – These financial statements have been prepared on a GST exclusive basis.

**d) Legal expenses and recovery** – Legal expenses have been accounted for on an accrual basis and include provisions for proceedings still pending. Recovery of legal expenses has been accounted for on a cash basis.

**e) Income tax** – The Council is not subject to income tax (Note 6).

**f) Receivables** – Receivables are valued at the amount expected to be realised.

**g) Administration charge** – This is a levy on the complaints investigation and prosecution fund and the examination fund to meet overhead costs incurred by the general fund. The charge is based on the proportion of staff engaged in the activity.

**h) Interest received** – Interest owing at balance date has been accrued.

### Changes in accounting policies

There have been no material changes in accounting policies. They have been applied on bases consistent with those used in the previous year.

## 2. General fund

### Statement of financial performance for the year ended 30 June 2005

	12 months 2005	15 months 2004
<b>REVENUE</b>		
Annual practising certificates and other fees	4,162,031	4,870,237
Administration fee – complaints investigation and prosecution fund (Note 1)	502,000	710,000
Administration fee – examination fund (Note 1)	142,000	251,200
Interest received	429,253	520,836
Workforce survey and other income	113,502	38,251
<b>Total revenue</b>	<b>\$5,348,786</b>	<b>\$6,390,524</b>
<b>ADMINISTRATION AND OPERATING EXPENSES</b>		
Communications	268,895	283,663
Legal expenses and other consultancies	160,926	180,792
Administration and operating expenses	1,365,975	1,717,055
Staff costs including recruitment and training	2,335,661	2,607,694
<b>Total administration and operating expenses</b>	<b>\$4,131,457</b>	<b>\$4,789,204</b>
<b>COUNCIL AND COMMITTEE EXPENSES</b>		
Council		
– Fees and expenses	354,114	485,016
– Conference and liaison costs	92,754	252,121
Audit committee		
– Fees and expenses	10,383	7,253
Health committee		
– Fees and expenses	59,487	83,888
– Independent assessment reports, Doctors' Health Advisory Service and other costs	201,625	167,969
Education committee		
– Fees and expenses	48,879	78,246
– Hospital visits, intern supervisor contracts and other costs	301,464	414,977
Professional standards		
– Performance assessments and other costs	243,764	265,609
Registration		
– Fees and expenses	3,291	3,855
– Workshops and other costs	20,726	14,152
<b>Total council and committee expenses</b>	<b>\$1,336,487</b>	<b>\$1,773,086</b>
<b>TOTAL EXPENDITURE</b>	<b>\$5,467,944</b>	<b>\$6,562,290</b>
<b>Net deficit for period</b>	<b>(\$119,158)</b>	<b>(\$171,766)</b>

### 3. Complaints investigation and prosecution fund

#### Statement of financial performance

for the year ended 30 June 2005

	12 months 2005	15 months 2004
<b>REVENUE</b>		
Disciplinary levy received	1,217,537	1,491,884
Fines and costs recovered	78,039	179,560
Interest received	132,206	193,192
Other revenue	2,350	–
<b>Total revenue</b>	<b>\$1,430,132</b>	<b>\$1,864,636</b>
<b>ADMINISTRATION AND OPERATING EXPENSES</b>		
Administration fee (Note 1)	502,000	710,000
General administration and operating expenses	144,564	41,710
<b>Total administration and operating expenses</b>	<b>\$646,564</b>	<b>\$751,710</b>
<b>COUNCIL AND TRIBUNAL EXPENSES</b>		
Complaints assessment costs		
– Fees	94,500	112,465
– Expenses	413,129	632,930
<b>Total complaints assessment costs</b>	<b>507,629</b>	<b>745,395</b>
<b>PROFESSIONAL CONDUCT COMMITTEE COSTS</b>		
– Fees	19,541	–
– Expenses	60,958	–
<b>Total professional conduct committee costs</b>	<b>80,499</b>	<b>–</b>
<b>MEDICAL PRACTITIONERS DISCIPLINARY TRIBUNAL</b>		
– Administration and operating expenses	209,764	339,002
– Fees and other hearing expenses	248,943	759,563
<b>Total Medical Practitioners Disciplinary Tribunal costs</b>	<b>458,707</b>	<b>1,098,565</b>
<b>HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL</b>		
– Administration costs	7,500	–
– Fees and other hearing expenses	54,446	–
<b>Total Health Practitioners Disciplinary Tribunal costs</b>	<b>61,946</b>	<b>–</b>
<b>Total council and tribunal expenses</b>	<b>\$1,108,781</b>	<b>\$1,843,960</b>
<b>TOTAL EXPENDITURE</b>	<b>\$1,755,345</b>	<b>\$2,595,670</b>
<b>Net deficit for period</b>	<b>(\$325,213)</b>	<b>(\$731,034)</b>

#### 4. New Zealand registration examination fund

##### Statement of financial performance for the year ended 30 June 2005

	12 months 2005	15 months 2004
<b>REVENUE</b>		
NZREX candidate fees	349,559	627,785
<b>Total revenue</b>	<b>\$349,559</b>	<b>\$627,785</b>
<b>ADMINISTRATION AND OPERATING EXPENSES</b>		
Administration fee (Note 1)	142,000	251,200
Centre costs	45,072	107,652
Examiners' fees and expenses	141,588	301,987
Honorarium, staff costs and other administrative expenses	65,620	87,435
OSCE review costs	11,368	-
Results confirmation teleconference costs	1,068	24,698
<b>Total administration and operating expenses</b>	<b>\$406,716</b>	<b>\$772,972</b>
<b>Net deficit for period</b>	<b>(\$57,157)</b>	<b>(\$145,187)</b>

## 5. General fund

### Statement of financial performance by outputs for the year ended 30 June 2005

These output categories represent the main activities of the general fund and are discussed in detail in the text of the annual report.

	12 months 2005	15 months 2004
TOTAL INCOME FOR YEAR	\$5,348,786	\$6,390,524
Less Expenditure		
EDUCATION		
Administration and operating costs	404,637	439,416
Council and committee costs	81,683	122,550
Hospital accreditation visits	49,345	72,229
Intern supervisor contract payments and meeting costs	246,454	286,742
Reaccreditation of vocational branches	5,665	19,261
Liaison and other costs	30,781	92,986
<b>Total education costs</b>	<b>\$818,565</b>	<b>\$1,033,184</b>
HEALTH		
Administration and operating costs	865,222	968,738
Council and committee costs	132,387	182,342
Doctors' Health Advisory Service	59,872	70,004
Independent medical assessments	79,350	82,193
Mentoring costs	16,288	11,827
Liaison and other costs	59,569	52,448
<b>Total health costs</b>	<b>\$1,212,688</b>	<b>\$1,367,552</b>
PROFESSIONAL STANDARDS		
Administration and operating costs	666,511	714,329
Council and committee costs	61,964	73,840
Performance assessment costs	202,047	211,519
Research	29,696	17,825
Liaison and other costs	24,216	75,574
<b>Total professional standards costs</b>	<b>\$984,434</b>	<b>\$1,093,087</b>
REGISTRATION		
Administration and operating costs	2,074,134	2,522,895
Council and committee costs	189,186	264,758
Liaison and other costs	55,032	116,431
<b>Total registration costs</b>	<b>\$2,318,352</b>	<b>\$2,904,084</b>
WORKFORCE SURVEY		
Administration and operating costs	120,953	143,826
Council and committee costs	10,934	14,768
Liaison and other costs	2,018	5,789
<b>Total workforce survey costs</b>	<b>\$133,905</b>	<b>\$164,383</b>
TOTAL EXPENDITURE	\$5,467,944	\$6,562,290
<b>Net deficit for period</b>	<b>(\$119,158)</b>	<b>(\$171,766)</b>

## 6. Taxation

On 20 December 1996 the Court of Appeal found the Medical Council to be exempt from income tax.

## 7. Receivables

	2005	2004
Debtors	69,210	34,027
Payments in advance	24,524	19,780
	\$93,734	\$53,807

## 8. Term deposits

	2005	2004
ANZ	1,951,765	2,205,898
ASB	1,382,254	1,342,374
BNZ	1,649,747	1,678,340
Hong Kong Bank	662,678	605,670
National Bank	1,965,108	1,858,867
Taranaki Savings Bank	428,320	402,364
Westpac Trust	1,214,812	1,332,882
<b>Total investments</b>	<b>\$9,254,684</b>	<b>\$9,426,395</b>

## 9. Property, plant and equipment

	Cost 30/6/05	Depreciation for year 30/6/05	Accumulated depreciation 30/6/05	Book value 30/6/05	Cost 30/6/04	Depreciation for period 30/6/04	Accumulated depreciation 30/6/04	Book value 30/6/04
Computer hardware and software	2,837,550	516,579	1,922,937	914,613	2,381,987	599,257	1,505,941	876,047
Furniture and fittings	248,275	20,688	123,972	124,303	234,094	24,049	103,283	130,811
Office alterations	514,649	45,335	97,313	417,336	445,524	51,978	51,978	393,546
Office equipment	155,953	13,020	101,091	54,862	198,977	32,059	163,166	35,811
Website	57,388	11699	11,699	45,689	22,200	-	-	22,200
	<b>\$3,813,815</b>	<b>\$607,321</b>	<b>\$2,257,012</b>	<b>\$1,556,803</b>	<b>\$3,282,782</b>	<b>\$707,343</b>	<b>\$1,824,368</b>	<b>\$1,458,415</b>

## 10. Change of balance date

In 2004 the Council changed from the balance date 31 March to 30 June. The operating period for 2004 was therefore 15 months compared to 12 months for 2005.



## 11. Related parties

Council members are paid fees for attending to Council and committee business. There were no other related party transactions.

## 12. Foreign currencies

Foreign currency transactions have been recorded at the rate of exchange applicable on the day of completion. There were no settlements due at balance date.

## 13. Transfer of accumulated funds and reserves

Council agreed that the accumulated deficit in the examination fund as at 30 June 2005 be written off against the general fund as there appeared to be no possibility that the deficit could be recovered. Council's intention is that the examination fund should operate on a cost neutral basis.

## 14. Reconciliation of net surplus with the net cash flow from statutory functions for the year ended 30 June 2005

Surplus/(Deficit) for year	2005	2004
General fund	(119,158)	(171,766)
Complaints investigation and prosecution fund	(325,213)	(731,034)
Examination fund	(57,157)	(145,187)
	<hr/>	<hr/>
	(501,528)	(1,047,987)
Add non-cash items – depreciation and asset write-off	607,321	803,474
	<hr/>	<hr/>
	105,793	(244,513)
Add movements in working capital items		
(Increase)/decrease in receivables	(39,927)	13,540
Increase/(decrease) in receipts in advance	247,369	(30,943)
Increase/(decrease) in creditors and GST	223,588	(160,874)
	<hr/>	<hr/>
	431,030	(178,277)
	<hr/>	<hr/>
	536,823	(422,790)
Less items classified as investing activity-interest	(561,459)	(714,028)
Net cash flow from statutory functions	<hr/>	<hr/>
	(\$24,636)	(\$1,136,818)

## 15. Contingent liabilities

There are no known material contingent liabilities at balance date (nil as at 30 June 2004).

## 16. Events occurring after balance date

There were no adjustable or non-adjustable events (as defined in the applicable financial reporting standard) between balance date and the date of completion of the financial statements.

## 17. Commitments – operating leases

Lease commitments under non-cancellable operating leases:

	<b>2005</b>	<b>2004</b>
Not more than one year	231,848	231,848
Later than one year and not later than two years	231,848	231,848
Later than two years and not later than five years	695,544	695,544
	<b>\$1,159,240</b>	<b>\$1,159,240</b>

## Commitments – capital expenditure

There were no material capital commitments at balance date (nil at 30 June 2004).

## 18. Financial instruments

Financial instruments which potentially subject the Council to credit risk consist principally of bank balances and accounts receivable. The Council places investments with recognised banking institutions within an approved reserves and investment policy to limit exposure to concentrations of credit risk.

The Council is exposed to interest rate risk as interest rate movements will affect the returns generated from investments and related cash flows. At year end, interest rates on term deposits ranged from 5.63 percent to 7.05 percent. Receivables are shown at a fair value.

The estimated fair values of the financial instruments are as follows:

	<b>2005</b>	<b>2004</b>
Receivables	69,210	88,137
Bank balances	9,423,115	9,549,444
Payables	(903,386)	(744,973)

# Office of the Council at 30 June 2005

Chief Executive  
**Ms Sue Ineson**

Registrar  
**Ms Tania Turfrey**

EA to the Chief Executive  
**Mrs Barbara Eagle**

## Adviser group

Communications Adviser  
**Mr George Symmes**

Medical Adviser  
**Dr Ian St George**

Policy Analyst  
**Mr Michael Thorn**

Quality Assurance Manager  
**Mrs Jane Lui**

## Corporate services

Mr Tony Hanna  
**Corporate Manager**

Ms Diane Latham  
**Database Analyst**

Information Systems Analyst  
**vacant**

Information Systems Coordinator  
**Mr Bill Taylor**

Office and Records Administrator  
**Mrs Betty Wright**

Receptionist  
**Ms Deborah Harrison**

Senior Secretary  
**Mrs Dot Harvey**

## Finance

Financial Controller  
**Mr John de Wever**

Finance Officer  
**Mrs Moyra Hall**

Finance Officer  
**Mrs Elaine Pettigrew**

## Health

Health Manager  
**Ms Lynne Urquhart**

Health Administrator  
**Ms Jo Hawken-Incledon**

Health Administrator  
**Mrs Viv Coppins**

Health Administrator  
**Mrs Diana Chester**

Health Administrator  
**Mrs Liz Tonks**

## Health Practitioners Disciplinary Tribunal

Executive Officer  
**Ms Gay Fraser**

PA to Executive Officer  
**Mrs Dianne Haswell**

Legal Officer  
**Ms Kim Davies**

## Registration

Registration Manager  
**Ms Joan Crawford**

APC Administrator  
**Mrs Sharon Mason**

APC Coordinator  
**Mrs Raewyn Ogilvie**

Assistant Registration Manager  
**Ms Heather Pettigrew**

Registration Administrator  
**Mr Andrew Cullen**

Registration Administrator  
**Ms Bridie Henderson**

Registration Administrator  
**Ms Nisha Patel**

Registration Administrator  
**Ms Gyllian Turner**

Registration Administrator  
**vacant**

Registration Administrator  
**vacant**

## Professional standards

Professional Standards  
Manager  
**Ms Vesna Wells**

Education Coordinator  
**Mr John Harbord**

Education Coordinator  
**Ms Alice Sciascia**

Examinations Coordinator  
**Ms Bronwyn Kirkwood**

Performance Standards  
Coordinator

**Ms Kristin Mednis**

Performance Standards  
Administrator  
**Ms Mere Just**

Performance Senior Coordinator  
**Ms Rachael Heslop**

## Solicitors

**Buddle Findlay**  
P O Box 2694  
Wellington

## Bankers

**ANZ Banking Group  
(New Zealand) Ltd**  
Victoria Street  
Wellington

## Auditors

**Miller Dean Audit**  
P O Box 11 253  
Wellington

Medical Council of New Zealand  
Level 13, Mid City Tower  
139 – 143 Willis St  
P O Box 11 649  
Wellington  
Ph: 64 4 384-7635, 0800 286 801  
Fax: 64 4 385-8902  
mcnz@mcnz.org.nz  
www.mcnz.org.nz

