Contents

Chair’s report 3
Chief Executive Officer’s report 5
NZMA Office bearers 7
General Practitioner Council 8
Specialist Council 9
Doctors-in-Training Council 10
New Zealand Medical Journal and Digest 11
Obituaries 13
NZMA Ethics Committee 14
Submissions 16
NZMA affiliates 2013 18
NZMA Member Services and Benefits 19
Financial report 11
Auditor’s report 29

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

Over the past year NZMA has continued to maintain a high profile with politicians, Ministry officials, our sister medical organisations and other stakeholders. Most importantly we have tried to maintain and improve our communication with our members to fully represent their views on the many important issues before the health sector. In my opinion we have achieved this, though we are always looking to improve in this regard.

Compared with the past we have actually had a period of relative stability in the health sector. Change is a given—and necessary if we are to continually improve the health provision to our patients and populations—but over the last few years it has been incremental rather than revisionary.

This period of evolutionary change has meant that the sector is relatively settled but the potential downside of this is that we can become complacent and fail to take opportunities to improve patient care.

NZMA has over this time also had some incremental change and we are now able to research our submissions and position papers such that they are now more evidence-based and referenced.

Code of Ethics

A key piece of work in this period has been the planned revision of the NZMA Code of Ethics. The Code is at the core of NZMA activity. We work hard to support professionalism within the profession and ethics underpin this. The value of a Code of Ethics developed for and by the profession is indicated with the NZ Medical Council and the Health and Disability Commissioner both using it as a basis for their work.

With this in mind we have refreshed the Ethics Committee and I would like to thank Dr Tricia Briscoe and her team for the work they have done. We have consulted widely with stakeholders and are bringing together a final draft which will be presented to the next NZMA Council meeting for ratification.

Workforce

Perhaps the greatest issue for us at present is the state of our medical workforce. We have faced the unusual situation of too few senior doctors, particularly in General Practice and in provincial areas, whereas we have struggled to find places for our medical graduates to complete their provisional registration in PGY1.

The difficulty faced this year is likely to be repeated in the next few years as the number of graduates rises following the admission of greater student numbers to second year five years previously.

NZMA was among those groups that advocated for a rise in medical school intakes in the past and we have not resiled from that. Without wanting to impugn the International Medical Graduates that make up such a large and important part of our workforce (current figures tell us that 42% of doctors on the medical register have gained their original medical degree overseas) we do believe that we should be training enough doctors so that we are essentially self-sufficient in terms of medical workforce.

The coming years are likely to see the difficulty in finding employment for all of the PGY1s replicated in the later PGY years and into vocational training programmes. Work will need to be done to make sure that the investment in training these young doctors is not lost as we still face substantial shortages in some specialties. Workforce data suggests that we have an aging workforce in most areas and—along with the numbers planning to retire in the next 10 or so years—this will put further pressure on our workforce.

We are committed to working with Health Workforce NZ and the Colleges to deal with this.
Health equity
Following on from the development of the NZMA Health Equity statement, we have continued to advocate on the social determinants of health. The social determinants of health involve sectors other than health and so are harder to influence.

Within the health sector itself, we have called repeatedly for better targeting of primary care subsidies. The current ‘pepper potting’ of Very Low Cost Access funding is a very blunt tool and means that many on low incomes are not able to access general practice at an affordable rate.

NZMA has consistently said that primary care subsidies should be patient based.

Public health
As in previous years, the NZMA has continued to promote a wide range of public health policies. In the lead up to the local body elections—which a number of local authorities had a referendum on water fluoridation—we strongly supported the national pro-fluoridation campaign at a local and national level.

Recent changes to the laws on sales of psychoactive substances also figured in our submissions. We were supportive of the tightening of restrictions on where synthetic cannaboids sold but critical of the regulations that failed to have manufacturers prove the safety of the substance as long as it had previously been on sale. It is pleasing to see the Government’s change of mind on this in recent weeks. Alcohol and tobacco control, obesity and folate supplementation have also figured in our public health advocacy.

NZMA building
Following a decision in the previous year to redevelop our earthquake prone building, we have been negotiating with the City Council about various plans that retain the heritage façade. A number of roadblocks have occurred along the way and we are still not able to commence the building programme.

Given our 75 years on the current site at number 26 The Terrace, we remain committed to the rebuilding but it is taking longer than initially anticipated.

Summary
NZMA is New Zealand’s only fully pan-professional medical organisation and remains committed to our dual role as stated in our mission statement—to promote professional unity and to improve the health of all New Zealanders.

I would like to thank our CEO, Lesley Clarke, and the staff for their hard work and efficiency which keeps NZMA at the forefront of medical policy and advocacy.

The members also need to be thanked for their contribution and loyalty. Your support underpins our efforts to maintain and improve the health system for our patients.

Thank you for your support.

Mark Peterson
NZMA Chair
CEO’s report

Building a strong and engaged membership is fundamental to the ongoing role of the Association and membership retention and growth continues to be a key priority for National Office and the Board.

Membership growth and participation is driven to a significant degree by the effectiveness of the Association in representing the profession, and how visible and relevant we are in the sector. Our advocacy work and communications strategies are therefore critical activities for the NZMA team.

Advocacy

The NZMA lodged 46 formal submissions during 2013 in response to proposals and discussion documents from a wide range of government department and statutory bodies.

In addition to representations in response to policy and legislative developments the NZMA has also proactively advocated on a number of key issues of importance to the profession.

These include:

- Medical workforce pipeline
- Medico legal matters including name disclosure
- Doctors’ health and wellbeing
- Telehealth
- Non medical prescribing
- Health workforce redesign
- Public health issues: fluoride, folate, tobacco, alcohol.

Our advocacy work also involves a high level of stakeholder engagement, both internally with our membership and externally with government agencies and other health sector organisations and professional groups. Much of my time and that of the senior NZMA team is therefore directed to developing and maintaining these linkages through direct relationship building and the use of various communication channels. This helps ensure that the NZMA is ‘plugged in’ to sector issues and improves the recognition of the NZMA’s role as the professional body for New Zealand doctors.

Membership

We continue to enjoy modest membership growth, with overall membership numbers increasing by 2% over the year. We are experiencing strong growth in the RMO sector (4.6% during 2013) and it is also pleasing to note a positive increase in specialist numbers.

As noted above, membership interest is largely driven by the effectiveness and profile of the organisation. Our resources are therefore focused on our advocacy activities, both in terms of the quality of our representations and giving voice to these issues in the media, the political arena, government and the wider health sector.

Resource management and organisational performance

The end of year financial result returned a healthy surplus despite the deficit forecast.

This positive result has been achieved despite additional accommodation costs with the move to Greenock House in February 2012 and losses in investment revenue as cash assets are reinvested in the rebuild of NZMA House.
The decision to rebuild NZMA House was made at the end of 2011 and this continues to be a significant focus for me, the NZMA Board and Operations Manager Anna Phipps. While demolition work has been completed, construction has yet to start due to costs and challenges presented by the need to preserve the heritage facade. I would again like to record my particular thanks to Dr Don Simmers for his time and contribution as Chair of the Building Oversight Committee.

A full publications review was completed in 2013 resulting in significant improvements to the *NZMJ Digest*, which now incorporates the NZMA print newsletter *Medspeak*. Work on the NZMJ and NZMA websites is nearly completed and will go live soon.

My thanks to the NZMA team for their commitment to the organisation and our mission; I would also 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

CEO
NZMA office bearers 2013

Board Chair: Dr Mark Peterson
Immediate Past Chair: Dr Paul Ockelford
President: Dr Tony Baird
Deputy Chair: Dr Stephen Child
Board members: Dr Kate Baddock Dr Wayne Miles
Dr Don Simmers Dr Sudhvir Singh
Dr Ruth Spearing Dr Tane Taylor
Professor Harvey White

GP Council Chair: Dr Kate Baddock
Specialist Council Chair: Professor Harvey White
DiT Council Chair: Dr Sudhvir Singh
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 Mark Peterson, (ex officio), Lesley Clarke (ex officio)

Specialist Council
Dr Simon Bann, Dr Deborah Greig, Dr Wayne Miles, Dr Andrew Tie, Dr Ian Page (RANZCOG representative), Dr Rob Carpenter (NZSA representative), Dr Mark Peterson (Chair, NZMA, ex officio), Lesley Clarke (CEO, NZMA, ex officio).

Doctors-in-Training Council
Dr Liz Conner, Dr James Johnston, Dr Matt Johnston, Dr Staverton Kautoke, Dr Alistair Loan, Dr Dayna More, Dr Anna Morrow, Marise Stuart (NZMSA representative), Dr Mark Peterson (Chair, NZMA, ex officio), Lesley Clarke (CEO, NZMA, ex officio).

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

NZMA Staff 2013
Chief Executive Officer: Ms 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: Susan Holt
MZNJ Production Editor: Brennan Edwardes

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The past 12 months have not seen a lot of new activity (not surprising in an election year) but progress has been made on the various issues highlighted last year. These include further developments on nurse prescribing, with the Nursing Council’s proposal regarding designated prescribing for nurse specialists and community nurses. Following pushback by the sector on community nurse prescribing—from both medical and nursing—the Nursing Council has decided it needs to do significantly more work before submitting a further community nurse proposal. There has been greater acceptance for nurse specialist prescribing under a designated authority.

The extension of the GMS subsidy beyond doctors has been an issue progressed during the year through PSAAP. The business rules being developed to manage the consequences of extending the GMS subsidy to nurses within general practice teams are nearing agreement. The issue of uncontrolled clawback has been the main unintended consequence that has required some very careful crafting of the rules.

Bringing together all rural funding streams into a flexible funding pool (to be agreed in an alliancing arrangement between rural practices, their PHOs and the regional DHBs) seems to be the way forward for the perennially challenged rural sector. How the after hours, rural services and rural retention funds will be used to best support those rural practices within any given DHB will be subject to rural alliances reaching consensus. Many DHBs have already started the process of talking with their PHOs and rural practices.

Alliancing agreements between DHBs and their PHOs were meant to be in place on 1 July 2013 but many regions rolled over their existing service level agreements while trying to develop the relationships upon which alliancing is based. As with most things, some DHBs are light years ahead in terms of forging strong alliances with the Primary Health Care sector, while others are still struggling to understand what alliancing really means.

With the new PHO agreements in place with DHBs, there was a need for PHOs to enhance and strengthen their back-to-back agreements with practices. The NZMA took a lead role in being part of the development of the contract template that has been used throughout the country as the basis for the new back to back contracts – with regional modifications as appropriate to each PHO.

I’m sure that the entire health sector is now aware that there is an expectation by the Ministry of Health that 50 percent of the population should have electronic access to their health information by July 2014. This is without any funding or other incentives. However it makes good business sense for many practices to at least consider the value in some electronic communication between patients and practices and, indeed, other providers. The patient portals have the potential to revolutionise the way we do business in General Practice and some practices have already started that revolution; I have no doubt others will follow.

And finally, the Integrated Performance and Incentive Framework (IPIF)...This framework was initially developed within Primary Care as a preferred alternative to the current PHO Performance Programme (PPP)—created to provide both incentives as well as performance monitoring. Although the current version of IPIF does not look particularly like the original, there are some improvements over PPP—it is a system-wide framework encompassing providers, General Practices, PHOs and DHBs, and uses the triple aim of patient experience, population health and value for money. It has been developed to look at the various stages of life—from birth and the healthy child, through the healthy adult to the healthy aged and end of life—with measures attributed to each stage. The degree to which those measures are met, relates to incentives. The detail is still being worked out and GPC intends to have a presence on the workstreams related to the development of the various measures and incentives.

Kate Baddock
Chair, General Practitioner Council
I am pleased to give this report and to express my thanks to the members of the council. The Specialist Council met on 26 February, 22 May, 10 July, and 3 December in Wellington.

On 3 December 2013 we had our combined GPC and Specialist Council meeting in Wellington.

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 this should be designated or delegated. We support the latter within a team.
- being able to claim membership of NZMA as part of CME.

During the year we sent a letter to all specialists detailing the work NZMA does. This has had good feedback with positive comments and memberships.

Specialists membership in the past 12 months has grown. It has been gratifying to see the Specialist Council continue to have an important role within the NZMA. This has enabled the NZMA to represent the views of specialists and to provide a strong political voice for specialists.

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

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

Professor Harvey White
Chair Specialist Council
Key advocacy themes for the DiTC in 2013 included the ongoing implementation of the MCNZ prevocational training review, proposed trainee intern registration, changes to the ACE matching system, HWNZ leadership programme, changes to the GPEP training programme, implications of the Waitakere elective centre on training, and physician assistants in general practice. Publications included the New Zealand vocational training survey in the NZMJ.

The DiTC hosted the 7th Annual Trainee forum in September. This continues to be a platform for trainees around the country to discuss medical training concerns at a national level. Trainees from nearly every vocational training college attended this meeting and we were able to debate a variety of concerns with our invited speakers. This year saw the successful addition of prevocational trainees, including a number of doctors in PGY1 and PGY2. The speakers included Professor Des Gorman, Chair of HWNZ, Joan Crawford from MCNZ, Anthony Hill, Health and Disability Commissioner, Dr Sue Walbran, Regional Director of Training for the Central Regional Training Hub, who represented the regional training hubs, and Chai Chuah, chair of the National Health Board.

A report of 2013 is incomplete without mention of the medical pipeline issue. This year PGY1 job placements were delayed by two weeks due to a lack of available positions for New Zealand-trained New Zealand resident students. The issue was a result of the combination of increased numbers of medical students being enrolled in medical schools and a lack of doctors progressing into other positions at higher levels. While a HWNZ working group was set up, the net result has been of significant disappointment and disconnect for 2014’s PGY1 doctors. The DiTC continues to advocate for more work on the medical pipeline issue, to ensure the same debacle does not occur again.

**Working Groups/Committees with DiTC representation:**

- MCNZ prevocational stakeholder advisory group
- MCNZ Trainee Intern registration working group
- HWNZ advanced training fellowship committee
- NZMA IT Subcommittee
- NZMA Ethics Committee
- RNZCGP training in another vocational scope for GP registrars
- ACE Reference Group
- Junior Doctor Network of World Medical Association

**Council members**

In November I stepped down as chair and DiTC member, and Dr Sudhvir Singh took up the position. I wish Sudhvir all the best in his new role. I’d also like to thank outgoing DiTC members this year: Dr Yeri Ahn, Dr James Johnston and Dr Dayna More along with Mr Phillip Chao (NZMSA President). We welcomed Dr Michael Chen-Xu, our PGY1 rep, and Ms Marise Stuart (NZMSA President).

Dr James Blackett
**Immediate past Chair**
The online *eNZMJ* and printed *NZMJ Digest* continue with relentless change that has occurred as a result of the Christchurch earthquakes and the need to keep the *Journal* up to date. Three years ago the NZMJ Editorial Office was based in the Department of Surgery at Christchurch Hospital. Following the February 2011 earthquakes, the surgical departmental office space was redeveloped into a ward due to lack of space in the hospital. The departmental offices then had to move (in the medium term) to a temporary building near the main hospital block.

As a result of this pressure on space, the NZMJ office was closed and moved to the Christchurch Southern Cross Hospital site. These changes coincided with other changes such as the introduction of Manuscript Manager online journal review and production software which meant that fewer staff were required and hence two part-time staff finished with this restructuring.

The most recent development has been with Brennan Edwardes (the production editor) moving to Tauranga and now working remotely. This has no doubt improved his quality of life, however we are still assessing this change with regards to the impact on journal production.

Developments are still ongoing and it is hoped that we will soon have a new website to host the journal, which will allow for some new features. This website will be used to announce further editorial changes to the *Journal*, such as an expanded Editorial Board. The NZMJ Editorial Board in 2013 started as Professor Jennie Connor, Associate Professor Lutz Beckett, Professor Roger Mulder, Professor Tim Buckenham, Associate Professor Jim Reid, and myself. Recently Associate Professor Jim Reid resigned from the Editorial Board and has yet to be replaced, which will aid in the ongoing rejuvenation of the Board.

We plan to announce an extra layer of editorial support (an Editorial Consultant Board) with the new website, as well as the ability for authors to pay for open access for their articles.

Despite these changes and problems, the *Journal* published more articles compared to most past years, with the table below outlining what we published in 2013. In addition, the *Journal* includes Methuselah (abstracts from other journals), 100 years ago (in the NZMJ), obituaries, medicolegal disciplinary notices, proceedings (abstracts) from scientific meetings, book reviews, errata, and notices (mostly applications for academic awards/scholarships or notifications of award recipients).

Last year there were 755 submissions (including resubmissions). This resulted in 1594 reviews being required, 1104 of these by the editorial staff (average review time for editorial staff is 0.9 weeks).

Review times and manuscript processing times have generally been significantly quicker than with the old hard copy and manual email system. The external reviews took, on average, 2.2 weeks while the average manuscript handling time (ie, submission to decision) was 4.2 weeks, for the 755 submissions. Only 14 manuscripts took more than 20 weeks, mostly due to the difficulty finding suitable reviewers without conflict of interests.
In 2013, the International Committee of Medical Journal Editors (ICMJE) met in Chile. Unlike the previous year’s meeting (in Boston, USA), I was able to attend. The main area of discussion was the Uniform Requirements for Medical Publishing, which have been updated and renamed the ICMJE Recommendations. A revised website has subsequently been developed to provide better access to the Recommendations.

The need for data sharing with publication was extensively discussed and is likely to be part of the publication requirements after a few years. Debate is still needed on some aspects; however there was generally good support for the data sharing idea. Indeed, it is likely to be the major topic for discussion at this year’s meeting in Beijing, China in November. This has some implications for the NZMJ, as we may have to develop some way of embedding data within our publication for distribution.

The NZMJ Digest continues to be well received and continues to attract advertising revenue. Indeed, the NZMJ Digest is preferred by many readers and appears to be filling a gap that the NZMJ in electronic format doesn’t fill.

The articles reported in the Journal receive responsible reporting in the media, especially Radio NZ’s Morning Report on the day of publication, and, interestingly, media coverage often continues some days after publication.

During the year ahead, I am hoping that we will continue with the ongoing evolution of the NZMJ.

Frank Frizelle
Editor-in-Chief
Obituaries

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

Dr William Stewart Alexander
Dr Philip Middleton Barham
Dr Basil F Clarke
Dr Noel Thomas Dalton
Dr Ernest Raymond Dowden
Dr Peter James Foley
Dr Guy Pieremont Hallwright
Dr Errol Everard Hannah
Dr Ivan Harper
Dr Alan Colin Hayton
Dr Arthur Welton Hogg
Dr John Bruce Howie
Dr Julian Paul James-Ashburner
Dr Kuruvilla Kuruvilla
Dr Ronald Diarmid MacDiarmid
Dr Millen Gordon Mackay
Dr Brian Philip MacLaurin
Dr John Donal McCreanor
Dr Terence Michael O’Brien
Dr Maurice John Otley
Dr Graham Harrison Perry
Dr Simon David Prior
Dr Desmond Alexander Purdie
Dr Malcolm Sleeman Robertson
Dr Alwyn James Seeley
Dr Ralph Stephen Wallis Skinner
Dr Hugh Timothy Spencer
Dr William Ross Stewart
Dr Edward Sydney Thodey
Dr Caleb Lewis Tucker
Dr John Moore Tweed
Dr Alistair Macdonald Wilson
Last year Dr Brian Linehan and Dr Philip Rushmer retired from the Ethics Committee. These two men have both contributed significantly in many roles to the work of the NZMA over the years and I have been particularly privileged to have their assistance on this committee. In this report I record with great sadness the passing of Dr Philip Rushmer. He was a very special gentleman, and is sadly missed by all.

A decision was made to open the vacant positions on the Ethics Committee to expressions of interest from NZMA members and we were very pleased with the calibre and enthusiasm of the many applicants.

The new NZMA Ethics Committee comprises:

- **Dr Liz Conner**, ophthalmology registrar from Christchurch and a previous DiTC member
- **Dr Sinéad Donnelly**, a Wellington physician, clinical senior lecturer at University of Otago Faculty of Medical, Wellington, Adjunct Professor School Biological Sciences, Victoria University, and Chair of Australia New Zealand Society Palliative Medicine Aotearoa branch
- **Dr Grant Gillett**, Dunedin neurosurgeon, and University of Otago Professor of Medical Ethics (and a heart-felt thanks to Dr Gillett for his ongoing support to this committee)
- **Dr Wayne Miles**, Auckland psychiatrist, NZMA Board member, RANZCP Chair of the Community Collaboration Committee, and member of NEAC, and previous President RANZCP, Chair of Council of Medical Colleges in New Zealand, and RANZCP General Councilor
- **Dr Katharine Wallis**, Dunedin general practitioner, academic and lecturer at University of Otago Faculty of Medicine, Dunedin and Christchurch, and member of the Health Practitioners Disciplinary Tribunal.

It has been a great privilege working with this new team.

In May 2013 I provided comment to the Board supporting the World Medical Association’s proposed revision of the Declaration of Helsinki, which provided for more protection for research participants and a more systematic approach to the use of placebos. I also provided comment to the Board regarding a World Medical Association request for comment on a UN Special rapporteur report on torture in healthcare settings. I recommended to the Board that we support the WMA concerns about a proposed absolute ban of any coercive measures (treatment or placement) of mentally ill patients. Under exceptional circumstances, the use of appropriate surrogate consents and compulsory treatments are appropriate where a severe mental disorder prevents individuals from making their own treatment decisions; and/or there is a significant likelihood that they may harm themselves or others.

In June 2013, I assisted the CEO in replying to a member of the public’s query about patient confidentiality when a doctor is responding to an HDC complaint. In July, I provided assistance for the NZMA National office to reply to a member’s query about the responsibilities of a doctor doing a medical examination for a third party, if a medical issue arises during that consultation.

In October, the Ethics Committee provided advice to the CEO regarding a member query about the ethics of a proposed donation by a patient to subsidise the medical care of other patients at their practice. In November, the committee provided feedback to the Board on NEAC’s draft advice on advance care planning.
Code of Ethics review

The major work of the Ethics Committee over the past year has been the review of the NZMA Code of Ethics. The depth and extent of responses from stakeholders, NZMA members and the general public in March 2013 resulted in a decision to delay presenting the revised Code to the NZMA General Meeting in 2013, to allow further consideration by the Ethics Committee and NZMA Councils.

The new NZMA Ethics Committee had a face-to-face meeting in October 2013, as well as many email interactions, to discuss the feedback and allow the new members of the committee to provide valuable input. The revised Code contains new recommendations regarding provision of culturally safe and competent care, remote consultations (eg, telemedicine) and social media, and a new section on Doctors in a Just and Caring Society. This section has pulled together recommendations that were previously in other parts of the Code and expanded on the role of doctors in health advocacy.

The section on inappropriate patient–doctor relationships has been broadened to include all breaches of sexual boundaries. Clarification was provided that where the Code refers to family, it also encompasses whanau. The committee also recommended some minor additions regarding confidentiality, informed consent, security when transferring data, and providing support to families involved in organ donation. The order of the Code has been revised, to better group clauses on similar topics. After review by the NZMA Board, the draft 2014 NZMA Code of Ethics is now ready for ratification at the May 2014 Annual General Meeting.

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.

Dr Tricia Briscoe
Chair Ethics Committee
Submissions

Submissions made by the NZMA national office during 2013 are listed below:

Dietitians Board
- Dietitians Board proposal to prescribe selected oral prescription-only medicines as Designated Prescribers

Health Select Committee
- Submission on the Psychoactive Substances Bill

Healthy Quality and Safety Commission (HQSC)
- Atlas of Healthcare Variation – Polypharmacy in Older People
- Submission on ambulatory sensitive hospitalisations

Health Workforce New Zealand (HWNZ)
- Nurse prescribing of controlled drugs for drug dependency treatment

Laboratory Schedule Review
- Laboratory Schedule Review

Medical Council of New Zealand (MCNZ)
- Curriculum Framework for Prevocational Training
- Possible alternatives to internship requirements for NZREX
- Standards and processes for recognition of vocational scopes of practice and accreditation of NZ vocational colleges
- Writing medical certificates: a review of the standards for doctors
- Prevocational Training
- Vocational Recognition for Addiction Medicine
- Proposed amendment to the active clinical practice requirement

MedicAlert Foundation NZ Ltd
- National Health & Safety Protocols for MedicAlert Consultation

Medsafe
- Performance and Image Enhancing Drugs
- Australia New Zealand Therapeutic Products Agency - Possible joint regulatory scheme for therapeutic products

Ministry of Business, Innovation and Employment (Accident Compensation policy team)
- ACC Cost of Treatment Regulations change proposals

Ministry of Health (MOH)
- Revised smoking cessation guidelines

Ministry of Social Development (MSD)
- Independent Work Ability Assessments (IWAA) Providers

National Ethics Advisory Committee (NEAC)
- Draft advice on Ethical challenges in advance care planning
- The ethical principle of "do no harm" and industrial action
Nelson City Council
• Local Alcohol Policy

New Zealand Blood Service
• Draft report: behavioural donor deferral criteria review

Nursing Council of New Zealand (NCNZ)
• Consultation on two proposals for registered nurse prescribing

Optometrists and Dispensing Opticians Board
• Optometrist prescribing in glaucoma
• Prescribing in Glaucoma: Guidelines for NZ Optometrists

Perioperative Nurses College
• Proposal of formalising the role and education pathway of the Registered Nurse who is providing anaesthetic assistance to the Anaesthetist within the perioperative continuum

Pharmacovigilance Ethics Advisory Group (PEAG)
• Using data from general practice for pharmacovigilance

Pharmac
• Proposal to List a Range of Wound Care Products Supplied by Mölnlycke Health Care Pty Ltd
• Applying the Pharmac model to hospital medical devices management
• Proposal involving ferrous sulphate
• Proposal to add zopiclone to the Medicines Safety list
• Proposal to amend listings in the national immunisation schedule
• Proposal relating to the listing of montelukast (Singulair) in the Pharmaceutical Schedule
• Pharmac decision criteria
• PHARMAC and hospital medical devices: Obtaining clinical input
• Initial Medical Device Activity

Pharmaceutical Society of New Zealand
• Revised New Zealand National Pharmacist Services Framework

Pharmacy Council
• Code of Ethics for Pharmacist Prescribers

Royal New Zealand College of General Practitioners
• Review of the delivery of general practice vocational training
• Draft Foundation Standard
• Feedback on 6 month training in another vocational scope for GPEP2 registrars

Social Services Select Committee
• Vulnerable Children Bill

Tauranga/Bay of Plenty Council
• Local Alcohol Policy

Transport and Industrial Relations Committee
• Health and Safety (Pike River Implementation) Bill
NZMA Affiliates 2013

- 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 staff employment to running your practice. Due to the changing nature of GP employment, work is currently being done to expand the information we can provide to GPs working as employees.

More information on the NZMA Advisory Service, and copies of our publications are available in the members-only section on the NZMA website.

In 2013, the NZMA continued to support members in the application and interpretation of the Primary Health Care Multi Employer Collective Agreement (PHC MECA), which sets pay rates and terms and conditions of employment for practice nurses, other registered nurses working in primary care, midwives, enrolled nurses, medical receptionists and administration staff. The NZMA represents nearly 600 general practices in these negotiations with the New Zealand Nurses Organisation. This agreement is set to be renegotiated in 2014.

There have been no major changes in employment law in 2013, except Mondayisation of Waitangi and Anzac days. Changes are due to in 2014, which will affect collective bargaining and vulnerable workers. And 2015 will see big changes in our Health and Safety legislation. The NZMA will provide information to our members on these changes when it becomes available.

Financial Benefits
In 2013 we launched three new membership benefits: NZForex, Avis Rent a Car and New Zealand Office Supplies.

The following is a list of current NZMA financial membership benefits (as at 31 December 2013):

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

American Express – Merchant Rate
Member businesses pay preferential Merchant of 1.99% on electronic credit card processing for practices.

ACP Magazines Discount
Offers an exclusive discount rate to NZMA members for a selection of consumer and trade magazines. NZMA members can receive up to 40% discount on the normal retail subscription rates.

Avis Rent a Car
Receive corporate rates on car rental and earn points towards 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.

Goodyear Dunlop Tyres and Co
Members receive 10% off all tyres and batteries at Beaurepaires, Frank Allen Tyres and Goodyear stores.
HotelClub.com
Members save up to 12% discount on the already discounted prices of accommodation listed on the HotelClub website.

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 Lumleys).
**American Express—Credit Cards***

Competitive interest rates and additional benefits offered on the NZMA Gold, Platinum and Platinum Edge credit cards.

*this service is available to all doctors, including non-members.

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:

- American Express
- 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:**

- ACP Media
- Air New Zealand Koru Club
- Avis Rent a Car
- Cherrytree
- HotelClub
- Morley Security and Investigation Group
- KeepIt Safe Data Security
- New Zealand Office Supplies
- Noel Leeming Group
- Petals
- South Pacific Tyres
- Primo Vino
- Volvo
New Zealand Medical Association Inc.  
Consolidated Statement of Financial Performance  
For the Year Ended 30th September 2013

<table>
<thead>
<tr>
<th>Note</th>
<th>2013 Group</th>
<th>2013 Parent</th>
<th>2012 Group</th>
<th>2012 Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriptions</td>
<td>1,289,291</td>
<td>1,217,339</td>
<td>1,237,441</td>
<td>1,168,590</td>
</tr>
<tr>
<td>Investment Income</td>
<td>78,898</td>
<td>78,668</td>
<td>143,009</td>
<td>142,818</td>
</tr>
<tr>
<td>Member Benefit Income</td>
<td>64,525</td>
<td>64,525</td>
<td>73,094</td>
<td>73,094</td>
</tr>
<tr>
<td>Buy A Brick Donations</td>
<td>40,450</td>
<td>40,450</td>
<td>27,260</td>
<td>27,260</td>
</tr>
<tr>
<td>GPCME Conference</td>
<td>69,800</td>
<td>69,800</td>
<td>92,622</td>
<td>92,622</td>
</tr>
<tr>
<td>MECA Negotiations</td>
<td>79,997</td>
<td>79,997</td>
<td>70,000</td>
<td>70,000</td>
</tr>
<tr>
<td>Other Income</td>
<td>60,041</td>
<td>70,073</td>
<td>45,664</td>
<td>71,068</td>
</tr>
<tr>
<td>Total Income</td>
<td>1,683,002</td>
<td>1,620,852</td>
<td>1,689,090</td>
<td>1,645,452</td>
</tr>
<tr>
<td>Less Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration, Support and Finance</td>
<td>937,490</td>
<td>929,587</td>
<td>1,040,048</td>
<td>1,022,218</td>
</tr>
<tr>
<td>Advocacy and Policy</td>
<td>34,432</td>
<td>34,432</td>
<td>25,390</td>
<td>25,390</td>
</tr>
<tr>
<td>Audit Fees</td>
<td>14,500</td>
<td>9,000</td>
<td>9,000</td>
<td>7,000</td>
</tr>
<tr>
<td>Board and Advisory Councils</td>
<td>300,940</td>
<td>274,217</td>
<td>344,057</td>
<td>307,621</td>
</tr>
<tr>
<td>Depreciation</td>
<td>22,830</td>
<td>22,830</td>
<td>35,455</td>
<td>35,455</td>
</tr>
<tr>
<td>Grants</td>
<td>181,130</td>
<td>-</td>
<td>197,130</td>
<td>-</td>
</tr>
<tr>
<td>Loss on Disposal of Assets</td>
<td>-</td>
<td>-</td>
<td>48,699</td>
<td>48,699</td>
</tr>
<tr>
<td>Membership Services and Marketing</td>
<td>49,342</td>
<td>49,342</td>
<td>77,897</td>
<td>77,897</td>
</tr>
<tr>
<td>Special Projects</td>
<td>-</td>
<td>-</td>
<td>18,594</td>
<td>18,594</td>
</tr>
<tr>
<td>New Zealand Medical Journal &amp; Digest (Net)</td>
<td>199,274</td>
<td>-</td>
<td>190,856</td>
<td>-</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>1,558,808</td>
<td>1,500,538</td>
<td>1,789,996</td>
<td>1,740,003</td>
</tr>
<tr>
<td>NET BUSINESS SURPLUS/(DEFICIT)</td>
<td>124,194</td>
<td>120,314</td>
<td>(100,906)</td>
<td>(94,551)</td>
</tr>
<tr>
<td>Fair Value Movements in Investments</td>
<td>-</td>
<td>-</td>
<td>9,965</td>
<td>9,965</td>
</tr>
<tr>
<td>NET SURPLUS/(DEFICIT) FOR YEAR</td>
<td>$124,194</td>
<td>$120,314</td>
<td>($90,941)</td>
<td>($84,586)</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.  
These financial statements have not been subject to audit or review, and should be read in conjunction with the attached Audit Report.
# New Zealand Medical Association Inc.
## Consolidated Statement of Movements in Equity
### For the Year ended 30 September 2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCUMULATED FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Balance as at 1 October 2012</td>
<td>2,689,117</td>
<td>2,714,650</td>
<td>2,227,142</td>
<td>2,246,323</td>
</tr>
<tr>
<td>Net Surplus for the Year</td>
<td>124,194</td>
<td>120,314</td>
<td>(90,941)</td>
<td>(84,586)</td>
</tr>
<tr>
<td><strong>OTHER MOVEMENTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer from Building Maintenance Fund</td>
<td>-</td>
<td>-</td>
<td>42,500</td>
<td>42,500</td>
</tr>
<tr>
<td>Transfer from Building Replacement Reserve</td>
<td>68,533</td>
<td>68,533</td>
<td>510,416</td>
<td>510,416</td>
</tr>
<tr>
<td><strong>Closing Balance as at 30 September 2013</strong></td>
<td>2,881,844</td>
<td>2,903,497</td>
<td>2,689,117</td>
<td>2,714,853</td>
</tr>
<tr>
<td><strong>RESERVES AND TRUSTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Balance as at 1 October 2012</td>
<td>114,962</td>
<td>114,962</td>
<td>667,878</td>
<td>667,878</td>
</tr>
<tr>
<td>Transfer to Accumulated Funds</td>
<td>(68,533)</td>
<td>(68,533)</td>
<td>(552,916)</td>
<td>(552,916)</td>
</tr>
<tr>
<td>Transfer from Wellington Division Trust Fund</td>
<td>6,206</td>
<td>6,206</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Closing Balance as at 30 September 2013</strong></td>
<td>52,635</td>
<td>52,635</td>
<td>114,962</td>
<td>114,962</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>2,934,479</td>
<td>2,956,132</td>
<td>2,804,079</td>
<td>2,829,615</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
These financial statements have not been subject to audit or review, and should be read in conjunction with the attached Audit Report.
New Zealand Medical Association Inc.  
Consolidated Statement of Financial Position  
As at 30th September 2013

<table>
<thead>
<tr>
<th>Note</th>
<th>2013 Group</th>
<th>2013 Parent</th>
<th>2011 Group</th>
<th>2012 Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank</td>
<td>6</td>
<td>457,867</td>
<td>454,331</td>
<td>764,029</td>
</tr>
<tr>
<td>GST Refund Due</td>
<td>1(b)</td>
<td>21,892</td>
<td>21,893</td>
<td>23,119</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
<td>133,844</td>
<td>126,682</td>
<td>170,220</td>
</tr>
<tr>
<td>Advance</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Investments</td>
<td></td>
<td>1,086,737</td>
<td>1,086,737</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Payments in Advance</td>
<td></td>
<td>7,556</td>
<td>7,556</td>
<td>3,171</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td></td>
<td>1,707,896</td>
<td>1,697,199</td>
<td>2,460,539</td>
</tr>
<tr>
<td>NON-CURRENT ASSETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Assets at Cost</td>
<td>10</td>
<td>1,686,453</td>
<td>1,686,453</td>
<td>954,367</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td></td>
<td>(298,277)</td>
<td>(298,277)</td>
<td>(275,447)</td>
</tr>
<tr>
<td>Total Non Current Assets</td>
<td></td>
<td>1,388,176</td>
<td>1,388,176</td>
<td>678,920</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td></td>
<td>1,388,176</td>
<td>1,388,176</td>
<td>678,920</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td></td>
<td>3,096,072</td>
<td>3,086,375</td>
<td>3,139,459</td>
</tr>
<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td></td>
<td>87,253</td>
<td>80,263</td>
<td>272,876</td>
</tr>
<tr>
<td>Provision for Holiday Pay</td>
<td></td>
<td>74,340</td>
<td>48,880</td>
<td>62,504</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td></td>
<td>161,593</td>
<td>129,243</td>
<td>335,875</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td></td>
<td>$2,934,479</td>
<td>$2,956,132</td>
<td>$2,804,079</td>
</tr>
</tbody>
</table>

Represented by;

EQUITY

RESERVES AND TRUSTS
JPS Jamieson/GP Society Trust
Memorial Oration Fund
Guest Speaker Fund
Building Replacement Fund
Speakers Fund
Total Reserves and Trust
Accumulated Funds
TOTAL EQUITY

The accompanying notes form part of these financial statements.
These financial statements have not been subject to audit or review, and should be read in conjunction with the attached Audit Report.

Chairperson

Date

Chief Executive
New Zealand Medical Association Inc.
Consolidated Notes to the Financial Statements
For the Year Ended 30th September 2013

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 Charity under the Charities Commission as at 30 June 2008.

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 2013 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.

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 previous years.

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>Class</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.

(e) Revenue
Membership subscriptions and dividends are recognised in the statement of financial performance on a cash basis as this is when the Association is entitled to the revenue. Interest income is recognised on an accrual basis.

Contract income is recognised in the statement of financial performance with reference to the term of the contract and nature of the underlying effort required to meet contract requirements. The Association has recognised re-negotiated contract income on the Primary Health Care Multi-Employer Collective Agreement (MECA) over two financial reporting periods.
New Zealand Medical Association Inc.
Consolidated Notes to the Financial Statements
For the Year Ended 30th September 2013

(f) 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.

(g) 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.

(h) Receivables
Receivables are stated at their estimated realisable value. Bad debts are written off in the year in which they are identified. Dividends are recorded on a cash received basis.

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

3. BUILDING REPLACEMENT FUND
From 1985 until 1 October 2005 members of the Association were levied for the replacement of Association premises. No levy has since been charged. This fund is now being used to help pay the costs of the new building development as presented in Note 12.

4. LAND AND BUILDINGS
The latest Government valuation on land and buildings, dated 1 September 2009 was $1,775,000.
The New Zealand Medical Association Inc. building was assessed late 2011 and found to be earthquake prone. The NZMA has elected to demolish the existing building and erect a new building on the site. As at 30 September 2013 $1,264,694 has been spent in work in progress on the development of the new building.

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 retained. The building has been partially demolished and resource consent has been obtained for a new building, retaining the facade. Due to the high costs involved in retaining the facade, the cost of the building has been found to be too high and not a viable option for the NZMA. At balance date, the NZMA are seeking consent from the council for full demolition. If the consent is unsuccessful then the scope of the project will need to be reviewed and costs which have been capitalised may be written off.

5. 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 balance 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 2013 was $181,130. (2012: $197,130)
NZMA Services Ltd have paid $30,000 to New Zealand Medical Association during the year to cover staff time used. (2012 $30,000). As at year end, NZMA Services Limited has a receivable balance from NZMA of $6,440.

6. BANK

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Westpac Current Account</td>
<td>37,100</td>
<td>33,564</td>
<td>49,805</td>
<td>30,291</td>
</tr>
<tr>
<td>Westpac On Call account</td>
<td>394,526</td>
<td>394,526</td>
<td>688,048</td>
<td>688,048</td>
</tr>
<tr>
<td>Westpac Management Account</td>
<td>26,041</td>
<td>26,041</td>
<td>25,976</td>
<td>25,976</td>
</tr>
<tr>
<td>Total</td>
<td>457,867</td>
<td>454,331</td>
<td>764,029</td>
<td>744,515</td>
</tr>
</tbody>
</table>

7. CONTINGENT LIABILITIES
At balance date there are no known contingent liabilities (2012:$0). New Zealand Medical Association Inc. has not granted any securities in respect of liabilities payable by any other party whatsoever.
New Zealand Medical Association Inc.  
Consolidated Notes to the Financial Statements  
For the Year Ended 30th September 2013

8. OPERATING LEASE COMMITMENTS

Lease of Premises
Premises have been leased from March 2012.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Year</td>
<td>63,984</td>
<td>63,984</td>
<td>63,984</td>
<td>63,984</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>63,984</td>
<td>63,984</td>
<td>122,636</td>
<td>122,636</td>
</tr>
<tr>
<td>Total</td>
<td>127,968</td>
<td>127,968</td>
<td>186,620</td>
<td>186,620</td>
</tr>
</tbody>
</table>

Lease of Photocopier
In April 2013, the lease with Ricoh was terminated. The new lease is now with Konica Minolta 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>Current Year</td>
<td>14,148</td>
<td>14,148</td>
<td>14,100</td>
<td>14,100</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>50,697</td>
<td>50,697</td>
<td>30,550</td>
<td>30,550</td>
</tr>
<tr>
<td>Total</td>
<td>64,845</td>
<td>64,845</td>
<td>44,650</td>
<td>44,650</td>
</tr>
</tbody>
</table>

9. BOARD FEES

Fees Paid to Council/Board

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>167,188</td>
<td>167,188</td>
<td>173,204</td>
<td>173,204</td>
</tr>
</tbody>
</table>

10. 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.

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
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<td>Freehold Land</td>
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<td>6,579</td>
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<tr>
<td>Buildings</td>
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<td>56,092</td>
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<tr>
<td>Less Accumulated Depreciation</td>
<td>(24,889)</td>
<td>(24,889)</td>
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<tr>
<td></td>
<td>31,403</td>
<td>31,404</td>
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<td>Building Work in Progress</td>
<td>1,284,694</td>
<td>580,176</td>
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<tr>
<td></td>
<td>1,296,097</td>
<td>611,580</td>
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<tr>
<td>Furniture, Fittings &amp; Office Equipment</td>
<td>63,723</td>
<td>63,723</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(59,407)</td>
<td>(55,718)</td>
</tr>
<tr>
<td></td>
<td>4,316</td>
<td>8,005</td>
</tr>
<tr>
<td>Computer Equipment and Website</td>
<td>295,364</td>
<td>247,797</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(214,181)</td>
<td>(195,040)</td>
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<td></td>
<td>81,183</td>
<td>52,757</td>
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<tr>
<td>Total Fixed Assets</td>
<td>1,388,175</td>
<td>678,921</td>
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DEPRECIATION

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</thead>
<tbody>
<tr>
<td>Building Renovations</td>
<td>-</td>
<td>8,122</td>
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<tr>
<td>Furniture &amp; Fittings, Office Equipment</td>
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<tr>
<td>Computer Equipment and Website</td>
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<td>21,194</td>
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<td>Total Depreciation</td>
<td>22,830</td>
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11. RESERVES AND TRUSTS

<table>
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<tbody>
<tr>
<td>JPS Jamieson/GP Society Trust</td>
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<td>Opening Balance</td>
<td>(7,425)</td>
<td>(7,425)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfer to Speakers Fund</td>
<td>-</td>
<td>-</td>
<td>7,425</td>
<td>7,425</td>
</tr>
<tr>
<td>CLOSING BALANCE</td>
<td>-</td>
<td>-</td>
<td>7,425</td>
<td>7,425</td>
</tr>
<tr>
<td>Building Maintenance Fund</td>
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<td>Opening Balance</td>
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<td>(42,500)</td>
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<td>Memorial Oration Fund</td>
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<td>16,004</td>
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<td>CLOSING BALANCE</td>
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<td></td>
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<tr>
<td>Guest Speaker Fund</td>
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<tr>
<td>Opening Balance</td>
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<td>(23,000)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfer to Speakers Fund</td>
<td>-</td>
<td>-</td>
<td>23,000</td>
<td>23,000</td>
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<tr>
<td>CLOSING BALANCE</td>
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<td>Building Replacement Fund</td>
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<td>(68,533)</td>
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<td>(510,416)</td>
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<td>68,533</td>
<td>68,533</td>
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<tr>
<td>CLOSING BALANCE</td>
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<tr>
<td>Speakers Fund</td>
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<td>Transfers from Other Reserves</td>
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<td>6,206</td>
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<tr>
<td>Transfer from Wellington Division Trust Fund</td>
<td>52,635</td>
<td>52,635</td>
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<td>-</td>
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<tr>
<td>CLOSING BALANCE</td>
<td>-</td>
<td>-</td>
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<td></td>
</tr>
</tbody>
</table>

TOTAL RESERVES AND TRUSTS

|                  | 52,635 | 52,635 | 114,962 | 114,962 |
Independent Auditor’s Report

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 2013, and the statement of financial performance and statement of movements 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 Incorporated 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 Zealand Medical Association Incorporated Parent and Group as at 30 September 2013, and its financial performance, for the year then ended in accordance with generally accepted accounting practice in New Zealand.

Grant Thornton New Zealand Audit Partnership
Wellington, New Zealand
7 May 2014
www.nzma.org.nz
0800 65 61 61