



Podiatrists Board
of New Zealand

Te Poari Tiaki Waewae O Aotearoa

Annual Report

1 April 2011 – 31 March 2012



Hon Tony Ryall
Minister of Health
Parliament Buildings
Wellington

Dear Minister

In accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003, I am pleased to enclose the Annual Report of the Podiatrists Board for the year ending 31 March 2012.

Yours sincerely



Terry Bradshaw

Terry Bradshaw
Chairperson



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Governance

Chairperson's report

The 2011/12 financial year was both a challenging and rewarding one for the Podiatrists Board. A highlight was to be able to welcome a new member, Fiona Angus. She brings with her extensive experience of podiatric practice both in New Zealand and Australia, and is proving to be a great asset. She has specialist experience in the District Health Board setting, and this has already been invaluable to the Board.

There were approximately 313 APC holders in 2011/12, who continue to make a major contribution to the foot health of the nation in their general and specialist scopes of practice.

The issue of podiatric surgery continued to provide a major focus of activity for the Board. The Board began to plan for a wide consultation with the profession and interested bodies and individuals as it looks to introduce further recertification requirements for those holding the Podiatric Surgeon scope of practice. It may be some time before the consultation process is complete and the finalised recertification requirements are fully implemented. In the meantime, interim recertification requirements for podiatric surgeons will be introduced.

The Board is working towards establishing a Memorandum of Understanding to formalise a closer working relationship with its Australian counterpart, the Podiatrists Board of Australia. There is considerable goodwill on both sides for this to be established, and the NZ Board looks forward to a strong and collegial working relationship with our Australian Board colleagues.

The Podiatrists Board continued to liaise with the Auckland University of Technology (AUT) Department of Podiatry. In addition to having a Board representative on its Advisory Committee (who is also currently chair of the committee), informal collegial visits also took place. Terms of reference for the informal visits were agreed, to provide clarity of focus and purpose.

The Board continued to develop closer liaison with Podiatry New Zealand, the profession's largest representative organisation. Whilst the two organisations have different core functions, topics of shared interest and concern have been identified and these are to be addressed on a collegial basis, but without compromising the differing strategic and governance responsibilities that the two bodies hold.

The Board's Code of Practice was updated and additional reference links included. It is available to all registrants and the public on the Board website and on request from the Registrar.

During 2011/12, the Podiatrists Board received its secretariat and financial services from the Occupational Therapy Board Secretariat (OTBS). This proved to be a very satisfactory arrangement and there have been significant cost savings and efficiencies in service delivery, along with improved service quality. The one-year service level agreement (SLA) with the OTBS was reviewed towards the end of the initial period. The Board wished to continue with the SLA and the OTBS has agreed to provide secretariat services to the Board until any future shared secretariat arrangements are in place for the 16 Responsible Authorities covered by the HPCA Act.

The Board was in its third year of a portfolio-based approach to doing business. Individual Board members continued to demonstrate great skill and initiative in their lead responsibilities for the governance issues in their portfolios. The Board Chair and Deputy provided ongoing monitoring of progress, and supported work across all portfolios.

The year ahead is set to be yet another interesting, varied and productive one, particularly in the context of the ongoing work to establish a shared secretariat that will adequately and appropriately serve all of the Responsible Authorities (RAs). It has been a privilege to work with colleagues in other RAs in this respect, and the facilitation support of Health Workforce New Zealand and the Director General of Health should also be recognised. I look forward to the challenges and opportunities that the coming year will bring.

Finally, I wish to acknowledge the selfless hard work and unstinting commitment of all Board members, and the contribution of the Board Registrar. I consider it a privilege to be a part of such a committed and talented Board team.



Terry Bradshaw

Chair

Podiatrists Board of New Zealand

Board functions

Role of Board

The functions of the Board are legislated by the Health Practitioners Competence Assurance Act 2003 (HPCAA). The principal purpose of the Act is to protect the health and safety of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.

The Board's functions are described in section 118 of the HPCAA:

These are:

- *to prescribe the qualifications required for scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes*
- *to authorise the registration of health practitioners under the Act, and to maintain registers*
- *to consider applications for annual practising certificates*
- *to review and promote the competence of health practitioners*
- *to recognise, accredit and set programmes to ensure the ongoing competence of health practitioners*
- *to receive and act on information from health practitioners, employers and the Health and Disability Commissioner about the competence of health practitioners*
- *to notify employers, the ACC, the Director-General of Health, and the Health and Disability Commissioner that the practise of a health practitioner may pose a risk of harm to the public*
- *to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession, and to consider the cases of practitioners who may be unable to perform the functions required for practice of the profession*
- *to promote education and training in the profession*
- *to promote public awareness of the responsibilities of the authority*
- *to liaise with other authorities and to carry out other functions, powers and duties that are conferred or imposed on it by the HPCA Act or other enactments.*



Front Row (seated):
 Julianne Jackson
(Deputy Chair),
 Terry Bradshaw *(Chair)*

2nd Row:
 Annabel Whinam
(Registrar),
 Margaret Moir,
 Fiona Angus

3rd Row:
 Dr Barry Smith,
 Leigh Shaw,
 Dr Dan Poratt

Strategic Plan

- **Mission**
 The Board will protect, promote and enhance the public wellbeing by ensuring podiatrists practice competently
- **Vision**
 The Board helps ensure that New Zealand’s podiatrists perform to the highest possible standards to improve public well-being
- **Values**
 - Uncompromising commitment to public safety
 - Consistent, fair and transparent processes
 - Impartial patient and consumer focus
 - Ensure best practice
 - Natural justice and multi-culturalism
- **Goals: Moving Towards 2015**
 - implement the HPCAA effectively
 - continue to develop standards and scopes that reflect the changing health environment
 - promote awareness of the Board’s role and build effective relationships
 - support a workforce that provides for public safety
 - operate under effective and best practice governance
 - provide a capable organisation to implement Board policy
 - implement effective financial processes

Board membership

Terry Bradshaw <i>(Chair)</i>	<i>registered podiatrist, Upper Hutt</i>
Julianne Jackson <i>(Deputy Chair)</i>	<i>registered podiatrist, Upper Hutt</i>
Dr Daniel Poratt	<i>registered podiatrist and podiatric surgeon, Auckland</i>
Leigh Shaw	<i>registered podiatrist, Tauranga</i>
Fiona Angus	<i>registered podiatrist, Lower Hutt</i>
Dr Barry Smith	<i>lay member, Rotorua</i>
Margaret Moir	<i>lay member, Akaroa</i>

Note:
 Board members attend meetings and undertake Board activities as independent persons responsible to the Board as a whole. Members are not appointed as representatives of professional organisations.

Board Committees

Board members have their own Portfolios

<i>Chair/Governance:</i>	Terry Bradshaw
<i>Finance & Secretariat:</i>	Julianne Jackson, Terry Bradshaw
<i>Education:</i>	Fiona Angus, Barry Smith
<i>Fitness to Practice/Recertification:</i>	Dan Poratt
<i>Standards/Competence Review:</i>	Leigh Shaw, Margaret Moir

Board Meetings

The Board held three meetings during the 2011-2012 reporting year

- 24 June 2011
- 28 October 2011
- 9 March 2012

Board Member Fees

The fees paid to Board members remain at the same level as the previous 2 years. Current fees are:

Chair: \$650 per day/ \$100 per hour (plus honorarium)
 Other Board Members: \$500 per day/ \$70 per hour

Key issues

The Board has completed a wide range of policy work in the past year:

– Continuing Competence:

The Podiatrists Board Recertification Framework (PBRCF) requirements have been further streamlined for practitioners, with prior endorsement now only required for compulsory continuing medical education credits. When the final year of audits has been completed in 2013 the Board may consider some modifications to the audit system.

– Podiatric Surgery:

This has been a focus for the Board and work is ongoing with consultation planned for further recertification requirements in the continuing medical education area, for this higher risk scope of practice.

– Podiatric Prescribing:

The Board is working with Podiatry New Zealand, which is now the lead organisation in this project. The Board looks forward to progress in its application for podiatric prescribing with the introduction of the new Medicines Act.

– Code of Practice:

The Board has reviewed the on-line document which include links to various other helpful sites including Podiatry Board of Australia's documentation.

- **Cultural Competence:**
All overseas trained registration applicants and return to practice APC applicants (who have not practised in NZ for more than 5 years) are required to sit an open book cultural competence exam. The Board plans to utilise the new Mauri Ora on-line cultural competence programme when it is available for health practitioners.
- **Return to Practice and Supervision Agreements:**
The Board has been working on further developing and refining requirements.
- **Relationship with Podiatry Board of Australia:**
The Board is very pleased with progress in this area and further collaborative work is planned in the coming year.
- **Competence Review Committee member training:**
The Board has undertaken further work in this area as it has not previously been a focus for the Board.

Secretariat

In the interests of improved economy and administrative efficiencies the Board left the Health Regulatory Authorities Secretariat (HRAS) and entered into a service level agreement (SLA) with the Occupational Therapy Board (OTB).

The Board office/ Registrar is now located within the OTB offices and the Board has been extremely pleased with the secretariat services provided by them. It is one of three smaller Boards, including the Osteopathic Council and Psychotherapists Board that utilise the services of the OTB.

Future changes in the secretariat services for Responsible Authorities (RAs) are expected with Health Workforce New Zealand (HWFNZ), on behalf of the Minister of Health, issuing a consultation document proposing a single shared secretariat and office function for all 16 RAs. In response to this driver the Board has recently entered into an arrangement with a number of other RAs, including the Dental Council and Physiotherapy Board. In the interim until further developments have been progressed with HWFNZ, the Board may co-locate offices with some of these other RAs should the opportunity arise, whilst still retaining its SLA with the OTB.

Registration of, and practising certificates for, health practitioners

In order to meet its role of protecting the public, the Board must ensure that all Podiatrists who are registered meet the standard required for safe and competent practice.

Every Podiatrist who wishes to practice in New Zealand, must be registered with the Board and hold a current Annual Practising Certificate.

Scopes of practice

The Board currently has four gazetted scopes of practice:

PODIATRIST

A registered primary health care practitioner (including those previously registered as a chiropodist) who utilises medical, physical, palliative and surgical means other than those prescribed in the Podiatric Surgeon Scope of Practice, to provide diagnostic, preventative and rehabilitative treatment of conditions affecting the feet and lower limbs.

PODIATRIC SURGEON

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to perform foot surgery by way of sharp toe nail wedge resection; surgical correction of lesser digital deformities affecting the phalanges, metatarsals and associated structures; surgical corrections of deformities affecting the first toe, first metatarsal and associated structures; surgical correction of osseous deformities of the metatarsus, mid-tarsus, rearfoot and associated structures; surgical correction and removal of pathological subcutaneous structures such as tendinous and nervous tissues and other connective soft tissue masses of the foot.

(The Podiatrists Board does not approve of any Podiatric Surgeon performing any procedure beyond their competence, training and qualifications.)

PODIATRIC RADIOGRAPHIC IMAGER

A registered primary health care practitioner who holds the scope of practice of podiatrist, who is qualified to use radiological equipment, and is licensed by the National Radiation Laboratory, to obtain plain radiographic images of the foot, ankle and lower leg.

VISITING PODIATRIST EDUCATOR/ PRESENTER

A visiting registered podiatrist who qualifies for the scope of practice of Podiatrist, and when appropriate for their specialty area of education, also qualifies for an additional scope of practice of Podiatric Surgeon and / or Podiatric Radiographic Imager as determined by the Podiatrists Board, who is presenting short-term educational / instructional programmes requiring demonstrations or practices, of a clinical or practical nature.

Accreditation

The Board's Auckland University of Technology (AUT) Podiatric Audit team has for a number of years conducted an annual informal audit visit to the AUT Department of Podiatry, the sole provider of podiatric education in New Zealand.

In 2012 the department will undergo a full accreditation process against the NZ Podiatry Competency Standards. This will be undertaken by the ANZPAC (Australia and New Zealand Podiatry Accreditation Council) Accreditation Committee.

In assessing overseas registration applications, the Board has a list of approved Schools (in Australia, UK, US, Canada and South Africa) and qualifications from these are deemed eligible for a registration application in NZ. The Board may move towards adopting a more similar approach to the Australian model in future however.

Registration

Table 1: Applications for registration

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions	Not Registered
Total	15	28 (23 NZ qual 4 O/seas qual 1 TTMRA)	28	0	0
Reasons for non-registration					
Communication including English language requirements	16 a and b	N/A			
Conviction by any court for 3 months or longer	16 c	N/A			
Mental or physical condition	16 d	N/A			
Professional disciplinary procedure in NZ or overseas, otherwise under investigation	16 e,f,g	N/A			
Other – danger to health and safety	16 h	N/A			

Recertification programme

Under section 41 of the HPCA Act the Board has a well established recertification programme, the Podiatrists Board Re-certification Framework (PBRCF), to ensure that podiatrists practising in New Zealand are competent and fit to practise their profession. There are two components of the recertification programme, the annual renewal of the annual practising certificate (APC) and required continuing competence requirements, and if selected, practitioner completion of the PBRCF audit and provision of the practitioner's logbook.

Practising certificates

Table 2: Applications for an annual practising certificate

	HPCAA Section	Number	Outcomes			
			APC	APC with conditions	Interim	No APC
Total		313	313	7	0	0
Reasons for non-issue						
Competence	27 (1) a	0				
Failed to comply with a condition	27 (1) b	0				
Not completed required competence programme satisfactorily	27 (1) c	0				
Recency of practice	27 (1) d	0				
Mental or physical condition	27 (1) e	0				
Not lawfully practising within 3 years	27 (1) f	0				
False or misleading application	27 (3)	0				

Competence, fitness to practice, and quality assurance

Performance

Competence referrals. There have been no cases under section 34 this financial year.

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	2
Health and Disability Commissioner	34 (2)	2
Employer	34 (3)	0
Other		0
Total		0

Recertification/continuing competence

The Podiatrists Board Re-certification Framework (PBRFCF) provides that practitioners have four years in which to complete 152 credits within the four areas of:

- Compulsory Continuing Medical Education Activities (CCME)
- Continuing Medical Education Activities (CME)
- Continuing Professional Development Activities (CPD and
- Continuing Quality Improvement Activities (CQI).

Prior Board endorsement is a requisite for CCME courses and activities.

PBRCF Audit

A five-yearly semi-random (decreasing pool) audit on twenty percent of current practitioners is undertaken annually. They are required to provide logbooks with verification of their compliance with the Board's re-certification requirements and the Board has now successfully completed its 3rd PBRCF audit with nearly full compliance and generally a very good standard of engagement.

The Board has modified and streamlined its recertification competence requirements for the benefit of practitioners.

Health/fitness to practice

Notifications of inability to perform required functions due to mental or physical (health) condition. There have been no cases referred to the Board under section 45 this financial year.

Quality assurance activities

The Board made no applications for activities to be protected under section 54 of the HPCAA this financial year.

Complaints and discipline

Complaints

Table 7: Complaints from various sources and outcomes

Source	Number	Outcome		
		No further action	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	2		0	2
Health and Disability Commissioner	2			Not Applicable
Health Practitioner (Under RA)	2			2
Other Health Practitioner	0			
Courts notice of conviction	0			
Employer	0			
Other	0			

PCC

The Board has not had a PCC case in the last financial year.

HPDT

The Board has not had any cases referred to the HPDT in the last financial year.

Appeals and judicial reviews

There have been no appeals or judicial reviews against decisions made by the Board in this financial year.

Linking with stakeholders

The Board has the responsibility to:

- Communicate with the podiatric profession
- Liaise with health regulatory authorities and other stakeholders over matters of mutual interest and
- Promote public awareness of the Board's role.

PBA

The Board is developing stronger ties with the Podiatry Board of Australia (PBA) to continue and further its relationship, looking at matters of policy and areas of mutual concern. A memorandum of understanding has been entered into by both parties for this purpose.

ANZPAC

The Board is a member and has worked with the Australia and New Zealand Podiatry Accreditation Council (ANZPAC) in the development of a joint registration standards document. As mentioned earlier, ANZPAC will be the accreditation body for the 2012 AUT Podiatry Department audit.

PNZ

Podiatry New Zealand is the only professional organisation for podiatrists in NZ and the Board has developed a close working relationship with them.

Podiatry Department, AUT University

The Board has a good relationship with the Department and communications regarding the podiatric curriculum, Board registration and APC requirements and other matters of mutual interest are regular. A Board member continues to participate in membership of the AUT Advisory Committee, currently as Chair.

New Zealand College of Podiatric Surgery (NZCPS)

Further communication and liaison is planned for 2012 to work towards common goals, and the further development of safe competence standards for podiatrists in this scope of practice.

HWFNZ

Board representatives have met with HWFNZ and the Ministry of Health on a number of occasions.

HRANZ collaborations

This group came into being as a response to section 118(j) of the HPCAA. Health Regulatory Authorities of New Zealand (HRANZ) provides a forum for all the NZ health regulatory authorities to meet, liaise and share information of mutual interest.

A joint approach for a shared annual report template, cost containment and policy sharing through an HRANZ intranet has been introduced, for the benefit all RAs.

Contact details

All contact with the Board should be through the Registrar.

Postal Address: PO Box 10-202
The Terrace
Wellington
New Zealand 6143

Physical Address: Level 10
ASB House
101 The Terrace
Wellington
New Zealand 6143

Email: registrar@podiatristsboard.org.nz

Website: www.podiatristsboard.org.nz

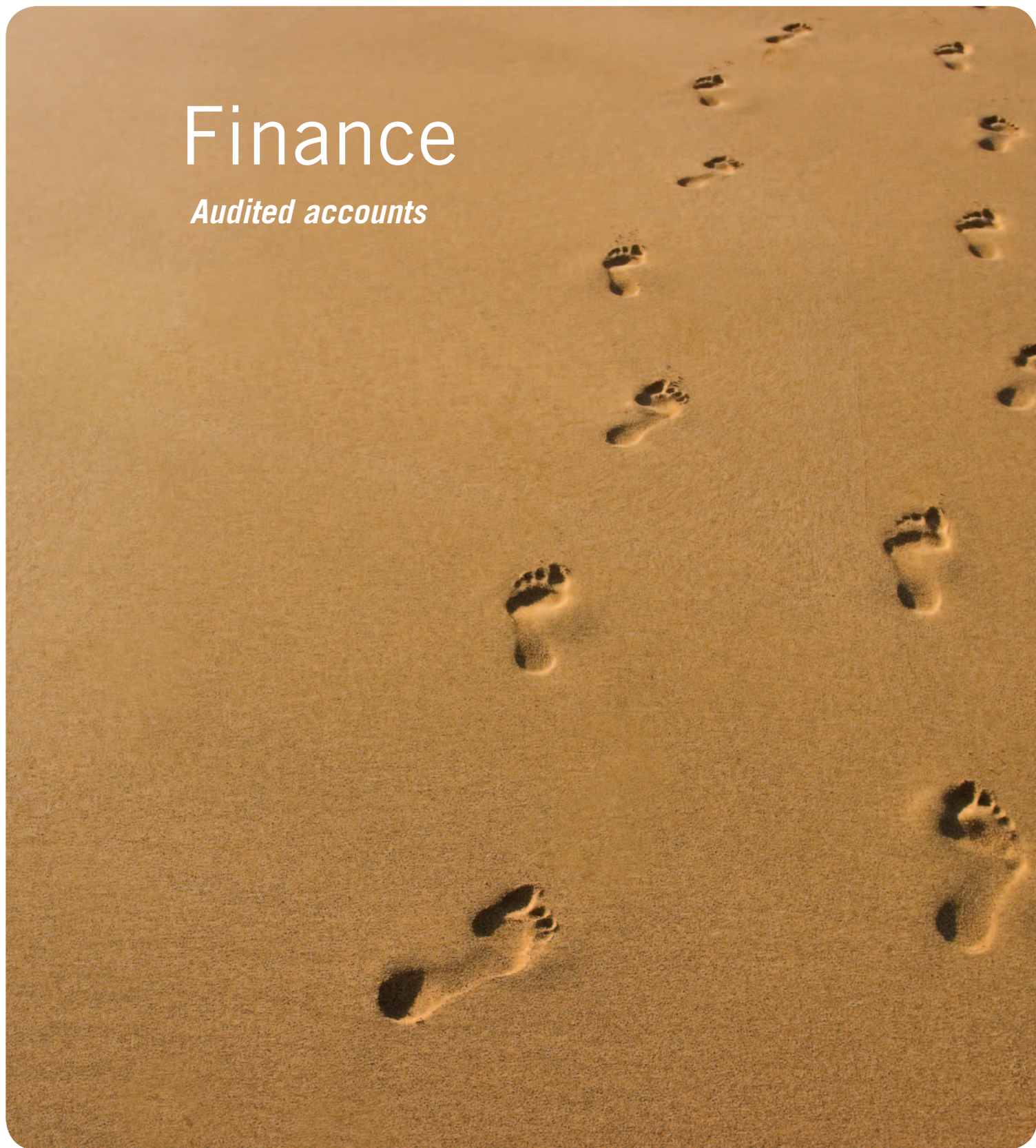
Administrative staff:
Annabel Whinam, Registrar

Phone: (04) 474 0706
+64 4 474 0706

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+64 4 918 4746

Finance

Audited accounts



PKF Martin Jarvie
Chartered Accountants



Accountants &
Business Advisers

INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF PODIATRISTS BOARD OF NEW ZEALAND'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2012

The Auditor-General is the auditor of the Podiatrists Board of New Zealand (the Board). The Auditor-General has appointed me, Robert Elms, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Board on her behalf.

We have audited the financial statements of the Board on pages 18 to 24, that comprise the statement of financial position as at 31 March 2012, the statement of financial performance, and statement of movement in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

Opinion

In our opinion the financial statements of the Board on pages 18 to 24:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's:
 - financial position as at 31 March 2012; and
 - financial performance for the year ended on that date.

Uncertainty about the delivery of office functions in future

Without modifying our opinion, we draw your attention to the disclosure in note 15 on page 24 regarding a proposal for combining the secretariat and office functions of the Board with other health-related regulatory authorities. We considered the disclosure to be adequate.

Our audit was completed on 9 August 2012. This is the date at which our opinion is expressed.

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

Basis of Opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Board's preparation of financial statements that fairly reflect the matters to which they relate. We consider internal control 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 Board's internal control.

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Accountants &
Business Advisers

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Board;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Board

The Board is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's financial position, and financial performance.

The Board is also responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Board's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

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

Other than the audit, we have no relationship with or interests in the Board.

Robert Elms

PKF Martin Jarvie

On behalf of the Auditor-General

Wellington, New Zealand

Matters relating to the electronic presentation of the audited financial statements

This audit report relates to the financial statements of the Podiatrists Board of New Zealand (the Board) for the year ended 31 March 2012 included on the Board's website. The Board is responsible for the maintenance and integrity of the Board's website. We have not been engaged to report on the integrity of the Board's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements as well as the related audit report dated 9 August 2012 to confirm the information included in the audited financial statements presented on this website.

Legislation in New Zealand governing the preparation and dissemination of financial information may differ from legislation in other jurisdictions.

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Financial Performance

FOR THE YEAR ENDED 31 MARCH 2012

	Note	2012 \$	2011 \$
REVENUE			
Annual Practice Certificates Fees		222,515	231,580
Examination Fees		6,240	0
Registration Fees		9,033	16,062
Other Income		5,350	1,415
Interest		11,540	11,941
Total Revenue		254,679	260,998
EXPENDITURE			
Board & Committees	1	67,473	58,556
Secretariat	2	157,294	177,861
Total Expenditure		224,767	236,417
NET SURPLUS/(DEFICIT)		29,912	24,581

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Movements in Equity

FOR THE YEAR ENDED 31 MARCH 2012

	2012 \$	2011 \$
Equity at beginning of period	152,047	127,466
Net surplus/(deficit) for the period	29,912	24,581
Total recognised Revenues and Expenses for the period	29,912	24,581
EQUITY AT END OF PERIOD	181,959	152,047

The accompanying notes form part of these financial statements

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Financial Position

AS AT 31 MARCH 2012

	Note	2012 \$	2011 \$
EQUITY		181,959	152,047
CURRENT ASSETS			
Cash, Bank & Bank deposits		400,245	349,427
Accounts Receivable		407	1,449
Prepayments		2,226	0
Loan to Health Regulatory Authorities Secretariat Ltd	3	6,528	5,000
Investment in Health Regulatory Authorities Secretariat Ltd	4	20	20
Total Current Assets		409,426	355,896
NON-CURRENT ASSETS			
Fixed assets	6	471	1,268
Intangible assets	7	3,250	0
Total Assets		413,147	357,164
CURRENT LIABILITIES			
Goods and Services Tax		22,762	21,025
Accounts payable	8	38,893	20,693
Income in Advance	10	169,533	163,399
Total Current Liabilities		231,188	205,117
Total Liabilities		231,188	205,117
Net Assets		181,959	152,047

For and on behalf of the Board.



Terry Bradshaw
Board Chair
Dated: 9 August 2012



Annabel Whinam
Registrar
Dated: 9 August 2012

The accompanying notes form part of these financial statements

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Accounting Policies

FOR THE YEAR ENDED 31 MARCH 2012

BASIS OF PREPARATION

The Podiatrists Board of New Zealand is a body corporate established by the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

The Board is an entity qualifying for differential reporting exemptions as it has no public accountability and is not large as defined by the Framework for Differential Reporting. The Board has taken advantage of all differential reporting exemptions.

SPECIFIC ACCOUNTING POLICIES

Receivables

Receivables are stated at estimated realisable values.

Property, plant & equipment

Initially stated at cost and depreciated as outlined below. Initial cost includes the purchase consideration plus any costs directly attributable to bringing the asset to the location and condition required for its intended use.

Assets are written down immediately if any impairment in the value of the asset causes its recoverable amount to fall below its carrying value.

Intangible Assets

Intangible Assets comprise non-physical assets which have a benefit to the Board for periods extending beyond the year the costs are incurred.

Amortisation

Intangible assets are amortised over the period of benefit to the Board at the following rate:

Website/Database 2 years straight line.

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Accounting Policies

FOR THE YEAR ENDED 31 MARCH 2012

Depreciation

Depreciation of property, plant & equipment is charged at the same rates as the Income Tax Act 1994. The following rates have been used:

Office furniture & equipment 20% - 50% Straight Line Method

Taxation

The Board is exempt from Income Tax.

Income recognition

Fees received for the issue of annual practicing certificates and register maintenance are recognised in the year to which the fees relate. All other fees are recognised on receipt.

Goods & Services Tax

All amounts are stated exclusive of Goods & Services Tax (GST), except for receivables and payables that are stated inclusive of GST.

CHANGES IN ACCOUNTING POLICIES

There have been no changes in accounting policies. All policies have been applied on a consistent basis with those of the previous period.

Comparatives

Some prior year comparative figures have been reclassified to match current year disclosure.

PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2012

1. Board & Committees

	2012 \$	2011 \$
Fees	47,290	44,241
Meeting expenses, training & travel	20,183	14,315
	67,473	58,556

2. Secretariat

	2012 \$	2011 \$
Audit fees	4,422	4,000
Depreciation & amortisation	3,547	797
Telephone, Postage & Printing and Stationery	4,674	6,191
Occupancy costs	19,176	16,552
Other costs	26,212	57,962
ANZPAC Levies	12,077	9,518
Personnel	79,870	78,593
Legal and Professional fees	7,316	4,249
	157,294	177,861

3. Investment

The Board has an undivided 1/5th share in the issued share capital of Health Regulatory Authorities Secretariat Limited (HRAS). The consideration of \$20 is not yet paid.

4. Financial Management Agreement

Podiatrists Board Of New Zealand has entered into a service agreement with Occupational Therapy Board Of New Zealand from 1st April 2011.

Occupational Therapy Board provides business management support to the Podiatrists Board Of New Zealand.

The service agreement with HRAS has been terminated, however certain services were still provided by Health Regulatory Authorities Secretariat Limited (HRAS) till mid August 2011.

5. Related Parties

HRAS provided administrative services to the Board on a non-profit cost recovery basis. The cost of those services for the period till mid of August 2011 was \$12,900.

The Financial Management Agreement with HRAS was terminated on 1st April 2011 because Podiatrists Board has entered into a new arrangement with Occupational Therapy Board of New Zealand for provision of support services.

The working capital advance to HRAS of \$5,000 and the accounts payable of \$1,528 remain outstanding.

PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2012

6. Property, Plant & Equipment

	Cost	Accumulated Depreciation	Book Value
At 31 March 2011			
Office furniture & equipment	7,506	6,238	1,268
	7,506	6,238	1,268
At 31 March 2012			
Office furniture & equipment	7,506	7,035	471
	7,506	7,035	471

7. Intangible Assets

	Cost	Accumulated Amortisation	Book Value
At 31 March 2012			
Computer Software	6,000	2,750	3,250
	6,000	2,750	3,250

8. Accounts Payable & Provisions

	2012 \$	2011 \$
Accounts payable	14,308	17,576
PAYE/WHT	7,218	2,618
KiwiSaver Deductions Payable	389	499
Leave entitlements	6,855	0
Accrued Payable	10,123	0
	38,893	20,693

9. Depreciation & Amortisation

	2012 \$	2011 \$
<i>Depreciation has been charged against:</i>		
Office furniture & equipment	797	797
	797	797
Amortisation of intangible assets		
Computer Software	2,750	0
	2,750	0

PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2012

10. Income in Advance

	2012 \$	2011 \$
<i>Fees received relating to 2012/2013 year</i>		
Annual practicing certificate fees	169,533	163,399
	169,533	163,399

11. Credit Card Facility

A visa credit card with a limit of \$3,000 is held with Westpac.

12. Commitments

Up to the 31 March 2012 the Board had an agreement with the Occupational Therapy Board of New Zealand for the provision of secretariat services at a minimum annual cost of \$19,197. The provision of services are continuing to be provided at a minimum monthly cost of \$1,598.

13. Contingent Liabilities

There are no contingent liabilities at balance date. (2011: \$Nil)

14. Events after Balance Date

There were no events that have occurred after balance date that would have a material impact on these financial statements.

15. Uncertainty about the Delivery of Office Functions in Future

In February 2011, Health Workforce New Zealand, on behalf of the Minister of Health (the Minister), issued a consultation document proposing a single shared secretariat and office function for all 16 health-related regulatory authorities. Following consultation, the 16 health-related regulatory authorities were given the opportunity to submit proposals for a single shared administrative secretariat. The Podiatrists Board Of New Zealand is one of two collaborative groups working on the development of business cases to progress towards shared administrative secretariat functions.

The proposals, if they proceeded, would likely have a significant effect on the Podiatrists Board Of New Zealand.

We have not quantified the possible effect.

Until a decision is made, there is uncertainty about the form in which our office functions will be delivered in future.