



Annual Report

1 April 2015 – 31 March 2016



PODIATRISTS BOARD OF NEW ZEALAND
ANNUAL REPORT 2015-2016

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Governance

Report from the Chair

The 2015/2016 financial year has seen a number of changes for the Board. We will be having our first Board meeting in our new offices at 22 Willeston Street, Wellington in June 2016, having moved in to co-locate with the Nursing Council and 8 other health regulatory authorities. This will hopefully be our last move for quite sometime as in my time with the Board we have had 5 different locations due to leasing arrangements or co-location agreements.

With the move we have been able to use capacity within the Nursing Council IT platform and our new database (based on the Nursing Council one) went live in December 2014. This has enabled for the 2nd year now, online Annual Practising Certificate renewals and workforce surveys. Our hope is that we will be able to continue to add to this functionality with online log books and CPD management.

There were 399 APC holders at the end of the 2015 financial year, with a slight increase annually over recent years. The Board has been pleased with the continuing high level of professional engagement it has seen from the practitioners through its PBRCF Audit process. It has been a number of years since the introduction of the PBRCF and the Board will be undertaking a review of the framework and documentation with a view to updating and making the process more accessible for clinicians. It is our hope that this work will be ready for implementation in the next APC round.

The Board has unfortunately had to deal with a number of complaints which has put more financial pressure on the Board due to legal costs and administration, with two Professional Conduct Reviews, one Competence Review and two Tribunal cases in the past two years.

Having said this, the introduction of the Disciplinary Levy has meant that costs have been covered for the Professional Conduct Committee and Health Practitioners Disciplinary Tribunal cases without having to go back to the practitioners for an increase in the Annual Practising Certificate fee which has remained at the same level for the past 9 years. But as you can appreciate this has also meant that financial reserves have been needed to be used to cover some expenses. The Board remains in a good cash position however, but will need to continually monitor expenditure in this area.

The Board continues to liaise with the Auckland University of Technology (AUT) Department of Podiatry on a number of levels. I still sit on the AUT Advisory Committee and the Board meets once a year with the Acting Head of Department now that Matt Carroll (Head of School), sits on the Board. The Board also undertakes an informal collegial visit each year, meeting with staff and students to gauge the ongoing performance of the programme. Some of you will be aware that the Podiatry School will be moving from its present location to another facility due to a campus redesign at AUT.

It is our hope that the move allows for further development of the podiatry area and allows for a more productive learning environment for the students who continue to rate the course highly.

We continue to have a close relationship with the Podiatry Board of Australia and have joined in on a round table discussion day looking at work force and industry expectations for our under graduates. This work is ongoing and this relationship allows for free exchange of ideas and policies across the Tasman. Podiatric standards and guidelines are also reviewed and some of you will be aware of the work taking place around Podiatric Surgery through ANZPAC. There are two accredited pathways for podiatric surgery at present; both these pathways are in Australia.

The Board has also had meetings with Podiatry NZ and HWFNZ around the issue of prescribing. Podiatrists have recently been asked to complete a survey on this subject by the Board, the outcome of which will be analysed by the Board before embarking on future work in this area.

This year we will be looking at the appointment of a new practitioner Board member and lay member, with the anticipated re-appointment of one of our lay members Dr Barry Smith and Steve York back on to the Board as well as for myself for my last term. Margaret Moir our other lay member will be stepping down after two terms and her input will be missed, as will that of Bruce Baxter who did not put himself forward for reappointment.

As has been the case for over a decade our Registrar Annabel Whinam continues to be the voice and face of the Board, and works hard to make sure that the APC period runs smoothly for practitioners and that all Board matters are managed throughout the year. Our ongoing SLA with the Occupational Therapy Board has enabled her to share out some of the increased work load and benefit from greater collegial support.

As I embark on my last term at the Board I am pleased with the commitment of the Board members and the amount of enthusiasm that they bring to what can be a challenging but rewarding task. As a profession I am immensely proud of the work that you all do within your clinics and the podiatric care that the public receives.



Leigh Shaw

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:

- 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.



Strategic Plan

Strategic Goals

- Effective implementation of the HPCA Act
- Develop standards and scopes that reflect the changing health environment
- Operate under effective and best practice governance
- Robust financial systems
- Promote awareness of the Board's role and build effective relationships.

Vision

The podiatry profession practises in a way that maximises public well-being through its emphasis on being competent, safe, adaptable and ethical.

Mission

To protect the public through effective regulation of the podiatry profession.

Values

Consistent, fair and transparent.
Respect for cultural diversity.





Board membership

Leigh Shaw	Chair
Fiona Angus	Deputy Chair
Keith Aitken	<i>(until 14 May 2015)</i>
Matthew Carroll	<i>(from 14 May 2015)</i>
Bruce Baxter	
Steve York	
Barry Smith	Lay member
Margaret Moir	Lay member



Leigh Shaw CHAIR

Member of the Podiatrists Board since 2010, elected Chair end of 2012. As part of this role on the Board she is also a member of the AUT Advisory Committee where she is currently Chair.

Leigh has been a registered podiatrist in New Zealand since 1984 having qualified at the Central Institute of Technology, Upper Hutt NZ.

Presently employed full time as a Specialist Podiatrist at Bay of Plenty DHB since 2000, covering Western and Eastern Bay of Plenty's High Risk Foot patients.

She is also involved in the NZSSD special interest group and has worked with the NZ Wound Care Society as a presenter and lead on the recent Diabetic foot ulceration form project.



Fiona Angus DEPUTY CHAIR

Fiona was appointed to the Podiatrists Board mid 2011, taking on the deputy chair role at the end of 2012.

Prior to this she was on the Podiatry New Zealand Executive as Central Region representative. Fiona is currently working in the area of High Risk Foot employed by a DHB, working as part of a team of four Podiatrists.

Fiona trained as a Podiatrist in Sydney, Australia, graduating in 1989, and has work experience including public and private practice. Since her appointment to the Board she has been appointed to the ANZPAC Board of Management and their Accreditation Committee.

Other key involvements include the NZSSD Podiatry Special Interest Group and the NZ Wound Care Society. Fiona is married with three children and lives in the Hutt Valley.



Matthew Carroll

Matthew was appointed to the Board in 2015. He has been a registered podiatrist in New Zealand since 1998 and Australia, where he practiced for 11 years.

Matthew is Head of Podiatry at AUT University a role he has been in since 2010. He also is Director/Treasurer of the Australia New Zealand Podiatric Accreditation Council (ANZPAC), a member of the ANZPAC university accreditation committee and current Chair of Marlborough Primary School Board of Trustees.

Matthew is actively involved podiatric research related to gout and rheumatoid arthritis. He gained his PhD in 2015.



Steve York

Steve was appointed to the Board in 2013 and reappointed in 2016. He has been a registered podiatrist in New Zealand since 2009 having graduated from AUT. He has been employed by the Northland DHB since 2010 as a diabetes podiatrist to manage acute diabetic foot complications throughout the Northland region.

Prior to that role, Steve was employed for a Māori health provider in the Mid & Far North providing community podiatry services. He is a member of the Podiatrist Special Interest Group Committee (NZSSD) and is also involved with other local and regional podiatry and diabetes working groups.

Steve is currently a Health Research Council (NZ) assessment committee member and a Ruakaka School Board of Trustee.

Having continued post graduate studies since graduating, Steve has attained a PgDipHSc (Māori Health) and is near completion of his Master's thesis- examining the impact of diabetes related lower extremity for Māori: 1988-2015.



Bruce Baxter

Bruce was appointed to the Podiatrists Board in 2013. He has been a registered podiatrist since 1984, and has worked in private practice ever since.

He has a particular interest in musculoskeletal podiatry and its relevance in keeping the population active.

His clinics have an interdisciplinary approach and include physiotherapists.

Bruce has competed as a professional triathlete and still trains and competes regularly at a masters level. He is the immediate past president of Podiatry New Zealand.



Lay Members



Barry Smith QSM

Barry joined the Podiatrists Board in 2010. Affiliated to Te Rarawa and Ngati Kahu iwi, he works as a Population Health Analyst in the Planning and Funding Division of the Lakes District Health Board in Rotorua and has been a contract analyst to the Ministry of Health.

His academic background in sociology and statistics supports a work history in tertiary education and social and health research where he has published across a range of journals. He is a current Royal Society of New Zealand Marsden Fund grant recipient working on a project comparing ethics review systems in Australia, Canada and New Zealand in terms of the way researchers engage with indigenous populations.

Other key interests include health inequalities, Māori ethical frameworks and the ethical challenges relating to increasing cost pressures on the health system for which he has been an invited speaker at a number of key health and sociology conferences. Barry is a member of the Health Research Council of New Zealand (HRC) College of Experts and the Advisory Committee on Assisted Reproductive Technology (ACART).

He leads the Lakes DHB Research and Ethics Committee and was chair of the Bay of Plenty and Multi-region Health and Disability ethics committees.

Other current memberships include the Health Research Council Ethics Committee, the University of Otago Pharmacovigilance Ethics Advisory Group and the Middlemore Hospital Biobank Governance Committee. On the ethics education front he contributes to courses run by the University of Otago Bioethics Centre and is involved with Victoria University of Wellington's Postgraduate Diploma of Clinical Research. Outside of ethics and health research, Barry is a gigging guitarist who has also spent time working in music education at tertiary level.



Margaret Moir QSO, JP

Margaret is a lay member on the Podiatrists Board of NZ. She is also a lay member on Competence Review Committees for the Nursing Council and a lay member on the Performance Advisory Committees for the Medical Council. She has lived on the South Island West Coast for over 40 years.

During that time she was an elected councillor for ten years on both the Westland District Council and the West Coast Regional Council and the West Coast Member of Parliament for one term. She has worked in the hospitality industry, also in partnership with her husband in his plumbing business in South Westland and subsequently in their motor bike shop in Hokitika.

She has been a Board member on Metservices, Access Home Health and Timberlands West Coast.

Margaret is currently working part-time as an administrator at the local primary school on Banks Peninsula where she lives with her husband. She has two adult children and four grandchildren.



The Podiatrists Board of New Zealand



Back row: (L-R)

Bruce Baxter,
Matt Carroll,
Steve York,
Barry Smith

Front row: (L-R)

Annabel Whinam
(Registrar),
Leigh Shaw (Chair),
Fiona Angus
(Deputy Chair)
Margaret Moir
(lay member)

Board Committees

Board members have their own Portfolios

- *Governance/Chair* Leigh Shaw
- *Finance & Secretariat* Margaret Moir
- *Education* Fiona Angus
- *Recertification & Specialist Scopes* Keith Aitken/Matt Carroll *from 14 May 2015*
- *Fitness to Practice* Bruce Baxter
- *Standards & Competence* Steve York / Barry Smith
- *Competence Review & Discipline* Margaret Moir & full Board
- *Executive Committee* Leigh Shaw, Fiona Angus, Annabel Whinam (*Registrar*)

Board Meetings

The Board held four 2 day meetings during the 2015-2016 reporting year

- 18 & 19 June 2015
- 20 & 21 August 2015
- 9 & 10 December 2015 and
- 25 & 26 February 2016

Board Member Fees

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

Chair: \$650 per day/ \$100 per hour (plus \$15,000 pa honorarium)

Deputy Chair: \$500 per day/ \$70 per hour (plus \$3,000 pa honorarium)

Other Board Members: \$500 per day/ \$70 per hour



Secretariat

Having one staff member with office support provided by Occupational Therapy Board staff under a service level agreement (SLA), offers the Board an efficient and economical option for the provision of secretariat and management services which are necessary for it to operate.

This year has been exceptionally busy for the secretariat with the move in February to co-locate with nine other health regulatory authorities. The Board has entered into a further SLA with the Nursing Council, together with the other regulatory authorities, for the provision of core back office facilities and support, including office space, facilities management, IT, database and finance support.

By sharing these facilities it is hoped that the Board will benefit from improved business processes, greater efficiencies, increased resource capacity, greater opportunities for collaboration and further potential cost savings.

The Board has now completed its second year of online APC applications for practitioners and this process is now operating well. Non-practising registrants are also able to pay their inactive maintenance fee online and all practitioners are able to update their contact details year round.

Further online functionality is planned for the coming year for CPD recording and audit processing, after the introduction of a new CPD framework has been consulted on and established. A new website is also planned for later in 2016 as the Board continues to keep up with expectations in a digital world.

The secretariat looks forward to another successful year of progress, and as the contact point for all communication with the Board, is pleased to be available for all queries from practitioners, members of the public and organisations in the wider health community.

Registration

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 is responsible for prescribing scopes of practice for registration in the practice of podiatry. The Board has the following four 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 Ministry of health Office of Radiation safety, to obtain plain radiographic images and /or fluoroscopic 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 purpose of accreditation is to assure the quality of education and training of podiatrists in New Zealand and to promote continuous programme improvement.

The Department of Podiatry at AUT Auckland University of Technology is the sole education provider for podiatric education in New Zealand. It underwent a full and successful accreditation process in 2012 with the next one planned for 2018. Regular accreditation ensures that the New Zealand podiatric education provider retains the same high standard as the providers in Australia and beyond.

This process is undertaken for the Board by the ANZPAC (Australia and New Zealand Accreditation Council) Accreditation Committee, using the NZ version of the Australia and NZ Podiatry Competency Standards.

During non-accreditation years the Board conducts informal audit committee visits to the department, including meeting with final year students, with a difference focus each year.



Registration

Registration provides assurance to the public that a podiatrist has attained the standard of qualification prescribed by the Board.

The current Register is publically available and accessible on the Board's website www.podiatristsboard.org.nz, it provides names, qualifications, registration dates, scope/s of practice, currency of practising certificates and any conditions.

The Board uses ANZPAC to provide the Board with qualification and skills assessments to assist the Board with its registration process of overseas trained applicants for podiatry and podiatric surgery.

The Trans-Tasman Recognition Act 1997 (TTMR Act) recognises Australian and New Zealand registration standards as equivalent. This allows registered podiatrists the freedom to practice in either country. Under TTMR if a podiatrist is registered as a practitioner in Australia they are entitled to be registered and practice in New Zealand (subject to a limited right of refusal.) The numbers however remain very small.

Table 1: Applications for registration

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions	Not Registered
Total	15	41 (34 NZ qualifications 2 O/seas qualifications 1 TTMR)	41	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/Continuing Professional Development

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.

The Board believes that one of the key elements contributing to the maintenance of a practitioner's competence is participation in continued professional development. The Board requires practitioner PBRCF activities to assure the public and the Board that practitioners are up to date and have appropriately developed their knowledge and skills on an on-going basis.

There are two components of the recertification programme, the annual renewal of the annual practising certificate (APC) and continuing professional development (CPD) requirements. Practitioner completion of the PBRCF audit and provision of the practitioner's logbook is part of this process. The framework is currently based on a 4 yearly cycle however the Board is looking to review and replace this with a 2 yearly cycle programme for 2017.

The Podiatrists Board Re-certification Framework (PBRCF) 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).

PBRCF Audit

The Board calls on approximately ten percent of practitioners each year, for a semi random audit. Logbooks must be provided to the Board, which are audited to ensure practitioners are maintaining their PBRCF credits and engaging with the programme. The Board is aware that an "engaged" practitioner is a "safer" practitioner.

Practising certificates

All practising podiatrists must hold a current APC, which is renewed annually. To obtain an APC practitioners need to assure the Board that they have maintained their competence and fitness to practice. The issue of an APC indicates to the public that the Board is satisfied that the practitioner has met the standards the Board has set.

Table 2: Applications for an annual practising certificate

	HPCAA Section	Number	Outcomes			
			APC	APC with conditions	Interim	No APC
Total		399	399	1	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				
Non-practising:						
Inactive Maintenance fee paid		22				



Competence, fitness to practice, and quality assurance

Under the HPCA Act practitioners may have their competence reviewed at any time or in response to concerns about their standard of practice. A concern about competence is not a disciplinary issue, and the Board does not seek to establish guilt or fault. It aims whenever possible, to review, remediate and educate.

Performance

Table 3: Competence referrals. There have been no cases under section 34 this financial year.

Source	HOCAA Section	Number
Health Practitioner (Under RA)	34 (1)	0
Health and Disability Commissioner	34 (2)	0
Employer	34 (3)	0
Notification received from ACC	35	1
Notification	35	1
Total		2

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

The Board's primary responsibility when receiving a complaint is the protection of the health and safety of the public. All patients have the right to complain about a podiatrist. Complaints generally fall into two broad categories:

Those that allege the practice or conduct of a podiatrist has affected a patient, or those that do not directly involve a patient. This would include situations where the practitioner is practising outside their scope of practice, practising without an APC or having committed a disciplinary offence or a conviction by the Courts.

Complaints that allege a patient has been affected must be referred on by the Board to the Health and Disability Commissioner (HDC). HDC generally refers the complaint back to the Board to establish whether there has been a breach.

Complaints received that do not directly involve a patient are reviewed on a case by case basis, and assessed to decide if the case should be handled as a competence, conduct or health matter.

Table 4: 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	0			
Health and Disability Commissioner	9			Not Applicable
Health Practitioner (Under RA)	0			
Other Health Practitioner	0			
Courts notice of conviction	2			
Employer	0			
Other	0			

Professional Conduct Committee (PCC)

A PCC is a statutory committee appointed to investigate when an issue of practitioner conduct arises. This committee is independent of the Board. The Board has had two PCC cases in the last financial year.

Health Practitioners Disciplinary Tribunal (HPDT)

The HPDT hears and decides disciplinary charges brought against registered health professionals. Charges are brought by the PCC or HDC Director of Proceedings. This tribunal operates completely independently to the Board. The Board has had one case referred to the HPDT in the last financial year.

Appeals and judicial reviews

Decisions of the Board may be appealed to the District Court. Practitioners may also seek to judicially review Board decisions in the High Court. The Court must assess whether in making a decision, the Board has followed its own policies and processes and that these are reasonable.

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.



PODIATRY BOARD OF AUSTRALIA (PBA)

The Board continues to strengthen its ties with the PBA with annual joint meetings of representatives from both Boards. Sharing of policies and processes is on-going with the aim to improve inter Tasman reciprocity for practitioners.

AUSTRALIA AND NEW ZEALAND PODIATRY ACCREDITATION COUNCIL (ANZPAC)

The Board is a member of this Council and has previously worked with ANZPAC in the development of a joint registration standards document. ANZPAC has successfully accredited the AUT Podiatry Department programme and also provides qualifications and skills assessments for the Board when considering registration applications from podiatrists trained overseas, including administering the cultural competence open book examination. This has now been extended to qualification and skills assessments for those applying for registration in the scope of practice of podiatric surgery as well.

PODIATRY NEW ZEALAND

PodiatryNZ is the only professional organisation for podiatrists in NZ currently and the Board has developed a good working relationship with them, with the executive committee holding meetings with their representatives from time to time and invitations to Board meetings annually.

PODIATRY DEPARTMENT, AUT UNIVERSITY

The Board has a good relationship with the Department and there are regular communications regarding the podiatric curriculum, Board registration and continuing competence requirements and other matters of mutual interest.

HEALTH WORKFORCE NZ (HWFNZ)

Board representatives have met with HWFNZ and the Ministry of Health on a number of occasions in recent years, on consultations and matters of mutual interest.

HRANZ collaborations

This group came into being as a response to section 118(j) of the HPCA Act. Health Regulatory Authorities of New Zealand (HRANZ) meets periodically to discuss matters of common interest, at both governance and operational levels.

The two monthly operational meetings attended by the Registrar, often include discussions on joint responses to relevant consultations within the sector, and presentations from various stakeholders including ACC, Ministry of Health and Ministry of Justice, with a focus on how our organisations can better communicate with each other to better achieve our goals.



Contacting the Board

All contact with the Board should be through the Registrar.

Postal Address: PO Box 9644, Wellington, New Zealand 6141

Physical Address: Level 5 (Reception), 22 Willeston Street, Wellington, New Zealand 6011

Email: registrar@podiatristsboard.org.nz

Website: www.podiatristsboard.org.nz

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**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
PODIATRIST'S BOARD OF NEW ZEALAND
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016**

The Auditor-General is the auditor of the Podiatrist's Board of New Zealand (the Board). The Auditor-General has appointed me, Robert Elms, using the staff and resources of Staples Rodway Wellington, to carry out the audit of the performance report of the Board on her behalf.

We have audited the performance report of the Board on pages 19 to 28, that comprise the entity information, the statement of financial position as at 31 March 2016, the statement of financial performance, statement of movement in equity and statement of cash flows for the year ended on that date and the notes to the performance report that includes accounting policies and other explanatory information.

Opinion

In our opinion the performance report of the Board on pages 19 to 28:

- fairly reflect the Board's:
 - entity information for the year then ended;
 - financial position as at 31 March 2016; and
 - financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 29 August 2016. 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 performance report is free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that, in our judgement, are likely to influence readers' overall understanding of the performance report. 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 performance report. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the performance report whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Board's performance report 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.



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 performance report; and
- the overall presentation of the performance report.

We did not examine every transaction, nor do we guarantee complete accuracy of the performance report. Also we did not evaluate the security and controls over the electronic publication of the performance report.

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 a performance report that:

- complies with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's entity information, financial position, financial performance and cash flows.

The Board is also responsible for such internal control as it determines is necessary to enable the preparation of a performance report that is free from material misstatement, whether due to fraud or error. The Board is also responsible for the publication of the performance report, whether in printed or electronic form.

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 performance report 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 External Reporting Board.

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

Robert Elms
Staples Rodway Wellington
On behalf of the Auditor-General
Wellington, New Zealand

PODIATRISTS BOARD OF NEW ZEALAND

Entity Information

"Who Are we?", "Why do we exist?"

FOR THE YEAR ENDED 31 MARCH 2016

Legal Name of Entity:

PODIATRISTS BOARD OF NEW ZEALAND

Type of Entity and Legal Basis:

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

Entity's Purpose or Mission:

The mission of the Board is to protect the public through effective regulation of the podiatry profession.

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:

1. 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;
2. Authorise the registration of health practitioners under the Act, and to maintain registers;
3. Consider applications for annual practising certificates;
4. Review and promote the competence of health practitioners;
5. Recognise, accredit and set programmes to ensure the ongoing competence of health practitioners;
6. Receive and act on information from health practitioners, employers and the Health and Disability Commissioner about the competence of health practitioners;
7. 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;
8. 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;
9. Promote education and training in the profession;
10. Promote public awareness of the responsibilities of the authority;
11. 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 enactment.



PODIATRISTS BOARD OF NEW ZEALAND

Entity Information

"Who Are we?", "Why do we exist?"

FOR THE YEAR ENDED 31 MARCH 2016

Entity Structure:

The Board has seven (7) members. Five (5) podiatrists and two (2) lay members to represent public interests. Board Members are appointed by the Minister of Health.

Main Sources of the Entity's Cash and Resources:

The board has received its main income from Annual Practice Certificates Fees paid by registered podiatrists.

Additional Information:

Vision – The podiatry profession practises in a way that maximises public well-being through its emphasis on being competent, safe, adaptable and ethical.

General Description of the Entity's Outputs:

To protect the health and safety of members of the public by providing for mechanisms to ensure that podiatrists are competent and fit to practise.

Contact Details:

Physical Address: Level 5, 22 Willeston Street, Wellington

Phone: (04) 474 0706

Email: registrar@podiatristsboard.org.nz

Website: www.podiatristsboard.org.nz

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Financial Performance

"How was it funded?" and "What did it cost?"

FOR THE YEAR ENDED 31 MARCH 2016

	Note	2016 \$	2015 \$
REVENUE			
Annual Practice Certificates Fees		271,403	260,016
Disciplinary levy		61,935	60,680
Disciplinary Penalties		12,209	–
Examination Fees		1,259	1,040
Registration Fees		14,617	19,489
Other Income		2,535	2,978
Interest		10,750	10,224
Total Revenue		374,708	354,426
EXPENDITURE			
Board & Committees	1	160,219	123,420
Secretariat	2	182,793	164,918
Total Expenditure		343,012	288,337
NET SURPLUS/(DEFICIT)		31,696	66,089

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Movement in Equity

FOR THE YEAR ENDED 31 MARCH 2016

	2016 \$	2015 \$
Equity at beginning of period	173,128	107,039
Net surplus/(deficit) for the period	31,696	66,089
Total recognised Revenues and Expenses for the period	31,696	66,089
EQUITY AT END OF PERIOD	204,824	173,128

The accompanying notes form part of these financial statements



PODIATRISTS BOARD OF NEW ZEALAND

Statement of Financial Position

"What the entity owns?" and "What the entity owes?"

AS AT 31 MARCH 2016

	Note	2016 \$	2015 \$
EQUITY		204,824	173,128
CURRENT ASSETS			
Cash, Bank & Bank deposits		388,821	395,520
Investments		140,892	90,926
Accounts Receivable		14,976	2,174
Prepayments		7,148	9,306
Investment in Health Regulatory Authorities Secretariat Ltd	3	20	20
Loan to Health Regulatory Authorities Secretariat Ltd	5	6,528	6,528
Office rental and outgoings advance		–	694
Other Assets		–	–
Total Current Assets		558,385	505,169
NON-CURRENT ASSETS			
Fixed assets	6	14,663	1,016
Intangible assets	7	29,672	38,202
Total Assets		602,720	544,386
CURRENT LIABILITIES			
Goods and Services Tax		40,293	41,570
Accounts payable	8	48,587	34,124
Income in Advance	10	309,016	295,564
Total Current Liabilities		397,896	371,258
Total Liabilities		397,896	371,258
NET ASSETS		204,824	173,128

For and on behalf of the Board.

Leigh Shaw
Board Chair
Dated: 17/8/2016

Annabel Whinam
Registrar
Dated: 17/8/2016

The accompanying notes form part of these financial statements

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Cash Flows

"How the entity has received and used cash"

FOR THE YEAR ENDED 31 MARCH 2016

	Note	2016 \$	2015 \$
Cash flows from Operating Activities			
<i>Cash was received from:</i>			
Statutory fees and levies		346,463	342,869
Registration income		15,435	22,371
Other fees		1,924	1,431
Interest Revenue		6,595	7,646
<i>Cash was applied to:</i>			
Payments to suppliers & employees		(322,475)	(289,442)
Net cash flows from operating activities		47,941	84,875
Cash flows from Investing and Financing Activities			
<i>Cash was received from:</i>			
Short-term investments		313,594	273,560
<i>Cash was applied to:</i>			
Purchase of fixed Assets		(8,234)	(40,381)
Short-term investments		(360,000)	(310,000)
Net Cash Flows from Investing and Financing Activities		(54,640)	(76,822)
Net Increase / (Decrease) in Cash		(6,699)	8,053
Opening Cash Brought Forward		395,520	387,467
Closing Cash Carried Forward		388,821	395,520
<i>Represented by:</i>			
Cash and Cash Equivalents		388,821	395,520



PODIATRISTS BOARD OF NEW ZEALAND

Statement of Accounting Policies

"How did we do our accounting?"

FOR THE YEAR ENDED 31 MARCH 2016

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 has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting – Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

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 2-10 years straight line.

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
Computer equipment	20% – 50% Straight Line Method
Office Refit	16.67% 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

The board is registered for GST, and 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

The life of Intangible assets changed from 2-5 years to 2-10 years; and Office Refit was depreciated based on 16.67% Straight Line Method. All other policies have been applied on a consistent basis with those used in previous years.

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2016

1. Board & Committees

	2016 \$	2015 \$
Fees	71,521	58,340
Legal, investigation and hearing expenses (Discipline)	54,355	34,065
Meeting expenses, training & travel	34,342	31,015
	160,219	123,420

2. Secretariat

	<i>Note</i>	2016 \$	2015 \$
Audit fees		6,028	6,028
Depreciation & amortisation	9	9,853	5,260
Telephone, Postage & Printing and Stationery		1,241	2,205
Occupancy costs		11,764	11,368
Other costs		46,936	40,089
ANZPAC Levies		13,975	11,106
Personnel		89,741	81,919
Legal and Professional fees		3,255	6,941
		182,793	164,918

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

5. Related Parties

There were no transactions involving related parties during the year. However, the working capital advance to Health Regulatory Authorities Secretariat Limited (HRAS) of \$5,000 and the accounts payable of \$1,528 remain outstanding from 2011.

6. Property, Plant & Equipment

	Cost	Accumulated Depreciation	Book Value
At 31 March 2015			
Office furniture & equipment	8,268	7,932	336
Computer equipment	9,269	8,588	681
	17,536	16,520	1,016
At 31 March 2016			
Office furniture & equipment	5,907	98	5,809
Computer equipment	9,128	8,623	505
Office Refit	8,467	118	8,349
	23,502	8,839	14,663



PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015

7. Intangible Assets

	Cost	Accumulated Depreciation	Book Value
At 31 March 2015			
Database Software	46,381	8,180	38,202
	46,381	8,180	38,202
At 31 March 2016			
Database Software	46,381	16,709	29,672
	46,381	16,709	29,672

8. Accounts Payable & Provisions

	2016 \$	2015 \$
Accounts payable	23,478	12,061
PAYE/WHT	7,371	4,524
KiwiSaver Deductions Payable	659	425
Leave entitlements	7,000	1,494
Accrued Payable	9,682	15,621
Lease liability	397	–
	48,587	34,124

9. Depreciation & Amortisation

	2016 \$	2015 \$
<i>Depreciation has been charged against:</i>		
Office furniture & equipment	232	316
Computer equipment	973	2,769
Office Refit	118	–
	1,323	3,085
Amortisation of intangible assets		
Database Software	8,530	2,175
	8,530	2,175

10. Income in Advance

	2016 \$	2015 \$
<i>Fees received relating to next year</i>		
Annual practicing certificate fees	308,351	294,234
Inactive registration fees	665	1,330
	309,016	295,564

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015

11. Credit Card Facility

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

12. Commitments

Podiatrists Board of New Zealand have an agreement with the Nursing Council of New Zealand for the provision of corporate services. The provision of services are continuing to be provided at a minimum annual cost of \$38,959 for an initial period of five years and then on-going until terminated by mutual agreement. The contracted services will be reviewed annually.

	2016 \$	2015 \$
Due in 1 year	31,600	—
Due between 1-2 years	31,600	—
Due between 2-5 years	91,683	—
	154,883	—

Contractual commitments for operating leases of premises
Level 5, 22 Willeston Street Wellington.

	2016 \$	2015 \$
Due in 1 year	7,359	—
Due between 1-2 years	7,359	—
Due between 2-5 years	21,351	—
	36,069	—

The figures disclosed above reflect Nursing Council of New Zealand's portion of rent, as currently payable. The lease agreement is in the name of Nursing Council of New Zealand.

Contractual commitments for operating leases of premises and equipment.
101-103 The Terrace Wellington,
ASB Bank House.

	2016 \$	2015 \$
Not Later than one year	—	1,285
One to two years	—	—
	—	1,285

The figures disclosed above reflect Podiatrist Board's portion of rent, as currently payable. The lease agreement is in the names of a number of Health Regulatory Authorities which have joint and several liability.

13. Capital Commitments

There are no capital commitments at balance date. (2015: \$Nil)



PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015

14. Contingent Liabilities

There are no contingent liabilities at balance date. (2015: \$Nil)

15. Events after Balance Date

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

16. Correction of Errors

There were no Correction of Errors at balance date. (2015: \$Nil)

17. Assets Held on Behalf of Others

There were no assets held on behalf of others during the financial year. (2015: \$Nil)

18. Shared Services

In 2012/13 the Podiatrists Board of New Zealand and seven other Responsible Authorities (RAs) agreed to co-locate in shared premises on the 10th and 11th floors of ASB House, 101-103 The Terrace, Wellington. The other RAs include the Physiotherapy Board of New Zealand, Dental Council of New Zealand, Occupational Therapy Board of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Medical Sciences Council of New Zealand and New Zealand Medical Radiation Technologists Board.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and shared telephony and network services, the eight RAs entered into a cost-sharing agreement. Generally, for one-off fixed costs (such as legal agreement costs) each RA receives an equal share of those costs, whereas for ongoing operational costs (such as office rental) each RA's share is based on the number of staff places within each RA.

The cost sharing agreement at ASB House ends on the expiry of the lease agreement at ASB House at 30 June 2015.

In 1st June 2015 the Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Psychotherapists Board of Aotearoa New Zealand and Osteopathic Council of New Zealand entered into an agreement to co-locate to 90 The Terrace, Wellington. The lease agreement for 90 The Terrace (signed jointly by the 4 Responsible Authorities) is for one year taking effect from 1st June 2015 and expiring 1st June 2016. The total lease commitment is \$66,640.

In 2015/16, Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, New Zealand Chiropractic Board, Psychologist Board, and Optometrists & dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington.

The lease agreement for 22 Willeston Street (signed solely by Nursing council of New Zealand) is for six years taking effect from 1st February 2016 and expiring on 1st February 2022.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate supports, the ten RAs entered into an agreement for the provision of corporate services.

