Medical Council of New Zealand

Annual Report

MEDICAL COUNCIL of NEW ZEALAND

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

Contents

The Medical Council of New Zealand is pleased to submit this report for the year ended 30 June 2009 to the Minister of Health. The report is presented in accordance with section 134 of the Health Practitioners Competence Assurance Act 2003 and includes a report on activities of the Health Practitioners Disciplinary Tribunal for doctors only.

Facts at a glance

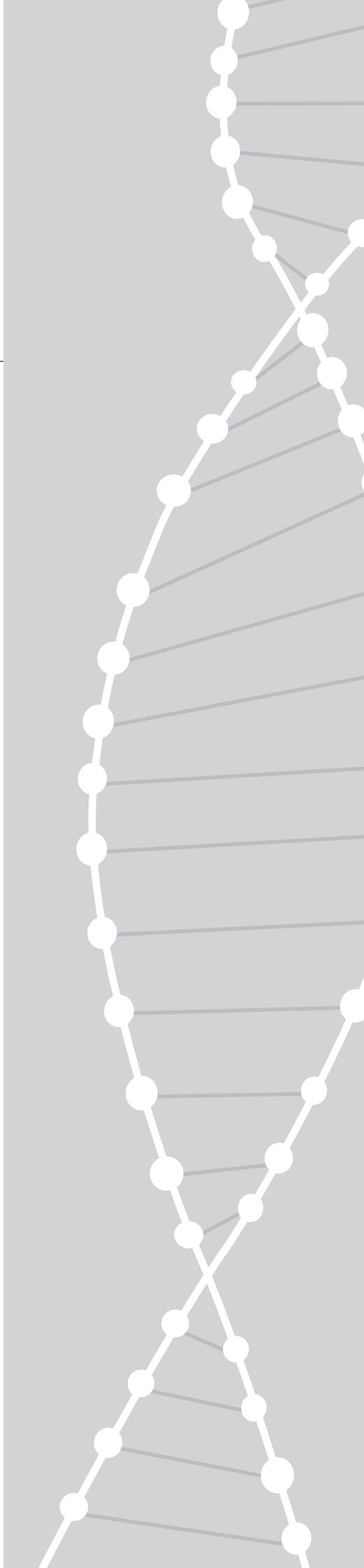
1 JULY 2008-30 JUNE 2009

DOCTORS REGISTERED

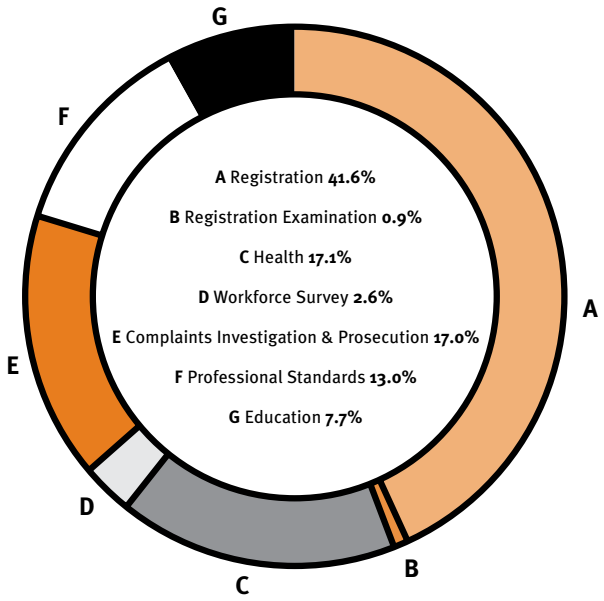
– Trained in New Zealand	323
– International medical graduates	1,141
Total practising doctors at 30 June 2009	12,493
Doctors registered with vocational scopes	8,155
Candidates who sat NZREX Clinical	73
Candidates who passed NZREX Clinical	48

PROFESSIONAL CONDUCT COMMITTEES

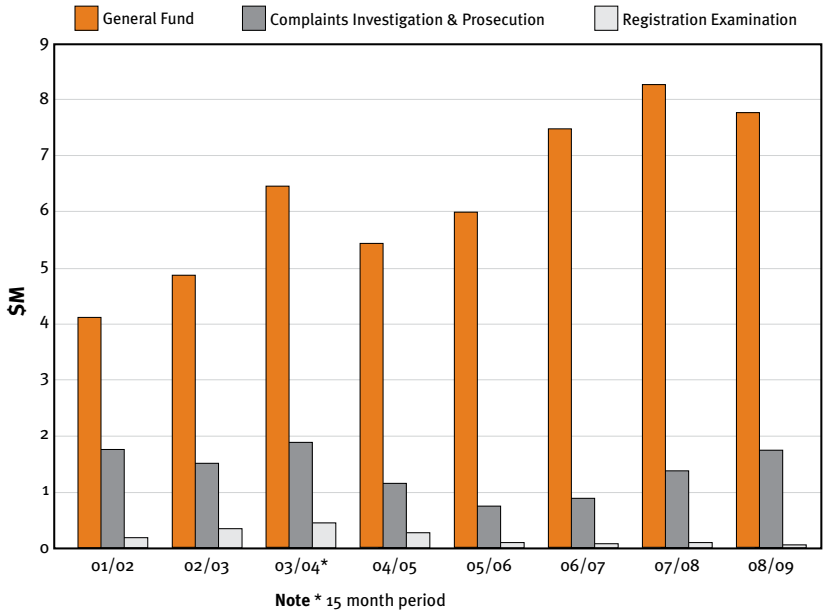
Referrals to competence	42
Competence programmes	9
Health referrals	83



SUMMARY OF EXPENDITURE

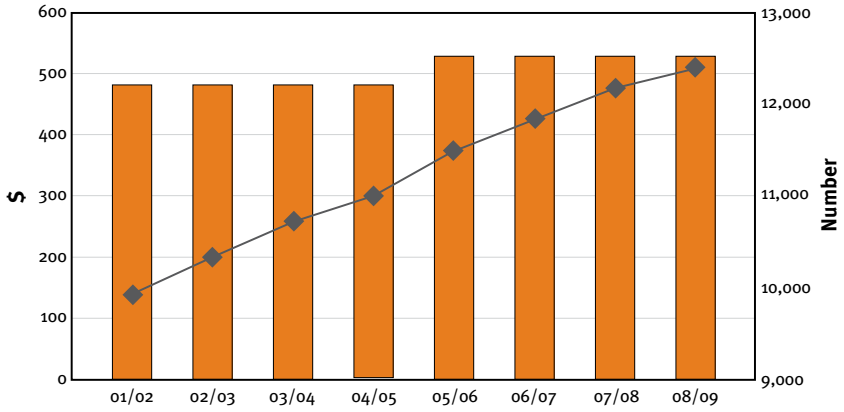


TOTAL EXPENDITURE



Note * 15 month period

ANNUAL PRACTISING CERTIFICATE



Members of the Medical Council

AT 30 JUNE 2009

DR RICHARD (RICK) ACLAND
MB ChB, FAFRM (RACP)

Dr Acland practises in rehabilitation medicine at Burwood Hospital, Christchurch. He is a visiting consultant to the Auckland Spinal Unit and the Mercy Pain Service in Dunedin. He is a former Clinical Director of anaesthesia and the Spinal Unit in Christchurch. He practised anaesthesia in Auckland from 1979 to 1994. Dr Acland was President of the New Zealand Pain Society from 2002 to 2003 and has been a member of the Medicines Assessment and Advisory Committee since 1996. His wife and son are both doctors.

Dr Acland is a member of the Council's Audit Committee.

DR JOHN ADAMS
MB ChB, FRANZCP

Dr Adams was appointed Dean of the Dunedin School of Medicine in 2003. He is a University of Otago graduate, who subsequently trained in psychiatry. He gained his Fellowship of the Royal Australian and New Zealand College of Psychiatrists in 1984. He worked for many years at the Ashburn Clinic in Dunedin, where he was appointed Medical Director in 1988.

Dr Adams has had extensive involvement with the New Zealand Medical Association (NZMA), initially as a Council delegate, then as a Board member, and later NZMA Chairman from 2001 to 2003. A long-term interest in professionalism and ethics led to him being, until this year, Chair of the NZMA Ethics Committee. He also led the recent review of the NZMA Code of Ethics.

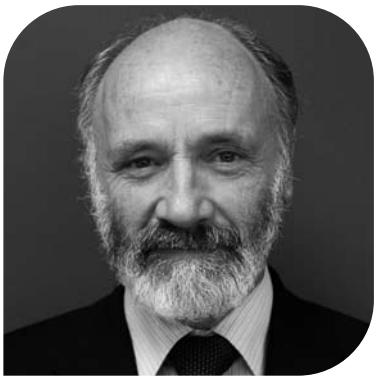
Dr Adams teaches in the professional development programme in the under-graduate course in Dunedin. He is a Trustee on the New Zealand Institute of Rural Health, the Ashburn Hall Board of Trustees, and the Alexander McMillan Trust.

Since joining the Council in 2008, he has participated as a member of the Health Committee, and has recently become chairperson of the Education Committee.

DR BARNETT BOND
MB ChB, FRNZCGP

Dr Bond has worked in rural general practice for 28 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 is a winemaker and a general practitioner on Waiheke Island and is a GP liaison for Auckland District Health Board. He is married with three high-school-aged children. He writes the wine column for the New Zealand Doctor magazine. He is a member of the New Prescribers Committee for the Ministry of Health and of an international air repatriation team. Dr Bond is chairperson of the Council's Audit Committee and a member of the Health Committee.



PROFESSOR A JOHN CAMPBELL

MB ChB, MD, DipObst, FRACP, FRCP

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 the University of Otago's faculty of medicine. Professor Campbell joined the Council in 2001 and is the current chairperson.

Professor Campbell has numerous professional affiliations. He has been a member of the National Advisory Committee on Health and Disability and a member of the Medical Reference Group. Professor Campbell has both convened and been a member of government committees on services for elderly people. He is chair of the Expert Panel on Veterans' Health.

DR ALLEN FRASER

MB ChB , DPM, MRCPsych, MRANZCP, FRANZCP, Dip Prof Ethics

Dr Fraser attended medical school in Dunedin in the 1960s and trained as a psychiatrist in Auckland and at St Thomas in London. Appointed as a consultant psychiatrist in South Auckland in 1977, he led the development of community-based mental health services. At the same time he continued his career-long commitment to the acute in-patient care of the seriously mentally ill. He has been involved in many professional organisations (local, national, and international), the first and most enduring being the RANZCP.

Since 1980, Dr Fraser has been involved in College affairs in one way or another, including as Chair of the New Zealand Committee for 4.5 years. He has been a union leader (President of the Association of Salaried Medical Specialists (ASMS)) for 4 years; he is now a life member of ASMS, and a Chief Medical Officer. Dr Fraser's current clinical work is in private practice in Auckland where he concentrates on mood disorders and medico-legal assessments.

JUDITH FYFE

LLB, ONZM

Ms Fyfe has a background in research and communication. Before co-founding the New Zealand Oral History Archive with Hugo Manson, she worked in television as a journalist and in the film industry.

Ms Fyfe practises as a barrister specialising in forensic law. She lectures in oral history in New Zealand and the United States and is contracted by the Oral History Centre, Alexander Turnbull Library to carry out contemporary oral history projects.

Ms Fyfe is also a partner in City Associates, a film production company, and a member of the Copyright Tribunal and the Film and Literature Board of Review.

In addition to involvement in several community organisations, she is a long-time member of the Wellington Medico-Legal Society.

Ms Fyfe is a member of the Council's Audit Committee.

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 a consumer representative on the Quality Improvement Committee (QIC), a community representative on the MidCentral DHB Clinical Council, and a member of the Palmerston North Community Advisory Group of the Manawatu Primary Health Organisation (PHO).

Ms Hera is a member of the Council's Education Committee.

MS LIZ HIRD

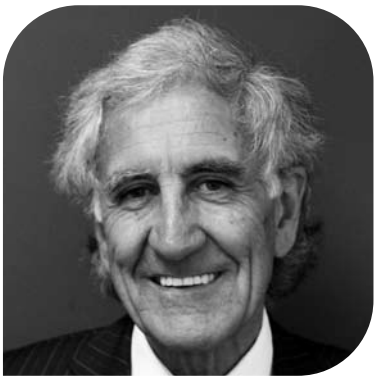
LLB (Hons)

Ms Hird has been a barrister since 1987 and 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. The trust manages a community health services facility. Ms Hird is the current Chair of the trust.

Ms Hird was a member of the Otaki 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 2004, Ms Hird was appointed district inspector for intellectually disabled services for the lower half of the North Island. In 2005, she was reappointed district inspector of mental health services for MidCentral District Health Board.

Ms Hird is a member of the Council's Audit and Education Committees.



DR PETER MOLLER

MNZM, MB ChB, FRCPEd, FRCP, FRACP

Dr Moller has worked as a junior doctor and general practitioner in New Zealand and London. He specialised in rheumatology and worked at the Christchurch School of Medicine until 2004. He is a rheumatologist in Christchurch.

Dr Moller has been a member of the Medicines Assessment Advisory Committee, Ministry of Health; an adviser to the pharmaceutical industry; and a member of the editorial board of the *New Zealand Medical Journal*.

He was appointed to the Council in March 2005 and is a member of the 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 Auckland District Health Board and a partner at Auckland Radiology Group.

She is currently Deputy Chairperson of the Council and Chair of the Council's Health Committee.

DR IAN ST GEORGE

MB ChB, FRACP, FRNZCGP, DipEd

Dr St George is a Wellington general practitioner and Medical Director of McKesson New Zealand (the operator of Healthline). He was medical adviser to the Medical Council between 2001 and 2006. He has held several offices in the Royal New Zealand College of General Practitioners and has been its Chief Censor. He has many professional affiliations, including membership of the International Physicians Assessment Coalition, which he has chaired since 2006. He has been a member of several national non-governmental health organisations.

Dr St George is the author of many papers and several books. He is editor of *Cole's Medical Practice in New Zealand*, now in its sixth edition. He has served as editor of *New Zealand Family Physician* and as a member of the editorial board of the *New Zealand Medical Journal* and several international journals of family medicine.

Dr St George is Chairperson of the Council's Education Committee, and represents the Council on several Australasian educational groups.

MRS HEATHER THOMSON

Mrs Thomson is in her third term as a public member of the Council. She has been a public member on many boards including several of the Cartwright committees, the Public Health Commission, the Māori Health Commission, and the Bay of Plenty District Health Board.

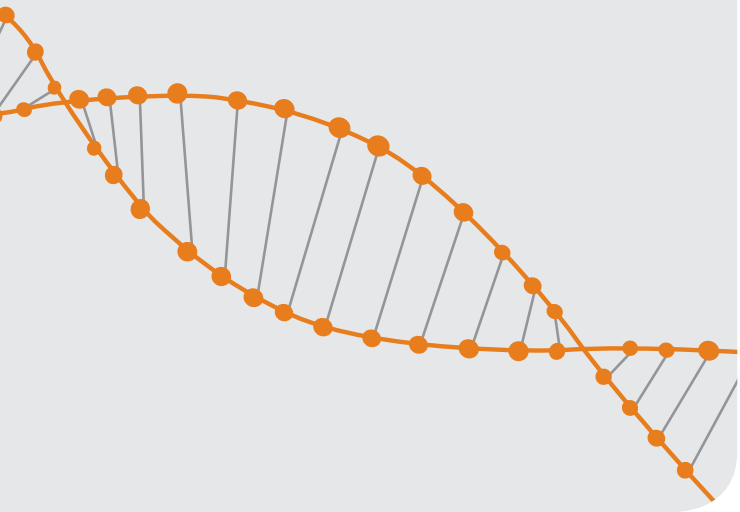
Mrs Thomson is the manager of Rural Health Services Eastern Bay and lives in Whitianga Bay, 50 kilometres east of Opotiki. Her interest in health has been mainly in health management, the development of services for Māori, and community and rural development. Her hapu is Ngati Paeakau; her iwi te Whānau a Apanui.

Mrs Thomson is a member of the Council's Health Committee.

Chairperson's foreword

The Council's principal purpose is to protect the health and safety of the public. To help the Council achieve its purpose, we have established four strategic directions:

1. fitness to practise
2. medical migration
3. medical education
4. accountability to the public and stakeholders



Over the past year, Council members and staff have worked on a number of initiatives to support our strategic directions.

During May 2009, we took as many opportunities as possible to speak to doctors about two major initiatives: regular practice review and new supervision arrangements. We have had very valuable feedback from the profession and appreciate the good number of doctors who turned out for the road show meetings.

ENHANCING DOCTORS' CLINICAL PRACTICE

We are proposing that a regular practice review be incorporated into the continuing professional development programmes of medical colleges and branch advisory bodies. This practice review would be a supportive and collegial assessment of a doctor's practice by two peers. The primary purpose of the review would be to enhance doctors' clinical practice by providing formative feedback that doctors can then use to focus their learning.

SUPPORTING DOCTORS NEW TO NEW ZEALAND

We are establishing simpler supervision arrangements to support doctors new to New Zealand and providing them with the information needed to adjust to a new country and health service. Under the Health Practitioners Competence Assurance Act 2003 (HPCAA), the Council requires newly registered doctors to work under supervision.

We are proposing a method of supervision as an alternative to the one-on-one supervision available now. In this new option, a service would be accredited for supervision. The Council would recognise that the doctor was working in an accredited service and would receive periodic reports from the service. The service may be a clinical practice group within a district health board (DHB), across two or more DHBs, or a general practice organised group.

Both initiatives require considerable ongoing work and the constructive comments we received have been very useful in shaping the proposal further.

ACCOUNTABILITY TO THE PUBLIC AND STAKEHOLDERS

Another of our strategic goals is accountability to the public and stakeholders. This year, we have placed greater focus on our communication with both the profession and other stakeholders and have sought their views on issues, policy, and matters affecting public health and safety. We have also finalised our consultation policy and our decision-making principles, which reflect our governance and quasi-judicial functions. These principles set out our accountability to Parliament, the profession and public, and include statements about the independence of Council members, who do not represent any profession or any body.

CHANGES TO COUNCIL MEMBERS

This year has been a time of significant change on Council. It was a year that saw Doctors Joanna MacDonald and Deborah Read step down as members of Council after each had served for 8 years.

I would like to pay tribute to the commitment of these two members. Dr MacDonald, during her time as chair of the Council's Health Committee, has supported many doctors with her wisdom and guidance. Dr Read has made a major contribution to Council as deputy chair and chair of the Council's Education Committee.

Dr Peter Moller decided not to stand for election and retired from Council on 30 June 2009. Dr Moller made a significant contribution to the Council's Education Committee.

Dr Ian St George completed his term on Council on 30 June 2009. Over many years, Dr St George has made a tremendous contribution as a Council member, chair of the Education Committee, as a medical adviser to Council, and as editor of *Cole's Medical Practice in New Zealand*. He has made an international contribution to clinician assessment.

In August 2009, we welcomed the Minister of Health's appointment of Dr John Adams and Ms Judith Fyfe.

RESULTS OF THE MEDICAL COUNCIL ELECTION

In March 2009, the Council held an election for four members of the profession to be appointed by the Minister of Health as members of the Medical Council. The four successful nominees were:

- Dr Richard Acland
- Dr Kate O'Connor
- Dr Jonathan Fox
- Dr Richard Sainsbury.

OUR POLICY ON COMMENTING ON INDIVIDUAL DOCTORS

The Council has a long-standing policy of not commenting publicly about individual doctors. However, a doctor may sometimes make information public, or the doctor's patient or other people may comment publicly. In such cases, the Council may decide to comment if providing additional information is likely to correct misconceptions and clarify the issues. We decide whether to comment on a case-by-case basis.

Where possible we work with the doctor's lawyer before making any public comment.

ARTICLES

Again, I would like to record my thanks to *New Zealand Doctor* for providing us with the opportunity to raise issues with the profession through their newspaper. Likewise, my thanks go to Colleges and organisations, such as the Association of Salaried Medical Specialists (ASMS), the New Zealand Medical Association, the New Zealand Resident Doctors' Association and Te ORA (Te Ohu Rata o Aotearoa), for helping us keep in touch with their members on various issues.

THANKS

Finally, I would like to acknowledge the dedication and the professionalism of staff and the commitment and support of Council members during the last year.

John Campbell
Chairperson

Chief Executive's Introduction

BUSINESS DIRECTION

Council has four strategic goals as follows:

1. Optimise mechanisms to ensure that doctors are competent and fit to practise.
2. Improve the Council's relationship and partnership with the public, the profession and stakeholders so that the Council can fulfil its role under the HPCAA.
3. Optimise the standards of medical practice agreed in consultation with the public, the profession and stakeholders through processes that promote self-regulation.
4. Improve medical regulatory and workforce outcomes, both in New Zealand and internationally, through promoting increased knowledge and awareness of issues.

In 2007/08, the Council adopted a new model of business planning. Four strategic directions were established together with greater business focus on developing people and on business improvement. This coming year, 2009/10, will be our third year under this new model of business planning. The Council, and the health sector as a whole, will experience greater benefits as we implement strategic and business change and move closer toward our strategic goals.

The Council's primary purpose under the HPCAA is to protect the health and safety of the public by providing for mechanisms to ensure that doctors are competent and fit to practise medicine.

In 2009/10, Council will be making several major strategic decisions. We will be finalising our consultation on the introduction of regular performance review (as part of continuing professional development) and a framework for the supervision of international medical graduates. These initiatives have been developed under the Council's Fitness to Practise and Medical Migration strategic directions respectively. Following full consideration of all feedback, the Council will be considering its strategy, finalising a way forward and moving into the implementation phase.

Over the last year, we have continued to develop our accountability to the public and stakeholder strategic direction. This has included implementing a new consultation process, engaging actively with stakeholders on key policy issues, and finalising Council's decision-making principles for both governance and quasi-judicial roles. The key principles include accountability (to the public, to Parliament, and to the profession, which funds the Council); trust (between the public and the profession and the Council); and independence (the ability to make a decision for the good of medical regulation independently of conflicts of interest or bias).

INFORMATION TECHNOLOGY

Our electronic document and records management system (EDRMS) has been implemented. Inward office mail is now being scanned and we have commissioned a new inward / outward fax gateway.

MedSYS – our new database of doctors' details – is progressing well and is expected to be implemented for staff to use in January 2010.

PUBLICATIONS

In mid-July, we published a guide for patients, *What to expect from your doctor when you have a cosmetic procedure*. I would like to acknowledge the contribution of the many individuals and organisations for their help with this publication – in particular Ms Jo Fitzpatrick, Director of Women's Health Action Trust.

STAFF

The Council has created a very strong people focus that supports its strategic and business objectives. My role and that of managers within the Council is to lead the leadership. This is an organisation of many excellent and outstanding people.

The Council has continued its drive to be 'an employer of choice' for staff by developing and supporting people to achieve their greatest potential. By doing this successfully, the Council will itself be successful.

THANKS

My thanks go to Professor John Campbell, and to all Council members and staff for their support and professionalism during the year.

Philip Pigou
Chief Executive

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, approving recertification programmes.

Total cost

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

Our areas of responsibility

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 Council's Education Committee

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

Overseeing interns

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:

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

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, promoting doctors' health.

Total cost

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 various afflictions, including drug and alcohol dependence, psychiatric problems and a wide range of physical disorders, all of which can affect their performance.

Referrals to the Health Committee

The Health Committee received 83 new referrals of doctors during the year. In addition to new referrals, the Council continued to monitor 172 doctors from the previous year.

The total number of doctors monitored for the year was 201. See Table 1 for a summary of health statistics for doctors.

1.

DOCTORS' HEALTH STATISTICS

1 July 2008–30 June 2009

NEW REFERRALS RECEIVED	**83**
Closed	19
In abeyance / pending	4
Total	64
SOURCE OF REFERRALS	
Self	55
Employer	11
Council	6
Treating doctor	3
Media	–
Other	8
REASON FOR REFERRAL	
Alcohol abuse	4
Drug abuse	17
Psychiatric	44
Physical – includes cognitive, transmissible major viral infections	18
MONITORING CONTINUED FROM PREVIOUS YEAR	**172**
Closed	35
Total	137
TOTAL DOCTORS MONITORED AT 30 JUNE 2009	**201**

Registration of doctors

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

Total cost

All doctors who practise medicine in New Zealand must be registered by the Council and hold an annual practising certificate (APC). Registration ensures that a doctor is fit to practise medicine and that the doctor has met the required standards of competence to practise safely. Registered practitioners must comply with the Council's continuing professional development requirements each year to maintain their registration.

Registration continues to be the Council's largest area of activity. See Table 2 for a summary of registration status and Table 3 for a summary of the Council's registration activities.

Table 4 gives details of the New Zealand Vocational Register and Table 5 shows registrations issued by country of primary qualification. See Table 6 for statistics about vocational scopes and Table 7 for a summary of the outcomes of vocational assessments. Table 8 shows the numbers of doctors on the New Zealand medical register, by country of primary qualification.

Eligibility for doctors seeking registration in general and special purpose scopes of practice is provided within 20 working days of receiving a completed application.

Applications for registration within a vocational scope of practice take 4-6 months and include seeking advice from the relevant branch advisory body.

Key statistics

Key registration statistics for the year ended 30 June 2009 follow.

- 1,141 international medical graduates (IMGs) were registered.
- 323 New Zealand graduates were registered.
- 17,713 doctors were on the medical register and 12,493 of these held a current APC.

2. SUMMARY OF REGISTRATION STATUS

At 30 June 2009

Provisional general	2,518
General	6,687
Provisional vocational	155
Vocational	8,155
Special purpose	198
Total practising	12,493
Suspended	4
TOTAL ON REGISTER	**17,713**

NOTE: Doctors holding more than one registration status concurrently have been counted once for this table.

3. REGISTRATION ACTIVITIES

1 July 2008–30 June 2009

PROVISIONAL GENERAL / VOCATIONAL ISSUED	
New Zealand graduates (interns)	323
Australian graduates (interns)	4
Passed NZREX Clinical	44
Graduate of competent authority accredited medical school	453
Worked in comparable health system	288
New Zealand and overseas graduates (reregistration following erasure)	–
Transitional	–
Non-approved postgraduate qualification – vocational assessment	68
Non-approved postgraduate qualification – vocational eligible	48
Approved postgraduate qualification – vocational eligible	5
GENERAL SCOPE ISSUED	
New Zealand graduates	5
Overseas graduates	67
Reinstatements	21

Continued...

SPECIAL PURPOSE SCOPE ISSUED	
Visiting expert	13
Research	3
Postgraduate training or experience	48
Locum tenens in specialist post	167
Emergency or other unpredictable short-term situation	–
GENERAL SCOPE AFTER COMPLETION OF SUPERVISED PERIOD	
New Zealand / Australian graduates (interns)	270
Passed NZREX Clinical	34
Graduate of competent authority accredited medical school	224
Worked in comparable health system	53
Transitional	57
VOCATIONAL SCOPE AFTER COMPLETION OF SUPERVISED PERIOD	
Non-approved postgraduate qualification – vocational assessment	31
Non-approved postgraduate qualification – vocational eligible	60
Approved postgraduate qualification – vocational eligible	4
Approved BAB training programme	–
SUSPENSIONS	
Suspended or interim suspension scope	–
Revocation of suspension scope	1
CONDITIONS	
Imposed	156
Revoked	26
CANCELLATIONS UNDER THE HPCAA	
Death – s 143	47
Discipline order – s 101(1)(a)	1
False, misleading, or not entitled – s 146	–
Revision of register – s 144(5)	112
At own request – s 142	146

4.

DOCTORS REGISTERED IN VOCATIONAL SCOPES

1 July 2008–30 June 2009

Vocational scope	Vocational registration at 30/6/2008[1]	Added 2008/2009	Removed 2008/2009	Net change	Vocational scope at 30/6/2009[1,2]
Accident and medical practice	134	7	3	4	138
Anaesthesia	622	35	4	31	653
Cardiothoracic surgery	29	1	2	-1	28
Clinical genetics	8	–	–	–	8
Dermatology	55	2	1	1	56
Diagnostic and interventional radiology	346	24	1	23	369
Emergency medicine	138	16	1	15	153
Family planning and reproductive health	26	2	–	2	28
General practice	2,891	131	21	110	3,001
General surgery	292	15	6	9	301
Intensive care medicine	57	4	–	4	61
Internal medicine	858	47	9	38	896
Medical administration	18	1	–	1	19
Musculoskeletal medicine	21	–	–	–	21
Neurosurgery	20	–	–	–	20
Obstetrics and gynaecology	294	16	2	14	308
Occupational medicine	51	2	–	2	53
Ophthalmology	145	3	2	1	146
Oral and maxillofacial surgery	15	1	–	1	16
Orthopaedic surgery	244	12	3	9	253
Otolaryngology, head and neck surgery	108	4	–	4	112

Continued...

Vocational scope	Vocational registration at 30/6/2008[1]	Added 2008/2009	Removed 2008/2009	Net change	Vocational scope at 30/6/2009[1,2]
Paediatric surgery	18	–	–	–	18
Paediatrics	304	24	–	24	328
Palliative medicine	39	6	–	6	45
Pathology	298	11	2	9	307
Plastic and reconstructive surgery	58	3	–	3	61
Psychiatry	571	35	4	31	602
Public health medicine	196	9	5	4	200
Radiation oncology	60	4	–	4	64
Rehabilitation medicine	14	3	–	3	17
Rural hospital medicine	–	11	–	11	11
Sexual health medicine	20	1	–	1	21
Sports medicine	18	2	–	2	20
Urology	60	–	–	–	60
Vascular surgery	24	2	–	2	26
TOTAL →	**8,052**	**434**	**66**	**368**	**8,420**

NOTES: [1]Includes doctors who may currently be inactive (have no APC).
[2] Includes 263 doctors with registration in two vocational scopes and one doctor with registration in three vocational scopes.

5.

REGISTRATIONS ISSUED, BY COUNTRY OF PRIMARY QUALIFICATION

1 July 2008–30 June 2009

	PROVISIONAL GENERAL							
Country	**New Zealand / Australian graduates**	**Exams**	**Competent authority**	**Comparable health system**	**Discipline**	**Transitional**	**Total**	**Non-app postgrad qual voc assessment**
Australia	4	–	–	–	–	–	4	1
Austria	–	–	–	3	–	–	3	–
Bangladesh	–	1	–	–	–	–	1	–
Barbados	–	–	–	1	–	–	1	–
Belgium	–	–	–	9	–	–	9	–
Brazil	–	1	–	2	–	–	3	–
Canada	–	–	–	24	–	–	24	–
China	–	1	–	–	–	–	1	–
Czech Republic	–	1	–	–	–	–	1	–
Denmark	–	–	–	3	–	–	3	–
Dominican Republic	–	–	–	1	–	–	1	–
Egypt	–	–	–	–	–	–	–	–
England	–	–	280	–	–	–	280	10
Fiji	–	1	–	–	–	–	1	–
Finland	–	–	–	2	–	–	2	1
France	–	–	–	3	–	–	3	–
Germany	–	1	–	35	–	–	36	11
Ghana	–	–	–	–	–	–	–	–
Grenada	–	–	–	2	–	–	2	–
Hungary	–	–	–	2	–	–	2	–
Iceland	–	–	–	1	–	–	1	–
India	–	13	–	17	–	–	30	9
Iraq	–	1	–	–	–	–	1	–
Ireland	–	–	63	–	–	–	63	–
Italy	–	–	–	5	–	–	5	1
Japan	–	–	–	–	–	–	–	–
Malaysia	–	2	–	–	–	–	2	–
Mexico	–	–	–	–	–	–	–	–
Montserrat	–	–	–	1	–	–	1	–
Myanmar	–	–	–	2	–	–	2	–
Nepal	–	1	–	1	–	–	2	–

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/ experience	Locum tenens	Total
–	–	–	1	2	–	–	1	4	7
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	–	–
–	–	–	–	1	–	–	–	–	1
–	–	–	–	–	–	–	–	–	–
–	–	–	–	1	–	–	–	8	9
–	1	–	1	–	–	–	–	–	–
–	–	–	–	–	–	–	–	1	1
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	–	–
–	–	–		–	–	–	–	2	2
21	2	–	33	3	–	–	–	25	28
–	–	–	–	–	–	–	2	–	2
–	–	–	1	–	–	–	–	–	–
–	–	–	–	2	–	–	–	–	2
2	–	–	13	–	–	1	1	2	4
–	–	–	–	–	–	–	–	1	1
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	1	1
–	–	–	–	–	–	–	–	–	–
4	–	–	13	–	–	–	9	6	15
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	1	1
–	–	–	1	1	–	–	–	–	1
–	–	–	–	1	–	–	–	–	1
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	1	1
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	1	1
–	–	–	–	–	–	–	–	–	–

Continued...

PROVISIONAL GENERAL

Country	New Zealand / Australian graduates	Exams	Competent authority	Comparable health system	Discipline	Transitional	Total	Non-app postgrad qual voc assessment
Netherlands	–	–	–	16	–	–	16	–
Nigeria	–	2	–	6	–	–	8	–
Northern Ireland	–	–	9	–	–	–	9	–
Pakistan	–	4	–	2	–	–	6	–
Peru	–	1	–	–	–	–	1	–
Philippines	–	–	–	–	–	–	–	–
Poland	–	–	–	2	–	–	2	–
Puerto Rico	–	–	–	–	–	–	–	–
Russia	–	3	–	2	–	–	5	1
Scotland	–	–	73	–	–	–	73	2
Singapore	–	–	–	3	–	–	3	1
Slovakia	–	–	–	–	–	–	–	1
South Africa	–	3	–	6	–	–	9	10
Spain	–	–	–	1	–	–	1	–
Sri Lanka	–	2	–	1	–	–	3	–
Sweden	–	–	–	9	–	–	9	2
Switzerland	–	1	–	1	–	–	2	1
Taiwan	–	1	–	–	–	–	1	–
Thailand	–	–	–	–	–	–	–	–
Trinidad and Tobago	–	–	–	1	–	–	1	–
Ukraine	–	3	–	–	–	–	3	–
United States of America	–	–	–	119	–	–	119	14
Venezuela	–	–	–	2	–	–	2	–
Wales	–	–	28		–	–	28	1
Serbia and Montenegro	–	1	–	1	–	–	2	1
Zambia	–	–	–	2	–	–	2	–
Zimbabwe	–	–	–	–	–	–	–	–
New Zealand	323	–	–	–	–	–	323	1
TOTAL →	**327**	**44**	**453**	**288**	**–**	**–**	**1,112**	**68**

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/ experience	Locum tenens	Total
–	–	–	–	–	–	1	1	–	2
1	–	–	1	–	–	–	–	2	2
–	–	–	–	2	–	–	–	–	2
1	–	–	1	–	–	–	–	4	4
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	1	1
–	–	–	–	–	–	–	–	1	1
–	–	–	–	–	–	–	1	–	1
–	–	–	1	–	–	–	1	–	1
4	–	–	6	–	–	–	–	2	2
–	–	–	1	–	–	–	1	–	1
–	–	–	1	–	–	–	–	–	–
4	2	–	16	–	–	–	1	26	27
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	1	21	–	22
–	–	–	2	–	–	–	–	–	–
–	–	–	1	–	–	–	–	–	–
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	1	–	1
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	–	–
9	–	–	23	–	–	–	8	73	81
–	–	–	–	–	–	–	–	–	–
–	–	–	1	–	–	–	–	–	–
–	–	–	1	–	–	–	–	–	–
–	–	–	–	–	–	–	–	1	1
1	–	–	1	–	–	–	–	4	4
1	–	–	2	–	–	–	–	–	–
48	**5**	**–**	**121**	**13**	**–**	**3**	**48**	**167**	**231**

6.

VOCATIONAL SCOPES GRANTED TO DOCTORS, BY VOCATIONAL SCOPE

1 July 2008–30 June 2009

Vocational scope	Overseas	New Zealand	Total
Accident and medical practice	2	5	7
Anaesthesia	15	20	35
Cardiothoracic surgery	–	1	1
Dermatology	1	1	2
Diagnostic and interventional radiology	11	13	24
Emergency medicine	8	8	16
Family planning and reproductive health	1	1	2
General practice	66	65	131
General surgery	6	9	15
Intensive care medicine	2	2	4
Internal medicine	31	16	47
Medical administration	1	–	1
Obstetrics and gynaecology	13	3	16
Occupational medicine	–	2	2
Ophthalmology	–	3	3
Oral and maxillofacial surgery	–	1	1
Orthopaedic surgery	3	9	12
Otolaryngology, head and neck surgery	1	3	4
Paediatrics	10	14	24
Paediatric surgery	–	–	–
Palliative medicine	5	1	6
Pathology	4	7	11
Plastic and reconstructive surgery	1	2	3
Psychiatry	22	13	35
Public health medicine	2	7	9
Radiation oncology	3	1	4
Rehabilitation medicine	2	1	3
Rural hospital medicine	7	4	11
Sexual health medicine	–	1	1
Sports medicine	1	1	2
Vascular surgery	–	2	2
TOTAL	**218**	**216**	**434**

7.

OUTCOMES OF VOCATIONAL ASSESSMENTS

1 July 2008–30 June 2009

Branch	Incomplete applications	Pending (at College / Council)	Withdrawn / lapsed	Vocational scope	Vocational eligible	Vocational assessment	NZREX	Total
Anaesthesia	23	4	5	1	12	11	3	59
Cardiothoracic surgery	–	–	1	–	–	–	1	2
Dermatology	–	–	–	1	1	1	–	3
Diagnostic and interventional radiology	–	1	2	1	8	10	–	22
Emergency medicine	3	2	–	–	2	2	–	9
General practice	2	2	6	1	1	1	–	13
General surgery	3	6	2	1	2	6	–	20
Intensive care medicine	–	–	–	–	–	3		3
Internal medicine	8	8	7	4	3	18	3	51
Medical administration	–	–	1	–	–	–	–	1
Musculoskeletal medicine	–	–	1	–	–	–	–	1
Neurology	1	–	–	–	–	–	–	1
Neurosurgery	–	–	1	–	–	–	–	1
Obstetrics and gynaecology	–	8	1	–	5	5	–	19
Ophthalmology	–	3	–	–	2	2	1	8
Oral and maxillofacial surgery	–	–	–	–	–	2	–	2
Orthopaedic surgery	2	3	5	–	2	3	–	15
Otolaryngology, head and neck surgery	–	–	3	–	–	–	1	4
Paediatrics	1	4	4	3	1	2		15
Pathology	–	3	5		1	2	1	12
Plastic and reconstructive surgery	–	–	–	–	–	1	–	1
Psychiatry	5	5	8	2	10	13	–	43
Public health medicine	–	–	–	–	1	–	–	1
Radiation oncology	–	–	–	–	2	2	–	4
Rehabilitation medicine	–	–	1	–	1	–	–	2
Urology	1	–	4	–	–	–	–	5
Vascular surgery	1	–	1	–	–	1	–	3
TOTAL	**50**	**49**	**58**	**14**	**54**	**85**	**10**	**320**
Percentages based on total number of outcomes				8.6%	33.1%	52.2%	6.1%	

8.

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

As at 30 June 2009

	Provisional general	General	Provisional vocational	Vocational	Special purpose	Total	Number with practising certificates
England	750	660	28	953	12	2403	1,502
South Africa	118	331	29	610	17	1105	796
Scotland	226	220	5	262	2	715	437
Australia	8	428	2	223	3	664	326
India	113	196	13	251	21	594	423
United States of America	281	27	28	120	61	517	245
Sri Lanka	10	95	–	171	39	315	193
Ireland	131	60	2	54	1	248	115
Germany	88	38	13	59	4	202	143
Iraq	5	95	–	60	–	160	109
Canada	73	23	1	47	6	150	64
Wales	58	38	1	42	–	139	80
Bangladesh	5	82	–	25	–	112	79
China	4	39	–	43	–	86	67
Netherlands	46	11	4	19	2	82	46
Egypt	7	37	1	30	1	76	51
Pakistan	19	31	1	20	4	75	49
Northern Ireland	29	16	–	21	1	67	31
Fiji	2	15	–	39	3	59	51
Philippines	4	29	2	12	3	50	38
Serbia and Montenegro	2	19	2	22	–	45	28
Russia	6	22	1	9	1	39	34
Sweden	24	5	3	6	–	38	17
Zimbabwe	3	6	2	24	2	37	34
Poland	10	12	–	10	1	33	13
Singapore	3	1	1	21	1	27	20
Myanmar	6	7	–	9	2	24	18
Romania	2	8	3	11	–	24	17
Nigeria	12	4	3	3	–	22	17
Belgium	13	2	–	3	–	18	11

Continued...

	Provisional general	General	Provisional vocational	Vocational	Special purpose	Total	Number with practising certificates
Croatia	1	7	–	8	–	16	12
Hungary	7	3	–	4	1	15	11
Italy	8	3	1	3	–	15	12
Denmark	7	3	–	4	–	14	6
Switzerland	6	1	1	6	–	14	8
Ukraine	3	8	–	2	–	13	12
Czech Republic	2	5	–	4	1	12	9
Malaysia	3	2	–	5	2	12	8
Bulgaria	1	3	–	6	–	10	7
Iran	2	3	1	4	–	10	4
Zambia	3	4	–	2	1	10	8
Papua New Guinea	–	3	–	6	–	9	5
Brazil	4	1	–	2	1	8	5
France	4	–	–	4	–	8	7
Norway	1	2	1	4	–	8	7
Republic of Macedonia	–	5	–	2	–	7	5
Spain	3	2	–	2	–	7	6
Syria	2	5	–	–	–	7	5
Other	45	39	5	53	5	147	100
New Zealand	358	4,031	1	4,855	–	9,245	7,202
TOTAL →	**2,518**	**6,687**	**155**	**8,155**	**198**	**17,713**	**12,493**

Examinations

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

Total cost

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 must pass the Council's medical registration exam, NZREX Clinical, if they wish to be registered but do not satisfy the criteria for other registration pathways. 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 AVICENNA Directory of Medical Schools
- an overall score of 7.5 in the International English Language Testing System (IELTS) (if the applicant sat IELTS before 1 February 2009) or a minimum of 7.5 in Speaking and Listening and a minimum of 7.0 in Reading and Writing (if the applicant sat IELTS after 1 February 2009)
- a satisfactory result in the United States Medical Licensing Examination (USMLE) Steps 1 and 2, PLAB, or the Australian Medical Council multiple-choice question examination.

During the year, 73 candidates from 23 countries sat NZREX Clinical, and 48 passed (see Table 9). Of these, 38 candidates passed on their first attempt, eight on their second, and another two passed after three attempts.

9.

CANDIDATES SITTING AND PASSING NZREX CLINICAL

1 July 2008–30 June 2009

	Number. sitting	Attempts				Number of passes	Passes on attempts			
Country		1	2	3	4		1	2	3	4
Afghanistan	1	–	1	–	–	–	–	–	–	–
China	4	4	–	–	–	3	3	–	–	–
Egypt	3	1	2	–	–	–	–	–	–	–
Fiji	3	2	1	–	–	2	2	–	–	–
Germany	1	1	–	–	–	1	1	–	–	–
Guyana	1	1	–	–	–	–	–	–	–	–
India	18	12	3	2	1	14	11	2	1	–
Iraq	2	1	1	–	–	1	1	–	–	–
Malaysia	3	3	–	–	–	2	2	–	–	–
Nepal	1	1	–	–	–	1	1	–	–	–
Netherlands	1	1	–	–	–	–	–	–	–	–
Nigeria	3	2	1	–	–	2	1	1	–	–
Pakistan	9	6	3	–	–	5	3	2	–	–
Peru	1	–	1	–	–	1	–	1	–	–
Philippines	1	–	–	1	–	–	–	–	–	–
Poland	1	1	–	–	–	1	1	–	–	–
Russia	6	5	–	1	–	3	2	–	1	–
South Africa	4	3	1	–	–	4	3	1	–	–
Sri Lanka	5	5	–	–	–	5	5	–	–	–
Switzerland	1	1	–	–	–	1	1	–	–	–
Syria	1	1	–	–	–	–	–	–	–	–
Ukraine	2	1	1	–	–	2	1	1	–	–
Zambia	1	1	–	–	–	–	–	–	–	–
TOTAL →	**73**	**53**	**15**	**4**	**1**	**48**	**38**	**8**	**2**	**–**

Professional standards

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

Total cost

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

The Council referred 29 doctors to the performance assessment 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.

More information about the competence process can be found on our website at www.mcnz.org.nz→→Competence.

10.

PERFORMANCE REFERRALS

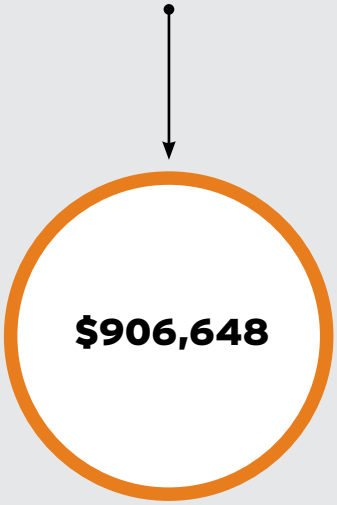
1 July 2008–30 June 2009

SOURCE OF REFERRAL	**Number**
Accident Compensation Corporation	–
Complaints assessment / professional conduct committee	2
Employer	8
Health and Disability Commissioner	23
Medical Council of New Zealand	–
Medsafe	1
Peer	7
Public	–
Other	1
Medical Practitioners Disciplinary Tribunal	–
Total referrals	42
TYPE OF CONCERN	
Boundaries	4
Clinical skills	26
Communication	20
Prescribing	8
Records	12
Surgical skills	6
Other	7
OUTCOMES OF COMPETENCE REFERRALS (MAY RELATE TO CASES REFERRED IN THE PREVIOUS FINANCIAL YEAR; IN SOME CASES NO FURTHER ACTION WAS TAKEN)	
To performance assessment	29
No performance assessment	13
To educational programme	7
Referred to other committee (eg, health)	3

Complaints

Principal activity: To consider complaints and what further action may be needed.

Total cost of PCCs



Complaints about doctors can be made to either the Council or the Health and Disability Commissioner (HDC), but all complaints must be referred to the HDC for his consideration. The HDC may refer complaints back to the Council. The Council must then promptly assess the complaint and consider what action, if any, should be taken, including possibly referring the complaint 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. See Table 11 for information about professional conduct committees.

Twenty one new PCCs were appointed between 1 July 2008 and 30 June 2009.

11.

SCHEDULE OF PROFESSIONAL CONDUCT COMMITTEES

1 July 2008–30 June 2009

CATEGORIES OF COMPLAINTS SENT TO PCC	
– convicted of an offence	11
– inappropriate conduct	10

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

During 2008, 12,217 survey forms were sent out to doctors with New Zealand addresses; of these, 87 percent (10,616) replied. This is an increase from the previous 3 years, but is still lower overall than the response rates achieved earlier in the decade.

Registration data show that the number of active doctors increased by 2.3 percent, from 12,643 in 2007 to 12,949 in 2008. This compares with increases of 2.9 percent between 2006 and 2007, and 6.1 percent between 2005 and 2006.

Table 12 summarises changes in the medical workforce. For the full report, go to our website at www.mcnz.org.nz ⟶Publications⟶Statistics.

MAJOR FINDINGS FROM THE SURVEY

High numbers of international medical graduates

All doctors working in the Kawerau and Wairoa Districts were international medical graduates (IMGs). Whakatane, Stratford, South Taranaki, and Horowhenua Districts also had a high proportion of IMGs (more than 75 percent).

By contrast, Opotiki District had no IMGs, and Wellington and Dunedin cities had a low proportion of IMGs (less than 30 percent).

Ethnicity

The proportion of doctors who identified as Māori increased by 0.5 percentage points to 3.2 percent, and the proportion of Pacific doctors increased slightly to 1.8 percent.

Both Māori and Pacific doctors continue to be markedly underrepresented compared to their proportion of the population.

Retention of doctors

Only 50 percent of IMGs are retained in the year immediately after initial registration. After this initial drop, the percentage of IMGs continues to decrease more gradually, dropping to just over 31 percent after 3 years from initial registration.

Doctors from Asian countries have the highest retention rate, followed by South African and then European doctors. More than 50 percent of doctors from Asian countries are retained even 7 years after registration. The retention rate for South African doctors drops below 50 percent only after 5 years.

Doctors from the United States and Canada have the lowest retention rate, with less than 30 percent at 1 year after registration. Four years after registration, less than 10 percent remain.

Doctors from the United Kingdom also have lower-than-average retention rates. Less than 30 percent of these doctors are retained 2 years after registration, and the rate drops to just above 20 percent after 6 years.

12.

CHANGES IN THE MEDICAL WORKFORCE

1 July 2008–30 June 2009

Workforce role	Active doctors[1] 2002	Active doctors[1] 2003	Active doctors[1] 2004	Active doctors[1] 2005	Active doctors[1] 2006	Active doctors[1] 2007	Active doctors[1] 2008	Percentage change 2007-2008
General practice	2,917	3,006	3,009	2,924	3,106	3,195	3,435	7.5
House officer	774	842	816	811	911	841	891	5.9
Medical officer	277	303	315	307	329	363	411	13.2
Primary care other than GP	166	138	138	157	181	203	172	-15.3
Registrar	1,238	1,319	1,335	1,365	1,504	1,529	1,653	8.1
Specialist (not including GP)	2,723	2,873	2,945	2,940	3,175	3,359	3,713	10.5
Other	252	244	314	207	248	237	237	0.0
No answer	56	65	111	35	93	30	40	33.3
TOTAL →	**8,403**	**8,790**	**8,982**	**8,746**	**9,547**	**9,757**	**10,552**	**8.2**

[1]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.

Tribunals

Principal activities: both the Medical Practitioners Disciplinary Tribunal and the Health Practitioners Disciplinary Tribunal hear and determine disciplinary proceedings brought against doctors under Part VIII of the Medical Practitioners Act 1995 and under Part IV of the Health Practitioners Competence Assurance Act 2003.

Medical Practitioners Disciplinary Tribunal

1 July 2008–30 June 2009

Total cost

The Medical Practitioners Disciplinary Tribunal (MPDT) is yet to complete hearing a charge received before the establishment of the Health Practitioners Disciplinary Tribunal.

One charge from 2002 is yet to be completed from a complaints assessment committee. The Tribunal is to hear this charge during 2009/2010 and, once completed, the MPDT will cease to function.

During the year the Health Practitioners Disciplinary Tribunal (HPDT) received six charges relating to five doctors – three from the director of proceedings and three from a professional conduct committee.

The HPDT sat during the year over 24 days to hear six charges relating to six doctors. One charge was received in the 2006/2007 year, two in the 2007/2008 year, and three in the 2008/2009 year.

Table 13 gives details of charges before the HPDT.

Medical charges before the Health Practitioners Disciplinary Tribunal

Total cost

13.

MEDICAL CHARGES BEFORE THE HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

1 July 2008–30 June 2009

NATURE OF CHARGES	
Professional misconduct 2006/2007	1
Professional misconduct 2007/2008	1
Professional misconduct 2008/2009	6
Conviction 2007/2008	1
TOTAL	**9**

SOURCE	
Prosecution of charges brought by professional conduct committee 2006/2007	1
Prosecution of charges brought by professional conduct committee 2007/2008	2
Prosecution of charges brought by professional conduct committee 2008/2009	1
Prosecution of charges brought by director of proceedings 2008/2009	2
Charges brought by professional conduct committee withdrawn	1
Charges brought by professional conduct committee yet to be heard	1
Charges brought by director of proceedings yet to be heard	1
TOTAL	**9**

OUTCOME OF HEARINGS	
Guilty – professional misconduct 2006/2007	1
Guilty – professional misconduct 2007/2008	1
Guilty – professional misconduct 2008/2009	2
Not guilty – professional misconduct 2008/2009	1
Guilty – conviction 2007/2008	1
Withdrawn	1
Yet to be heard	2
TOTAL	**9**

Further information about these statistics can be found on the Tribunal's website www.hpdt.org.nz or www.mpdt.org.nz.

Corporate governance

Role of Council: members of Council set the strategic direction of the organisation, monitor management performance, and ensure the Council meets the requirements of the Health Practitioners Competence Assurance Act 2003.

The Council is accountable for its performance to the Minister of Health, the medical profession, and the public.

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 who also have one of the following:
  - broad health sector knowledge
  - experience in one of the main vocational scopes of practice
  - experience in health service delivery in a variety of provincial and tertiary settings
  - experience in medical education and assessment.

Stakeholder liaison

We have continued to be actively involved with registration bodies overseas. We share ideas for future developments and maintain contact with organisations including:

- Australian registration boards
- the International Association of Medical Regulatory Authorities
- the Federation of State Medical Boards and the Educational Commission for Foreign Medical Graduates (United States of America)
- the Medical Council of Canada
- the General Medical Council (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
- chief medical advisers of district health boards
- the Council of Medical Colleges
- District Health Boards New Zealand
- the Health and Disability Commissioner
- the Independent Practitioners Association Council of New Zealand
- the Medical Protection Society
- Medsafe
- the Minister of Health
- the Ministry of Health
- the New Zealand Medical Association
- members of the profession, medical students, and community groups.

Council committee structure

The Council operates three standing committees: Audit, Health and Education. Members of these committees are listed on page 38. The Council receives 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 2009

AUDIT COMMITTEE

Dr Barnett Bond (Chairperson)
Dr Rick Acland
Professor John Campbell
Ms Judith Fyfe
Ms Liz Hird

EDUCATION COMMITTEE – COUNCIL MEMBERS

Dr John Adams (Chairperson)
Dr Rick Acland
Professor John Campbell
Ms Jean Hera
Ms Liz Hird

EDUCATION COMMITTEE
MEMBERS APPOINTED BY COUNCIL

Associate Professor Jennifer Weller
Selected from vocational branch nominees – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Dr Alexandra Greig
Active consumer of education

Professor Peter Ellis
Medical Council of New Zealand representative of Medical Schools Accreditation Committee

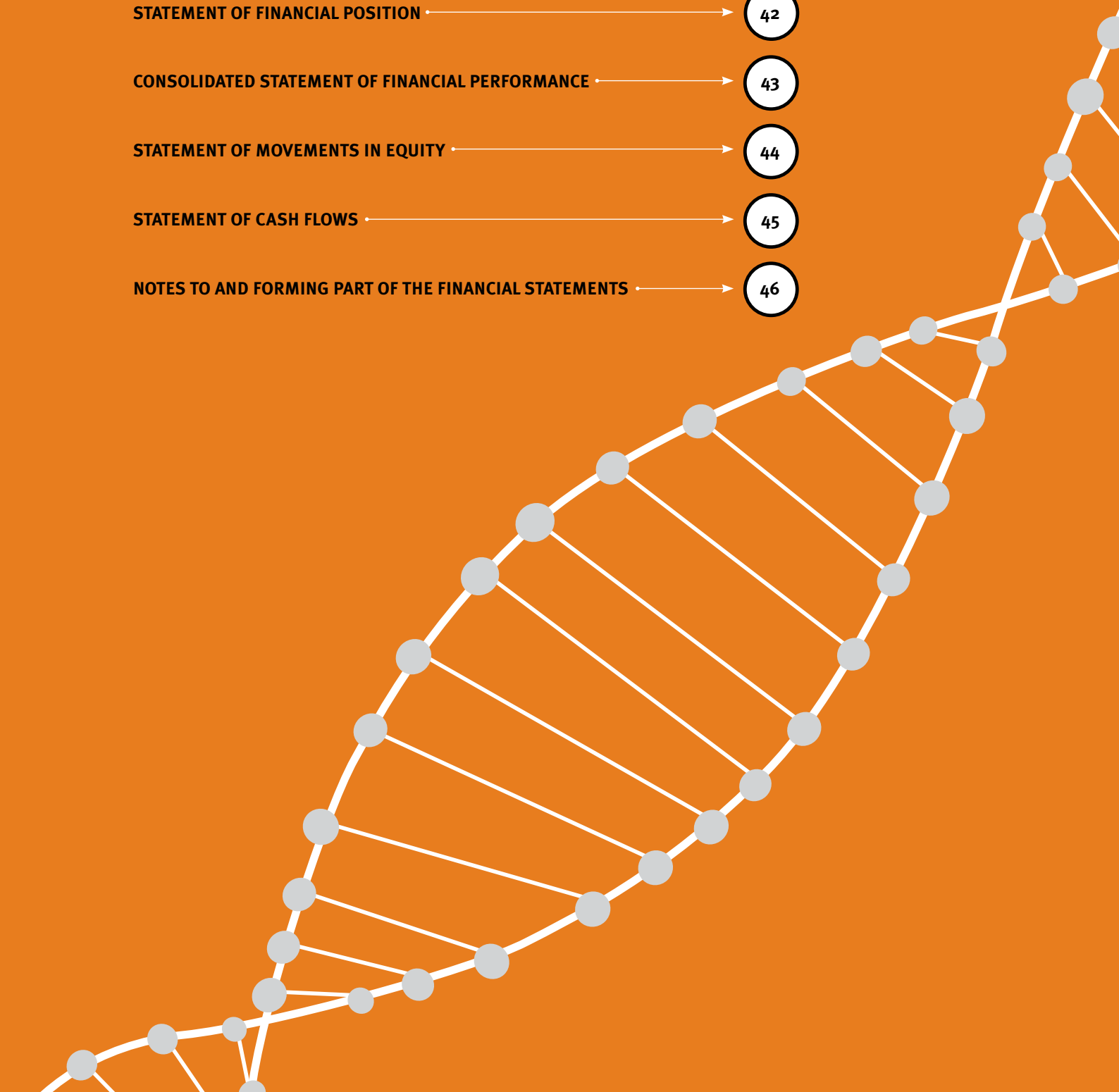
Dr Tom Fiddes
Nominee of appropriate College or branch advisory body – The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

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

Dr James Moore
Active consumer of education

Dr Iwona Stolarek
Intern supervisor

Finance



AUDIT REPORT

To the Readers of the Financial Statements of the Medical Council of New Zealand for the year ended 30 June 2009

The Auditor-General is the auditor of the Medical Council of New Zealand (the "Council"). The Auditor-General has appointed me, John Little, using the staff and resources of Markhams Miller Dean Audit to carry out the audit of the financial statements of the Council, on his behalf, for the year ended 30 June 2009.

Unqualified Opinion

In our opinion:

The financial statements of the Council on pages 42 to 58

- comply with generally accepted accounting practice in New Zealand;
- comply with New Equivalents to International Financial Reporting Standards, and;
- fairly reflect the Council's financial position as at 30 June 2009, and the results of its operations and cash flows for the year ended on that date.

The audit was completed on 11 November 2009 and is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and the Auditor, and explain our independence.

Basis of Audit Opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations which we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

We did not examine every transaction nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

Responsibilities of the Council and the Auditor

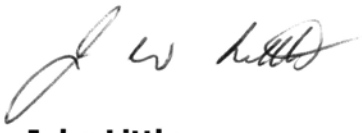
The Council is responsible for preparing financial statements in accordance with generally accepted accounting practice in New Zealand. Those financial statements must fairly reflect the financial position of the Council as at 30 June 2009. They must also fairly reflect the results of its operations and cash flows for the year ended on that date. The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001.

Independence

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the New Zealand Institute of Chartered Accountants.

Other than the audit, we have no relationship with or interests in the Medical Council of New Zealand.



John Little

Markhams Miller Dean Audit
On behalf of the Auditor-General
Wellington, New Zealand

STATEMENT OF FINANCIAL POSITION

as at 30 June 2009

CURRENT ASSETS	NOTES	2009	2008
Petty cash		200	200
Bank accounts		919,699	252,318
GST		40,508	89,496
Receivables	1(g), 8	153,135	108,365
Interest accrued		353,955	429,999
Investments	9	4,696,915	5,180,874
TOTAL CURRENT ASSETS		**$6,164,412**	**$6,061,252**
TERM ASSETS			
Receivables	1(g), 8	101,130	77,920
Investments	9	0	2,746,915
Property, plant and equipment	1(c), 10	624,021	697,490
Intangibles	10	2,713,681	886,570
TOTAL TERM ASSETS		**$3,438,832**	**$4,408,895**
CURRENT LIABILITIES			
Sundry creditors		1,149,985	1,101,367
Employee entitlements	1(k)	263,440	203,620
Payments received in advance	1(j)	170,934	148,267
TOTAL CURRENT LIABILITIES		**$1,584,359**	**$1,453,254**
TERM LIABILITIES			
Employee entitlements	1(k)	84,321	76,242
TOTAL NET ASSETS		**$7,934,564**	**$8,940,651**
CAPITAL ACCOUNT			
General Fund		6,930,614	7,051,202
Complaints Investigations and Prosecution Fund		766,439	1,863,609
Examination Fund		237,511	25,840
TOTAL CAPITAL ACCOUNT		**$7,934,564**	**$8,940,651**

John Campbell
CHAIRPERSON
Dated: 11/11/09

Phillip Pigou
CHIEF EXECUTIVE
Dated: 11/11/09

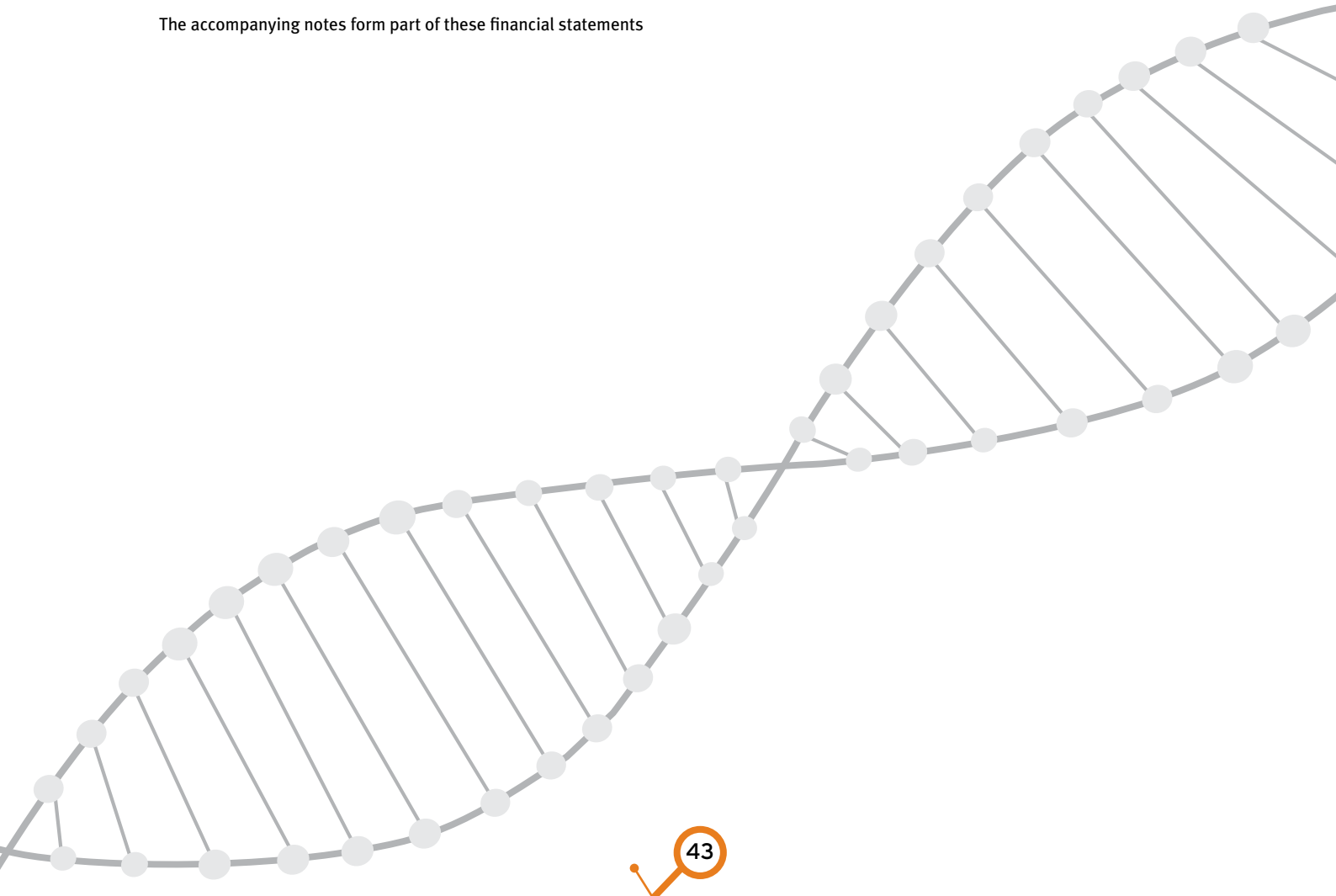
The accompanying notes form part of these financial statements

CONSOLIDATED STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 30 June 2009

CURRENT ASSETS	**NOTES**	**2009**	**2008**
Fees received	1(a), 1(j)	7,439,294	7,101,941
Interest received		575,825	665,010
Other income		479,237	513,845
→		**$8,494,356**	**$8,280,796**
EXPENDITURE			
Audit fees		20,961	21,000
Depreciation	1(b), 10	198,466	205,615
Fees paid to members of Council and standing committees		510,028	514,041
Other administrative costs		8,356,871	8,751,001
Rent		414,117	337,638
→		**$9,500,443**	**$9,829,295**
NET (DEFICIT) FOR YEAR →		**($1,006,087)**	**($1,548,499)**

The accompanying notes form part of these financial statements

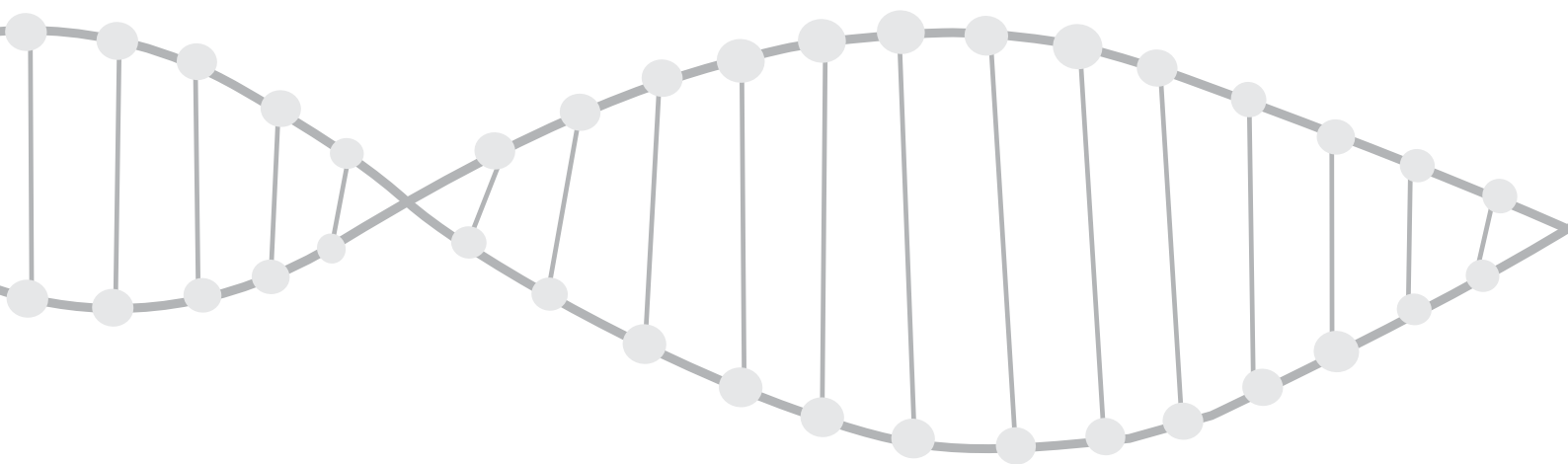


STATEMENT OF MOVEMENTS IN EQUITY

for the year ended 30 June 2009

	NOTES	2009	2008
A) ACCUMULATED FUNDS AND RESERVES			
Balance at 30 June 2008		8,940,651	10,489,150
Deduct (deficit)		(1,006,087)	(1,548,499)
Add surplus		0	0
Balance at 30 June 2009 →		$7,934,564	$8,940,651
B) ANALYSIS OF INDIVIDUAL FUNDS			
1) GENERAL FUND			
Balance at 30 June 2008		7,051,202	7,907,726
Deduct (deficit)	3	(120,588)	(856,524)
Add surplus		0	0
Balance at 30 June 2009 →		6,930,614	$7,051,202
2) COMPLAINTS INVESTIGATION AND PROSECUTION FUND			
Balance at 30 June 2008		1,863,609	2,643,960
Deduct (deficit)	4	(1,097,170)	(780,351)
Add surplus		0	0
Balance at 30 June 2009 →		$766, 439	$1,863,609
3) EXAMINATION FUND			
Balance at 30 June 2008		25,840	(62,536)
Deduct (deficit)		0	0
Add surplus	5	211,671	88,376
Balance at 30 June 2009 →		$237,511	$25,840

The accompanying notes form part of these financial statements



STATEMENT OF CASH FLOWS

for the year ended 30 June 2009

	NOTES	2009	2008
CASH FLOWS FROM STATUTORY FUNCTIONS			
Cash was provided form:			
Receipts pertaining to statutory functions		8,018,898	7,476,716
Cash was distributed to:			
Council fees, disbursements and office expenses		(9,311,297)	(9,385,520)
Net cash flows from statutory functions →	12	(1,292,399)	(1,908,804)
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash was provided from:			
Interest received		651,869	634,816
Sales of assets		0	0
Short term investments		3,230,874	2,458,986
→		3,882,743	3,093,802
Cash was applied to:			
Purchase of assets		(1,922,963)	(1,150,543)
Short-term investments		0	0
→		(1,922,963)	(1,150,543)
Net cash flows from investing activities →		1,959,780	1,943,259
NET INCREASE/ (DECREASE) IN CASH HELD		667,381	34,455
Opening cash brought forward		252,518	218,063
ENDING CASH CARRIED FORWARD →		**$919,899**	**$252,518**
Represented by:			
Petty cash		200	200
ANZ bank account		919,699	252,318
→		$919,899	$252,518

The accompanying notes form part of these financial statements

1.

STATEMENT OF ACCOUNTING POLICIES

Reporting entity

The Medical Council of New Zealand is a statutory body constituted under the Health Practitioners Competence Assurance Act 2003.

i. Statement of compliance

The financial statements have been prepared in accordance with the New Zealand equivalent to the International Financial Reporting Standards (NZ IFRS) and in accordance with Generally Accepted Accounting Practice in New Zealand (NZGAAP).

The Council is a public benefit entity.

ii. Basis of preparation

The financial statements are presented in New Zealand dollars. They are prepared on the historical cost basis except that the following assets and liabilities are stated at their fair value: nil.

The preparation of financial statements in conformity with NZ IFRS requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

General accounting policies

These financial statements are a general purpose financial report as defined in the New Zealand Institute of Chartered Accountants statement of concepts and have been prepared in accordance with NZ IFRS.

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 which materially affect the measurement and reporting of financial performance and financial position have been applied:

(a) **Revenue** – Annual practising certificate (APC) revenue is recognised in total in the year in which it is charged.

(b) **Depreciation** – Property, plant and equipment 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	33%pa
Computer software	33%pa

(c) **Property, plant and equipment** – is shown at cost less accumulated depreciation (Note 10).

(d) Goods and services tax – These financial statements have been prepared on a GST exclusive basis except for receivables and sundry creditors which include GST.

(e) Fines and costs recovered – Fines and recovery of legal costs (which occur infrequently) have been accounted for on an accrual basis.

(f) Income tax – The Council is not subject to income tax (Note 7).

(g) Receivables – Receivables are valued at the amount expected to be realised.

(h) 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.

(i) Interest received – Interest owing at balance date has been accrued.

(j) Payments received in advance – Doctors who have received their training overseas and who are seeking registration in New Zealand pay a fee for documentation review and an interview process with the appropriate College. Once the process is complete the money is either paid to the College or refunded to the doctor if the application does not proceed or an interview is not required.

(k) Salaries, holiday pay accrual, long service leave and sick leave – An accrual is made for any salaries relating to the subsequent financial period. Holiday pay owing at balance date is valued at the applicable salary rate applying at the date of valuation. Long service leave is valued at the salary rate applicable at valuation date and discounted on an actuarial basis recognising the probability that the employee will reach entitlement as well as discounting for expected inflation and expected salary increases. Sick leave is valued at the current salary rate at valuation date and based on the historical usage in excess of the annual entitlement.

(l) Leases – The Council leases the property occupied at 139 Willis Street. The value of the lease to the first right of renewal is recognised in the statement of commitments at the current negotiated value of the annual lease.

(m) Software development – The external costs for the development of registration software is capitalised and disclosed as an intangible asset in the statement of financial position. All internal staff costs associated with this development are expensed in the statement of financial performance. Until the software is operational no depreciation has been claimed.

(n) Provisions – A provision is made for the amount of accounts receivable that are expected not to be received. This provision is created by reviewing all outstanding amounts at the end of the year and assessing the likelihood of payment.

(o) Impairment – Asset carrying values are reviewed at the end of each year to determine whether there is any indication that the assets have suffered an impairment loss or increase in fair value. If any such indication exists, the fair value of the asset is estimated in order to determine the extent of the impairment loss or gain. No changes in carrying value were assessed.

(p) Statement of cash flows

'Cash' refers to amounts held in banks, net of bank overdraft. It also includes short term deposits held as part of day-to-day cash management.

'Operating activities' are amounts received for the supply of services by the Council, and payments made to employees and suppliers necessary to support those services. Operating activities also include any transactions or events that are not investing or financing activities.

Continued...

'Investing activities' are the acquisition, holding and disposal of property, plant and equipment and investments.

'Investments' include securities not falling within the definition of cash.

'Financing activities' are the receipt and repayment of the principal on borrowings.

Changes in accounting policies

In prior years fines and costs recovered were disclosed on a cash basis. This year all invoices have been recognised as revenue on issue and at balance date have been valued at the amount expected to be realised consistent with other receivables. The effect of this change is that the provision for doubtful debts would have decreased by $130,492. The 2008 comparatives have been altered to reflect this change.

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

2. PRIOR PERIOD ADJUSTMENT

A prior period adjustment is necessary with the discovery of a material error in the 2008 accounts. This error resulted in income being overstated by $176,560 and sundry creditors understated by a similar amount. The 2008 comparative figures have been altered to remove this error.

3. GENERAL FUND

Statement of financial performance for the year ended 30 June 2009

	NOTES	2009	2008
REVENUE			
Annual practising certificates and other fees	1(a), 1(j)	6,370,902	6,107,616
Administration fee - Complaints Investigation and Prosecution Fund	1(h)	571,766	463,500
Administration fee - Examination Fund	1(h)	12,498	72,996
Interest received		454,330	491,619
Workforce survey and other income		268,044	250,279
TOTAL REVENUE		**$7,677,540**	**$7,386,010**

Continued...

	NOTES	2009	2008
ADMINISTRATION AND OPERATION EXPENSES			
Communications		249,719	423,667
Council election		33,631	0
Legal expenses and other consultancies		273,633	452,309
Administration and operating expenses		1,453,111	1,880,390
Staff costs including recruitment and training		4,054,988	3,932,269
TOTAL ADMINISTRATION AND OPERATING EXPENSES →		**$6,065,082**	**$6,688,635**
COUNCIL AND COMMITTEE EXPENSES			
Council			
- Fees and expenses		490,487	416,566
- Conference and liaison costs		70,494	76,751
- Strategic directions		65,992	25,816
Audit committee			
- Fees and expenses		8,606	11,461
Health committee			
- Fees and expenses		53,716	52,991
- Independent assessment reports, Doctors' Health Advisory Service and other costs		153,543	186,760
Issues committee			
- Fees and expenses		13,238	0
- Issues initiatives		6,513	0
Education committee			
- Fees and expenses		57,441	53,269
- Hospital visits, intern supervisor contracts and other costs		277,348	246,272
Personal standards			
- Performance assessments and other costs		409,877	423,493
Registration			
- Workshops and other costs		125,791	60,520
TOTAL COUNCIL AND COMMITTEE EXPENSES →		**$1,733,046**	**$1,553,899**
TOTAL EXPENDITURE →		**$7,798,128**	**$8,242,534**
NET (DEFICIT) FOR YEAR →		**($120,588)**	**($856,524)**

4.

COMPLAINTS INVESTIGATION AND PROSECUTION FUND

Statement of financial performance for the year ended 30 June 2009

	NOTES	2009	2008
REVENUE			
Disciplinary levy received	1(a), 1(j)	795,059	757,659
Fines and costs recovered		69,974	217,553
Interest received		121,495	173,391
Other revenue		100,219	44,235
TOTAL REVENUE		**$1,086,747**	**$1,192,838**
ADMINISTRATION AND OPERATING EXPENSES			
Administration fee	1(h)	571,766	463,500
General administration and operating expenses		363,608	273,697
TOTAL ADMINISTRATION AND OPERATING EXPENSES		**$935,374**	**$737,197**
COUNCIL AND TRIBUNAL EXPENSES			
Complaints assessment committee costs			
- Expenses		91,626	63,680
Total complaints assessment committee cost		91,626	63,680
Professional conduct committee cost			
- Fees		169,064	118,714
- Expenses		645,958	662,073
Total professional conduct committee costs		815,022	780,787
Medical Practitioners Disciplinary Tribunal			
- Fees		21,741	9,297
Total Medical Practitioners Disciplinary Tribunal costs		21,741	9,297
Health Practitioners Disciplinary Tribunal			
- Administration fee		152,880	218,264
- Fees and other hearing expenses		167,274	163,964
Total Health Practitioners Disciplinary Tribunal costs		320,154	382,228
TOTAL COUNCIL AND TRIBUNAL EXPENSES		**$1,248,543**	**$1,235,992**
TOTAL EXPENDITURE		**$2,183,917**	**$1,973,189**
NET (DEFICIT) FOR YEAR		**($1,097,170)**	**($780,351)**

5.

NEW ZEALAND REGISTRATION EXAMINATION FUND

Statement of financial performance for the year ended 30 June 2009

	NOTES	2009	2008
REVENUE			
NZREX candidate fees		273,333	236,666
Other income		41,000	1,778
TOTAL REVENUE		**$314,333**	**$238,444**
ADMINISTRATION AND OPERATING EXPENSES			
Administration fee	1(h)	12,498	72,996
Center costs		32,162	30,558
Examiners' fees and expenses		46,903	26,950
Honorarium, staff costs and other administrative expenses		11,099	19,564
TOTAL ADMINISTRATION AND OPERATING EXPENSES		**$102,662**	**$150,068**
NET SURPLUS FOR YEAR		**$211,671**	**$88,376**

6.

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 2009

	NOTES	2009	2008
TOTAL INCOME FOR YEAR	1(a), 1(j)	7,677,539	7,386,009
Less expenditure			
EDUCATION			
Administration and operating costs		383,106	332,993
Council and committee costs		57,452	30,848
Hospital accreditation visits		55,954	53,501
Intern supervisor contract payments and meeting costs		203,838	167,422
Accreditation of vocational branches' medical schools and colleges		8,271	32,984
Liaison and other costs		27,533	83,374
TOTAL EDUCATION COSTS →		**$736,154**	**$701,122**
HEALTH			
Administration and operating costs		1,387,924	1,392,892
Council and committee costs		75,630	151,370
Doctors' Health Advisory Service		0	8,004
Independent medical assessments		133,874	118,967
Mentoring costs		0	0
Liaison and other costs		27,022	61,813
TOTAL HEALTH COSTS →		**$1,624,450**	**$1,733,046**
PROFESSIONAL STANDARDS			
Administration and operating costs		801,311	816,345
Council and committee costs		0	52,109
Performance assessment costs		403,649	402,086
Research and advice on competence processes		0	0
Liaison and other costs		30,112	26,156
TOTAL PROFESSIONAL STANDARDS COSTS →		**$1,235,072**	**$1,296,696**

Continued...

	NOTES	2009	2008
REGISTRATION			
Administration and operating costs		3,552,658	3,888,168
Council and committee costs		273,685	255,701
Liaison and other costs		125,791	87,795
TOTAL REGISTRATION COSTS →		**$3,952,134**	**$4,231,664**
WORKFORCE SURVEY			
Administration and operating costs		227,889	258,238
Council and committee costs		21,053	19,669
Liaison and other costs		1,375	2,098
TOTAL WORKFORCE SURVEY COSTS →		**$250,317**	**$280,005**
TOTAL EXPENDITURE →		**$7,798,127**	**$8,242,533**
NET (DEFICIT) FOR YEAR →		**($120,588)**	**($856,524)**

7. TAXATION

The Medical Council is registered as a charity with the Charities Commision and accordingly its transactions for a charitable purpose are exempted from income tax.

8. RECEIVABLES

	2009	2008
Debtors	740,237	688,224
Less provision for doubtful debts	502,264	503,485
	237,973	184,739
Payments in advance	16,292	1,546
	$254,265	**$186,285**
Current	153,135	108,365
Term	101,130	77,920
	$254,265	**$186,285**

9. TERM DEPOSITS

	2009	2008
ANZ	599,977	1,308,091
ASB	0	1,337,790
BNZ	371,020	1,387,124
HSBC	806,755	963,121
National Bank	852,939	1,421,810
TSB	554,383	554,383
Westpac	1,511,841	963,538
	$4,696,915	**$7,935,857**
Current	4,696,915	5,188,942
Term	0	2,746,915
	$4,696,951	**$7,935,857**

10.

FIXED ASSETS

A. PROPERTY, PLANT AND EQUIPMENT

	Cost 30/06/09	Deprec for year 30/06/09	Accum deprec 30/06/09	Book value 30/06/09	Cost 30/06/08	Deprec for year 30/06/08	Accum deprec 30/06/08	Book value 30/06/08
Computer hardware	397,366	76,294	252,327	145,039	453,086	83,034	326,554	126,532
Furniture and fittings	305,630	20,583	193,394	112,236	290,617	20,508	172,810	117,806
Office alterations	653,907	65,391	328,058	325,849	653,907	62,238	262,668	391,239
Office equipment	192,179	21,815	151,282	40,897	191,380	26,437	129,467	61,913
→	**$1,549,082**	**$184,083**	**$925,061**	**$624,021**	**$1,588,990**	**$192,217**	**$891,499**	**$697,490**

B. INTANGIBLE ASSETS

	Cost 30/06/09	Deprec for year 30/06/09	Accum deprec 30/06/09	Book value 30/06/09	Cost 30/06/08	Deprec for year 30/06/08	Accum deprec 30/06/08	Book value 30/06/08
Computer software	2,794,457	14,383	80,776	2,713,681	965,334	13,397	78,764	886,570

External costs associated with the development of the new registration computer software have been included in tangible assets and at balance date no depreciation has been provided as the software is not yet in use.

11.

RELATED PARTIES

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

12.

RECONCILIATION OF NET SURPLUS/(DEFICIT) WITH THE CASH FLOW FROM STATUTORY FUNCTIONS

	2009	2008
SURPLUS/ (DEFICIT) FOR YEAR		
General Fund	(120,588)	(856,524)
Complaints Investigation and Prosecution Fund	(1,097,170)	(780,351)
Examination Fund	211,671	88,376
→	(1,006,087)	(1,548,499)
Add non-cash items:		
Depreciation	198,466	205,615
Over depreciated disposed fixed assets	(29,145)	0
Employee entitlements	67,899	0
→	**237,220**	**205,615**
Add movements in working capital times		
(Increase) / decrease in receivables and GST	(18,992)	(70,061)
Increase / (decrease) in receipts in advance	22,667	(107,036)
Increase / (decrease) in sundry creditors	48,618	276,187
→	**52,293**	**99,090**
→	(716,574)	(1,243,794)
Less items classified as investing activity - interest	(575,825)	(665,010)
NET CASH FLOWS FROM STATUTORY FUNCTIONS →	**($1,292,399)**	**($1,908,804)**

13.

STATEMENT OF CONTINGENT LIABILITIES

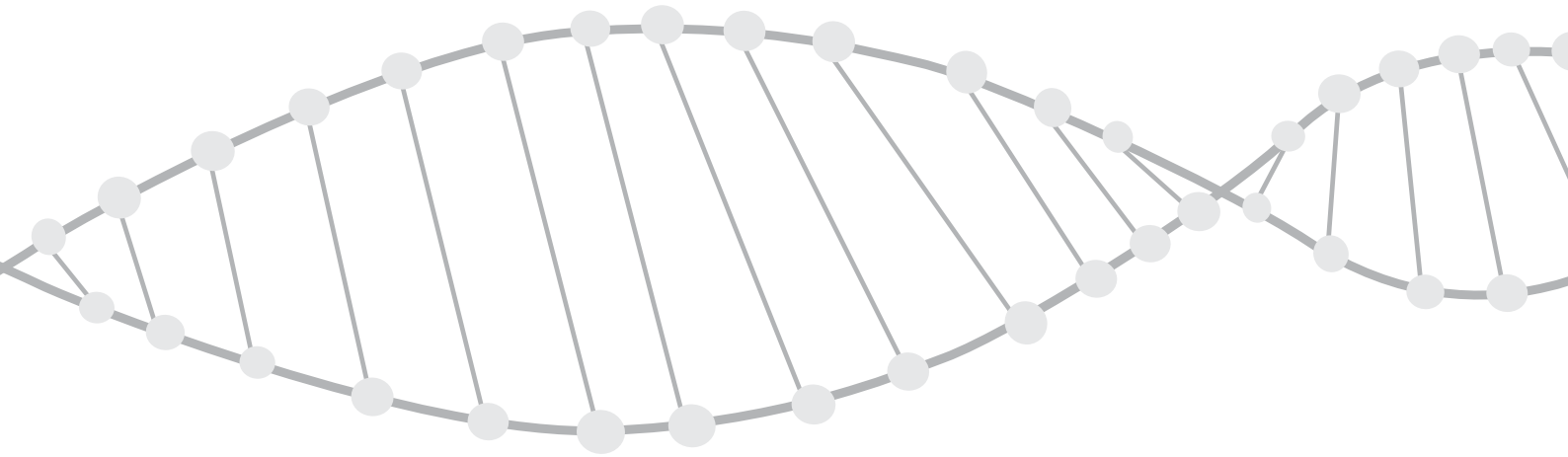
One notice of legal proceedings has been lodged against the Council for damages. Advice received suggests a high likelihood of the claim being settled for $20,000 (2008: One claim $250,000, moderate to low likelihood).

14.

STATEMENT OF COMMITMENTS

Lease commitments under non- cancellable operating leases;

	2009	2008
Less than one year	394,373	290,465
Between 1 and 5 years	1,577,532	0
Greater than 5 years	328,652	0
	$2,300,557	**$290,465**



15.

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 the interest rates on term deposits ranged from 4.50% to 9.09% (2008: 7.30% to 9.09%).

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

	2009	2008
Receivables	$254,265	$186,285
Bank balances	$5,616,614	$8,180,107
Payables	($1,320,919)	($1,249,634)

16.

COUNCIL MEMBERS' FEES AND ALLOWANCES

Council members receive a daily fee for attending meetings and an hourly rate for any preparatory work for any Council or committee meeting.

In addition a communications allowance has been approved to cover incidental costs of an internet connection, telephones calls and postage/courier charges.

	2009	2008
Attendance allowance		
Daily	$840	$816
Hourly	$105	$102
Communications allowance		
Quarterly	$300	$300
TOTAL FEES AND ALLOWANCES PAID TO MEMBERS	**$466,753**	**$478,785**

Council office

OFFICE OF THE COUNCIL AT 30 JUNE 2009

Chief Executive	Philip Pigou
Registrar	David Dunbar
Executive Assistant	Dot Harvey
Strategic Programme Manager	Joan Crawford

ADVISER GROUP

Communications Manager	George Symmes
IT Project Manager	John McCawe
Medical Adviser	Dr Ian Brown (p/t)
Medical Adviser	Dr Steven Lillis (p/t)
Senior Policy Analyst	Michael Thorn
Registrar Adviser	Jane Lui

BUSINESS SERVICES

Business Services Manager	Valencia van Dyk
Corporate Services Manager	Tony Hanna
ICT Team Leader	Bill Taylor
Information Systems Analyst	Andrew Cullen
IT Administrator	Rebecca Winiata
EDRMS Administrator	Mark Christiansen
EDRMS Assistant	Charlotte Dewsnap
Business Analyst	Diane Latham
Office and Records Administrator	Betty Wright
Receptionist	Marika Puleitu
Finance Manager	David Low
Finance Officer	Atish Pathak
Finance Officer	Elaine Pettigrew

HEALTH

Health Manager	Lynne Urquhart
Health Administrator	Viv Coppins
Health Case Manager	Helen Arbuckle
Health Case Manager	Jo Hawken
Health Case Manager	Eva Petro
Health Case Manager	Anne Whitelaw

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL SECRETARIAT

HPDT Manager	Gay Fraser
Executive Officer	Karen Crosby
Legal Officer	Kim Davies
Personal Assistant to Executive Officer	Nikita Takai

REGISTRATION

Registration and Professional Standards Manager	Daniel Eakins
Personal Assistant	Deborah Harrison
Registration Team Leader – APC	Gyllian Turner
APC Coordinator	Bronwyn Courtney
APC Coordinator	Sharon Mason
APC Audit Administrator	Sandra Clark
Registration Team Leader – General and special purpose	Megan Purves
Registration Coordinator – General and special purpose	Nick Everitt
Registration Coordinator – General and special purpose	Gina Giannios
Registration Coordinator – General and special purpose	Pavitra Gurumurthi
Registration Coordinator – General and special purpose	Imojini Kotelawala
Registration Coordinator – General and special purpose	Natalia Taylor
Registration Coordinator – General and special purpose	James van Schie
Registration Coordinator – General and special purpose	Dave Vige
Registration Coordinator – General and special purpose	Charlotte Wakelin
Registration Team Leader – Vocational and locum tenens	Nisha Patel
Registration Coordinator – Vocational and locum tenens	Chris Mangan
Registration Coordinator – Vocational and locum tenens	Jason Ng
Registration Coordinator – Vocational and locum tenens	Sheena Oughton

PROFESSIONAL STANDARDS

Professional Standards Team Leader	Mere Just
Professional Standards Coordinator	Angela Graham
Professional Standards Coordinator	Hayden Holmes
Professional Standards Coordinator	Angela Piggott
Professional Standards Coordinator	Lindsey Riley
Professional Standards Coordinator	Sidonie
Professional Standards Coordinator	Jiska Whelan

Contact Details

SOLICITORS

Bell Gully
PO Box 1291
Wellington 6140

Buddle Findlay
PO Box 2694
Wellington 6140

BANKERS

ANZ Banking Group (New Zealand) Ltd
18–32 Manners Street
Wellington 6011

AUDITORS

Markhams Miller Dean Audit
PO Box 24324
Wellington 6142

Office of the Auditor-General
Private Box 3928
Wellington 6140

MEDICAL COUNCIL OF NEW ZEALAND

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Notes

MEDICAL COUNCIL of NEW ZEALAND