NZMA Mission Statement

The New Zealand Medical Association provides leadership of the medical profession and promotes:

- Professional unity and values, and
- The health of all New Zealanders.

Roles of the NZMA

- To advocate on behalf of members and their patients
- To develop and maintain the profession’s Code of Ethics
- To provide support and services to our members
- To publish the New Zealand Medical Journal
Chair’s report

During 2015, NZMA strongly pursued themes of professionalism, unity and quality care, while progressing the rebuild of 26 The Terrace.

The strength of the NZMA is its pan-professional status, representing students and all doctors across the spectrum. Opinions offered to politicians, media and external organisations are therefore derived from our commonality as doctors, rather than any particular pre-established position based on an individual speciality or sub-specialty interest. This adds increasing emphasis to our arguments, while simultaneously adding interesting challenges about maintaining a unity of voice.

Many of our presentations and all of our Board meetings have begun with a recommitment to the Declaration of Geneva, with its opening affirmation that we “pledge to consecrate our lives to the services of humanity”. Of course this declaration—and the Code of Ethics—are derived from our special relationship with society, in that we are ‘trusted’ to put our patients’ interests before our own, due to the imbalance of information and the concept of a vulnerable patient.

Increasingly, technology and society’s lean towards consumerism has narrowed the gap in knowledge and introduced a concept of ‘buyer beware’ to the doctor / patient relationship, opening up a large number of challenges to the traditional delivery of care.

With regards to workforce, we have seen increased prescribing rights and extended areas of practice for non-medical healthcare professionals as well as ongoing work to modify legislation, removing the designation ‘medical’ from references to healthcare professionals. The recent NZ Healthcare Strategy discusses ‘healthcare professionals’ ‘and ‘people’ rather than the terms ‘doctors’ and ‘patients’. In response, the NZMA has developed a Principles of Workforce Redesign document in which we outline the core components of ethical delivery of care and strongly reference our previous work on the Role of the Doctor. Essentially, we advocate strongly for true patient-centric, integrated healthcare delivered at equal or better quality while maintaining the same ethical principles of patient best interest.

Of course, trumpeting the ethics of our profession and arguing against the ability of other groups to profit from the ‘sale’ of products derived from their advice, immediately opens up our own profession to claims of self interest and greed.

Towards this latter end, the NZMA has held multiple discussions with various medical stakeholder groups to promote transparency of fees and rededication to the altruistic component of our profession as a whole.

The gradual phasing-in of an Australian equivalent to the US’s Sunshine Act has begun to signal a change in this regard, with the voluntary then mandatory reporting by companies of all payments made to health professionals. Insurance providers in NZ are auditing claims with increased scrutiny on outlier billing behaviour and a few media headlines have begun to reflect this trend.

In addition to this work, the NZMA has continued to promote our calls for both social and health equity with the well evidenced negative impact on health displayed by the presence of inequality. In this regard, we have strongly called for an independent Health Impact Assessment on the TPPA and were one of the only medical groups to meet directly with the Minister and negotiating team before the conclusion of negotiations. Similarly we have submitted a strong statement on climate change and endorsed the efforts by the College of Public Health on this important topic.

A brief scan of the landscape shows there are 89 major medical groups speaking out on behalf of doctors, with multiple examples of duplication of effort, subtle areas of disagreement clouding core unanimity and often lack of discussion prior to public comment. The NZMA worked hard in 2015 to open all lines of communication with medical groups to encourage discussion and debate, ensuring a clear,
transparent look at core issues affecting our profession and—hopefully—a better division of labour in response.

Late 2015 saw the release of three core reports into potential health structure changes, known colloquially as the Horne Report, Suckling Report and Moodie report. While many areas of alignment were noted in each of these reports, the areas of disparity were also not insignificant and are worthy of ongoing discussion during 2016. The Moodie report, in particular, looked at a restructure of primary care funding to try and better align the needs of patients with subsidy assistance such that the funding followed the patient rather than targeting funding at geographical population groups.

2015 also saw the issue of euthanasia once again raised in the public arena. The NZMA has taken the opportunity to review current literature and discussion on the topic, with open discussion in the Board, councils and Ethics Committee. We have also encouraged open discussion via our newsletter and presented at public fora on the topic as well as met with various interest groups. We reviewed submissions to the Lecretia Seales court case and held discussions with the Canadian Medical Association regarding recent changes in that country. We have written a submission to the current Select Committee on the topic and published/disseminated our submission widely while actively encouraging discussion and opportunity to engage. This is an extremely difficult topic that is clinically relevant on a daily basis to many doctors and to all of us as potential patients. Like society at large, there is not uniform agreement within the profession on the best way forward in this area, with often anecdotal examples used on both sides to encourage a change in legislation that will affect us all. We will continue to engage on this topic with ongoing discussion and review.

Membership has been strong during the year, with a gradual increase over the last few years. This is particularly remarkable given the voluntary nature of the membership, as well as the multiple different professional groups with slight overlap in their advocacy for their component of the medical profession.

Finally, in 2011—after a review of earthquake strengthening—our ‘home’ at 26 The Terrace was declared uninhabitable and required replacement. After an extremely arduous 5+ year journey we have finally been granted the green light to proceed with a new building, with increasing communications and discussion on this topic expected throughout 2016.

I would like to conclude by expressing my gratitude, both for the privilege to serve our profession in this role but, more importantly, for the blessing of working with the Board, our CEO Lesley Clarke and the staff of the NZMA who work tirelessly and outstandingly to live the values of our profession and advocate for both the profession itself and the people of New Zealand.

Stephen Child
CEO’s report

The core work of the New Zealand Medical Association is to be the voice of the profession advocating for the health of New Zealanders. Our success in this arena directly impacts membership growth and retention and—conversely—our effectiveness and mandate is affected by membership participation and support. National Office continues to operate a comprehensive advocacy programme and communication strategy to deliver against these objectives.

Advocacy

In addition to the 56 formal submissions lodged during 2015, NZMA has continued its proactive advocacy across a number of key policy areas:

- Child health and welfare
- Clinical research
- Doctors’ health and well being
- Evidence-based medicine
- Health equity
- Health literacy
- Health policy formulation
- Healthy environment
- Integration
- Legislative developments
- Maori health inequity
- Medico legal issues
- Mental health
- New roles and task substitution
- Population-based Funding Formula
- Primary care funding
- Professionalism and clinical leadership
- Public health
- Quality
- Role of the Doctor
- Workforce

In 2014 the NZMA published our Tackling Obesity policy briefing and in 2015 we followed this with our Reducing Alcohol-Related Harm policy briefing, launched on 19 May 2015. We were again very successful with media coverage across both mainstream and social media. A Dominion Post editorial supported our advocacy, noting “New Zealand’s top medical body has called for a clampdown on our rampant boozing, including banning advertising, raising the drinking age, and raising taxes”.

In addition to the alcohol policy briefing, the NZMA developed and published another five Position Statements:

- Community Water Fluoridation
- Procurement of Non Clinical Goods and Services
- Clinical Academic Career Pathways in Medicine
- Third Party Funding Arrangements
- Health & Climate Change (replacing 2010 statement).

Other important advocacy work in 2015 included ongoing lobbying for an independent Health Impact Assessment of the Trans Pacific Partnership trade agreement, the release of surgical data, and the implications (workforce and employers) of the Vulnerable Children’s Act.
Resource Management and Organisational Performance

The NZMA continues to offer comprehensive advice to members on a variety of issues, including employment issues, legislative guidance and practice matters. This is a highly valued membership benefit, particularly for general practice owners, and is well utilised service.

The end-of-year financial result was an improvement of $42,000 on our budgeted deficit, which is a positive result and reflects our continued prudent management of expenditure, while not compromising the delivery of services.

As noted in last year’s annual report, the decision to rebuild NZMA House was made at the end of 2011. This continues to be a significant focus for myself, the NZMA Board and Operations Manager Anna Phipps. For much of 2015, work remained on hold due to challenges relating to ground conditions and the ability to achieve accurate pricing. However, construction work was able to start early in 2016 and we look forward to completion mid-2017.

2015 also saw a revamp of the NZMJDigest, which is now an electronic magazine published 10 times a year. It has broad appeal and is attracting a good level of contributions as well as continuing as a vehicle to highlight selected NZMJ articles. Credit for this transformation and other improvements to our publications goes to our Communications Manager Sharon Cuzens and in-house Publications Editor Jeremiah Boniface.

Finally, I would like to again record my thanks to the NZMA team for their commitment to the organisation and our mission and also I would like to express my gratitude to the NZMA Board and advisory Councils for the significant work they do in representing the profession and leading the work of the NZMA.

Lesley Clarke
NZMA office bearers 2015

Board Chair: Dr Stephen Child
Immediate Past Chair: Dr Mark Peterson
President: Dr Branko Sjinja
Deputy Chair: Dr Kate Baddock
Board members: Dr Kate Baddock Dr Michael Chen-Xu
Dr Alastair Dunne Dr Catherine Hallagan
Dr Scott Metcalfe Dr Wayne Miles
Dr Sudhvir Singh Dr Ruth Spearing
Professor Harvey White
GP Council Chair: Dr Kate Baddock
Specialist Council Chair: Professor Harvey White
DiT Council Chair: Dr Sudhvir Singh / Dr Alastair Dunne
NZMJ Editor Professor Frank Frizelle

General Practitioner Council
Dr Buzz Burrell, Dr Peter Chapman-Smith, Dr Bill Douglas, Dr Jan White, Dr Jocelyn Wood, Dr Stephen Child, (ex officio), Ms Lesley Clarke (ex officio)

Specialist Council
Dr Judy Bent (ASMS representative), Dr Michael East (RANZCOG representative) Dr Cathy Ferguson (College of Surgeons representative), Dr Joshua Freeman, Dr Deborah Greig, Dr Ted Hughes (NZSA representative), Dr Alistair Humphrey, Dr George Laking, Dr Wayne Miles, Dr Andrew Tie, Dr Stephen Child (ex officio), Ms Lesley Clarke (ex officio).

Doctors-in-Training Council
Liz Berryman (NZMSA representative), Dr Michael Chen-Xu, Dr Liz Conner, Dr Alastair Dunne, Dr Maria Gibbons, Dr George Giddings, Dr Hamish Green, Dr Matt Johnston, Dr Staverton Kautoke, Dr Alistair Loan, Dr Anna Morrow, Dr Mariam Parwaiz, Dr Ari Pfeiffernberger, Dr Sudhvir Singh (Chair), Dr Marise Stuart, Dr Stephen Child (ex officio), Ms Lesley Clarke (ex officio).

NZMA Services Ltd Board
Dr Wayne Miles (Chair), Dr David Kerr, Dr Don Simmers, Ms Lesley Clarke (ex-officio)

NZMA Staff 2015
Chief Executive Officer: Lesley Clarke
Operations Manager: Anna Phipps
Policy Manager: Dr Sanji Gunasekara
Communications Manager: Sharon Cuzens
EA to CEO: Robyn Fell
Marketing Co-ordinator: Johanna de Jong
Membership and database administrator: Julie Hare
NZMJ Production Editor: Jeremiah Boniface / Brennan Edwardes

NZMA National Office
39 The Terrace
PO Box 156, Wellington
Telephone: 04 472 4741
Fax: 0800 65 61 61
04 471 0838
Website: www.nzma.org.nz
2015 saw a plethora of reports related to primary care: the Horne report on funding, the Suckling report on capacity and capability, and the Moodie report on the sustainability of General Practice. Certain portions of the Suckling report have found favour with the Government, as has the equity thrust of the Moodie report. We will have to wait to see which parts are implemented through 2016 and the impact of that implementation.

One recommendation from the Moodie report pertained to the redistribution of Very Low Cost Access funding to those for whom it was originally intended—this reflects the NZMA’s principle of proportional universalism with targeted funding, so we await with interest the outcome of the Ministry’s recommendations to the Minister.

Fully subsidised U13 visits through an adjustment to capitation funding were instituted in the middle of the year and—as predicted by general practice—utilisation increased well above the threshold that would trigger a review. This increase in utilisation may represent meeting unmet need, but it has certainly increased the busy-ness of General Practice. Over 90 percent of practices throughout New Zealand are now offering the fully subsidised visits, which exceeds the initial uptake of the fully subsidised visits by U6s when it was introduced several years ago.

With the reorganisation of the Ministry of Health and personnel changes at HWNZ, the role of Physician Associates has not been progressed. There remains a need to regulate PAs as a workforce if they are to be part of the suite of providers in the New Zealand setting and this move has the support of both the NZMA and the Medical Council.

The legislative changes related to the review of the Medicines Act—and others—which are encompassed by the new Therapeutic Products Act probably have the most far-reaching consequences for general practice and primary care.

During 2015 we have been consulted on prescribing frameworks, scopes of practice, alternative medicines, telehealth, ownership and regulation of pharmacies, distribution of medical devices and the wording of many pieces of legislation relating to the word ‘doctor’ or ‘medical practitioner’. This new Act is going to define how we practice medicine for decades and this is our opportunity, and indeed our responsibility, to contribute as much as possible to these consultations.

Finally, despite the changes suggested by many of these reports, general practice is in reasonable heart, although over 50 percent of GPs apparently plan to retire within the next 10 years. The good news to counter this is that record numbers of graduates are choosing general practice as their specialist career option. So we have a changing workforce and a changing environment, and we still continue to provide one of the best general practice and primary care-based systems in the world.

Kate Baddock
I am pleased to give this report and to express my thanks to the members of the council. The Specialist Council met on 25 March, 19 May, 22 July and 1 December in Wellington in 2015.

We again held a joint meeting of the NZMA General Practitioner Council and Specialist Council. The joint meeting was very collegial and valuable.

We continue to be faced with a number of issues including:

- the development and role of the physician assistants
- Pharmac taking over the purchasing of medical devices
- nurse prescribing, whether designated or delegated
- folate fortification of bread
- sexual harassment and gender equality
- euthanasia
- how to increase specialist membership.

It is gratifying to see the Specialist Council have an important role within the NZMA. This enables the NZMA to represent the views of specialists and to provide a strong political voice for specialists.

We are extremely grateful for the NZMA office and their outstanding work.

I would like to thank the members of the Specialist Council for their on-going support and contribution.

I am honoured to be the Chair and look forward to continuing the progress the SPC has made in representing specialists.

Harvey White
The Doctors-In-Training Council (DiTC) is a standing committee of the NZMA and operates under the delegated authority of the Board. The DiTC comprises nine elected members, the President of the New Zealand Medical Students’ Association (NZMSA), and the Chair and CEO of the NZMA (Ex Officio).

Key advocacy themes for the DiTC in 2015 included the wellbeing of Resident Medical Officers (RMOs), ongoing challenges in providing appropriate vocational training with a view to future-proofing the New Zealand medical workforce, and changes in the prevocational requirements of the Medical Council.

In light of media attention regarding allegations of workplace bullying in the New Zealand medical profession and reports of RMOs taking their own lives, 2015 saw a renewed focus on RMO wellbeing. This lead to the development of an RMO wellbeing resource as part of the association’s website and the ‘Are you okay?’ traffic light resource which has been distributed among new RMOs and has been used on NZMA publications. RMO wellbeing continues to be a concern and will be an evolving project.

Our RMO membership continues to be concerned with training pathways and future vocational options. The training pipeline bottleneck—in part precipitated by an increasing number of graduates—will require ongoing high-level input to ensure a beneficial outcome and a future-proofed workforce. It has been pleasing to see an increasing number of funded general practice registrar positions, although these numbers continue to fall short of predicted demand by some margin.

New Medical Council requirements for prevocational trainees are coming into force—in particular the effective move to a two-year provisional registration period and toward compulsory community-based attachments (CBA) as part of this first two years. The DiTC remains keenly interested in these changes and their flow-on effects. Much is still to be determined with regards to the specific make-up of the CBAs and we await feedback from the pilot cases with interest.

RMO membership of the NZMA continues to grow. There has been an approximately four-fold increase in RMO membership since 2008 and about one third of all RMOs are members of the NZMA. The DiTC would like to see a move to where membership of the association is the norm among RMOs and will continue to work with the Board on strategies to achieve this. We believe a strong RMO membership will sustain the association into the future and give added potency to our advocacy messages.

Alastair Dunne
The New Zealand Medical Journal & Digest

The New Zealand Medical Journal has been published since 1887 (129 years), and though the form has changed, its role hasn’t. The journal continues to be a focus for presentation of medical research and opinions that help shape the New Zealand’s medical healthcare landscape.

In 2015 we again published 20 editions of the NZMJ and moved to 10 editions of the Digest. We had 544 new submissions in 2015 (498 in 2014) and several hundred resubmissions. Most submissions came from New Zealand (384), with a considerable number from a wide variety of countries: Australia (22), Canada (10), India (36), Iran (2), Italy (2), Japan (5), Malaysia (2), Nigeria (2), Pakistan (2), Singapore (9), Turkey (10), United Kingdom (11) and USA (18). Most months we have about 40 submissions, however May was the peak month with 60 submissions.

Following peer review, we published 110 original articles, and 36 viewpoints, supported by 39 editorials, as well as the usual other items such as letters, clinical correspondence, obituaries and notices etc.

Manuscript handling times have been a focus as we try to improve the speed and timeliness of decision making. This has, however, been slightly hampered by the changes to the editorial board. We did run most of the year with one sub editor short while we waited for a new subeditor to finish with editing another journal before joining us. While one new subeditor joined us, another chose to leave as she found time pressures an issue.

While this constant refreshing of the editorial board adds vigour to the board, it does create some issues, with sub editors learning the process and getting up to speed. Despite this, average manuscript handling time from submission to decision was 26 days, with only 10 manuscripts taking more than 15 weeks. When there are delays such as this, it usually relates to issues with finding suitable reviewers, or reviewers agreeing to review then not, or asking for an extension.

During the last year there has been some ongoing evolution of the journal and further change is planned. The main changes have been:

The Digest
The Digest has undergone a major face lift and is much improved. It is now also in electronic format and published 10 times a year.

Staff changes
Jeremiah Boniface has taken over production from Brennan Edwardes and is doing an excellent job. He has brought fresh ideas and new production skills, leading to the much improved appearance of the Digest amongst many other things.
Editorial board changes
The editorial board has also changed, with Associate Professor Suzanne Pitama (Christchurch) leaving in January 2016. Professor Mark Weatherall (Wellington) came on board in February 2016. Dr Kiki Maoate (Associate Dean Pacific University of Otago, Christchurch) joins us in April 2016, bringing the editorial board back to full numbers for the first time in 18 months. The editorial board also consists of Professor Lutz Beckett (Respiratory physician, Christchurch), Professor Roger Mulder (Psychiatry, Christchurch) and Professor Jennie Connor (Public Health, Dunedin).

Impact factor
We appear to be back in the Thomson-Reuters system for getting an impact factor. Impact factors are used to rank journals and are based on counting how often a published article is cited. It is a controversial measure and claimed to be open to manipulation by big journals influencing the numerator/denominator factors.

When we changed to the e-journal, we lost the impact factor of the print journal and it has taken some time to get this sorted (this was a topic of an editorial in NZMJ a few years ago). We have now received correspondence suggesting that we are back in the system. It will, however, take up to three years to get to a reliable number (IF), as impact factor is usually based on two years’ worth of data, and the longer an article has been published, the more likely it will have been cited. We should have an impact factor based on an incomplete 12 months late this year and another impact factor a year later, based on the second incomplete year. The third year we should have a reliable number.

ICMJE
The ICMJE meeting was in New Delhi in November 2015. The Uniform requirements for medical publishing were revised, expanding issues around e-journals (which directly affects us). The ICMJE also made a statement about data sharing that was published in the NZMJ in January this year. Further progress on this is expected during this year with a formal decision on how this will be introduced and policed expected at this year’s meeting.

The NZMJ continues to perform well at its key activities of publication or research and discussion of health issues relevant to the New Zealand health system. It is well reported in the New Zealand media and well supported by the submissions from the medical community.

Frank Frizelle
Editor-in-Chief
New Zealand Medical Journal
NZMA Ethics Committee

In May 2015 the Ethics Committee contributed to the NZMA feedback to the World Medical Association on a draft declaration of ethical considerations regarding health databases and Biobanks. Our comments were primarily around clarity of the document’s aims.

In May we also contributed to the NZMA submission to the Medical Council on its discussion paper on the value of performance and outcome data. We supported the NZMA’s defence of medical professionalism, and ensuring that any move to publish performance and outcome data supported this rather than undermined it.

In July and August the CEO and Board sought my opinion about the NZMA’s 2005 statement on euthanasia, which I regarded as remaining appropriate and in keeping with our Code of Ethics, although some of its references required updating. We also discussed guidance from the Code of Ethics in relation to this issue.

The committee provided feedback in August in support of the WMA proposed Statement on Medical Ethics and Human Rights in the Curriculum of Medical Schools.

A proposed Medical Student Code of Conduct engendered spirited support and discussion in October among the various NZMA committees, including the Ethics Committee.

My thanks to my fellow committee members for their valued input to these various topics, and also to the NZMA National Office staff, particularly Sanji Gunasekara and Lesley Clarke, for their indispensable help and assistance.

Tricia Briscoe

Ethics Committee members

Dr Liz Conner  
Dr Sinéad Donnelly  
Prof Grant Gillett  
Dr Wayne Miles  

Dr Katharine Wallis  
Dr Stephen Child (Ex Officio)  
Ms Lesley Clarke (Ex Officio)
Submissions in 2015

Auckland Council
- Auckland Council’s 10-year budget

Foreign Affairs, Defence and Trade Committee
- International treaty examination of the Free Trade Agreement between New Zealand and the Republic of Korea

Health Select Committee
- Health (Protection) Amendment Bill
- Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill
- Supplementary Submission on Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill

Healthy Quality and Safety Commission (HQSC)
- Atlas of Healthcare Variation: Polypharmacy in Older People
- Draft position paper on the transparency of information related to medical/service interventions within the context of the current OIA requests
- Discussion paper: A framework for quality improvement and patient safety capability and leadership-building for the New Zealand health system

Health Workforce New Zealand
- Core competency framework for the children’s workforce
- Voluntary Bonding Scheme 2016 Terms and Conditions

Justice and Electoral Committee
- Coroners Amendment Bill
- Sale and Supply of Alcohol (Extended licensing hours during Rugby World Cup) Bill

Medical Council of New Zealand (MCNZ)
- Response to the discussion paper ‘Better Data—the benefits to the profession and the public’
- Consultation on proposed Council Fees for Doctors
- Review of the Medical Council’s statements on Good Prescribing practice and Prescribing drugs of abuse
- Vision and principles for recertification for doctors in New Zealand

Medicines Classification Committee
- Agenda for the 53rd meeting of the Medicines Classification Committee
- Agenda for the 54th meeting of the Medicines Classification Committee

Ministry of Business, Innovation and Employment
- Consultation on ACC regulations change proposals to encourage free GP visits for injured children under 13 years old

Ministry of Health (MOH)
- Maternity Quality Initiative 2015–2018
- Framework for health literacy: a health system response
- Draft Medicines Strategy Action Plan
- CVD guideline update
- Living Well with Diabetes: a draft plan for health services for people with diabetes 2015–2020
- Maternity Quality initiative 2015–2018
- Draft Pharmacy Action Plan
- New Zealand and the Protocol to Eliminate Illicit Trade in Tobacco Products
• Work Capacity Medical Certificates
• Amendment to the Medicines (Standing Order) Regulations 2002
• Update of the New Zealand Health Strategy

Ministry for the Environment
• New Zealand’s Climate Change Target

National Health Board
• Guidelines for Worker Safety Checks – Vulnerable Children Act 2014
• ePrescription Service
• HIS0 10029:2015 Health Information Security Framework

National Screening Unit
• National Cervical Screening Programme: Changing the primary laboratory test

New Zealand Nurses Organisation
• Legislative and Regulatory Policy Framework

Nursing Council of New Zealand
• Proposed schedule of medicines for registered nurses working in specialist ophthalmology teams
• Education programme standards and competencies for nurse practitioner scope of practice
• Consultation on the Scope of Practice and Qualifications: Nurse practitioner

Office of the Psychoactive Substances Regulatory Authority, Ministry of Health
• Proposed classification of tramadol as a class C5 controlled drug under the Misuse of Drugs Act 1975

PHARMAC
• Establishment of PHARMAC labelling preferences
• Proposal in relation to Dietitian Prescribers
• Proposal to transition funded access to insulin pumps and consumables to a standard Special Authority
• Discussion document on the way vaccines are distributed in the community
• Proposal to award sole supply of metoprolol succinate in the community and DHB hospitals
• Discussion document on the way vaccines are distributed in the community
• Budesonide with eformoterol proposal
• PHARMAC’s proposed approach to market share procurement for hospital medical devices
• Proposal to reinstate monthly dispensing on various pharmaceuticals (remove ‘stat’ dispensing)

Pharmacy Council of New Zealand
• National Cervical Screening Programme: Changing the primary laboratory test
• Proposed supplementary wording to clause 6.9 of the Code of Ethics 2011

Royal Australasian College of Physicians
• RACP position statement and policy statement on refugee and asylum seeker health

The Asthma Foundation
• Draft position paper on the transparency of information related to medical/service interventions within the context of the current OIA requests

University of Otago
• Code of Professional Conduct for Medical Students

World Medical Association
• Proposed WMA Statement on Medical Ethics and Human Rights in the Curriculum of Medical Schools World-Wide
• Draft policy on ethical considerations regarding health databases and biobanks
Obituaries

We record with regret the deaths of the following members of the NZMA:

Prof John Francis Arthur
Dr Ronald Thomas Ewen Baker
Dr David Maxwell O’Neill Becroft
Dr Eileen Anne Brosnan
Dr Jean Grieve Bryson
Dr Arthur Wong Doo
Dr Peter Fleischl
Dr Gavin Lawrence Glasgow
Dr Richard William Hornabrook
Dr Patricia Rae McDonald
Dr Thomas William Milliken
Sir Patrick William Eisdell Moore
Dr Oliver Ross Nicholson
Dr Thomas Anthony Ord
Dr George Stewart Purvis
Dr Richard Ewart Rawstron
Dr Michael Elliott Shackleton
Dr Lawrence James Smith
Dr Brian Ernest Tomlinson
Dr David Stanley Velvin
Dr Sydney Rae West
Dr James Young Yee
NZMA Affiliates 2015

- American Medical Association
- Australian Medical Association
- British Medical Association
- Australasian College for Emergency Medicine
- Australian and New Zealand Association of Urological Surgeons
- Australian and New Zealand College of Anaesthetists
- Aviation Medical Society of New Zealand
- Cardiac Society of Australia and New Zealand
- College of Urgent Care Physicians
- College of Intensive Care Medicine of Australia and New Zealand
- Confederation of Medical Associations of Asia and Oceania
- Council of Medical Colleges
- Doctors for Sexual Abuse Care
- Family Planning
- Health Improvement and Innovation Resource Centre
- Health Quality and Safety Commission
- General Practice New Zealand
- Institute of Australasian Psychiatrists
- Medical Acupuncture Society of New Zealand
- New Zealand Association of Musculoskeletal Medicine
- NZ Association of Pathology Practices
- New Zealand College of Appearance Medicine
- New Zealand College of Public Health Medicine
- New Zealand Dermatological Society
- New Zealand Medical Students Association
- New Zealand Orthopaedic Association
- New Zealand Pain Society
- New Zealand Rheumatology Association
- New Zealand Sexual Health Society
- New Zealand Society of Anaesthetists
- New Zealand Society of Gastroenterology
- New Zealand Society of Otolaryngology/Head and Neck Surgery
- Pasifika Medical Association
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal College of Pathologists of Australasia
- Royal New Zealand College of General Practitioners
- Rural General Practice Network
- Sports Medicine New Zealand
- The Association of Salaried Medical Specialists
- World Medical Association
Member services & benefits

Advisory Service
The NZMA continues to offer comprehensive advice to members on a variety of issues, ranging from employment issues to running your practice. More information on the NZMA Advisory Service, and copies of our publications, are available in the members-only section of the NZMA website.

This year we also continued to support practices that are party to the Primary Health Care Multi Employer Collective Agreement (MECA), providing them with employment advice and advice on interpreting the MECA.

Changes to employment legislation came in in 2015, and our resources were updated to inform members of the changes. There are significant changes to health and safety legislation coming in 2016 and the NZMA is organising workshops to prepare members for the changes.

Financial Benefits
The following is a list of current NZMA financial membership benefits (as at 31 December 2015):

Air New Zealand Koru Club
Members pay corporate rates for Koru Club individual membership.

Avis Rent a Car
Receive corporate rates on car rental and earn points towards your choice of a range of rewards programmes.

Cherrytree – the Club for Smart Shoppers
Reduced membership fee, reduced renewal fee and an account credit for members when joining Cherrytree.

FearFree security and safety management
Members receive support and assistance on risk mitigation, security reviews and conflict awareness workshops.

Beaurepaires
Members receive 20% off all tyres and 10% off batteries and wheel alignments at Beaurepaires stores.

HotelClub.com
Members save up to 12% discount on the already discounted prices of accommodation listed on the HotelClub website.

Jetts 24 Hour Fitness
Reduced joining free and weekly fee at any Jetts fitness centre nationwide.

KeepItSafe Data Security
Members receive 10% discount off the normal subscription rates for secure online backup of your medical practice.

Medicus Indemnity Insurance
Members receive discounted annual premiums for indemnity insurance through Medicus.

MSIG Pre-Employment Screening and Theft Investigation
Members receive discounted comprehensive pre-employment screening and theft investigation service through Morley Security and Investigation Group (MSIG).

Noel Leeming
Exclusive prices for members on everything in store, at Noel Leeming.

NRC Debt Collecting Package
Offers a competitive rate to members per debtor and easy online access service with National Revenue Corporation.

New Zealand Office Supplies
Members receive discounts on everyday stationery and office supplies and free shipping on all orders regardless of value or destination

NZForex
Members can receive and transfer funds internationally with no transaction fees and at more competitive rates than banks.

NZMA GPCME Conference
Members receive $150 discount on full registration to the NZMA GPCME Conferences in Rotorua and Dunedin.

NZMA Wine Club
Discounts on selected quality NZ and imported wines through the NZMA online wine club.

Petals online florist
Members receive 10% discount on the flower value and 8% discount on the product value for all gift orders through Petals online florist.

Volvo
Guaranteed 10% discount for members from our exclusive vehicle partner

Westpac Banking Package
Competitive member rates on merchant credit card processing rates, eftpos terminals and day-to-day banking through Westpac.

Wilkinson Legal Expenses Insurance
Members receive a 15% discount off premiums for legal expenses insurance through Wilkinson Insurance Brokers (policy underwritten by Lumley’s)
The NZMA is committed to continuous improvement and we regularly develop services and advice packages that will benefit our members and add value to your membership with us.

Acknowledgement

The Association acknowledges the valued contribution of its Corporate Partners:

Conference Matters
Westpac Banking Corporation
Wilkinson Insurance Brokers
FearFree Security & Safety Management
NZ Forex
National Revenue Corporation

Other organisations whose support also assists us in providing enhanced services to our members:

Adventure World
ACP Media
Air New Zealand Koru Club
Avis Rent a Car
Cherrytree
HotelClub
Morley Security and Investigation Group
KeepitSafe Data Security
New Zealand Office Supplies
Noel Leeming Group
Petals
South Pacific Tyres
Primo Vino
Volvo
Independent Auditor’s Report

Audit
Grant Thornton New Zealand Audit Partnership
Level 15, Grant Thornton House
215 Lambton Quay
PC Box 19712
Wellington 6143
T +64 (0)4 474 6500
F +64 (0)4 474 8509
www.grantthornton.co.nz

To the Members of New Zealand Medical Association Incorporated and Group

Report on the financial statements
We have audited the financial statements of New Zealand Medical Association Incorporated Parent and Group on pages 1 to 7, which comprise the statement of financial position as at 30 September 2015, and the statement of financial performance and statement of changes in equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

Board Members’ responsibilities
The board members are responsible for the preparation of financial statements in accordance with generally accepted accounting practice in New Zealand and for such internal control as the board members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s responsibilities
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation of financial statements that present fairly the matters to which they relate in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control.
An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluating the presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other than in our capacity as auditor we have no relationship with, or interests in New Zealand Medical Association or its subsidiaries.

Opinion
In our opinion, the financial statements on pages 1 to 7 present fairly, in all material respects, the financial position of New Medical Association Incorporated Parent and Group as at 30 September 2015, and its financial performance, for the year then ended in accordance with generally accepted accounting practice in New Zealand.

Grant Thornton
Grant Thornton New Zealand Audit Partnership
Wellington, New Zealand
14 December 2015
New Zealand Medical Association Inc.
Consolidated Statement of Financial Performance
For the Year Ended 30th September 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriptions</td>
<td>1,309,319</td>
<td>1,247,019</td>
<td>1,314,908</td>
<td>1,247,412</td>
</tr>
<tr>
<td>Investment Income</td>
<td>69,624</td>
<td>69,443</td>
<td>56,233</td>
<td>56,051</td>
</tr>
<tr>
<td>Advertising Revenue</td>
<td>53,830</td>
<td>-</td>
<td>54,488</td>
<td>-</td>
</tr>
<tr>
<td>Member Benefit Income</td>
<td>13,577</td>
<td>13,577</td>
<td>54,397</td>
<td>54,397</td>
</tr>
<tr>
<td>Buy A Brick Donations</td>
<td>1,053</td>
<td>1,053</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td>GPCME Conference</td>
<td>66,050</td>
<td>66,050</td>
<td>84,300</td>
<td>84,300</td>
</tr>
<tr>
<td>MECA Negotiations</td>
<td>9,423</td>
<td>9,423</td>
<td>168,172</td>
<td>168,172</td>
</tr>
<tr>
<td>Other Income</td>
<td>15,517</td>
<td>42,374</td>
<td>18,097</td>
<td>41,226</td>
</tr>
<tr>
<td>Benevolent Fund Income</td>
<td>4,609</td>
<td>4,609</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>1,647,002</td>
<td>1,453,548</td>
<td>1,752,095</td>
<td>1,653,058</td>
</tr>
<tr>
<td><strong>Less Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration, Support and Finance</td>
<td>976,259</td>
<td>969,717</td>
<td>960,566</td>
<td>953,547</td>
</tr>
<tr>
<td>Advocacy and Policy</td>
<td>32,365</td>
<td>32,365</td>
<td>27,327</td>
<td>27,327</td>
</tr>
<tr>
<td>Audit Fees</td>
<td>14,873</td>
<td>11,873</td>
<td>12,000</td>
<td>9,000</td>
</tr>
<tr>
<td>Board and Advisory Councils</td>
<td>285,372</td>
<td>280,135</td>
<td>324,050</td>
<td>287,626</td>
</tr>
<tr>
<td>Depreciation</td>
<td>25,260</td>
<td>25,260</td>
<td>27,478</td>
<td>27,478</td>
</tr>
<tr>
<td>Grants</td>
<td>-</td>
<td>191,304</td>
<td>-</td>
<td>200,870</td>
</tr>
<tr>
<td>Membership Services and Marketing</td>
<td>35,321</td>
<td>35,321</td>
<td>57,035</td>
<td>57,035</td>
</tr>
<tr>
<td>New Zealand Medical Journal &amp; Digest</td>
<td>243,601</td>
<td>-</td>
<td>240,514</td>
<td>-</td>
</tr>
<tr>
<td>Benevolent Fund Expenses</td>
<td>1,300</td>
<td>1,300</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>1,614,351</td>
<td>1,527,275</td>
<td>1,648,970</td>
<td>1,562,883</td>
</tr>
<tr>
<td><strong>NET SURPLUS/(DEFICIT) FOR YEAR</strong></td>
<td>($67,349)</td>
<td>($73,727)</td>
<td>$103,125</td>
<td>$90,175</td>
</tr>
</tbody>
</table>

These financial statements should be read in conjunction with the attached Notes to the Accounts and Audit Report.
# New Zealand Medical Association Inc.
## Consolidated Statement of Movements in Equity
### For the Year Ended 30 September 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCUMULATED FUNDS AT 1 OCTOBER 2014</strong></td>
<td>2,984,969</td>
<td>2,993,673</td>
<td>2,881,844</td>
<td>2,903,488</td>
</tr>
<tr>
<td>Net Deficit for the Year</td>
<td>(67,349)</td>
<td>(73,727)</td>
<td>103,125</td>
<td>90,175</td>
</tr>
<tr>
<td>Initial Funds Received for Benevolent Fund</td>
<td>431,824</td>
<td>431,824</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Funds Transferred to Reserves</td>
<td>(437,789)</td>
<td>(437,789)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>ACCUMULATED FUNDS AT 30 SEPTEMBER 2015</strong></td>
<td>$2,911,838</td>
<td>$2,913,864</td>
<td>$2,984,969</td>
<td>$2,993,488</td>
</tr>
</tbody>
</table>

**RESERVES AND TRUSTS**

**Benevolent Fund**

<table>
<thead>
<tr>
<th>Movements for the Year</th>
<th>436,133</th>
<th>436,133</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLOSING BALANCE</strong></td>
<td>436,133</td>
<td>436,133</td>
</tr>
</tbody>
</table>

**Reserves**

<table>
<thead>
<tr>
<th>Opening Balance</th>
<th>56,062</th>
<th>56,062</th>
<th>52,035</th>
<th>52,035</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Received</td>
<td>2,053</td>
<td>2,053</td>
<td>3,427</td>
<td>3,427</td>
</tr>
<tr>
<td><strong>CLOSING BALANCE</strong></td>
<td>58,115</td>
<td>58,115</td>
<td>56,062</td>
<td>56,062</td>
</tr>
</tbody>
</table>

| TOTAL RESERVES AND TRUSTS | 493,848 | 493,848 | 56,062 | 56,062 |
| TOTAL EQUITY               | 3,406,506 | 3,407,832 | 3,041,031 | 3,046,735 |

These financial statements should be read in conjunction with the attached Notes to the Accounts and Audit Report.
New Zealand Medical Association Inc.  
Consolidated Statement of Financial Position  
As at 30th September 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalent</td>
<td>5</td>
<td>570,173</td>
<td>567,977</td>
<td>335,733</td>
</tr>
<tr>
<td>GST Refund Due</td>
<td>1(b)</td>
<td>1,130</td>
<td>3,321</td>
<td>-</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
<td>9,307</td>
<td>2,090</td>
<td>42,120</td>
</tr>
<tr>
<td>Investments</td>
<td>1,282,667</td>
<td>1,282,687</td>
<td>1,381,502</td>
<td>1,381,502</td>
</tr>
<tr>
<td>Sundry Debtors and Prepayments</td>
<td>18,404</td>
<td>18,404</td>
<td>8,558</td>
<td>8,558</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>1,861,701</td>
<td>1,874,479</td>
<td>1,767,913</td>
<td>1,761,134</td>
</tr>
<tr>
<td>NON-CURRENT ASSETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>75,319</td>
<td>75,319</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Fixed Assets at Cost</td>
<td>12</td>
<td>1,949,858</td>
<td>1,949,858</td>
<td>1,766,426</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(351,292)</td>
<td>(351,292)</td>
<td>(326,032)</td>
<td>(326,032)</td>
</tr>
<tr>
<td>Total Fixed Assets</td>
<td>1,598,566</td>
<td>1,598,566</td>
<td>1,440,394</td>
<td>1,440,394</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td>1,673,885</td>
<td>1,673,885</td>
<td>1,440,394</td>
<td>1,440,394</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>3,555,586</td>
<td>3,548,364</td>
<td>3,208,307</td>
<td>3,201,528</td>
</tr>
<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GST Due for payment</td>
<td>1(b)</td>
<td>-</td>
<td>-</td>
<td>18,385</td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>62,755</td>
<td>54,859</td>
<td>81,832</td>
<td>71,225</td>
</tr>
<tr>
<td>Receipts in Advance</td>
<td>2,003</td>
<td>2,003</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Provision for Holiday Pay</td>
<td>85,322</td>
<td>83,670</td>
<td>67,259</td>
<td>62,183</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>150,080</td>
<td>140,532</td>
<td>167,275</td>
<td>151,793</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>$3,405,506</td>
<td>$3,407,832</td>
<td>$3,041,031</td>
<td>$3,049,735</td>
</tr>
</tbody>
</table>

Represented by:

EQUITY

RESERVES AND TRUSTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benevolent Fund</td>
<td>11</td>
<td>435,133</td>
<td>435,133</td>
<td>-</td>
</tr>
<tr>
<td>Reserves</td>
<td>58,715</td>
<td>58,715</td>
<td>56,062</td>
<td>56,062</td>
</tr>
<tr>
<td>Total Reserves and Trust</td>
<td>13</td>
<td>493,848</td>
<td>493,848</td>
<td>56,062</td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td>2,911,658</td>
<td>2,913,984</td>
<td>2,984,969</td>
<td>2,993,673</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>$3,405,506</td>
<td>$3,407,832</td>
<td>$3,041,031</td>
<td>$3,049,735</td>
</tr>
</tbody>
</table>

For and on behalf of the Board:

Chairperson

Chief Executive

Date 11 December 2015

These financial statements should be read in conjunction with the attached Notes to the Accounts and Audit Report.
New Zealand Medical Association Inc.  
Consolidated Notes to the Financial Statements  
For the Year Ended 30th September 2015

1. STATEMENT OF ACCOUNTING POLICIES

Nature of Entity
The financial statements presented here are for the entity New Zealand Medical Association Inc. (the Association), an incorporated society registered under the Incorporated Societies Act 1908. They are also registered as a Registered Charity under the Charities Acts 2005 as at 30 June 2008. These financial statements comply with the Financial Reporting Act 1993 and Generally Accepted Accounting Principles.

The Association is a voluntary body directly representing the majority of practising medical practitioners in New Zealand. The Association is dependent on receiving subscriptions from its members on an annual basis.

The financial statements of the Association as at and for the year ended 30 September 2014 comprise the separate financial statement of the Association being the ‘Parent’ and the consolidated financial statements of the Parent and its subsidiary being NZMA Services Limited.

Statement of Compliance
The financial statements presented here have been prepared in accordance with generally accepted accounting practice in New Zealand.

They comply with Financial Reporting Standards (FRS’s) and Statements of Accounting Practice (SSAP’s) as appropriate for entities that qualify for and apply, differential reporting concessions.

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, with the exception of certain items for which specific accounting policies have been identified.

Changes in Accounting Policies
There have been no changes in accounting policies. All policies have been applied on bases consistent with those used in the previous year.

Specific Accounting Policies

(a) Depreciation
All fixed assets, other than vehicles, are depreciated on a straight line basis to write off the various assets over their expected useful lives. Buildings have not been depreciated in the current year as the current building is to be demolished and costs for the new building cannot be depreciated until building is complete. The entity has the following classes of Property, Plant & Equipment;

<table>
<thead>
<tr>
<th>Asset Description</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>0%</td>
</tr>
<tr>
<td>Building Work in Progress</td>
<td>0%</td>
</tr>
<tr>
<td>Furniture, Fittings and Office Equipment</td>
<td>20%</td>
</tr>
<tr>
<td>Computer Equipment and Website</td>
<td>20%</td>
</tr>
</tbody>
</table>

(b) Goods & Services Tax
These financial statements have been prepared on a GST exclusive basis with the exception of accounts receivable and accounts payable which are shown inclusive of GST.

(c) Taxation
New Zealand Medical Association is registered as a charity under the Charities Commission and is therefore exempt from income tax. NZMA Services Limited are subject to income tax but have no tax to pay in the current year.

(d) Differential Reporting
The Association is a qualifying entity in terms of the framework for Differential Reporting by virtue of it not being publically accountable and not being deemed large. All differential reporting exemptions available have been applied, with the exception of FRS 18, Accounting for Goods and Services Tax, with which they have fully complied.

(e) Revenue
All income except Interest is recognised in the statement of financial performance on a cash basis as this is when the Association is entitled to the revenue.
New Zealand Medical Association Inc.
Consolidated Notes to the Financial Statements
For the Year Ended 30th September 2015

(f) Contract Income
Contract income is now recognised in the statement of financial performance in the year in which it is received.

(g) Interest Income
Interest income is recognised on an accrual basis.

(h) Investments
Share investments in listed companies are stated at their fair value. Initially they are recorded at cost, and are then valued at market bid price at the Statement of Financial Position date in subsequent periods. Any gains or losses generated as a result of revaluation is recognised in the Statement of Financial Performance.

Other investments are stated at cost less any amortisation. Amortisation is recognised in the Statement of Financial Performance.

(i) Operating Leases
Operating leases are those which all the risks and benefits are substantially retained by the lessor. Operating lease payments are expensed in the periods the amounts are payable.

(j) Receivables
Receivables are stated at their estimated realisable value after providing against debts where collection is doubtful. Bad debts are written off in the year in which they are identified.

(k) Comparative Figures
Some comparative figures have been restated for transparency in comparing with the current year.

2. AUDIT
These financial statements have been subject to audit by Grant Thornton, please refer to Auditor's Report.

3. LAND AND BUILDINGS
The latest Government valuation on land and buildings, dated 1 September 2015 was $1,250,000, (2009 $ 1,775,000) The New Zealand Medical Association Inc. building was assessed late 2011 and found to be earthquake prone.

NZMA House is in the process of redevelopment. Due to the heritage status of the building, the Wellington City Council want the facade of the existing building to remain. The building has been partially demolished and resource consent has been obtained for a new building, retaining the facade. As at 30 September 2015, work is progressing on the new building.

As at 30 September 2015 $ 1,511,212 (2014 $ 1,337,733) has been spent in work in progress on the development of the new building.

4. RELATED PARTIES
On 3 May 2010 the Association established a company ‘NZMA Services Limited’. The Association retained 100% of the shares in this company at reporting date. The Association has entered into a Service Level Agreement with NZMA Services Limited for the purposes of operating the Medical Journal. The Association has agreed to provide a Grant per annum for the provision of these services. The grant given for 2015 was $ 191,304 (2014 : $ 200,870). NZMA Services Ltd have paid $30,000 to New Zealand Medical Association during the year to cover staff time used. (2014 $30,000). As at year end, NZMA Services Limited has a payable balance to NZMA of $ 365.

5. CASH AND CASH EQUIVALENT

<table>
<thead>
<tr>
<th>2015</th>
<th>2015</th>
<th>2014</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Parent</td>
<td>Group</td>
<td>Parent</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Westpac Current Account</td>
<td>23,031</td>
<td>20,835</td>
<td>44,316</td>
</tr>
<tr>
<td>Westpac On Call account</td>
<td>161,241</td>
<td>161,241</td>
<td>285,110</td>
</tr>
<tr>
<td>Westpac Management Account</td>
<td>26,172</td>
<td>26,172</td>
<td>26,107</td>
</tr>
<tr>
<td>Benevolent Fund Bank Accounts</td>
<td>59,529</td>
<td>59,529</td>
<td>-</td>
</tr>
<tr>
<td>Benevolent Fund Term Deposits</td>
<td>300,000</td>
<td>300,000</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>670,173</td>
<td>567,977</td>
<td>335,733</td>
</tr>
</tbody>
</table>
New Zealand Medical Association Inc.
Consolidated Notes to the Financial Statements
For the Year Ended 30th September 2015

6. CONTINGENT LIABILITIES
At balance date there are no known contingent liabilities (2014: Nil). New Zealand Medical Association Inc. has not granted any securities in respect of liabilities payable by any other party whatsoever.

7. CAPITAL COMMITMENTS
At balance date there are no known capital commitments. (2014: Nil)

8. SUBSEQUENT EVENTS
No significant events noted after balance date. (2014: Nil)

9. OPERATING LEASE COMMITMENTS
Payments made under operating leases are recognised in the Statement of Financial Performance on a straightline basis over the term of the lease.

Lease of Premises
Premises have been leased from March 2012 for an initial period up to 31 August 2015. In July 2015 this was extended to 31 August 2016.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>58,652</td>
<td>58,652</td>
<td>58,652</td>
<td>58,652</td>
</tr>
<tr>
<td>Later than one year and not later than two years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Later than two years and not later than five years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Later than five years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Operating Lease Commitments</td>
<td>58,652</td>
<td>58,652</td>
<td>58,652</td>
<td>58,652</td>
</tr>
</tbody>
</table>

Lease of Photocopier
A lease has been in place with Konica Minolta since April 2013 for a term of 60 months and includes a minimum volume amount in each payment.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>14,148</td>
<td>14,148</td>
<td>14,148</td>
<td>14,148</td>
</tr>
<tr>
<td>Later than one year and not later than two years</td>
<td>14,148</td>
<td>14,148</td>
<td>14,148</td>
<td>14,148</td>
</tr>
<tr>
<td>Later than two years and not later than five years</td>
<td>8,253</td>
<td>8,253</td>
<td>22,401</td>
<td>22,401</td>
</tr>
<tr>
<td>Later than five years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Operating Lease Commitments</td>
<td>36,548</td>
<td>36,548</td>
<td>50,697</td>
<td>50,697</td>
</tr>
</tbody>
</table>

Security is held by Konica Minolta over the photocopier as at 30 September 2015.

10. BOARD FEES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees Paid to Council/Board</td>
<td>174,218</td>
<td>160,218</td>
<td>163,913</td>
<td>163,913</td>
</tr>
</tbody>
</table>

11. BENEVOLENT FUND
The New Zealand Medical Benevolent Fund, a friendly society separate from the NZMA, was wound up in August 2015. The NZMA was given the funds to continue the work of the friendly society. The purpose of the fund is to provide financial assistance to NZMA members and families of members who are in a situation of financial hardship.
New Zealand Medical Association Inc.
Consolidated Notes to the Financial Statements
For the Year Ended 30th September 2015

12. FIXED ASSETS
All fixed assets are held by New Zealand Medical Association Inc. and therefore the numbers represent both Parent and Group. Costs to date on the development of the new building are recorded as Building Work in Progress. Building consent was received for the building on 9 October 2015.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Land</td>
<td>6,579</td>
<td>6,579</td>
</tr>
<tr>
<td>Buildings</td>
<td>56,092</td>
<td>56,092</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(24,689)</td>
<td>(24,689)</td>
</tr>
<tr>
<td></td>
<td>31,403</td>
<td>31,403</td>
</tr>
<tr>
<td>Building Work in Progress</td>
<td>1,611,212</td>
<td>1,337,733</td>
</tr>
<tr>
<td></td>
<td>1,542,815</td>
<td>1,369,136</td>
</tr>
<tr>
<td>Furniture, Fittings &amp; Office Equipment</td>
<td>65,228</td>
<td>64,549</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(63,820)</td>
<td>(81,981)</td>
</tr>
<tr>
<td></td>
<td>1,408</td>
<td>2,588</td>
</tr>
<tr>
<td>Computer Equipment and Website</td>
<td>310,749</td>
<td>301,476</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(262,785)</td>
<td>(236,385)</td>
</tr>
<tr>
<td></td>
<td>47,964</td>
<td>62,081</td>
</tr>
<tr>
<td>Total Fixed Assets</td>
<td>1,686,566</td>
<td>1,440,364</td>
</tr>
</tbody>
</table>

DEPRECIATION

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture &amp; Fittings, Office Equipment</td>
<td>1,858</td>
<td>2,554</td>
</tr>
<tr>
<td>Computer Equipment and Website</td>
<td>23,421</td>
<td>24,924</td>
</tr>
<tr>
<td>Total Depreciation</td>
<td>25,279</td>
<td>27,478</td>
</tr>
</tbody>
</table>

13. RESERVES AND TRUSTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benevolent Fund</td>
<td>435,133</td>
<td>435,133</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Movements for the Year</td>
<td>435,133</td>
<td>435,133</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CLOSING BALANCE</td>
<td>435,133</td>
<td>435,133</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Reserves</td>
<td>56,062</td>
<td>56,062</td>
<td>52,635</td>
<td>52,635</td>
</tr>
<tr>
<td>Opening Balance</td>
<td>2,653</td>
<td>2,853</td>
<td>3,427</td>
<td>3,427</td>
</tr>
<tr>
<td>Interest Received</td>
<td>58,716</td>
<td>68,716</td>
<td>56,082</td>
<td>56,082</td>
</tr>
<tr>
<td>CLOSING BALANCE</td>
<td>493,848</td>
<td>493,848</td>
<td>56,062</td>
<td>56,062</td>
</tr>
<tr>
<td>TOTAL RESERVES AND TRUSTS</td>
<td>493,848</td>
<td>493,848</td>
<td>56,062</td>
<td>56,062</td>
</tr>
</tbody>
</table>
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