



**Podiatrists Board
of New Zealand**

Te Poari Tiaki Waewae O Aotearoa



Annual Report

1 April 2016 – 31 March 2017



PODIATRISTS BOARD OF NEW ZEALAND
ANNUAL REPORT 2016-2017

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Governance

Report from the Chair

The Board office has settled in well into the new co-location office at 22 Willeston St, Wellington. There have been some disruptions due to earthquake damage but to a large extent this is no longer disrupting the functioning of the office.

We now have over 400 APC holders, at 426 as I write this. Along with the APC application the Board also undertakes a workforce survey, this has proved popular with the practitioners and also gives us a true snap shot of the profession. This is beneficial not only for the profession and its continuing growth, but also for patients.

The Board farewelled Margaret Moir and Bruce Baxter in June 2016 and we now have two new members Sarah Graydon (lay member) and Erin Beeler (podiatrist). Sarah is a qualified lawyer and comes to us with a background in health law. Erin is the owner of Podium Podiatry which has several clinics and contract work. We look forward to working with them and utilising their experience and skills.

The Board continues to work closely with Podiatry New Zealand and AUT (as our podiatry undergraduate course provider) with regular meetings and consultations. The Board is responsible for accrediting the AUT course in NZ and each year we visit to review the course content, staff and student engagement. The Board is satisfied that the course is delivering not only a highly regarded degree but also graduates that are well sort after, not only here but also in Australia.

Each year the Board embarks on policy review and this year has been especially busy as we have looked at our CPD (Competency framework), COBE (Cultural Open Book Exam) and Code of Practice. With our online functionality we are moving towards enabling practitioners to do more online and to decrease the amount of paperwork required.

For many of our practitioners the question of when the profession will get prescribing has been around for decades. I would like to say that the process is easy and straight forward – it is not, and both the Board and Podiatry NZ have been working on this for some time. We have undertaken a survey among our practitioners and there is still willingness with 72% of the 167 returned surveys wanting prescribing rights. We have embarked on a renewed effort to bring this into being, with changes to the Medicines Act and the health environment shifting our thinking, which has changed on how best to proceed. We will keep the profession informed along the way.

On a less positive note we have been busy in our complaints and disciplinary portfolio with 12 notifications, 8 complaints, 2 competence reviews and 1 professional conduct (PCC) case. This is disappointing and requires a lot of the Board's time and resources to work through the various processes.



It is with some sadness that I finish this report as it will be my last one as Chair of the Podiatrists Board. It has been a privilege to serve on the Board and I would encourage anyone with a passion for the profession to put your name forward for appointment. You will get to shape the profession while enjoying the company of likeminded professionals, that will not only grow your skills and knowledge of governance but provide you with a greater insight into the health environment and the place podiatry holds.

Leigh Shaw
Chair
Podiatrists Board of New Zealand



Board functions and membership

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.



Mission

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

Vision

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

Values

Consistent, fair and transparent.
Respect for cultural diversity.

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



Board membership

Leigh Shaw	Chair
Fiona Angus	Deputy Chair
Steve York	
Matthew Carroll	
Erin Beeler	<i>(since June 2016)</i>
Barry Smith	Lay member
Sarah Graydon	Lay member <i>(since June 2016)</i>



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.



Erin Beeler

Erin joined the Board in 2016, having graduated from AUT in 2006 then working in Australia and New Zealand in the private sector. Erin is Director of Podium Podiatry and Footwear and divides her time between running the business and hands-on clinical work.

Erin is a clinical representative on the Board of the Eastern Bay of Plenty Primary Health Alliance, and is working towards her PgDipHSc (Māori Health). Her interests are in raising the profile of podiatry in New Zealand (both professionally and publically), and making quality podiatry services accessible and affordable for more New Zealanders.



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.



Sarah Graydon

Sarah was appointed as a lay member of the Board in 2016. She has been a lawyer since 1998 and has a broad range of experience including as a Senior Legal Advisor for the Health & Disability Commissioner and more recently heading up the legal team at New Zealand Post.

Sarah lives on the South Coast in Wellington with her husband and two children.



The Podiatrists Board of New Zealand



Photo from joint meeting held with representatives from the Podiatry Board of Australia (PBA)

Front row: (L-R)
Cathy Loughry (Chair, PBA), Leigh Shaw (Chair)

2nd row: (L-R)
Annabel Whinam (Registrar), Jenny Collis (PBA Executive Officer), Kate Storer (PBA), Ebenezer Banful (PBA), Fiona Angus (Deputy Chair)

Back row: (L-R)
Steve York, Barry Smith, Erin Beeler, Sarah Graydon, Matt Carroll

Board Committees

Board members have their own Portfolios

- | | |
|--|--|
| • <i>Governance/Chair</i> | Leigh Shaw |
| • <i>Finance & Secretariat</i> | Sarah Graydon |
| • <i>Education</i> | Fiona Angus |
| • <i>Recertification and Specialist Scopes</i> | Matt Carroll |
| • <i>Fitness to Practice</i> | Erin Beeler |
| • <i>Standards & Competence</i> | Steve York / Barry Smith |
| • <i>Competence Review & Discipline</i> | Sarah Graydon & full Board |
| • <i>Executive Committee</i> | Leigh Shaw, Fiona Angus, Annabel Whinam (<i>Registrar</i>) |

Board Meetings

The Board held four 2 day meetings during the 2016-2017 reporting year

- | | |
|-----------------------|-------------------------|
| • 2 & 3 June 2016 | • 3 & 4 November 2016 |
| • 18 & 19 August 2016 | • 23 & 24 February 2017 |

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 annual honorarium)

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

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



Secretariat

It has now been over a year since the Board office has moved to co-locate with 9 other health regulatory authorities, including the Nursing Council, which provides property and facilities management as well as IT and finance support through a service level agreement with the Board.

This arrangement has proved to be very successful and the Board is indebted to the Nursing Council for providing these services, as operating as an individual entity would not be viable for the Board, being the smallest RA of the 16 in New Zealand.

This co-location has allowed for numerous benefits, and we hope that our common interests and improving systems together will continue to provide efficiencies and cost savings for the future.

The Board has now completed its third year of online APC applications for practitioners, which include optional workforce questions and the system is now running smoothly with only a very few glitches. 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.

From the beginning of 2018 with the introduction of a new CPD framework replacing the PBRCF, further online functionality for recording CPD hours and uploading documentation will become available as well.



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 chiroprapist) 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.



Registration

Registration provides assurance to the public that a podiatrist has attained the standard of qualification, skills and competence 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 numbers and dates, scope/s of practice, currency of practising certificates and any conditions on the APC. The new website search will also provide the region in which the podiatrist is practising.

The Board uses ANZPAC (Australia and NZ Accreditation Council) 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.

Along with the ANZPAC (NZ version) of the Podiatry Competency Standards that the Board requires for a minimum standard of competence for registration, the Board also sets out its standards and guidance in its Code of Practice and its Ethical Principles & Standards of Practice. The Board will be shortly consulting on a review of the Code of Practice, to become the Standards of Practice, and hopes to have this introduced by the end of 2017.

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.) These numbers however remain small for podiatry.

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.

AUT will undergo a further full accreditation assessment next year in 2018, and the ANZPAC Accreditation Committee provide this process for the Board. Regular accreditation ensures that the New Zealand podiatric education provider retains the same high standard as the providers in Australia and beyond.

This accreditation process uses the New Zealand 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.



Table 1: Applications for registration

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions	Not Registered
Total	15	49 Being: 39 NZ qual 7 O/seas qual 3 TTMRA	49	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 consulting on a new CPD Recertification Framework that will be based on a 2 yearly cycle, for introduction on 1 January 2018.

The current 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).

CCME requirements include: basic life support, infection control, wound management, podiatric clinical management and cultural awareness/ competence.



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.

With the future introduction of the new CPD framework with online functionality, audits will be able to be undertaken online thus removing the requirements for physical logbooks to be posted in to the Board at audit time.

Practising certificates

All practising podiatrists must hold a current Annual Practising Certificate (APC), which must be renewed each year for podiatrists to be able to continue practising legally. 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 (as at 31 March 2017)

	HPCAA Section	Number	Outcomes			
			APC	APC with conditions	Interim	No APC
Total		426	426	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				



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 7 cases under section 34 this financial year.

Source	HOCAA Section	Number
Health Practitioner (Under RA)	34 (1)	0
Health and Disability Commissioner	34 (2)	4
Employer	34 (3)	0
Notification received from ACC	35	3
Notification	35	0
Total		7

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).

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	4			
Health and Disability Commissioner	4		4	Not Applicable
Health Practitioner (Under RA)	0			
Other Health Practitioner	0			
Courts notice of conviction	0			
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. Some of the PCC expenses incurred by the Board are able to be refunded through its disciplinary levy fund.

The Board has had one PCC case 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 independently to the Board. Some of the HPDT expenses incurred by the Board are able to be refunded through its disciplinary levy fund.

There have been no cases 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 shares a very collegial relationship with the PBA and it continues to strengthen its ties with annual joint meetings of representatives from both Boards. The Board will be hosting some PBA members to their August meeting later in 2017. The sharing of policies and processes, and mutual issues and concerns is on-going, with the intent to improve inter-Tasman reciprocity for practitioners and maintain and improve practitioner competence standards.

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 already accredited the AUT Podiatry Department programme in 2012 and will do so again in 2018. It 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. The Board plans to provide the results of the annual workforce survey that the Board has undertaken for the past 2 years to HWFNZ, when the third year's set of results become available later in 2017.

HRANZ collaborations

The Health Regulatory Authorities of New Zealand (HRANZ) group meets periodically to discuss matters of common interest, at both governance and operational levels. It meets periodically although not as frequently as in previous years.

Operational meetings are attended by Registrars and less frequent strategic meetings are attended by the Chairs as well. They often include discussions on joint responses to relevant consultations within the sector, and presentations from various stakeholders including HDC, 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, which ultimately are to endeavour to ensure the health and safety of members of the public.



Fees

	Disciplinary Levy Portion	Fee incl GST
REGISTRATION		
New Zealand qualification (incl re-registration & restoration to Register)		378.00
Overseas qualification		817.00
Trans-Tasman Mutual Recognition		817.00
Further Scope of Practice		235.00
ANNUAL PRACTISING CERTIFICATE (APC) INCLUDING DISCIPLINARY LEVY		
APC for full year 1 April to 31 March	175.00	992.00
APC if applying after 1 April and held APC in previous year	175.00	1,095.00
APC if never previously registered as a Podiatrist (valid from 1 Dec until 31 March the following year)	43.75	247.75
APC (valid 1 January until 31 March of the same year) for Return to Practice applicants and new Overseas Qualified Registrants	87.50	495.50
APC with further scope of practice: Podiatric Surgery	175.00	1,167.00
APC with further scope: Podiatric Surgery & Podiatric Radiographic Imagery	175.00	1,187.00
APC with further scope/s and applying after 1 April and held APC in previous year	175.00	1,270.00
OTHER FEES		
NON-PRACTISING INACTIVE MAINTENANCE FEE	175.00	260.00
Certificate of Registration		36.00
Supply of any documents (other than Certificates of Registration)		48.00
Addition or alteration to Register (excl. change of name or address)		71.00
Inspection or copy of Register		30.00
Cultural (Open Book) Exam: Return to Practice: no prior NZ APC / Re-Registration		1,196.00
Cultural (Open Book) Exam: Return to Practice APC/ O/seas qualified and prior NZ reg pre OBE)		598.00
Cultural (Open Book) Examination Re-sit		393.00
Review Fee (practitioner competence review: up to 1/3 of costs to the Board)		2,000 to 15,000 maximum



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

Staff: Annabel Whinam, Registrar

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**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
PODIATRISTS BOARD OF NEW ZEALAND
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

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 Staples Rodway Audit Limited, to carry out the audit of the financial statements of the Board on his behalf.

Opinion

We have audited the financial statements of the Board on pages 22 to 32, that comprise the entity information, statement of financial position as at 31 March 2017, the statement of financial performance, the statement of movements in equity and statement of cash flow for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion the financial statements of the Board on pages 22 to 32, present fairly, in all material respects:

- its financial position as at 31 March 2017; and
- its 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 22 August 2017. 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 governing body and our responsibilities relating to the financial statements 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 Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

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

Responsibilities of the Governing Body for the financial statements

The Governing Body is responsible for preparing financial statements that are fairly presented and that comply with generally accepted accounting practice in New Zealand.

The Governing Body is 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.





In preparing the financial statements, the Governing Body is responsible on behalf of the Board for assessing the Board's ability to continue as a going concern. The Governing Body are also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Board or to cease operations, or there is no realistic alternative but to do so.

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

Responsibilities of the auditor for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these financial statements.

We did not evaluate the security and controls over the electronic publication of the financial statements.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit 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.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the governing body.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Governing Body regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during 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

We are independent of the Board in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

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

A handwritten signature in black ink, appearing to read 'R. Elms'.

Robert Elms
Staples Rodway Audit Limited
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 2017

Legal Name of Entity:

PODIATRISTS BOARD OF NEW ZEALAND

Type of Entity and Legal Basis:

The Podiatrists Board of New Zealand (the Board) is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) 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 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 (APCs);
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 enactments.

PODIATRISTS BOARD OF NEW ZEALAND

Entity Information

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

FOR THE YEAR ENDED 31 MARCH 2017

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 APC 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 2017

	<i>Note</i>	2017 \$	2016 \$
REVENUE			
APC Fees		290,574	271,403
Disciplinary Levy		65,511	61,935
Disciplinary Penalties		–	12,209
Examination Fees		1,560	1,259
Registration Fees		18,503	14,617
Other Income		–	2,535
Interest		8,943	10,750
Total Revenue		385,091	374,708
EXPENDITURE			
Board & Committees	1	102,838	160,219
Secretariat	2	199,286	182,793
Total Expenditure		302,123	343,012
NET SURPLUS/(DEFICIT)		82,968	31,696

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Movement in Equity

FOR THE YEAR ENDED 31 MARCH 2017

	<i>Note</i>	2017 \$	2016 \$
Equity at the Beginning of Period		204,824	173,128
Net Surplus/(Deficit) for the Period		82,968	31,696
Total Recognised Revenues and Expenses for the Period		82,968	31,696
EQUITY AT END OF PERIOD	6	287,792	204,824

The accompanying notes form part of these financial statements

PODIATRISTS BOARD OF NEW ZEALAND

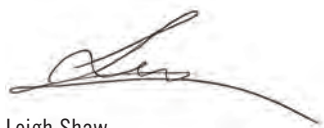
Statement of Financial Position

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

AS AT 31 MARCH 2017

	Note	2017 \$	2016 \$
EQUITY		287,792	204,824
CURRENT ASSETS			
Cash, Bank & Bank Deposits		469,674	388,821
Investments		183,385	140,892
Accounts Receivable		3,440	14,976
Prepayments		8,598	7,148
Investment in Health Regulatory Authorities Secretariat Ltd	3	–	20
Loan to Health Regulatory Authorities Secretariat Ltd	5	–	6,528
Total Current Assets		665,097	558,385
NON-CURRENT ASSETS			
Fixed assets	7	15,247	14,663
Intangible assets	8	21,020	29,672
Total Assets		701,364	602,720
CURRENT LIABILITIES			
Goods and Services Tax		47,317	40,293
Accounts Payable	9	37,791	48,587
Income in Advance	11	328,464	309,016
Total Current Liabilities		413,572	397,896
Total Liabilities		413,572	397,896
NET ASSETS		287,792	204,824

For and on behalf of the Board.



Leigh Shaw
Board Chair
Dated: 15/8 /2017



Annabel Whinam
Registrar
Dated: 15/8/2017

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 2017

	2017 \$	2016 \$
Cash Flows from Operating Activities		
<i>Cash Was Received From:</i>		
Statutory Fees and Levies	387,741	346,463
Registration Income	18,503	15,435
Other Fees	1,560	1,924
Interest Revenue	6,770	6,595
<i>Cash Was Applied to:</i>		
Payments to Suppliers & Employees	(294,481)	(322,475)
Net Cash Flows from Operating Activities	120,093	47,941
Cash Flows from Investing and Financing Activities		
<i>Cash Was Received From:</i>		
Short-term Investments	250,000	313,594
Proceeds from Loan	6,528	–
<i>Cash Was Applied to:</i>		
Purchase of Fixed Assets	(5,768)	(8,234)
Short-term Investments	(290,000)	(360,000)
Net Cash Flows from Investing and Financing Activities	(39,240)	(54,640)
Net Increase / (Decrease) in Cash	80,853	(6,699)
Opening Cash Brought Forward	388,821	395,520
Closing Cash Carried Forward	469,674	388,821
<i>Represented by:</i>		
Cash and Cash Equivalents	469,674	388,821

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Accounting Policies

"How did we do our accounting?"

FOR THE YEAR ENDED 31 MARCH 2017

BASIS OF PREPARATION

The Board is a body corporate established by the HPCAA 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	20% Straight Line Method

Taxation

The Board is exempt from Income Tax.

Income recognition

Fees received for the issue of APCs 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

Office Refit is depreciated based on 20% Straight Line Method. All other policies have been applied on a consistent basis with those used in previous years.



PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2017

1. Board & Committees

	2017 \$	2016 \$
Fees	62,169	71,521
Legal, investigation and hearing expenses (Discipline)	12,058	54,355
Meeting expenses, training & travel	28,611	34,342
	102,838	160,219

2. Secretariat

	<i>Note</i>	2017 \$	2016 \$
Audit fees		6,392	6,028
Depreciation & amortisation	10	13,836	9,853
Telephone, Postage & Printing and Stationery		3,410	1,241
Occupancy costs		10,900	11,764
Other costs		58,292	46,936
ANZPAC Levies		14,127	13,975
Personnel		88,394	89,741
Legal and Professional fees		3,935	3,255
		199,286	182,793

3. Investment

The Board had an undivided 1/5th share in the issued share capital of Health Regulatory Authorities Secretariat Limited (HRAS). The consideration of \$20 has been contributed upon dissolution of HRAS.

4. Financial Management Agreement

The Board has entered into a service agreement with Occupational Therapy Board Of New Zealand from 1st April 2011 till now, which provides business management support to the Board.

5. Related Parties

The working capital advance to HRAS of \$6,528 was repaid in full.

6. Equity

	2017 \$	2016 \$
General Reserve	163,225	141,836
Disciplinary Reserve	124,567	62,988
	287,792	204,824

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2017

7. Property, Plant & Equipment

	Cost	Accumulated Depreciation	Book Value
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
At 31 March 2017			
Office furniture & equipment	5,907	1,280	4,627
Computer equipment	12,677	8,689	3,987
Office Refit	8,467	1,835	6,632
	27,051	11,804	15,247

8. Intangible Assets

	Cost	Accumulated Depreciation	Book Value
At 31 March 2016			
Database Software	46,381	16,709	29,672
	46,381	16,709	29,672
At 31 March 2017			
Database Software	40,881	19,861	21,020
	40,881	19,861	21,020

9. Accounts Payable & Provisions

	2017 \$	2016 \$
Accounts payable	8,996	23,478
PAYE/WHT	5,633	7,371
KiwiSaver Deductions Payable	284	659
Leave entitlements	9,747	7,000
Accrued Payable	13,129	9,682
Lease liability	–	397
	37,791	48,587



PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2017

10. Depreciation & Amortisation

	2017 \$	2016 \$
<i>Depreciation has been charged against:</i>		
Office furniture & equipment	1,181	232
Computer equipment	1,786	973
Office Refit	1,717	118
	4,684	1,323
Amortisation of intangible assets		
Database Software	9,152	8,530
	9,152	8,530

11. Income in Advance

	2017 \$	2016 \$
<i>Fees received relating to next year</i>		
APC fees	327,503	308,351
Inactive registration fees	961	665
	328,464	309,016

12. Credit Card Facility

A visa credit card with a limit of \$5,000 is held with Westpac.

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2017

13. Commitments

The Board have an agreement with Nursing Council of New Zealand for the provision of back office corporate services. The Service Level Agreement is for an initial period of five years. The future estimated commitments based on the expected costs including in this agreement as at 31 March 2017 are: property \$6,325; Corporate Services \$13,962; Total \$20,287.

	2017 \$	2016 \$
Due in 1 year	13,962	31,600
Due between 1-2 years	13,962	31,600
Due between 2-5 years	26,547	91,683
	54,471	154,883

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

	2017 \$	2016 \$
Due in 1 year	6,325	7,359
Due between 1-2 years	6,325	7,359
Due between 2-5 years	12,026	21,351
	24,676	36,069

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

14. Capital Commitments

There are no capital commitments at balance date. (2016: \$Nil)

15. Contingent Liabilities

There are no contingent liabilities at balance date. (2016: \$Nil)

16. Events after Balance Date

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

17. Correction of Errors

There were no Correction of Errors at balance date. (2016: \$Nil)

18. Assets Held on Behalf of Others

There were no assets held on behalf of others during the financial year. (2016: \$Nil)



PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2017

19. Shared Services

On 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 five years taking effect from 1st February 2016 and expiring on 1st February 2021.

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.

