



Annual Report

1 April 2018 – 31 March 2019



PODIATRISTS BOARD OF NEW ZEALAND ANNUAL REPORT 2018-2019

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Governance

Report from the Chair

Welcome to the Chairs report, this is my second and final report as Chair having been re-elected in February 2019 alongside Matt Carroll as Deputy Chair. Serving on the Board has been a privilege, and over the past 8 years I have learnt much and worked with a great group of people. My final appointment term comes to an end mid 2020 and I would encourage those of you who have an interest in becoming a Board member to put your name forward when the call is put out by the Ministry of Health. If you would like information or wish to discuss what is involved please don't hesitate to contact myself or any of the other members.

There have been some major changes to the Board in the past year. Leigh Shaw, who served an eight year, three term appointment was farewelled last year and while we are still waiting for a replacement to be announced we have been keeping Leigh informed of Board business.

Our long serving lay member, Barry Smith, was absent from our February meeting, a rare occurrence, and it is with much sadness that we learnt of his passing in March this year. Barry has been a great team member and contributor to the Board, his wealth of knowledge across a broad range of areas, most notably ethics and his background as a population analyst for Lakes DHB from which he had recently retired.

Barry's love of music, family and passion for equity and inclusiveness, his humour and positive outlook are greatly missed. Sadly, it is often not until someone's absence that we realise the profound influence that they have on us, for me personally I learnt much from Barry and was unaware just how often his words of wisdom influence my thoughts and actions until he passed. I feel privileged to have known Barry and had the opportunity to spend my entire time on the Board with Barry there to guide us in so many ways.

The Board is set up under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The purpose of the Act is to protect the health and safety of the public, and responsible authorities fulfil that purpose by ensuring all health practitioners registered with them are fully competent in the practice of their profession.

There are a number of ways in which we do this. Work for the Board in the past year has included the new Principles and Standards for the Practice of Podiatry in New Zealand, and our thanks go to Steve York for his huge contribution in bringing this together. The new CPD framework is now well into the new two year timeframe, with the requirements for online logging of activity. This has received largely positive practitioner feedback. I would like to remind you that the end of the first cycle is 31st December 2019. The Board will continue to audit a minimum of 10% of practitioners annually.

The major project for the Board For the 18/19 year has been preparing for consultation, prior to a submission for prescribing rights for practitioners. The Board envisions this will enhance public safety by prescriptions being written at point of care rather than the current work around via GP practices and other prescribers when the need for a prescription medication is identified by practitioners.



This also has the potential to reduce the volume of prescription medication, eg antibiotics, required by the individual patient, through timely access, and to reduce the cost to the individual and system and provide more wholistic care. Kellie McGrath has been contracted to the Board to manage the prescribing project

The Board is working on the development of an education package as part of this submission and has been working with Maree Jensen, Academic Director at School of Pharmacy, University of Auckland, on this. The intention is that the Board will run the education and certification for practitioners to prescribe, and that this will ensure accessibility and facilitate uptake by practitioners. This model has been previously implemented successfully, most recently by the Dietitians Board, who have to date received no complaints with regard to their prescribing.

The Board continues to meet with key stakeholders throughout our annual meeting cycle, including representatives from the Auckland University of Technology Podiatry School, Podiatry New Zealand, the Podiatry Board of Australia, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), and the Ministry of Health.

Practitioners are registered with the Board as a legislative requirement, having satisfied set criteria to become practitioners. Podiatry and Podiatrist are protected titles and only those on the Register who have an Annual Practising Certificate can use the word podiatry and it's derivatives to describe themselves, hence when an assistant is employed by a podiatrist they become a footcare or health assistant.

During the 2018/2019 year the Board received a number of complaints regarding practitioners' practice or conduct, these complaints are required to be forwarded to the Health and Disability Commissioner (HDC) when they come from a healthcare recipient. The Board is required to wait until the completion of the HDC investigation and consider any recommendations before determining the next steps. In some instances the HDC can bring a prosecution against a practitioner themselves. The Board has legal advisors who help inform our decisions on these matters.

Fiona Angus
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

Fiona Angus **Chair**
 Matthew Carroll **Deputy Chair**
 Steve York
 Erin Beeler
 Leigh Shaw
 Sarah Graydon **Lay member**
 Barry Smith **Lay member**
(until March 2019)



Front Row (L-R): Fiona Angus (Chair), Sarah Graydon, Erin Beeler.
 Back Row (L-R): Matt Carroll (Deputy Chair), Steve York, Annabel Whinam (Registrar).
 Missing: Leigh Shaw, Barry Smith.



Fiona Angus **CHAIR**

Fiona was appointed to the Podiatrists Board mid 2011, taking on the Deputy Chair role at the end of 2012 until her appointment as Chair in February 2018.

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 **DEPUTY CHAIR**

Matthew was appointed to the Board in 2015 and was appointed Deputy Chair in 2018. He has been a registered podiatrist in New Zealand since 1998 and Australia, where he practiced for 11 years. Matthew is currently Head of Postgraduate Programmes within the School of Clinical Sciences at AUT University and was Head of Podiatry at AUT University from 2009-2017. He has served as a Director of the Australia New Zealand Podiatric Accreditation Council (ANZPAC) since 2011.

Matthew is active in research with a focus on musculoskeletal conditions of the lower limb and the Achilles tendon. Since commencing his academic career in 2009 he has published widely in peer reviewed journals and presented national and internationally. He is Associate Editor for BMC Musculoskeletal Disorders and Editorial Board Member for the Journal of Foot & Ankle Research.



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 and graduated from AUT. He is currently employed as a diabetes podiatrist at the Northland DHB since 2010. He is also 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 has an active interest in the diabetic foot and has recently co-authored a number of studies that relate to diabetic related lower extremity amputation in New Zealand.



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 (Mori 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.



Leigh Shaw

Member of the Podiatrists Board since 2010, elected Chair end of 2012 until February 2018. As part of this role on the Board she was also a member of the AUT Advisory Committee where she was also 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.



Lay Members



Barry Smith QSM (PASSED AWAY FEBRUARY 2019)

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.



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 2018-2019 reporting year:

- 24 & 25 May 2018;
- 23 & 24 August 2018;
- 15 & 16 November 2018;
- 14 & 15 February 2019.

Board Member Fees

The fees paid to Board members remain at the same level. 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



Annabel Whinam REGISTRAR

The Board is supported by the Registrar, its sole staff member, with some additional part time assistance from the OT Board staff. Over and above business as usual, the Board has worked on the development of a number of new and revised policies and processes.

These have included the development of the Principles and Standards for the Practice of Podiatry in NZ (PSPPNZ), the Continuing Professional Development Re-certification Policy and suite of supporting policy documents, and modification of the Podiatry Competency Standards for registration with the Board.

Online practitioner CPD recording is now functional and is a mandatory requirement for practitioners with the new online CPD audit process currently under development.

The Board intends to further advance progress for podiatrist prescribing rights, with a consultation on the medicines list and later in the year, on the draft application proposed for submission to the Ministry of Health.

Complaints and discipline matters have also unfortunately taken up more Board time than it would have liked this year.

The Board continues to appreciate the advantages of co-locating with 9 other responsible health authorities with its benefits of efficiencies in back office functions and the sharing of ideas and some policies. The Nursing Council continues to provide its services with the SLA it has with these authorities.



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.



Registration

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

The Register of current practitioners is publicly 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 (plus any conditions on the APC) and the region in which the podiatrist is practising.

The Board uses ANZPAC (Australia and NZ Accreditation Council) to provide qualification and skills assessments to assist the Board with its registration process of overseas trained applicants for podiatry and podiatric surgery. ANZPAC will be disestablished in June 2019 and the Board will then undertake its own assessments for these applicants. This will include the requirement of a cultural competence and NZ legislative awareness open book examination.

Along with the ANZPAC Podiatry Competency Standards (NZ version) that the Board requires for a minimum standard of competence for registration, the Board also sets its standards and guidance in its new Principles and Standards for the Practice of Podiatry in New Zealand (PSPPNZ), (formerly the Code of Practice), and its Ethical Principles & Standards of Practice.

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 current practitioner in Australia they are entitled to be registered and practice in New Zealand (subject to a limited right of refusal.)

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 Podiatry Department at AUT Auckland University of Technology is the sole education provider for podiatric education in New Zealand.

AUT underwent a full accreditation assessment in May 2018, and the ANZPAC Accreditation Committee provided this process for the Board. Regular accreditation ensures that the New Zealand podiatric education provider retains the same high standard as other providers in Australia and beyond. With the loss of ANZPAC the Board will need to establish an alternative process for the next accreditation in four years time.

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. With the loss of ANZPAC later in 2019, the Board will need to establish an alternative process for the next accreditation in four years time.





Table 1: Applications for registration

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions	Not Registered
Total	15	58 (46 NZ qualified 5 Overseas qualified 7 TTMRA)	58	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 (CPD)

Under section 41 of the HPCA Act the Board has a well established recertification programme 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 Podiatrists Board CPD Framework requires practitioner participation in various CPD activities to assure the public and Board that practitioners are up to date and have appropriately developed their knowledge and skills on an on-going basis.

The new CPD framework, introduced 1 January 2018, is based on a 2 year cycle replacing the old 4 year cycle. The cycle will close at the end of 2019 and practitioners who have not completed their CPD requirements will be included in the 2020 CPD audit.

The CPD requirements now fall into the following categories:

- Compulsory (infection control, wound management and cultural safety)
- Professional communication
- Professional learning
- Basic life support (also compulsory)

A minimum of 40 CPD hours (plus basic life support) every 2 years is now the requirement.



CPD Audit

The Board calls on approximately ten percent of practitioners each year, for a semi random audit. Practitioner CPD logbooks are no longer sent in as the new CPD programme now requires that practitioners must log all their CPD hours online in their practitioner portal, and upload any relevant documentation.

For this introductory 2 year cycle, practitioners are able to also claim hours from 2017, and will not be audited until the first cycle has been completed, after January 2020. The online CPD access also provides podiatrists returning to practice throughout the year with a pro rata calculation of how many CPD hours will be required of them before the end of the cycle.

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 2019)

	HPCAA Section	Number	Outcomes			
			APC	APC with conditions	Interim	No APC
Total		449	449	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				1
Recency of practice	27 (1) d	0				
Mental or physical condition	27 (1) e	0				
Not lawfully practising within three 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	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	0
Health and Disability Commissioner	34 (2)	10
Employer	34 (3)	0
Notification received from ACC	35	2
Notification issued	35	0
Total		10

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).



Table 4: Complaints from various sources and outcomes

Source	Number	Outcome			
		No further action/	Referred for Competence review (on re-registration)	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	3	3			
Health and Disability Commissioner	10	2	2	6	Not Applicable
Health Practitioner (Under RA)	0				
Other Health Practitioner	0				
Courts notice of conviction	1			1	
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 two PCC cases, (one included multiple complaints) 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 including the Ministry of Health
- Promote public awareness of the Board's role.

PODIATRY BOARD OF AUSTRALIA (PBA)

The Board enjoys a collegial relationship with the PBA and it continues to strengthen its ties with often annual joint meetings of representatives from both Boards. The PBA hosted representatives from the Board at its March 2019 meeting and the Board plans to reciprocate in 2020. The sharing of policies and processes, and mutual concerns, encourages collaboration and cooperation which benefits practitioners on both sides of the Tasman.

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 accredited the AUT Podiatry Department programme in 2018, with a very successful outcome for the department.

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. ANZPAC will be disestablished later in 2019 however, with the Board undertaking its own assessments.

AUT UNIVERSITY PODIATRY DEPARTMENT

The Board has a good relationship with the Podiatry 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 provides the results of its annual workforce survey to HWFNZ which assists the Ministry for future health workforce planning.

PODIATRY NEW ZEALAND

The Board has regular communications with the professional association, and hopes these continue to further develop a good working relationship for the benefit of the profession.

HEALTH REGULATORY AUTHORITIES OF NEW ZEALAND (HRANZ)

The Health Regulatory Authorities of New Zealand (HRANZ) group has met periodically to discuss matters of common interest, at both governance and operational levels, although meetings have not been as regular in recent years.

They have included discussions on matters of mutual interest or concern, and joint responses to relevant consultations within the sector. The goal for the organisation has been to foster communication among the responsible authorities as is required under the HPCA Act.

Practitioner 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, 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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Financial
Report
2018-2019



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**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
PODIATRISTS BOARD OF NEW ZEALAND'S FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

The Auditor-General is the auditor of Podiatrists Board of New Zealand (Podiatrists Board). The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the Performance Report of the Podiatrists Board of New Zealand on his behalf.

Opinion

We have audited the Performance Report of the Podiatrists Board that comprises the statement of financial position as at 31 March 2019, the statement of financial performance, the statement of movement in equity and statement of cash flows 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 Performance Report of the Podiatrists Board presents fairly, in all material respects:

- the entity information,
- its financial position as at 31 March 2019; 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 7 October 2019. 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 Podiatrists Board and our responsibilities relating to the Performance Report 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 Board for the Performance Report

The Board is responsible for preparing a Performance Report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

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

In preparing the Performance Report, the Board is responsible on behalf of the Podiatrists Board for assessing the Podiatrists Board's ability to continue as a going concern. The Board is 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 Podiatrists Board or to cease operations, or there is no realistic alternative but to do so.

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



Responsibilities of the auditor for the audit of the Performance Report

Our objectives are to obtain reasonable assurance about whether the Performance Report, as a whole, is 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 the Performance Report.

We did not evaluate the security and controls over the electronic publication of the Performance Report.

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 Performance Report, 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 Podiatrists 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 Performance Report 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 Podiatrists Board to cease to continue as a going concern.

We evaluate the overall presentation, structure and content of the Performance Report, including the disclosures, and whether the Performance Report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board 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 the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.



Independence

We are independent of the Podiatrists 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 Podiatrists Board.

Chrissie Murray
Baker Tilly 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 2019

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 2019

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 2019

	Note	2019 \$	2018 \$
REVENUE			
APC Fees		306,617	296,483
Disciplinary Levy		70,038	67,033
Examination Fees		1,560	1,560
Registration Fees		19,923	21,132
Non-Practising Fees		2,291	1,848
Other Income		423	1,002
Interest		17,254	13,944
Total Revenue		418,108	403,002
EXPENDITURE			
Board & Committees	1	90,133	88,526
Secretariat	2	210,327	191,404
Disciplinary	3	33,186	66,664
Total Expenditure		333,646	346,594
NET SURPLUS		84,461	56,408

PODIATRISTS BOARD OF NEW ZEALAND

Statement of Movement in Equity

FOR THE YEAR ENDED 31 MARCH 2019

	Note	2019 \$	2018 \$
Accumulated Funds at the beginning of period		344,200	287,792
Net Surplus for the Period		84,461	56,408
ACCUMULATED FUNDS AT THE END OF PERIOD	4	428,662	344,200

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 2019

	Note	2019 \$	2018 \$
EQUITY		428,662	344,200
CURRENT ASSETS			
Cash, Bank & Bank Deposits		278,890	365,338
Investments		516,714	340,132
Accounts Receivable		8,796	4,099
Prepayments		9,642	9,001
Total Current Assets		814,042	718,571
NON-CURRENT ASSETS			
Property, Plant and Equipment	5	6,849	10,078
Intangible Assets	6	18,339	21,055
Total Assets		839,229	749,704
CURRENT LIABILITIES			
Goods and Services Tax		46,557	40,512
Accounts Payable	7	35,805	49,466
Income in Advance	9	328,206	315,525
Total Current Liabilities		410,568	405,504
Total Liabilities		410,568	405,504
NET ASSETS		428,662	344,200

For and on behalf of the Board.



Fiona Angus
Board Chair
Date: 7/10/2019



Annabel Whinam
Registrar
Date: 7/10/2019

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 2019

	2019 \$	2018 \$
Cash Flows from Operating Activities		
<i>Cash Was Received From:</i>		
Statutory Fees and Levies	390,328	350,577
Registration Income	22,638	23,262
Other Fees	1,560	2,280
Interest Revenue	7,212	7,894
<i>Cash Was Applied to:</i>		
Payments to Suppliers & Employees	(332,466)	(323,742)
Net Cash Flows from Operating Activities	89,273	60,270
Cash Flows from Investing and Financing Activities		
<i>Cash Was Received From:</i>		
Short-term Investments	304,375	290,000
<i>Cash Was Applied to:</i>		
Purchase of Fixed Assets	(7,446)	(13,250)
Short-term Investments	(472,649)	(441,356)
Net Cash Flows from Investing and Financing Activities	(175,720)	(164,606)
Net Increase / (Decrease) in Cash	(86,448)	(104,336)
Opening Cash Brought Forward	365,338	469,674
Closing Cash Carried Forward	278,890	365,338
<i>Represented by:</i>		
Cash and Cash Equivalents	278,890	365,338



PODIATRISTS BOARD OF NEW ZEALAND

Statement of Accounting Policies

"How did we do our accounting?"

FOR THE YEAR ENDED 31 MARCH 2019

BASIS OF PREPARATION

The Board is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (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

Cash, Bank and Bank Deposits

Cash, Bank and Bank Deposits includes petty cash, deposits at cheque and savings account with banks.

Investments

Investments are recognised at cost. Investment income is recognised on an accrual basis where appropriate.

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 and non-financial 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.
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Depreciation

Depreciation of property, plant & equipment is charged at the following rates:

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 because it is a registered charity.

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

All 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 2019

1. Board & Committees

	2019 \$	2018 \$
Fees	54,721	60,215
Meeting expenses, training & travel	35,411	28,311
	90,133	88,526

2. Secretariat

	<i>Note</i>	2019 \$	2018 \$
Audit fees		6,399	6,386
Depreciation & amortisation	9	13,392	18,384
Telephone, Postage & Printing and Stationery		3,953	4,118
Occupancy costs		11,298	11,212
Other costs		21,558	22,074
ANZPAC Levies		15,683	14,198
Personnel		86,570	83,668
Legal fees		7,593	2,461
Professional fees		43,882	28,904
		210,327	191,404

3. Disciplinary Expenses

	2019 \$	2018 \$
PCC Investigation Expense	33,186	66,664
	33,186	66,664

4. Equity

	2019 \$	2018 \$
General Operating Reserve	266,732	219,264
Disciplinary Reserve	158,638	124,936
	428,662	344,200

PODIATRISTS BOARD OF NEW ZEALAND

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2019

5. Property, Plant & Equipment

	Opening carrying value	Current year additions	Current year deposits	Accumulated Depreciation & Amortisation	Closing carrying value
At 31 March 2019					
Office furniture & equipment	5,907	0	0	-3,642	2,265
Computer equipment	12,677	1,990	-1,046	-12,282	1,338
Office Refit	8,467	0	0	-5,221	3,246
	27,051	1,990	-1,046	-21,146	6,849
At 31 March 2018					
Office furniture & equipment	5,907	0	0	-2,461	3,446
Computer equipment	12,677	0	0	-10,983	1,693
Office Refit	8,467	0	0	-3,528	4,939
	27,051	0	0	-16,972	10,078

6. Intangible Assets

	Opening carrying value	Current year additions	Current year deposits	Accumulated Depreciation & Amortisation	Closing carrying value
At 31 March 2019					
Database Software and Website	54,131	5,700	0	-41,493	18,339
	54,131	5,700	0	-41,493	18,339
At 31 March 2018					
Database Software and Website	40,881	13,250	0	-33,076	21,055
	40,881	13,250	0	-33,076	21,055

7. Accounts Payable & Provisions

	2019 \$	2018 \$
Accounts payable	13,206	24,016
PAYE/WHT	6,829	6,841
KiwiSaver Deductions Payable	199	290
Leave entitlements	5,612	7,544
Accrued Payable	9,960	10,775
	35,805	49,466

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2019

8. Depreciation & Amortisation

	2019 \$	2018 \$
<i>Depreciation has been charged against:</i>		
Office furniture & equipment	1,181	1,181
Computer equipment	2,101	2,294
Office Refit	1,693	1,693
	4,976	5,168
<i>Amortisation of intangible assets</i>		
Database Software and Website	8,416	13,215
	8,416	13,215

9. Income in Advance

	2019 \$	2018 \$
<i>Fees received relating to next year</i>		
APC fees	327,097	314,564
Inactive registration fees	1,109	961
	328,206	315,525

10. Credit Card Facility

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

11. 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 2019 are: property \$7,039; Corporate Services \$21,256; Total \$28,295 per year.

	2019 \$	2018 \$
Due in 1 year	21,256	20,812
Due between 1-2 years	19,101	20,812
Due between 2-5 years	–	18,702
	40,357	60,326

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2019

11. Commitments *(continued)*

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

	2019 \$	2018 \$
Due in 1 year	7,039	6,325
Due between 1-2 years	6,326	6,325
Due between 2-5 years	–	5,684
	13,365	18,334

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.

From 1st April 2011, the Board has entered into a service agreement with Occupational Therapy Board of New Zealand to provide business management support to the Board. The agreement can be terminated with 30 days written notice.

12. Capital Commitments

There are no capital commitments at balance date. (2018: \$Nil)

13. Contingent Liabilities

There are no contingent liabilities at balance date. (2018: \$Nil)

14. Related Party Transactions

There were no transactions involving related parties during the year. (2018:\$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. Shared Services

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, 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.



Podiatrists Board
of New Zealand

Te Poari Tiaki Waewae O Aotearoa