MEDICAL COUNCIL of NEW ZEALAND

ANNUAL REPORT

2006

MEDICAL COUNCIL OF NEW ZEALAND

Protecting the public, promoting good medical practice

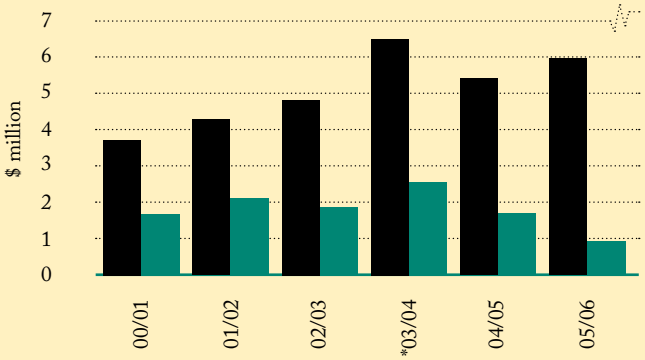
Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

FACTS AT A GLANCE

1 July 2005–30 June 2006

Registered doctors	
– Trained in New Zealand	315
– International medical graduates	1,270
Total practising doctors at 30 June 2006	11,398
Doctors registered with vocational scopes	7,356
Candidates who sat NZREX Clinical	41
Candidates who passed NZREX Clinical	22
Professional conduct committees	6
Referrals to competence	35
Competence programmes	7

SUMMARY OF EXPENDITURE

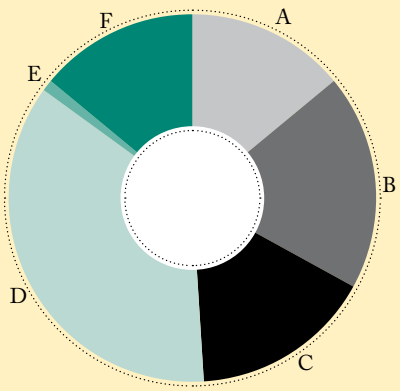


General fund

Complaints investigation & prosecution fund

*Note: *15 month period*

TOTAL EXPENDITURE



A Education – 14%

B Health – 19%

C Professional standards – 16%

D Registration – 36%

E Workforce survey – 1%

F Complaints investigation & prosecution – 14%

CONTENTS

The Medical Council of New Zealand is pleased to submit this report for the year ending 30 June 2006 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 activities of the Health Practitioners Disciplinary Tribunal activities that concern doctors only.

MEMBERS OF THE MEDICAL COUNCIL

at 30 June 2006

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 taught in the family medicine training programme. Between 1983 and 1994 he gave two sessions of general anaesthetics each week at Matamata's Pohlen Hospital.

Dr Bond has worked as a locum in a remote part of Newfoundland and in a small mission hospital in western Thailand. He currently has a general practice on Waiheke Island. He is also a GP liaison for Auckland District Health Board, and a member of the New Prescribers Committee for the Ministry of Health and of an international air repatriation team.

Dr Bond is chairperson of Council's Audit Committee.

Dr Philip Barham

MB ChB, DipObst, MPH Ed NSW, MRCGP, FRNZCGP, MRCGP

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.

Dr Barham is a member of Council's Health and Education Committees.

Professor A John Campbell

MB ChB, MD, DipObst, FRACP

Professor Campbell has been a consultant physician with the Otago District Health Board since 1980. He has a particular clinical and research interest in geriatric medicine and 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 a member of the Medical Reference Group. Professor Campbell has convened or been a member of government committees on services for elderly people. He currently chairs the Health Regulatory Authorities of New Zealand.

Ms Jean Hera

NZ Certificate in Science, Bachelor of Social Work (Hons), PhD, Postgraduate Diploma in Social Service Supervision (with Distinction), MANZASW

Ms Hera is a community health worker / manager at the Palmerston North Women's Health Collective and provides professional supervision to social and community workers.

She is also one of the fieldwork coordinators for the Bachelor of Social Work degree at Massey University.

Ms Hera is a member of the 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 chairperson of the Otaki Community Health Trust. This trust manages a community health services facility.

Ms Hird was a member of the Otaki Primary Health Organisation (PHO) steering committee that established the Otaki Community PHO. Ms Hird is also national legal adviser to HealthCare Aotearoa (Inc), a network of community primary health providers and PHOs.

In 2005 she was reappointed 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.

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 in a clinical position 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 official member of the committee and chairperson of its case history subcommittee. More recently she chaired the binational committee responsible for accrediting the Formal Education Programmes of the College, and is a member of the College's professional conduct committee.

Dr MacDonald has been a member of the Council's Health Committee since joining Council in 2000 and chairperson of the committee since 2002.

Dr Peter Moller

MNZM, MB ChB, MRCPEd, MRCP, FRACP

Dr Moller was appointed to Council in March 2005.

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 the University of Otago's department of medicine until 2004.

Dr Moller was chairperson 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 adviser 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.

Dr Kate O'Connor

BHB, MB ChB, FRANZCR

Dr O'Connor graduated from the University of Auckland 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 a radiologist at Middlemore Hospital and the Auckland Radiology Group. She was elected to Council in 2003 and is a member 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 works as a specialist for several public sector organisations and as a part-time 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 and Health Sciences, 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 held a World Health Organization fellowship in environmental health.

Dr Read is chairperson of the Education Committee, deputy chairperson of Council, and Council's representative on the Confederation of Postgraduate Medical Education Councils and the Australian Medical Council's Specialist Education Accreditation Committee.

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 Māori Health Commission and the Bay of Plenty District Health Board.

Mrs Thomson is the manager of Rural Health Services Eastern Bay and lives in Whitianga Bay, 50 kilometres east of Opotiki. Her interest in health has been mainly in health management, the development of services for Māori, 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.

CHAIRPERSON'S FOREWORD

Council's four strategic goals under the Health Practitioners Competence Assurance Act 2003 (HPCAA) are to:

- 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 internationally.

Achieving the first of these goals – ensuring doctors are competent and fit to practise – is central to most of Council's work. We need robust processes when assessing doctors applying for registration in New Zealand and Council has recently modified the New Zealand registration examination. We are consulting with the profession and branch advisory bodies about valid and reliable assessment options for international medical graduates (IMGs) applying for registration in a vocational scope.

Performance evaluation

We have also tested a new method of performance evaluation that includes an audit of continuing professional development activities and evaluation by colleagues and patients. We ran a 1-year pilot of the performance evaluation programme (PEP) from June 2005.

The PEP created both considerable interest and publicity as the pilot programme involved 10 percent of all doctors applying for an annual practising certificate (APC). Those who did not satisfy the documentation audit were referred to the colleague, patient and self questionnaire (CPSQ). In addition, 10 percent of doctors who had satisfied the documentation audit were invited to take part in the CPSQ as part of a control group. In the coming year we will evaluate the CPSQ to assess its role in identifying poor performance.

The Council has well-tested methods for assessing the performance of doctors about whom concerns are raised. PEP may well form part of that assessment. In ensuring the great majority of doctors are competent and fit to practise, the Council has relied on personal professionalism, explicit standards, continuing professional development requirements and College programmes. Some countries are moving to more formal revalidation and external testing. Council will be discussing with the public and the profession the extent to which we need formal external evaluation (of which PEP could be a component), or whether we should further develop formal peer review and audit.

I would like to thank all doctors who voluntarily participated in the CPSQ for their tolerance and forbearance as Council fine-tuned and revised its processes throughout the pilot. Likewise I would like to thank the New Zealand Orthopaedic Association and Royal New Zealand College of General Practitioners for their support and involvement.

Council election

In March Council held an election for four new members to replace Drs Philip Barham, Barnett Bond, Peter Moller and Kate O'Connor whose appointments expired.

A total of 15 candidates stood for nomination and just over 30 percent of doctors voted. The Minister of Health has appointed Drs Richard Acland, Barnett Bond, Peter Moller, Kate O'Connor, and Ian St George to Council for a 3-year term.

It is important that the Council has the confidence of both the public and the profession. Appointing well qualified nominees who are well supported by colleagues will provide this confidence.

The Minister has discussed with us various ways of making sure both the profession and the public have confidence in the appointments process. The Minister has undertaken to consult the profession on any recommendation that would require a change in the Act. A binding election result for a proportion of Council would require a change in the Act and initial consultations indicate this is favoured by the profession. The Council will, in the coming year, be seeking comment from the profession on this.

Stakeholder relations

Over the past year, the Council has worked hard to make itself more accessible to the public, the profession and the media. Council members, the chief executive and staff have held successful meetings with doctors, district health boards, health advocates and community health groups throughout New Zealand to explain the role and function of the Council.

Media issues

We have spent considerable time and resources this year responding to concerns that the Council would not discuss the health of individual doctors with the media.

The Council as a matter of long-standing policy does not comment about the health of individual doctors.

We recognise that a tension exists between the public interest in information being disclosed, the freedom of the press and a doctor's right to privacy. However, our primary concern is the health and safety of the public. Anything that may make people reluctant to advise the Council of concerns about a doctor's fitness to practise has the potential to compromise public safety.

We do have broad discretion under section 157 of the HPCAA to publish information about an order or direction, including the name of a doctor. If we disclose a doctor's name, we must balance the interests of the public and open justice against the serious and often irrevocable consequences to the doctor's reputation, livelihood and the confidence of their patients. We are confident that our processes ensure that when a doctor with a health problem is practising, he or she is practising safely.

Naming individuals may have flow-on effects including reluctance on the part of doctors and other health professionals to disclose health problems. We believe this would be to the detriment of all patients.

Chief executive and registrar changes

After seven years with the Council, chief executive Ms Sue Ineson resigned in July 2005 to manage her own health consulting business. Ms Tania Turfrey, the Council's registrar since 2000, resigned in April 2006 to take up a position with the Department of Labour.

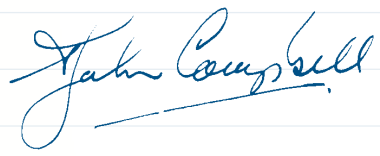
Both Ms Ineson and Ms Turfrey made an invaluable contribution to Council during their tenure, particularly in overseeing and managing the implementation of the HPCAA.

In November 2005, Mr Philip Pigou took up the role as the Council's chief executive. Mr Pigou was formerly general manager of the South Island Shared Services Agency.

Mr Simon Robb was appointed in May 2006 as registrar. Mr Robb has substantial experience in the health sector, in both legal and management positions.

Thanks

I extend my thanks to members and staff of the Medical Council for their support and for meeting the demands both Council and the profession place on them. I would also like to mention with gratitude the work of outgoing member Dr Philip Barham who, with his experience, wisdom and enthusiasm, has made a very significant contribution to Council.



John Campbell
Chairperson

CHIEF EXECUTIVE'S INTRODUCTION

My first report covers the eight months, since I took up the role of chief executive in November 2005, after Ms Sue Ineson resigned.

On behalf of the staff, I would like to acknowledge the contribution that Sue made to the work and profile of the Council over the past seven years. Her work and vision for Council has left the organisation in good stead for the challenges ahead.

Disaster planning

A staff committee has now completed the first stage of the Council's disaster plan. A pandemic manager and two deputies have been appointed to be responsible for workplace safety in the event of an emerging disease threat or other emergency.

The second stage of planning is also underway and we are seeking legal advice to clarify whether section 8(3) of the HPCAA enables any registered doctor, irrespective of their scope of practice, to contribute within their range of competence when an emergency has been declared.

Council finances

The Council's operation for the year to 30 June 2006 showed a surplus of $278,018 compared to the budgeted deficit of $495,000. Total revenue was up $300,000, reflecting registration activities, and interest from investments was also up. Expenditure was down $470,000, with $340,000 coming from a reduced number of Tribunal hearings compared to that estimated when preparing the budget.

Stakeholder liaison

Council members and staff have met with the profession, professional bodies and community health groups to discuss issues as varied as the recruitment and retention of doctors in rural communities, cosmetic and appearance medicine and registration processes.

Statements and resources

The following statements were either developed or revised during the year with the help of feedback from the profession, stakeholders and consumer groups:

- *Statement on safe practice in an environment of resource limitation* (December 2005)
- *Legislative requirements about patient rights and consent* (February 2006)
- *Statement on use of the internet and electronic communication* (June 2006).

The Council also consulted widely on other issues and will draft new or revised publications on the following:

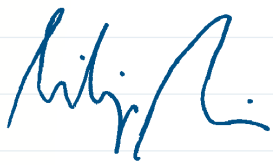
- *You and your doctor* – a publication for patients and health advocacy groups
- Two sexual boundaries resources for use by both doctors and patients
- The use of cosmetic procedures
- Cultural competence.

We also developed or revised the following resources:

- *Continuing professional development and recertification* (October 2005)
- *Education and supervision for interns* (October 2005)
- *Intern supervisors handbook* (January 2005)
- *Medical registration in New Zealand* (June 2005)
- *What you can expect. The performance assessment* (November 2005).

This year we have continued to deliver executive officer services for the Health Practitioners Disciplinary Tribunal to the Midwifery Council, the Medical Laboratory Science Board, the Occupational Therapy Board, and the Optometrists and Dispensing Opticians Board. We have also been contracted to provide the same services to the Osteopathic Council of New Zealand.

Finally, I would like to thank Council and staff for their guidance and support since I arrived.



Philip Pigou
Chief Executive

The purpose of the Council is to ensure that doctors are competent and fit 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 and fit to practise
- improve the public's understanding of the Council and its role in implementing the primary purpose of the Health Practitioners Competence Assurance Act 2003
- improve standards of practice and maintain self-regulation with input from the public, profession and stakeholders
- increase awareness about medical regulatory and workforce issues both in New Zealand and internationally.

SIGNIFICANT ACTIVITIES

PAGE:

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 reaccreditation of vocational scopes of practice, and approving recertification programmes.

Total cost: $1,008,371

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

We have four main areas of responsibility:

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

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

The Council is responsible for promoting medical education and training under the HPCAA. This includes overseeing the intern year – the period when junior doctors are registered in a provisional general scope.

The Council recognises that educational goals and policies for interns must:

- ensure public health and safety at all times
- provide appropriate education, training, supervision and experience to enable them to become registered within a general scope of practice
- take account of workforce shortages in New Zealand and other medical workforce factors.

Consultation - General practice runs for junior doctors

To address the issues listed above, and to provide interns with further opportunities for education and training, the Council is considering introducing compulsory general practice runs, and has consulted widely with stakeholders. The results of this consultation process will be available in 2007.

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 promoting doctors' health.

Total cost: $1,333,444

The Council aims to protect patients by appropriately managing doctors who may not be fit to practise because of a mental or physical condition.

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 affect their performance.

The Health Committee received 51 new referrals of doctors during the year. Of these, 17 doctors were involved in a high-level monitoring programme and 17 needed a lower level of monitoring. Another 17 cases were closed.

In addition, the Council continued to monitor 168 doctors from the previous year. Of these, 47 were in a high-level monitoring programme, 70 were monitored at a lower level and 51 files were closed.

The total number of doctors monitored for the year was 151.

A high-level monitoring 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 the doctor's treatment team.

The Council continued to financially support the work of the Doctors' Health Advisory Service.

1. DOCTORS' HEALTH STATISTICS

	2005-06
New referrals received	**51**
High-level monitoring	17
Low-level monitoring	17
Closed	–17
Total	**34**
Monitoring continued from previous year	**168**
High-level monitoring	47
Low-level monitoring	70
Closed	–51
Total	**117**
Total doctors monitored at 30 June 2006	**151**

REGISTRATION OF DOCTORS

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

Total cost: $2,491,580

To practise medicine in New Zealand, all doctors must be registered by the Council and hold an annual practising certificate (APC). Registration ensures that a doctor has met the required training standards of Council and that the Council is fulfilling its role of protecting public health and safety.

The registration area continues to be the Council's largest activity.

Key registration statistics for the year ended 30 June 2006 were:

- 1,270 international medical graduates (IMGs) were registered
- 315 New Zealand graduates were registered
- 15,084 doctors were on the medical register, of whom 11,398 held a current APC.

Pathway to registration

In December 2005, the Council circulated a consultation paper called *Pathway to registration within a vocational scope for international medical graduates*. The paper suggested changes to the pathway to registration within a vocational scope for IMGs. We sought comment from various external stakeholders, including BABs and chief medical advisers of district health boards.

As a result of the consultation process, Council is exploring alternative assessment options that may lead to registration within a vocational scope of practice for IMGs.

Ensuring public health and safety

The Council's role is to protect and promote public health and safety by ensuring doctors are competent and fit to practise medicine. As part of ongoing process improvement, and to avoid situations similar to those overseas where registration procedures have not been sufficiently robust to protect patients, the Council has tightened its registration processes.

The changes are listed below.

- Applicants must provide a Certificate of Good Standing (CGS) issued by the regulatory authority from each jurisdiction or state the applicant has worked in as a doctor during the previous three years.
- Applicants must provide three comprehensive references from senior medical colleagues that have been verified by the employer or agent.

2.SUMMARY OF REGISTRATION STATUS

At 30 June 2006

	2006
Provisional general	1,724
General	5,878
Provisional vocational	158
Vocational	7,119
Special purpose	172
Temporary	30
Total practising	11,398
Suspended	3
Total on register	15,084

Note: Doctors holding more than one registration status concurrently have been counted once for the purpose of producing these tables.

3.REGISTRATION ACTIVITIES

1 July 2005 – 30 June 2006

Provisional general / vocational issued	**Number**
New Zealand graduates (interns)	303
Australian graduates (interns)	6
Approved examination passed	34
Graduate of competent authority accredited medical school	550
Worked in comparable health system	153
New Zealand and overseas graduates (reregistration following erasure)	1
Transitional	119
Non-approved postgraduate qualification – vocational assessment	45
Non-approved postgraduate qualification – vocational eligible	62
Approved postgraduate qualification – vocational eligible	2
Approved BAB training programme	1
Variations	692

General registration issued	**Number**
New Zealand graduates	8
Overseas graduates	53
Reinstatements	31

Special purpose scope issued	**Number**
Visiting expert	20
Sponsored trainee	12
Research	1
Postgraduate training or experience	43
Locum tenens in specialist post	172
Emergencies or other unpredictable short-term situation	-
Extensions	60

General scope after completion of supervised period	**Number**
New Zealand / Australian graduates (interns)	304
Approved examination passed	72
Graduate of competent authority accredited medical school	89
Worked in comparable health system	4
Transitional	84

Vocational scope after completion of supervised period	Number
Non-approved postgraduate qualification – vocational assessment	17
Non-approved postgraduate qualification – vocational eligible	51
Approved postgraduate qualification – vocational eligible	4
Approved BAB training programme	3

Additions to vocational register	420

Amendments to register	Number
Change of address	3,105
Change of name	64
Additional qualifications	365

Suspensions	Number
Suspended or interim suspension scope	-
Revocation of suspension scope	-
Suspended or interim suspension certificate	1
Revocation of suspension certificate	-

Conditions	Number
Imposed	148
Revoked	38

Cancellations (HPCAA)	
Death s 143	25
Discipline order s.101(1)(a)	-
False, misleading or not entitled s.146	2
Revision of register s.144(5)	48
At own request s.142	153
MPA probationary s.202(6)	-
MPA temporary s.203(3)	-
MPA interim s.204(3)	-
Annual practising certificates	14,478
Certificates of good standing	1,457
Certificates of registration	23
Confirmation of standing	86
Reprint of practising certificate	166

4.NEW ZEALAND VOCATIONAL REGISTER

1 July 2005 – 30 June 2006

Vocational scope	Vocational registration at 30/6/2005[1]	Added 2005/2006	Removed 2005/2006	Net change	Vocational scope at 30/6/2006[1,2]
Accident and medical practice	108	14	5	9	117
Anaesthesia	522	36	5	31	553
Breast medicine	5	1	1	–	5
Cardiothoracic surgery	26	2	–	2	28
Clinical genetics	5	2	–	2	7
Dermatology	51	1	1	–	51
Diagnostic and interventional radiology	291	16	2	14	305
Emergency medicine	92	16	–	16	108
Family planning and reproductive health	24	–	–	–	24
General practice	2,606	144	45	99	2,705
General surgery	256	15	4	11	267
Intensive care medicine	51	2	1	1	52
Internal medicine	747	42	6	36	783
Medical administration	13	1	–	1	14
Musculoskeletal medicine	20	–	–	–	20
Neurosurgery	17	-	-	-	17
Obstetrics and gynaecology	272	13	4	9	281
Occupational medicine	42	5	–	5	47
Ophthalmology	125	8	–	8	133
Oral and maxillofacial surgery	10	3	–	3	13
Orthopaedic surgery	220	13	4	9	229
Otolaryngology, head and neck surgery	98	4	2	2	98
Paediatric surgery	17	–	–	–	17
Paediatrics	247	22	2	20	267
Palliative medicine	32	1	–	1	33
Pathology	259	15	1	14	273
Plastic and reconstructive surgery	48	4	1	3	51
Psychiatry	490	24	4	20	510
Public health medicine	171	5	–	5	176
Radiation oncology	51	4	–	4	55

Vocational scope	Vocational registration at 30/6/2005[1]	Added 2005/2006	Removed 2005/2006	Net change	Vocational scope at 30/6/2006[1,2]
Rehabilitation medicine	11	2	1	1	12
Sexual health medicine	18	–	–	–	18
Sports medicine	11	1	–	1	12
Urology	53	3	1	2	55
Vascular surgery	19	1	–	1	20
Total	**7,026**	**420**	**90**	**330**	**7,356**

Notes:
[1] Includes doctors who may currently be inactive (have no APC).
[2] Includes 235 doctors registered in two vocational scopes and one doctor registered in three vocational scopes.

5.REGISTRATION ISSUED BY COUNTRY OF PRIMARY QUALIFICATION

1 July 2005 – 30 June 2006

Country	Provisional general							Non-app postgrad qual voc assessment
	NZ/Aust graduates	Exams	Competent authority	Comparable health system	Discipline	Transitional	Total	
Argentina	6	–	–	–	–	–	**6**	–
Australia	–	–	–	–	–	–	**–**	–
Austria	–	–	–	–	–	–	**–**	–
Bangladesh	–	5	–	–	–	–	**5**	–
Belgium	–	–	–	1	–	–	**1**	–
Bosnia and Herzegovina	–	–	–	–	–	–	**–**	–
Brazil	–	–	–	–	–	1	**1**	1
Canada	–	–	–	11	–	5	**16**	2
China	–	6	–	–	–	–	**6**	–
Cook Islands	–	–	–	1	–	–	**1**	–
Croatia	–	2	–	–	–	–	**2**	–
Czech Republic	–	–	–	1	–	–	**1**	–
Denmark	–	–	–	1	–	–	**1**	–
Dominica	–	–	–	1	–	–	**1**	–
Egypt	–	1	–	1	–	2	**4**	1
England	–	–	373	–	1	–	**374**	9
Fiji	–	3	–	–	–	–	**3**	–
Finland	–	–	–	1	–	–	**1**	–
France	–	–	–	–	–	–	**–**	–
Germany	–	1	–	16	–	2	**19**	1
Ghana	–	–	–	–	–	–	**–**	–
Hungary	–	–	–	2	–	–	**2**	1
Iceland	–	–	–	–	–	–	**–**	–
India	–	4	–	15	–	7	**26**	4
Iran	–	1	–	1	–	–	**2**	–
Iraq	–	3	–	1	–	–	**4**	–
Ireland	–	–	37	–	–	–	**37**	1
Italy	–	–	–	1	–	–	**1**	–
Jordan	–	–	–	–	–	1	**1**	–
Kazakhstan	–	1	–	–	–	–	**1**	–
Korea (Republic of)	–	1	–	–	–	–	**1**	–

Provisional vocational					Special purpose					
	Non-app postgrad qual voc eligible	App postgrad qual voc eligible	BAB training programme	Total	Visiting expert	Sponsored trainee	Research	Postgrad training / exp	Locum tenens	Total
	–	–	–	–	–	–	–	–	1	**1**
	1	–	–	**1**	7	–	–	–	2	**9**
	–	–	–	–	–	–	–	1	1	**2**
	–	–	–	–	–	–	–	–	–	–
	1	–	–	**1**	–	–	–	–	2	**2**
	–	–	–	–	–	–	–	–	1	**1**
	–	–	–	**1**	–	–	–	–	–	–
	1	–	–	**3**	–	–	–	3	10	**13**
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	1	–	–	–	–	**1**
	–	–	–	–	–	–	–	–	–	–
	2	–	–	**3**	–	–	–	–	–	–
	21	–	–	**30**	5	–	–	–	31	**36**
	–	–	–	–	–	–	–	3	–	**3**
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	1	–	–	–	–	**1**
	2	–	–	**3**	–	–	–	–	1	**1**
	–	–	–	–	–	–	–	–	1	**1**
	–	–	–	**1**	–	–	–	–	1	**1**
	–	–	–	–	–	–	–	1	–	**1**
	5	1	–	**10**	–	1	–	17	13	**31**
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–
	2	–	–	**3**	2	–	–	–	1	**3**
	–	–	–	–	–	–	–	–	1	**1**
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–

Country	Provisional general							Non-app postgrad qual voc assessment
	NZ/Aust graduates	Exams	Competent authority	Comparable health system	Discipline	Transitional	Total	
Lebanon	–	1	–	–	–	–	**1**	–
Libya	–	–	–	1	–	–	**1**	–
Malaysia	–	–	–	–	–	–	**–**	–
Malta	–	–	–	–	–	1	**1**	1
Mexico	–	–	–	–	–	1	**1**	–
Montserrat	–	–	–	–	–	–	**–**	–
Myanmar	–	–	–	1	–	–	**1**	–
Netherlands	–	–	–	5	–	1	**6**	–
Netherlands Antilles	–	–	–	1	–	–	**1**	–
New Zealand	303	–	–	–	–	–	**303**	2
Nigeria	–	–	–	2	–	2	**4**	2
Northern Ireland	–	–	13	–	–	–	**13**	–
Norway	–	–	–	1	–	–	**1**	1
Pakistan	–	–	–	4	–	8	**12**	–
Philippines	–	–	–	–	–	2	**2**	1
Poland	–	1	–	2	–	–	**3**	–
Romania	–	–	–	2	–	–	**2**	3
Russia	–	2	–	–	–	–	**2**	1
Scotland	–	–	105	–	–	–	**105**	3
Singapore	–	–	–	–	–	–	**–**	–
Slovakia	–	–	–	1	–	–	**1**	–
South Africa	–	–	–	1	–	71	**72**	2
Spain	–	–	–	–	–	1	**1**	–
Sri Lanka	–	–	–	2	–	–	**2**	–
Sweden	–	–	–	2	–	1	**3**	–
Switzerland	–	–	–	1	–	–	**1**	–
Thailand	–	–	–	1	–	–	**1**	–
United States of America	–	–	–	72	–	11	**83**	9
Wales	–	–	22	–	–	–	**22**	–
Zambia	–	–	–	–	–	–	**–**	–
Zimbabwe	–	2	–	–	–	2	**4**	–
Total	**309**	**34**	**550**	**153**	**1**	**119**	**1,166**	**45**

Provisional vocational					Special purpose					
	Non-app postgrad qual voc eligible	App postgrad qual voc eligible	BAB training programme	Total	Visiting expert	Sponsored trainee	Research	Postgrad training / exp	Locum tenens	Total
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	1	1	–	**2**
	–	–	–	**1**	–	–	–	–	1	**1**
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	1	**1**
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	1	1	**2**
	–	–	–	–	–	–	–	–	–	–
	1	–	–	**3**	1	–	–	–	–	**1**
	1	–	–	**3**	–	–	–	–	1	**1**
	1	–	–	**1**	–	–	–	–	–	–
	–	–	–	**1**	–	–	–	–	–	–
	1	–	–	**1**	–	–	–	–	–	–
	–	–	–	**1**	–	1	–	–	2	**3**
	–	–	–	–	–	–	–	1	–	**1**
	1	–	–	**4**	–	–	–	–	1	**1**
	–	–	–	**1**	–	–	–	–	–	–
	3	–	–	**6**	1	–	–	1	6	**8**
	–	–	–	–	1	–	–	–	–	**1**
	–	–	–	–	–	–	–	1	–	**1**
	9	1	1	**13**	–	–	–	–	18	**18**
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	3	–	10	1	**14**
	1	–	–	**1**	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–	–
	8	–	–	**17**	1	7	–	3	71	**82**
	–	–	–	–	–	–	–	–	1	**1**
	–	–	–	–	–	–	–	–	1	**1**
	1	–	–	**1**	–	–	–	–	1	**1**
	62	**2**	**1**	**110**	**20**	**12**	**1**	**43**	**172**	**248**

6.VOCATIONAL SCOPE GRANTED TO DOCTORS BY VOCATIONAL SCOPE

1 July 2005 – 30 June 2006

Vocational scope	Overseas	New Zealand
Accident and medical practice	5	9
Anaesthesia	19	17
Breast medicine	1	–
Cardiothoracic surgery	1	1
Clinical genetics	–	2
Dermatology	1	–
Diagnostic and interventional radiology	5	11
Emergency medicine	9	7
General practice	62	82
General surgery	8	7
Intensive care medicine	1	1
Internal medicine	17	25
Medical administration	–	1
Obstetrics and gynaecology	9	4
Occupational medicine	2	3
Ophthalmology	2	6
Oral and maxillofacial surgery	-	3
Orthopaedic surgery	3	10
Otolaryngology, head and neck surgery	1	3
Paediatrics	5	17
Palliative medicine	1	–
Pathology	6	9
Plastic and reconstructive surgery	1	3
Psychiatry	18	6
Public health medicine	1	4
Radiation oncology	4	–
Rehabilitation medicine	1	1
Sports medicine	–	1
Urology	2	1
Vascular surgery	1	–
Total	**186**	**234**

7.OUTCOMES OF APPLICATIONS FOR ASSESSMENT OF ELIGIBILITY FOR VOCATIONAL REGISTRATION

1 July 2005 – 30 June 2006

Branch	Incomplete applications	Pending (at College/ Council)	Withdrawn /lapsed	Vocational scope	Vocational eligible	Vocational assessment	NZREX	Total
Anaesthesia	1	–	15	5	4	8	2	**35**
Cardiothoracic surgery	–	–	3	–	–	–	1	**4**
Dermatology	–	1	2	–	1	–	–	**4**
Diagnostic and Interventional radiology	2	–	6	3	3	1	2	**17**
Emergency medicine	1	1	3	–	–	2	–	**7**
General practice	2	2	11	–	2	2	2	**21**
General surgery	1	–	14	1	–	4	1	**21**
Intensive care medicine	–	–	1	–	–	2	1	**4**
Internal medicine	6	4	24	3	6	16	3	**62**
Medical administration	–	–	–	–	–	1	–	**1**
Musculoskeletal medicine	–	–	–	–	–	–	1	**1**
Neurosurgery	–	–	2	–	–	2	–	**4**
Obstetrics and gynaecology	–	–	8	2	3	1	3	**17**
Occupational medicine	–	–	–	–	–	–	1	**1**
Ophthalmology	–	1	5	–	1	–	3	**10**
Orthopaedic surgery	–	–	8	1	1	–	1	**11**
Otolaryngology, head and neck surgery	–	–	6	–	2	1	–	**9**
Paediatric surgery	–	–	1	–	–	–	–	**1**
Paediatrics	1	1	7	1	2	1	1	**14**
Palliative medicine	–	1	1	–	–	–	–	**2**
Pathology	–	–	3	–	6	1	2	**12**
Plastic and reconstructive surgery	–	–	1	–	–	–	–	**1**
Psychiatry	2	2	7	–	18	7	1	**37**
Public health medicine	–	–	1	–	–	1	–	**2**
Radiation oncology	–	–	3	1	–	1	–	**5**
Rehabilitation medicine	–	–	1	–	1	1	–	**3**
Urology	–	–	4	1	–	–	–	**5**

7.OUTCOMES OF APPLICATIONS FOR ASSESSMENT OF ELIGIBILITY FOR VOCATIONAL REGISTRATION continued

Branch	Incomplete applications	Pending (at College/ Council)	Withdrawn /lapsed	Vocational scope	Vocational eligible	Vocational assessment	NZREX	Total
Vascular surgery	–	–	–	–	–	1	1	**2**
Total	**16**	**13**	**137**	**18**	**50**	**53**	**26**	**313**
Percentages based on total number of outcomes				12.24%	34.01%	36.05%	17.69%	

Note:

The numbers of applications in each category are quite different compared to 2005. The numbers of incomplete and pending applications are significantly lower than in 2005, whereas the number of withdrawn / lapsed applications has increased more than 400 percent.

Council staff are now giving applicants better and more timely advice about whether or not their application will be successful. This means that applicants have the opportunity to withdraw their applications before beginning the lengthy process of obtaining a formal assessment from the College and referee reports.

In terms of the outcomes of applications, the number of applicants directed to NZREX has decreased slightly. The number of doctors deemed 'vocational eligible' has increased. The number of applicants granted a vocational scope has decreased.

8.DOCTORS ON THE NEW ZEALAND MEDICAL REGISTER BY COUNTRY OF PRIMARY QUALIFICATION

as at 30 June 2006

Country	Provisional general	General	Provisional vocational	Vocational	Temporary	Special purpose	Total	Number with practising certificates
England	586	469	24	817	6	19	1,921	1,300
South Africa	131	297	44	540	3	7	1,022	810
Scotland	178	149	5	231	1	6	570	382
Australia	6	308	–	191	2	3	510	302
India	38	175	15	206	1	32	467	355
Sri Lanka	9	113	1	151	1	16	291	188
United States of America	129	9	14	68	8	49	277	151
Iraq	7	113	–	33	–	–	153	119
Ireland	63	34	4	48	1	1	151	81
Germany	35	28	7	46	–	1	117	89
Bangladesh	12	90	–	10	–	–	112	84
Canada	32	25	2	40	1	4	104	57
Wales	36	20	–	35	1	1	93	56
China	10	33	–	39	–	–	82	70
Egypt	8	39	1	21	–	–	69	53
Fiji	5	17	–	33	1	6	62	54
Northern Ireland	17	11	–	21	–	–	49	32
Pakistan	13	18	2	16	–	–	49	38
Philippines	7	27	2	7	–	3	46	40
Yugoslavia (Federal Republic of)	–	24	1	17	–	–	42	34
Netherlands	10	8	4	12	–	–	34	27
Zimbabwe	4	4	2	21	–	2	33	28
Russia	6	13	2	5	–	–	26	22
Poland	5	10	1	8	–	1	25	20
Romania	3	5	7	7	–	1	23	20
Singapore	–	1	–	21	–	–	22	18
Myanmar	3	9	–	6	–	1	19	15
Croatia	2	8	–	4	–	–	14	13
Sweden	6	2	1	3	–	–	12	8

8.DOCTORS ON THE NEW ZEALAND MEDICAL REGISTER BY COUNTRY OF PRIMARY QUALIFICATION continued

Country	Provisional general	General	Provisional vocational	Vocational	Temporary	Special purpose	Total	Number with practising certificates
Malaysia	–	2	–	5	–	3	10	5
Papua New Guinea	–	5	–	4	–	1	10	10
Belgium	3	–	1	2	1	2	9	6
Bulgaria	–	4	–	5	–	–	9	9
Czech Republic	1	4	1	3	–	–	9	6
Hungary	2	4	1	2	–	–	9	9
Nigeria	2	2	3	1	–	1	9	8
Iran	2	2	–	4	–	–	8	5
Norway	1	2	1	4	–	–	8	8
Switzerland	1	1	–	6	–	–	8	5
Denmark	1	1	–	5	–	–	7	6
Former Yugoslav Republic of Macedonia	–	6	–	1	–	–	7	5
Italy	3	–	2	1	–	1	7	5
Japan	1	1	1	2	1	1	7	4
Ukraine	2	3	–	2	–	–	7	6
Bosnia and Herzegovina	–	2	–	4	–	–	6	5
Other[1]	20	31	8	33	2	10	104	74
New Zealand	324	3,749	1	4,378	–	–	8,452	6,756
Total	**1,724**	**5,878**	**158**	**7,119**	**30**	**172**	**15,081**	**11,398**

[1] 'Other' represents 47 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: $210,924

New Zealand registration examination – NZREX Clinical

New Zealand's health system requires all doctors to meet practice standards defined by the Council. Doctors qualified outside New Zealand and Australia who wish to be registered, but who do not satisfy the criteria for other registration pathways, must pass the Council's medical registration exam, NZREX Clinical. This examination is set at the level of sixth-year medical studies.

NZREX Clinical is a 16-station Objective Structured Clinical Examination (OSCE) that tests various competencies including communication, history taking and physical examination. The prerequisites for applying to sit NZREX Clinical are:

- a medical degree listed in the FAIMER International Medical Education Directory
- an overall score of 7.5 in the International English Language Testing System (IELTS)
- a satisfactory result in the United States Medical Licensing Examination (USMLE) Step 1 and 2 (CK) or the Australian Medical Council multiple choice question (MCQ) examination.

During the year 41 candidates from 17 countries sat NZREX Clinical, and 22 passed (see Table 9). Eleven candidates passed on their first attempt, four on their second, and another seven passed after three or more attempts.

9. CANDIDATES SITTING AND PASSING NZREX CLINICAL

1 July 2005 – 30 June 2006

		Attempts						Passes on attempts				
Country	**No. sitting**	**1**	**2**	**3**	**4**	**5**	**No. of passes**	**1**	**2**	**3**	**4**	**5**
Bangladesh	10	2	3	1	3	1	3	-	-	-	2	1
China	4	2	-	1	1	-	3	2	-	1	-	-
Egypt	1	1	-	-	-	-	1	1	-	-	-	-
Fiji	3	1	1	1	-	-	2	1	-	1	-	-
Germany	1	-	1	-	-	-	1	-	1	-	-	-
India	5	1	1	1	2	-	3	1	1	1	-	-
Iraq	2	1	1	-	-	-	2	1	1	-	-	-
Korea	1	1	-	-	-	-	1	1	-	-	-	-
Lebanon	1	-	1	-	-	-	1	-	1	-	-	-
Pakistan	1	1	-	-	-	-	-	-	-	-	-	-
Philippines	2	1	-	-	1	-	-	-	-	-	-	-
Poland	1	1	-	-	-	-	1	1	-	-	-	-
Romania	2	1	1	-	-	-	-	-	-	-	-	-
Russia	3	1	1	1	-	-	-	-	-	-	-	-
Singapore	1	1	-	-	-	-	1	1	-	-	-	-
Yugoslavia	1	1	-	-	-	-	1	1	-	-	-	-
Zimbabwe	2	1	-	1	-	-	2	1	-	1	-	-
Total	**41**	**17**	**10**	**6**	**7**	**1**	**22**	**11**	**4**	**4**	**2**	**1**

Note: Two sessions of the NZREX Clinical examination were held in the 2005–2006 financial year.

PROFESSIONAL STANDARDS

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

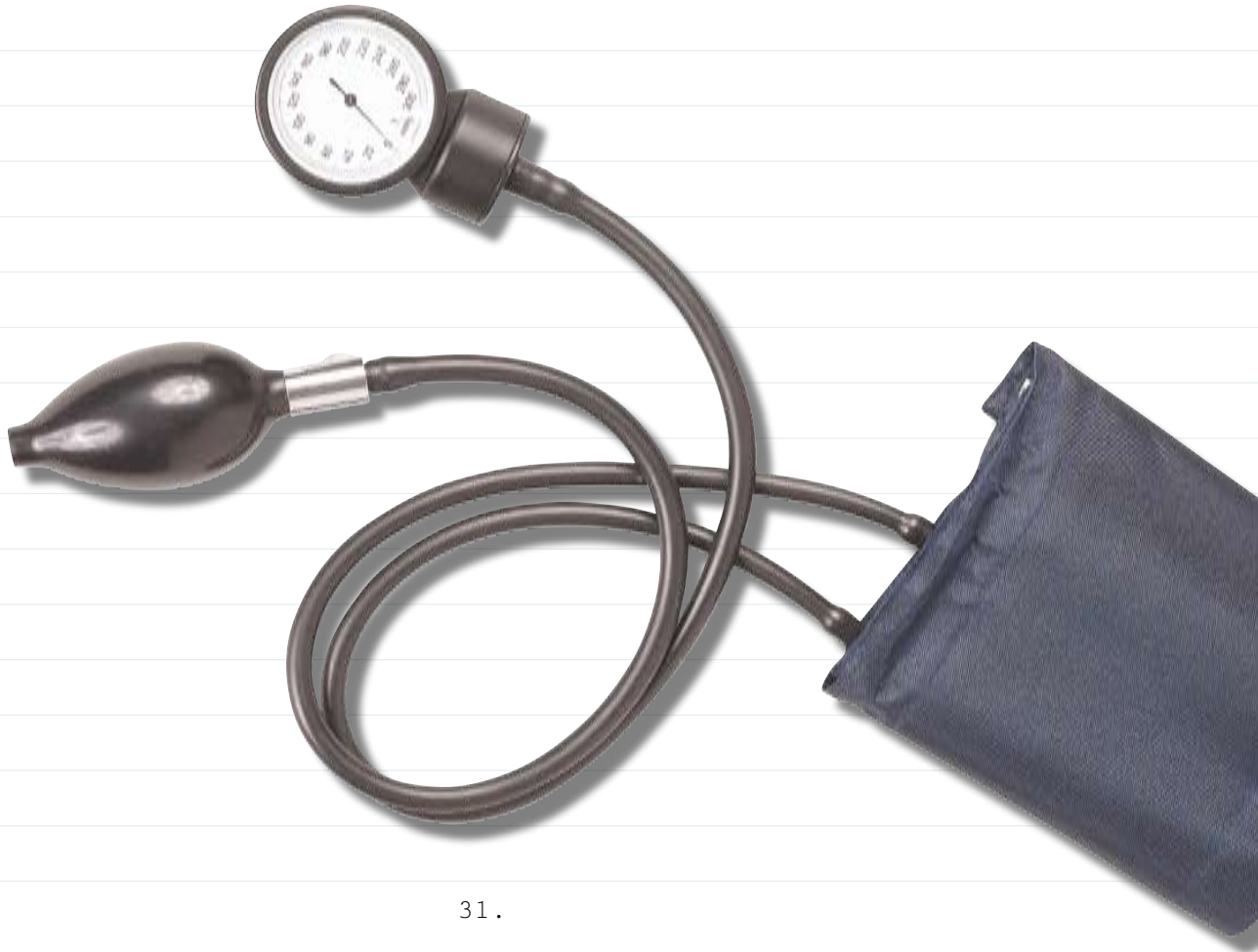
Total cost: $1,090,065

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

The Council referred 19 doctors to the competence process (see Table 10) and seven went on to take part in educational programmes. Doctors were referred to the Council, primarily by the Health and Disability Commissioner (HDC), because of concerns about clinical skills, record keeping, communication or prescribing.

Performance evaluation programme (PEP)

The Council piloted the performance evaluation programme (PEP) colleague, patient and self questionnaire (CPSQ) and have started consultation about its use with key stakeholders. The Council will continue to audit 10 percent of the profession through the annual practising certificate and recertification processes.



10. COMPETENCE REFERRALS

1 July 2005 – 30 June 2006

Source of concern	Number
Accident Compensation Corporation (ACC)	2
Complaints assessment / professional conduct committee	–
Employer	7
Health and Disability Commissioner (HDC)	18
Medical Council of New Zealand	3
Peer	3
Public	–
Other	1
Medical Practitioners Disciplinary Tribunal (MPDT)	1
Total referrals	**35**

Type of concern	Number
Boundaries	2
Clinical skills	24
Communication	16
Prescribing	3
Records	12
Surgical skills	6
Other	2

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

Outcomes of competence referrals (may relate to cases referred in the previous financial year)	Number
To competence review	19
No competence review	15
To competence programme	7
Referred to other committee eg. health, registration	2

COMPLAINTS

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

Total cost of PCCs: $257,549

Since 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 involve patients back to the Council. The Council must then promptly assess the complaint and consider what action, if any, should be taken, including referral to a PCC. The HDC must notify the Council of any investigation under the Health and Disability Commissioner Act 1994 that directly involves a doctor.

With the introduction of the HPCAA, CACs became known as PCCs, but their numbers have reduced as all complaints about patient care are now considered by the HDC.

Six complaints were referred to a PCC during the year (see Table 11).

11. SCHEDULE OF PROFESSIONAL CONDUCT COMMITTEES

1 July 2005 – 30 June 2006

	Number
New PCCs appointed	6
Categories of complaint sent to PCC	
– conviction of an offence	1
– inappropriate conduct	3
– other	2

NOTES

TRIBUNALS

Principal activities: both the Medical Practitioners Disciplinary Tribunal and the Health Practitioners Disciplinary Tribunal hear and determine 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 chairperson or deputy chairperson and four members – three medical practitioners and one layperson.

Medical Practitioners Disciplinary Tribunal

1 July 2005–30 June 2006

Total cost of PCCs: $28,578

The Medical Practitioners Disciplinary Tribunal (MPDT) has not received any charges during the year. The Tribunal has two charges from 2002 and 2005 yet to be completed from complaints assessment committees. It is expected these charges will be heard during 2006/2007 and once they are completed, the MPDT will cease to function.

Medical charges before the Health Practitioners Disciplinary Tribunal

Total cost: $108,253

During the year, the HPDT received nine charges relating to nine doctors – eight from the director of proceedings and one from a professional conduct committee.

The HPDT sat during the year to hear four charges relating to four doctors over seven days. Two of these charges were received in the previous year.

MEDICAL CHARGES BEFORE THE HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

1 July 2005 – 30 June 2006

Nature of charges	
Professional misconduct 2004/2005	2
Professional misconduct	9
Total	**11**

Source	
Prosecution of charges brought by professional conduct committee 2004/2005	1
Prosecution of charges brought by professional conduct committee	0
Prosecution of charges brought by director of proceedings 2004/2005	1
Prosecution of charges brought by director of proceedings	2
Charges brought by professional conduct committee yet to be heard	1
Charges brought by director of proceedings yet to be heard	6
Total	**11**

Outcome of hearings	
Guilty – professional misconduct 2004/2005	2
Guilty – professional misconduct	2
Yet to be heard	7
Total	**11**

For more information about these statistics, see the Tribunal's website www.hpdt.org.nz or www.mpdt.org.nz

MEDICAL WORKFORCE SURVEY

Each year the Council collects workforce data 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: $91,539

The 2004 workforce survey was sent to all doctors with a current APC. Of these, 92 percent responded.

The survey again showed that 70-80 percent of New Zealand's medical school graduates were still working in New Zealand after graduation, and that retention trends have changed little in the last 10 years.

Other significant findings from the survey are listed below.

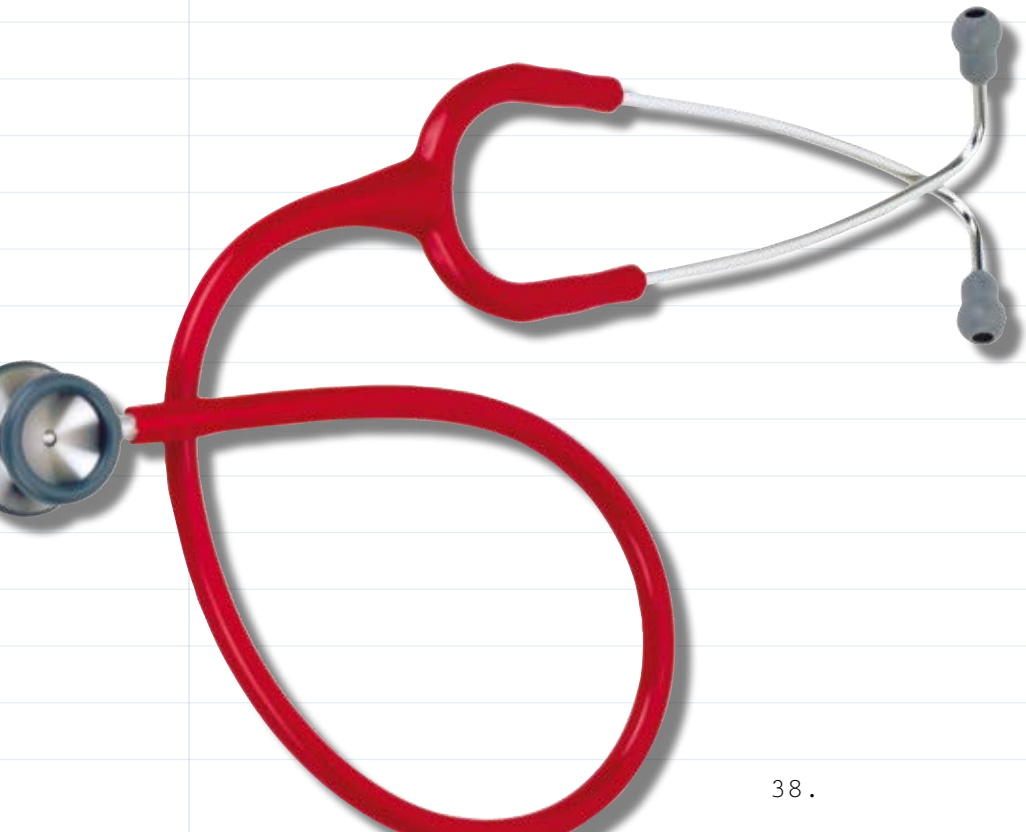
- The number of doctors in active employment increased 2 percent from 2003 to 8,991 despite a 3 percent decrease in the response rate from 95 to 92 percent. General practitioner numbers increased slightly by 0.2 percent to 3,013, but remain below the 2000 level of 3,166.
- The survey showed one active doctor to every 451 people, or in terms of full-time equivalent positions, one doctor for every 394 people (where one full-time equivalent is 40 hours per week).
- Active doctors worked on average 45.8 hours each week. Doctors aged 24 years or younger worked the highest average hours each week (57.7 hours per week).
- The mean age for all doctors rose to 44 years from 43 in 2003 and the median age remained at 43 years.
- The proportion of women doctors remained at 35 percent of the workforce, 51 percent of house officers and 40 percent of GPs.
- The proportion of international medical graduates in the workforce rose 2 percent to 36 percent, and remained at 17 percent of house officers and 37 percent of GPs.
- The proportion of Māori doctors dropped slightly to 2.6 percent (from 2.7 percent in 2003).
- The proportion of Pacific Island doctors increased slightly to 1.3 percent (from 1.1 percent in 2003).
- The largest proportion of Māori doctors worked in the Auckland District Health Board region (26.5 percent), with a further 16.2 percent working in the wider Auckland area (9.4 percent in the Counties-Manukau region and 6.8 percent in the Waitemata region). Note that geographical analysis used district health board regions based on the employment information for the main work site.
- The number of doctors who report their ethnicity as Chinese has continued to rise each year and now stands at 5.8 percent of the workforce.

Table 12 shows recent changes in the roles of the active doctor population.

12. CHANGES IN THE MEDICAL WORKFORCE

Workforce role	Active doctors 2000	Active doctors 2001	Active doctors 2002	Active doctors 2003	Active doctors 2004	Percentage change 2003 to 2004
General practice	3,166	3,037	2,917	3,006	3,013	0.2
House officer	894	760	774	842	816	-3.1
MOSS (Medical Officer)	277	289	277	303	315	4.0
Primary care other than GP	190	171	166	138	138	0.0
Registrar	1,227	1,242	1,238	1,319	1,338	1.4
Specialist (not including GP)	2,653	2,725	2,723	2,873	2,946	2.6
Other	206	233	252	244	314	28.3
No answer	2	34	56	65	111	70.8
Total	**8,615**	**8,491**	**8,403**	**8,790**	**8,991**	**2.3**

A copy of the Council's report *The New Zealand Medical Workforce in 2004* can be found on the Council's website at www.mcnz.org.nz



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 one of the following:
  - broad health sector knowledge
  - experience in one of the main vocational scopes of medical practice
  - experience in health service delivery in a variety of provincial and tertiary settings
  - 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 eight 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. We share ideas for future developments and maintain contact with organisations such as Australian registration boards, the International Association of Medical Regulatory Authorities, the Federation of State Medical Boards and the Educational Commission for Foreign Medical Graduates in the United States of America, the Medical Council of Canada, and the General Medical Council in the United Kingdom.

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, branch advisory bodies (BABs), the Health and Disability Commissioner, 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, and Te Ohu Rata o Aotearoa (Te ORA) as well as members of the profession, medical students and community groups.

Committee structure

The Council operates three standing committees: Audit, Health and Education. The membership of these committees is on page 40. The Council receives the committee meeting minutes at its formal meetings and in approving those minutes confirms the decisions made. Delegation limits are established.

COUNCIL COMMITTEES

Council standing committees at 30 June 2006

Audit Committee

Dr Barnett Bond (Chairperson)
Professor John Campbell
Ms Liz Hird
Mrs Heather Thomson

Health Committee

Dr Joanna MacDonald (Chairperson)
Dr Philip Barham
Dr Kate O'Connor
Mrs Heather Thomson
Alternate layperson Ms Jean Hera

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 Balasingam
Vocational branch nominee

Dr John Doran
Intern supervisor

Dr Tom Fiddes
Nominee of appropriate college
or branch advisory body; active consumer of education

Dr Lorna Martin
Nominee of appropriate college
or branch advisory body – general practitioner

Dr Maria Poynter

Dr Lupe Taumoepeau
Active consumers of education

Dr David Spriggs
Nominated by Council

FINANCE

PAGE:

AUDITOR'S REPORT

Miller Dean Audit

CHARTERED ACCOUNTANTS

MEDICAL COUNCIL OF NEW ZEALAND
AUDITORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2006

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 2006. 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 2006 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 2006 and the results of its operations and cash flows for the year ended on that date.

Date Of Opinion
Our audit was completed on 9 October 2006 and our unqualified opinion is expressed as at that date.

Miller Dean Audit

Level 5, 203–209 Willis Street, PO Box 11253, Wellington, New Zealand.
Tel 0-4-385-0862 Fax 0-4-384-3381 Email: audit@millerdean.co.nz www.millerdean.co.nz

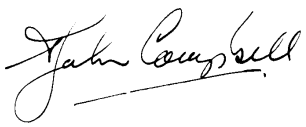
John W. Little CA (PP), B.C.A. Lance T. Burgess CA (PP), B.C.A.

STATEMENT OF FINANCIAL POSITION

as at 30 June 2006

	2006	2005
CURRENT ASSETS		
Petty cash	200	200
ANZ bank account	227,113	168,431
Receivables (Note 7)	100,043	93,734
Interest accrued	360,412	304,979
Term deposits (Note 8)	9,959,738	9,254,684
Total current assets	**$10,647,506**	**$9,822,028**
Property, plant and equipment (Note 9)	1,492,628	1,556,803
Total assets	**$12,140,134**	**$11,378,831**
CURRENT LIABILITIES		
Sundry creditors	659,855	659,741
Salaries and holiday pay accrued	278,517	229,718
GST	3,037	13,927
Payments received in advance	3,013,359	2,568,097
Total current liabilities	**$3,954,768**	**$3,471,483**
CAPITAL ACCOUNT		
General fund	6,190,035	6,333,706
Complaints investigation and prosecution fund	2,068,922	1,573,642
Examination fund	(73,591)	–
	$8,185,366	**$7,907,348**
	$12,140,134	**$11,378,831**

The accompanying notes form part of these financial statements



John Campbell
Chairperson

Philip Pigou
Chief Executive

CONSOLIDATED STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 30 June 2006

	2006	2005
INCOME		
Fees received	6,051,641	5,729,127
Interest received	648,977	561,459
Other income	309,106	193,891
	$7,009,724	**$6,484,477**
EXPENDITURE		
Audit fees	14,000	13,000
Depreciation (Note 1a, 9)	633,990	607,321
Loss on disposal of assets	–	–
Fees paid to council members	440,304	431,097
Other administrative costs	5,411,564	5,702,739
Rent	231,848	231,848
	$6,731,706	**$6,986,005**
Net surplus / (deficit) for year	**$278,018**	**($501,528)**

The accompanying notes form part of these financial statements

STATEMENT OF MOVEMENTS IN EQUITY

for the year ended 30 June 2006

	2006	2005
A) ACCUMULATED FUNDS AND RESERVES		
Balance at 30 June 2005	7,907,348	8,408,876
Less: deficit 2005	–	(501,528)
Add: surplus 2006	278,018	–
Balance at 30 June 2006	**$8,185,366**	**$7,907,348**
B) ANALYSIS OF INDIVIDUAL FUNDS		
1. General fund		
Balance at 30 June 2005	6,333,706	6,828,895
Less: deficit	(143,671)	(119,158)
Less: transfer from examination fund 2005 (Note 13)	–	(376,031)
Balance at 30 June 2006	**$6,190,035**	**$6,333,706**
2. Complaints investigation and prosecution fund		
Balance at 30 June 2005	1,573,642	1,898,855
Less: deficit 2005	–	(325,213)
Add: surplus 2006	495,280	–
Balance at 30 June 2006	**$2,068,922**	**$1,573,642**
3. Examination fund		
Balance at 30 June 2005	–	(318,874)
Less: deficit	(73,591)	(57,157)
Add: transfer to general fund 2005 (Note 13)	–	376,031
Balance at 30 June 2006	**($73,591)**	–

The accompanying notes form part of these financial statements

STATEMENT OF CASH FLOWS

for the year ended 30 June 2006

		2006	2005
CASH FLOWS FROM STATUTORY FUNCTIONS			
Cash was provided from:			
Receipts pertaining to statutory functions	6,814,473		6,126,116
Cash was also distributed to:			
Payment for council fee and disbursements and council office expenses	(6,213,720)		(6,150,752)
Net cash flows from statutory functions		600,753	(24,636)
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash was provided from:			
Interest received	593,544		614,981
Sale of assets	–		–
Short term investments	–		171,711
	593,544		786,692
Cash was applied to:			
Purchase of assets	(430,561)		(716,774)
Short-term investments	(705,054)		–
	(1,135,615)		(716,774)
Net cash flows from investing activities		(542,071)	69,918
Net increase / (decrease) in cash held		58,682	45,282
Opening cash brought forward		168,631	123,349
Ending cash carried forward		**$227,313**	**$168,631**
Represented by:			
Petty cash		200	200
ANZ bank account		227,113	168,431
		$227,313	**$168,631**

The accompanying notes form part of these financial statements

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2006

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

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** – These are 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

No material changes in accounting policies have taken place. Policies 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 2006

	2006	2005
REVENUE		
Annual practising certificates and other fees	4,661,702	4,162,031
Administration fee - complaints investigation and prosecution fund (Note 1)	370,000	502,000
Administration fee - examination fund (Note 1)	97,000	142,000
Interest received	481,021	429,253
Workforce survey and other income	261,605	113,502
Total revenue	**$5,871,328**	**$5,348,786**
ADMINISTRATION AND OPERATING EXPENSES		
Communications	252,197	268,895
Council election	42,428	–
Legal expenses and other consultancies	201,537	160,926
Administration and operating expenses	1,426,958	1,365,975
Staff costs including recruitment and training	2,763,427	2,335,661
Total administration and operating expenses	**$4,686,547**	**$4,131,457**
COUNCIL AND COMMITTEE EXPENSES		
Council		
- Fees and expenses	373,229	354,114
- Conference and liaison costs	65,399	92,754
Audit committee		
- Fees and expenses	10,446	10,383
Health committee		
- Fees and expenses	66,361	59,487
- Independent assessment reports, Doctors' Health Advisory Service and other costs	175,550	201,625
Education committee		
- Fees and expenses	54,141	48,879
- Hospital visits, intern supervisor contracts and other costs	308,429	301,464
Professional standards		
- Performance assessments and other costs	243,832	243,764
Registration		
- Fees and expenses	548	3,291
- Workshops and other costs	30,517	20,726
Total council and committee expenses	**$1,328,452**	**$1,336,487**
TOTAL EXPENDITURE	**$6,014,999**	**$5,467,944**
Net deficit for year	**($143,671)**	**($119,158)**

3. Complaints investigation & prosecution fund

Statement of financial performance for the year ended 30 June 2006

	2006	2005
REVENUE		
Disciplinary levy received	1,252,606	1,217,537
Fines and costs recovered	38,613	78,039
Interest received	167,956	132,206
Other revenue	8,888	2,350
Total revenue	**$1,468,063**	**$1,430,132**
ADMINISTRATION AND OPERATING EXPENSES		
Administration fee (Note 1)	370,000	502,000
General administration and operating expenses	208,403	144,564
Total administration and operating expenses	**$578,403**	**$646,564**
COUNCIL AND TRIBUNAL EXPENSES		
Complaints assessment committee costs		
- Fees	27,746	94,500
- Expenses	162,426	413,129
Total complaints assessment committee costs	**190,172**	**507,629**
Professional conduct committee costs		
- Fees	25,559	19,541
- Expenses	41,818	60,958
Total professional conduct committee costs	**67,377**	**80,499**
Medical Practitioners Disciplinary Tribunal		
- Administration and operating expenses	–	209,764
- Fees and other hearing expenses	28,578	248,943
Total Medical Practitioners Disciplinary Tribunal costs	**28,578**	**458,707**
Health Practitioners Disciplinary Tribunal		
- Administration fee	3,309	7,500
- Fees and other hearing expenses	104,944	54,446
Total Health Practitioners Disciplinary Tribunal costs	**108,253**	**61,946**
Total council and tribunal expenses	**$394,380**	**$1,108,781**
TOTAL EXPENDITURE	**$972,783**	**$1,755,345**
Net surplus / (deficit) for year	**$495,280**	**($325,213)**

4. New Zealand registration examination fund

Statement of financial performance for the year ended 30 June 2006

	2006	2005
REVENUE		
NZREX candidate fees	137,333	349,559
Total revenue	**137,333**	**349,559**
ADMINISTRATION AND OPERATING EXPENSES		
Administration fee (Note 1)	97,000	142,000
Centre costs	33,302	45,072
Examiners fees and expenses	29,969	141,588
Honorarium, staff costs and other administrative expenses	50,653	65,620
OSCE review costs	–	11,368
Results confirmation teleconference costs	–	1,068
Total administration and operating expenses	**$210,924**	**$406,716**
Net deficit for year	**($73,591)**	**($57,157)**

5. General fund

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

Statement of financial performance by outputs for the year ended 30 June 2006

	2006	2005
TOTAL INCOME FOR YEAR	**$5,871,328**	**$5,348,786**
Less expenditure		
EDUCATION		
Administration and operating costs	565,545	404,637
Council and committee costs	100,182	81,683
Hospital accreditation visits	40,726	49,345
Intern supervisor contract payments and meeting costs	248,693	246,454
Accreditation of vocational branches, medical schools and colleges	19,011	5,665
Liaison and other costs	34,214	30,781
Total education costs	**$1,008,371**	**$818,565**
HEALTH		
Administration and operating costs	984,208	865,222
Council and committee costs	146,933	132,387
Doctors' Health Advisory Service	51,316	59,872
Independent medical assessments	90,802	79,350
Mentoring costs	9,417	16,288
Liaison and other costs	50,768	59,569
Total health costs	**$1,333,444**	**$1,212,688**
PROFESSIONAL STANDARDS		
Administration and operating costs	769,120	666,511
Council and committee costs	65,225	61,964
Performance assessment costs	216,675	202,047
Research and advice on competence processes	23,757	29,696
Liaison and other costs	15,288	24,216
Total professional standards costs	**$1,090,065**	**$984,434**
REGISTRATION		
Administration and operating costs	2,242,779	2,074,134
Council and committee costs	184,712	189,186
Liaison and other costs	64,089	55,032
Total registration costs	**$2,491,580**	**$2,318,352**

5. General fund (continued)

	2006	2005
WORKFORCE SURVEY		
Administration and operating costs	82,466	120,953
Council and committee costs	7,674	10,934
Liaison and other costs	1,399	2,018
Total workforce survey costs	**$91,539**	**$133,905**
TOTAL EXPENDITURE	**$6,014,999**	**$5,467,944**
Net deficit for year	**($143,671)**	**($119,158)**

6. Taxation

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

7. Receivables

	2006	2005
Debtors	60,746	69,210
Payments in advance	39,297	24,524
	$100,043	**$93,734**

8. Term deposits

	2006	2005
ANZ	2,329,079	1,951,765
ASB	1,455,016	1,382,254
BNZ	1,758,557	1,649,747
Hong Kong Bank	923,741	662,678
National Bank	1,783,371	1,965,108
Taranaki Savings Bank	454,333	428,320
Westpac	1,255,641	1,214,812
	$9,959,738	**$9,254,684**

9. Property, plant and equipment

	Cost 30/6/06	Depreciation for year 30/6/06	Accumulated depreciation 30/6/06	Book value 30/6/06	Cost 30/6/05	Depreciation for year 30/6/05	Accumulated depreciation 30/6/05	Book value 30/6/05
Computer hardware and software	3,231,048	523,799	2,386,302	844,746	2,837,550	516,579	1,922,937	914,613
Furniture and fittings	255,815	20,846	144,818	110,997	248,275	20,688	123,972	124,303
Office alterations	514,649	51,465	148,778	365,871	514,649	45,335	97,313	417,336
Office equipment	170,752	17,866	112,336	58,416	155,953	13,020	101,091	54,862
Website	144,311	20,014	31,713	112,598	57,388	11,699	11,699	45,689
	$4,316,575	**$633,990**	**$2,823,947**	**$1,492,628**	**$3,813,815**	**$607,321**	**$2,257,012**	**$1,556,803**

10. Change of balance date

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

11. Related parties

The 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. No settlements were 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 flows from statutory functions for the year ended 30 June 2006

Surplus / (Deficit) for year	2006	2005
General fund	(143,671)	(119,158)
Complaints investigation and prosecution fund	495,280	(325,213)
Examination fund	(73,591)	(57,157)
	278,018	**(501,528)**
Add non-cash items – depreciation and asset write-off	633,990	607,321
	912,008	**105,793**
Add movements in working capital items		
(Increase)/decrease in receivables	(6,309)	(39,927)
Increase/(decrease) in receipts in advance	445,262	247,369
Increase/(decrease) in creditors and GST	(101,231)	223,588
	337,722	**431,030**
	1,249,730	536,823
Less items classified as investing activity-interest	(648,977)	(561,459)
Net cash flows from statutory functions	**$600,753**	**($24,636)**

15. Contingent liabilities

There are no known material contingent liabilities at balance date (nil as at 30 June 2005).

16. Events occurring after balance date

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

17. Commitments - operating leases

Lease commitments under non-cancellable operating leases:

	2006	2005
Not more than 1 year	231,848	231,848
Later than 1 year and not later than 2 years	231,848	231,848
Later than 2 years and not later than 5 years	695,544	695,544
	$1,159,240	**$1,159,240**

The rent was due to be reviewed as from 1st May 2006 and these negotiations are still in progress. The amounts shown for 2006 are based on the current payments.

Commitments – capital expenditure

There were no material capital commitments at balance date (nil as at 30 June 2005).

18. Financial instruments

Financial instruments that potentially subject the Council to credit risk consist principally of bank balances and accounts receivable. The Council places investments with recognised banking institutions within 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 6.59 percent to 7.51 percent. Receivables are shown at a fair value.

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

	2006	2005
Receivables	$60,746	$69,210
Bank balances	$10,186,851	$9,423,115
Payables	($941,409)	($903,386)

COUNCIL OFFICE

Office of the Council at 30 June 2006

Chief Executive	**Mr Philip Pigou**
Registrar	**Mr Simon Robb**
EA to Chief Executive	**Mrs Barbara Eagle**
Senior Secretary	**Mrs Dot Harvey**

Adviser group

Communications Adviser	**Mr George Symmes**
IT Project Manager	**Mr Adam Miller**
Medical Adviser	**Dr Ian St George**
Policy Analyst	**Mr Michael Thorn**
Quality Assurance Manager	**Mrs Jane Lui**

Corporate services

Corporate Manager	**Mr Tony Hanna**
Database Analyst	**Miss Diane Latham**
Information Systems Analyst	**Mr Andrew Cullen**
Information Systems Coordinator	**Mr Bill Taylor**
Office and Records Administrator	**Mrs Betty Wright**
Receptionist	**Ms Deborah Harrison**

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	**Mrs Diana Chester**
Health Administrator	**Ms Viv Coppins**
Health Administrator	**Ms Jo Hawken**
Health Administrator	**Ms Liz Tonks**

Health Practitioners Disciplinary Tribunal for medical practitioners

Executive Officer	**Ms Gay Fraser**
PA to Executive Officer	**Mrs Dianne Haswell**
Legal Officer	**Ms Kim Davies**

Registration

Registration Manager	**Ms Joan Crawford**
Registration Adviser	**Dr Deanne Wong**
Registration Coordinator	**Mr Craig Smith**
Registration Administrator	**Mrs Robin Deacon**
Registration Administrator	**Mrs Tamzyn Luafalealo**
Registration Administrator	**Miss Jenni Rutherford**
Registration Administrator	**Miss Ru-yang Shao**
Registration Administrator	**Ms Gyllian Turner**
Registration Administrator	**Mrs Charlotte Wakelin**
Vocational Registration Coordinator	**Ms Nisha Patel**
Vocational Registration Administrator	**Miss Emillie McKenna**
APC Coordinator	**Mrs Raewyn Ogilvie**
APC Administrator	**Mrs Sharon Mason**

Professional standards

Professional Standards Manager	**Ms Vesna Wells**
Professional Standards Assistant	**Ms Sandra Clark**
Education Coordinator	**Ms Mere Just**
Education Coordinator	**Ms Megan Purves**
Performance Senior Coordinator	**Ms Rachael Heslop**
Performance Standards Coordinator	**Ms Kristin Mednis**
Performance Standards Administrator	**Mr Paul Corrigan**

Solicitors

Buddle Findlay
P O Box 2694
Wellington 6140

Bankers

ANZ Banking Group (New Zealand) Ltd
18-32 Manners Street
Wellington 6001

Auditors

Miller Dean Audit
P O Box 11 253
Wellington

Medical Council of New Zealand
Level 13, Mid City Tower
139 - 143 Willis Street
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