

Hon Tony Ryall  
Minister of Health  
Parliament Buildings  
Wellington

Dear Minister

In accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003, I am pleased to enclose the Annual Report of the Podiatrists Board for the year ending 31 March 2009.



Michele Garrett  
**Chairperson**  
December 2009





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# Chairperson's Report

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The past year has seen the Podiatrists Board members and Registrar work diligently towards meeting the goals set to guide the board's work. There has been continuing growth in numbers in the profession and though we remain small in comparison with other health professions, we have now reached the 300 mark with 305 podiatrists holding Annual Practising Certificates.

Mindful of the budgetary restraints of a board working with a small and limited income, and the impact fee increases can have on practitioners who are largely employed in private practise, the board has made every attempt to continue with APC fees at the same level.

By working with the other boards in the Health Regulatory Authorities Secretariat (HRAS) and our Australian colleagues, we have been able to prevent duplication of work and proactively identify policies and procedures we have in common. This combined with astute budgeting and cost efficiencies from being part of the HRAS Secretariat, has ensured that we have operated within our projected budget. I would like to thank board members for their hard work in carrying out the robust financial management that has enabled the board to hold fees at the same level.

The administrative support from the office management staff in the running of the HRAS secretariat has enabled the Podiatrists Board and staff to carry out their statutory functions. The set up and development of the governance structure for HRAS has been a learning process for all the boards involved, and it has not been without its teething problems. It has required more hands on work from individual boards during the set up phase, but this has been balanced with operational cost savings.

It has also offered the boards involved the opportunity to examine their policies and procedures, and identify work in common that can be developed as a group, which in the future will prevent the duplication of work and resources. Thank you to the Osteopathic Council, Chiropractic Board, Dietitians Board, Optometrist and Dispensing Opticians Board and office management for the support and collegiality shown to one another throughout HRAS's inaugural year.

The health professions in Australia have been experiencing some major changes as the planning and development for their national registration board takes place. The Podiatrists Board of New Zealand has been working closely with the Australian Podiatry Registration Boards to support them through this process, under the umbrella of the Australian and New Zealand Podiatry Accreditation Council (ANZPAC).

This group has worked closely with the profession, registration authorities and educationists from both countries, to review the minimum competencies and develop an accreditation process and tool for the purpose of granting accreditation to programmes leading to eligibility for registration as a podiatrist in Australia and New Zealand.

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ANZPAC is also assisting the Podiatrists Registration Boards with the process involved in assessing the suitability of overseas-trained podiatrists to practise in Australia and New Zealand. It is envisaged that these strengthened trans-Tasman links will make registration processes between the two countries even easier.

Communication with stakeholders has remained a priority for the Podiatrists Board:

- Support was offered to the profession in the planning and implementation of a peer review process for journal articles within New Zealand, linked to the annual APC requirements.
- The Board Chair and Podiatry New Zealand have initiated twice yearly meetings to discuss issues in common and support one another.
- The Board Chair is currently also Chair of the AUT Podiatry School Advisory Committee and in this position has the opportunity to liaise with the profession, lay members, industry stakeholders and podiatry school staff, on future direction and planning for the profession.

The past twelve months have seen further strategic planning and development of the governance role to support the day to day functioning of the office. The review of our policy documents has resulted in the implementation of a reserves policy in line with Ministry directives. To be able to initiate a cycle of auditing 25% of APC holder portfolios, the Continuing Competence Programme Committee has developed an audit tool and process for 2009.

The work carried out by board members to a large extent is voluntary and takes a great deal of time and dedication. I would like to thank you all for the hours and focused work that you have put in on behalf of the board, the podiatry profession and the public of New Zealand. Your commitment to your individual roles on committees within the board is invaluable.

I wish to give a special thank you to the Podiatrists Board Registrar, Annabel Whinam, for her conscientious approach and hard work over the past year. There is a real sense of partnership and team work for the common purpose of the board.

Thank you all.



**Michele Garrett**

**Chair**

Podiatrists Board of New Zealand



# Governance

## Role of the Board

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

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

These are:

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

## Structure of the Board

The Board has seven members. The Minister of Health appoints each Board member by notice in the gazette. Section 120(2) of the HPCAA prescribes the Board's membership:

*The membership of an authority must include:*

- a majority of members who are health practitioners; and*
- 2 lay members, if the authority has at any time 8 or fewer members.*

Terms of the office are also are also clearly defined in section 121(2) of the HPCAA

*Each member:*

- is appointed for a term of 3 years or any shorter term that is specified in the notice of appointment; and*
- may be reappointed from time to time, but is not eligible to be a member for more than 9 consecutive years.*

## Board Membership

Michele Garrett (*Chair*)  
*Registered podiatrist, Auckland*

Merron Wilkes (*Deputy Chair until 6 March 2009*)  
*Registered podiatrist, Wellington*

Terrence Bradshaw (*Deputy Chair since 6 March 2009*)  
*Registered podiatrist, Upper Hutt*

Trevor Tillotson  
*Registered podiatrist, Wellington*

Julianne Jackson  
*Registered podiatrist, Upper Hutt*

Geoffrey Mariu  
*Lay member, Whanganui*

Wendy Neilson  
*Lay member, Tauranga*

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



Front row: Michele Garrett (*Chair*), Wendy Neilson Back row: Julianne Jackson, Terry Bradshaw (*Deputy Chair*), Trevor Tillotson, Annabel Whinam (*Registrar*), and Merron Wilkes

## Board Committees

The Board has a number of Committees, the structure and membership of which is set out below:

### Administration & Finance Committee:

Michele Garrett, Terry Bradshaw, Julianne Jackson, Annabel Whinam

### AUT Audit & Accreditation Committee:

Terry Bradshaw, Michele Garrett, Wendy Neilson

### Overseas Applicants' Examination & Policy Development Committee:

Terry Bradshaw, Trevor Tillotson, Julianne Jackson

### Prescribing Rights Committee:

Trevor Tillotson, Michele Garrett

### Continuing Competence Programme Committee:

Terry Bradshaw, Michele Garrett, Trevor Tillotson, Merron Wilkes, Julianne Jackson, Geoff Mariu, Wendy Neilson

### Cultural Competence Guidelines Committee:

Michele Garrett, Geoff Mariu, Julianne Jackson, Wendy Neilson

### Competence Review Committee:

Merron Wilkes (*Chair*), Julianne Jackson, Wendy Neilson (*no current standing committee*)

### Professional Conduct Committee:

Merron Wilkes (*Chair*), Julianne Jackson, Wendy Neilson

## Board Meetings

The Board held three meetings (6 March 2009, 7 November 2008, 1 May 2008) and one teleconference (1 August 2008) during the 2008-2009 reporting year.



# Service Performance

## 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.

## Requirements for Registration

Any Podiatrist applying for registration in a scope of practice must meet the following requirements:

- demonstrate competence in their scope/s of practice
- hold a prescribed qualification for the relevant scope
- ability to communicate in and comprehend English of a sufficient standard to meet the health and safety of the public
- absence of any disciplinary proceedings that would adversely affect fitness to practice.

## Board's Scopes of Practice

The Board has gazetted five 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.

#### Qualification

*A Bachelor of Health Science in Podiatry from an accredited New Zealand University or equivalent overseas qualification as determined by the Podiatrists Board.*

### 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.

#### Qualification

*A Post Graduate qualification in Podiatric Surgery as determined by the Podiatrists Board or equivalent overseas qualification.*

### PODIATRIC RADIOGRAPHIC IMAGER

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

#### Qualification

*As part of the New Zealand undergraduate Bachelor of Health Science in Podiatry or satisfactory completion of an accredited post graduate training course in podiatric radiography.*

### PODIATRIC PRESCRIBER

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to prescribe a list of medications approved by the Podiatrists Board. *(Subject to prescribing rights being granted by the New Prescribers Advisory Committee).*

#### Qualification

*A Post Graduate qualification in Podiatric Prescribing as determined by the Podiatrists Board or equivalent overseas qualification.*

## PODIATRIST EDUCATOR

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

### Qualification

*Qualifications as to the individual educator speciality areas as recognised by the Podiatrists Board.*

## Registration Applications

The Board receives applications from both New Zealand and overseas trained registration applicants.

- **New Zealand** trained applicants are from the School of Podiatry, Faculty of Health and Environmental Science, AUT

University, Auckland, which is the sole provider of Podiatric education in New Zealand.

- **Overseas** trained Podiatrists must have obtained their qualification from a Board Approved School.

All overseas trained applicants must also sit the Board's **Open Book Examination**, which focuses on New Zealand cultural competence and New Zealand legislative requirements for practising podiatrists in this country.

- **Trans Tasman Mutual Recognition**

The Trans Tasman Mutual Recognition Act (TTMRA) 1997 came into force in 1998. Under TTMRA a health practitioner registered in New Zealand is automatically able to register and practice in an Australian State where Podiatry is a registerable profession. This also applies to Australian registered Podiatrists who wish to practice in New Zealand.

## Registration Statistics

### >> REGISTRATION STATISTICS FOR THE 12 MONTHS 1 APRIL 2008 TO 31 MARCH 2009

<b>Total number of new podiatrists registered</b>	<b>34</b>
New Zealand graduates of the Bachelor of Health Science (Podiatry) degree approved for registration	31
Overseas trained podiatrists registered	2
Trans Tasman Mutual Recognition applicants registered	1
Registrations in a further Scope of Practice:	
Podiatric Surgery	—
Podiatric Radiographic Imagery	—

### >> REGISTER STATISTICS

Total number of Podiatrists on the Register of Podiatrists (as at 31 March 2009)	664
Total number of Podiatrists who held Annual Practising Certificates for the year ending 31 March 2009	305

Note: Only NZ registered podiatrists holding a current Annual Practising Certificate and exempt persons (such as medical practitioners) are entitled to practise podiatry.



# Education and Accreditation

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## Education of Podiatrists

The Board is required to monitor education institutions under section 12(4) HPCAA. A Board Audit visit was undertaken on 24 September 2008 by the Board Audit team, which involved a one day on-site audit visit to the AUT University School of Podiatry. Key recommendations were made and the Board plans to re-audit clinical placements and health and safety as part of a regular audit programme.

The Board is a member of the Australia New Zealand Podiatry Accreditation Council (ANZPAC), which is an independent body comprising members consisting of New Zealand and the 8 State/ Territory Podiatry Registration Boards in Australia. The Board is working with the Australian States towards establishing a robust accreditation process for all Australian and New Zealand Schools of Podiatry.

It is expected that accreditation of the New Zealand and Australian schools will be administered by ANZPAC in the near future.

## Minimum Competencies for Registration

The Board is also working together with ANZPAC to develop a new joint Australia and New Zealand Podiatry Competency Standards document. This will be modified further to include the New Zealand perspective.

# Professional Standards

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## Recertification

### Podiatrists Board Re-Certification Framework (PBRCF)

The Board's Re-certification Programme is now in its third year after two earlier modifications. Practitioners now have four years in which to complete 200 credits within the four areas of:

- Compulsory continuing medical education activities (CCME)
- Continuing medical education activities (CME)
- Continuing professional development activities (CPD) and
- Continuing quality improvement activities (CQI).

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

### Re-certification Audit

The Board will be conducting the first audit in mid 2009. This will be a five-yearly semi-random (decreasing pool) audit on current practitioners. Podiatrists will be required to provide logbooks with verification of their compliance with the Board's re-certification requirements.

### Return to Practice Policy

The Board has developed a Return to practice policy for podiatrists wishing to return to practice after an absence of a period of 3 years or more. The Board's competence requirements cover four different time periods: those who have not practised for more than 3 but less than 5 years, less than 7.5 years, less than 10 years and more than 10 years.

# Complaints and Discipline

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## **Cultural Competence**

The Board has introduced an Open Book Examination on New Zealand cultural competence and legislative practising competence requirements, which both new overseas trained registration applicants are required to sit as well as recently previously registered overseas trained practitioners, as a condition on their scope of practice for their Annual Practising Certificate.

## **Code of Practice**

The Board requires podiatrists to be responsible for providing a suitable environment for the safe practice of podiatry, to adopt sensible quality control procedures and accepted infection control policies.

The Code was developed to protect the podiatrist and their clients from potential harm, and podiatrists are expected to comply with the Board's recommendations.

Standard (Universal) precautions must be adhered to at all times.

The Code was updated in October 2009 and will undergo a full review when the Board's Registration Minimum Competencies redevelopment, in liaison with Australia, has been completed.

## **Code of Ethics**

One of the functions of the Board is to promote high standards of professional conduct amongst podiatrists. This Code establishes a standard against which podiatrists' professional behaviour may be evaluated. The Code was updated in February 2008 and a further review is planned.

The Podiatrists Board has a duty under the HPCAA to consider information that raises questions about the appropriateness of the conduct or the safety of the practice of podiatrists. All complaints received by the Podiatrists Board alleging that the practice or conduct of a podiatrist has affected a health consumer, are forwarded to the Health and Disability Commissioner (HDC), as required by section 64(1) of the HPCAA. There have been two new complaints referred to the Board this year.

The Board considers complaints and matters of concern brought to the Board's attention, as well as those complaints referred pursuant to section 34(1)(a) of the Health and Disability Commissioner Act 1994 by the Commissioner.

The HDC Code requires that podiatrists deliver health services with reasonable care and skill of an appropriate standard, and in compliance with legal, professional, ethical and other relevant standards. A copy of the Code is available from the office of the Health and Disability Commissioner (ph: 0800 11 22 33).

If the matter is referred back by HDC, the Board determines what, if any, action should be taken. If further action is required, the Competence Review Committee then considers the matter and what competence requirements should be considered.

There has been one Competence Review case this year.

## **Professional Conduct Committee**

The Board discharges its obligations pursuant to sections 65 and 68 of the HPCAA by referring complaints and concerns about issues of conduct and professionalism to the Professional Conduct Committee (PCC)





for investigation. Notices of convictions are referred directly to a PCC for investigation, as per section 68(2) of the HPCAA.

There has been one PCC case this year. Among a number of options the PCC may decide upon, the Act empowers the committee to refer the complaint further to the Health Practitioners Disciplinary Tribunal.

### **Health Practitioners Disciplinary Tribunal**

The Health Practitioners Disciplinary Tribunal (HPDT) is a separate body set up under the HPCAA to hear and determine disciplinary proceedings brought against all registered health practitioners. The Podiatrists Board has not had any cases brought before the Tribunal to date.

Further details of the HPDT are on its website [www.hpdt.org.nz](http://www.hpdt.org.nz).

### **Complaints Against Unregistered Persons Practising Podiatry**

Section 7 of the Health Practitioners Competence Assurance Act 2003 provides that,

*“no person may claim to be practising a profession as a health practitioner of a particular kind or state or do anything that is calculated to suggest that the person practices or is willing to practice a profession as a health practitioner of that kind unless the person – (a) is a health practitioner of that kind; and (b) hold a current practising certificate as a health practitioner of that kind.”*

The Podiatrists Board does not have the authority to look into complaints about unregistered persons practising podiatry. The Ministry of Health investigates these complaints, and has powers under the Act to prosecute.

If a podiatrist or member of the public suspects that a person is practising podiatry illegally, they may submit details to the Podiatrists Board, or directly to the Health and Disability Commissioner including:

- full name of alleged unregistered podiatry practitioner
- location of practice
- telephone number
- nationality of alleged unregistered podiatry practitioner
- source of advertising (and copy if printed)
- any complaints by patients about the unregistered podiatry practitioner, including name, address and telephone number of complaining patient
- any other relevant information.



# Activities and Communications

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## **Extended Prescribing Authority Application to the Ministry of Health**

Progress is being made on this long term project. A revised list of medications has been provided and a Multidisciplinary Podiatric Prescribers' Monitoring Panel established. Members of the Board plan to meet with the Ministry to progress this matter, and it is understood the Ministry will undertake its own consultation process. It is anticipated that the Ministry will have made a decision on this by the end of 2009.

## **Health Regulatory Authorities of New Zealand (HRANZ)**

This organisation came into being in response to section 118(j) HPCAA. It's membership includes representatives from all the Health Registration Authorities and provides an excellent forum for sharing matters of common interest and concern, as well as capacity to make representations. There are usually two strategic meetings per year and operational meetings every two months.

## **Australia and New Zealand Council of Podiatry Registration Boards (ANZCPRB)**

Meetings are a valuable opportunity to keep in touch with the Australian Podiatry Registration Boards with matters of policy development and mutual areas of concern. Key areas of interest are trans Tasman Mutual Recognition (TTMR) matters and the new Coalition of Australian Governments (COAG) which will create one Australian Podiatrists Board to replace the individual State Podiatry Registration Boards.

## **Australia and New Zealand Podiatry Accreditation Council (ANZPAC)**

As mentioned earlier, ANZPAC was constituted to develop a joint accreditation process for Podiatric Education Providers that is consistent for both Australia and New Zealand. This will be based on common minimum competencies for the podiatry profession on both sides of the Tasman.

## **Podiatry New Zealand (PNZ)**

The Board continues to develop and further improve its relationship with New Zealand's podiatric professional body, Podiatry New Zealand. Invitations to address Board meetings from time to time is also encouraged.

## **School of Podiatry, AUT University**

Liaison with the School of Podiatry is also well established, with communications on the podiatric curriculum, and in particular more recently, working towards podiatric prescribing rights (with a joint visit to the Associate Minister of Health planned) and communications involving AUT's role in developing the Board's Open Book Examination for overseas trained registration applicants and marking of exam papers.



# Health Workforce Information

The New Zealand Health Information Service (NZHIS) is a group within the Ministry of Health responsible for the collection and dissemination of health-related information and has been surveying the podiatrist workforce annually since 1995.

The following figures have been provided by the Ministry of Health Summary results from the 2008 Health Workforce Annual Survey.

Two hundred and sixty questionnaires were distributed to podiatrists in 2008; of these, 174 responded to the health workforce survey and advised that they were actively practising. This represents 66.9 percent of the 2008 annual practising certificate holders. Nine responded to the survey but did not report they were actively working (3.5 percent) and 77 did not respond to the survey (29.6 percent).

The 2008 workforce report covers demographics of the podiatry workforce, work type and employment setting, age group, gender, income, hours worked, time since graduation, geographical region of employment, and comments by respondents about practising as a podiatrist.

The following statistics are based on the 174 active podiatrists (95.1 percent) who responded to the health workforce survey.

Table 1 shows that 70.1 percent of respondents were female and the median age of respondents was 43 years.

**Table 1:**  
**Age and sex of active podiatrists, 2008**

Age Group	Male	Female	Total	%
20-	2	9	11	6.3
25-	4	6	10	5.7
30-	8	9	17	9.8
35-	7	18	25	14.4
40-	8	25	33	19.0
45-	6	19	25	14.4
50-	6	16	22	12.6
55-	3	10	13	7.5
60+	4	8	12	6.9
Not Reported	4	2	6	3.4
<b>Total</b>	<b>52</b>	<b>122</b>	<b>174</b>	<b>100.0</b>

Source: Ministry of Health, 2008

Table 2 shows that the majority of the active podiatrists identified themselves as belonging to the New Zealand European ethnic group. This has been a consistent feature of the profession over previous years.

**Table 2:**  
**Ethnicity of active podiatrists, 2008**

Ethnic Description	Total	%
NZ European	121	69.5
Māori	4	2.3
Other European	28	16.1
Chinese	4	2.3
Indian	2	1.1
Other Asian	2	1.1
South East Asian	1	0.6
Other	8	4.6
Not reported	4	2.3
<b>Total</b>	<b>174</b>	<b>100.0</b>

Source: Ministry of Health, 2008

Table 3 illustrates the majority of podiatrists qualified in New Zealand. The next most common qualification country was the United Kingdom.

**Table 3:**  
**Qualification country of active podiatrists, 2008**

Ethnic Description	Total	%
New Zealand	143	82.2
UK	21	12.1
South Africa	3	1.7
Australia	2	1.1
USA	2	1.1
Canada	1	0.6
Not reported	1	0.6
<b>Total</b>	<b>174</b>	<b>100.0</b>

Source: Ministry of Health, 2008

Table 4 shows the District Health Board (DHB) area of employer, by average hours worked. Please note that, because the number of active practitioners in some DHB areas is very low, the average figure must be treated with caution. Also, numbers greater than zero but less than five have been suppressed for privacy reasons.

**Table 4:**  
**District Health Board of employer, by average hours worked, 2008**

District Health Board	Number	Average hrs pw (f/t)
Northland	*	30.0
Waitemata	15	43.3
Auckland	19	44.0
Counties Manukau	5	42.8
Waikato	5	39.0
Lakes	*	34.0
Bay of Plenty	6	41.0
Tairāwhiti	*	30.0
Hawke's Bay	*	43.5
Taranaki	*	38.3
MidCentral	*	37.5
Whanganui	*	40.0
Capital & Coast	14	42.1
Hutt Valley	6	40.8
Wairarapa	*	45.0
Nelson Marlborough	*	50.5
Canterbury	16	44.8
South Canterbury	*	41.5
Otago	*	41.3
Southland	*	38.3
DHB Not Reported	*	48.0
<b>Total full time</b>	<b>115</b>	<b>42.4</b>
Part time	50	19.2
Hours not reported	9	–
<b>Total</b>	<b>174</b>	–

Source: Ministry of Health, 2008

Note: Numbers greater than zero but less than five have been suppressed for privacy reasons.

**Table 6:**  
**Work type by main employment setting for active podiatrists, 2008**

Employment description	Diabetes podiatry	General podiatry	Management	Sports medicine	Study/research	Teaching	Technical Representative	Other	Not reported	Total
Private practice (self employed)	50	110	40	62	20	4	1	26	1	314
Private practice (employed)	20	29	6	23	8	3	1	9	1	100
Hospital and health service/DHB	11	4	5	0	2	3	0	1	0	26
University/Polytechnic	1	2	2	3	1	3	0	0	0	12
Private practice or rest home	0	2	0	0	0	0	0	0	0	2
Other	0	0	0	0	0	0	0	1	0	1
Not reported	1	3	1	1	1	0	0	1	3	11
<b>Total</b>	<b>83</b>	<b>150</b>	<b>54</b>	<b>89</b>	<b>32</b>	<b>13</b>	<b>2</b>	<b>38</b>	<b>5</b>	<b>466</b>

Source: Ministry of Health, 2008

Of those DHB areas with more than 5 respondents, the highest average hours worked per week was in Canterbury (44.8 hours) and the lowest in Hutt Valley (40.8 hours).

Table 5 illustrates that the majority of active podiatrists are employed in private practice (self employed).

**Table 5:**  
**Main employment setting of active podiatrists, by sex, 2008**

Employer Description	Male	Female	Total
Private practice (self employed)	34	82	116
Private practice (employed)	8	25	33
Hospital and health service/DHB	4	7	11
University/Polytechnic	4	1	5
Private practice or rest home	0	2	2
Other	1	0	1
Not reported	1	5	6
<b>Total</b>	<b>52</b>	<b>122</b>	<b>174</b>

Source: Ministry of Health, 2008

Table 6 shows the main employment setting by work type of the active respondents to the 2008 workforce survey.

Each podiatrist can specify more than one work type. This table shows that the 174 active podiatrists reported 466 work types. This is 2.7 work types per active podiatrist. The most common combination of work type and employment setting for podiatrists was general podiatry in self-employed private practice.

*The Board strongly urges all practising podiatrists to complete the survey when they receive it each year with their APC invoice, as the figures obtained greatly assist the Board to represent the profession in any dealings with the Ministry of Health and other professional organisations.*



# 2008/09 Financial Statements

PKF Martin Jarvie  
Chartered Accountants

**PKF**

Accountants &  
Business Advisers

## **AUDIT REPORT TO THE READERS OF THE PODIATRISTS BOARD'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2009**

The Auditor-General is the auditor of the Podiatrists Board of New Zealand (Board). The Auditor-General has appointed me, Robert Elms, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Board, for the year ended 31 March 2009.

### **Unqualified Opinion**

In our opinion, the financial statements of the Board on pages 18 to 22:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
  - the Board's financial position as at 31 March 2009; and
  - the results of its operations for the year ended on that date.

The audit was completed on 4 November 2009 and 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 Members of the Board and the Auditor, and explain our independence.

### **Basis of Opinion**

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

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

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Board
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

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PKF Martin Jarvie is an independent member of PKF International



Accountants &  
Business Advisers

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

### **Responsibilities of the Members of the Board and the Auditor**

The Members of the Board are responsible for preparing the financial statements in accordance with generally accepted accounting practice in New Zealand. The financial statements must fairly reflect the financial position of the Board as at 31 March 2009 and the results of its operations for the year ended on that date. The Members of the Board's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

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

### **Independence**

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

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

**Robert Elms**

**PKF Martin Jarvie**

On behalf of the Auditor-General

Wellington, New Zealand

### **Matters relating to the electronic presentation of the audited financial report**

This audit report relates to the financial report of the Podiatrists Board of New Zealand (Board) for the year ended 31 March 2009 included on the Board's website. The Board is responsible for the maintenance and integrity of the website. We have not been engaged to report on the integrity of the Board's website. We accept no responsibility for any changes that may have occurred to the financial report since it was initially presented on the website.

The audit report refers only to the financial report named above. It does not provide an opinion on any other information which may have been hyperlinked to/from this financial report. If readers of this report are concerned with the inherent risks arising from the electronic data communication they should refer to the published hard copy of the audited financial report and related audit report dated 4 November 2009 to confirm the information included in the audited financial report presented on this website.

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



Podiatrists Board  
Statement of Financial Performance  
for the year ended 31 March 2009

Note	2009 \$	2008 \$
<b>Operating Revenue</b>		
Examination Fees	4,160	0
Interest Income	12,838	12,379
Other Income	5,260	5,708
Practising Certificates	203,738	164,444
Recoveries	6,159	0
Registration	11,600	10,194
<b>Total Operating Revenue</b>	<b>243,755</b>	<b>192,725</b>
<b>Total Revenue</b>	<b>243,755</b>	<b>192,725</b>
<b>Expense</b>		
Advertising	402	468
Annual Report/Newsletter	1,887	3,042
ANZCPRB/ANZPAC Meetings	6,600	0
Archive Storage	411	0
Assessors Fees	0	400
Audit Fees	3,718	2,454
Authority Member Fees	26,225	39,800
Bank Fees & Charges	4,395	1,744
Board Member Fees & Expenses	3,800	0
Catering	535	773
Committee Expenses	0	0
Committee Meetings	1,081	0
Computer-related Expenses	4,214	0
Conferences & Seminars	600	444
Consultancy Fees	0	2,020
Contract Fees	7,062	2,488
Depreciation	2,400	0
General Expenses	623	204
Hire of Plant & Equipment	679	620
HPDT Costs	0	897
Legal Fees	6,588	2,614
Low Value Equipment Expensed	2,803	0
Postage	1,745	2,184
Printing	5,638	0
Professional Fees	11,104	10,834
Publications	67	108
Salaries & Wages	74,422	0
Secretariat Operating Costs	22,314	0
Service Charges	35,824	95,715
Telephone	1,285	1,992
Training	0	356
Travelling & Accommodation	14,127	16,065
Website Expenses	103	0
<b>Total Expense</b>	<b>240,652</b>	<b>195,266</b>
<b>Net Income</b>	<b>3,102</b>	<b>(2,541)</b>

These statements are to be read in conjunction with the notes to the Financial Statements

Podiatrists Board  
Statement of Movements in Equity  
for the year ended 31 March 2009

	2009 \$	2008 \$
<b>Equity at the beginning of the year</b>	79,152	81,693
Net Surplus/(Deficit) for the year	3,102	(2,541)
<b>Equity at the end of the year</b>	82,254	79,152



Podiatrists Board  
Statement of Financial Position  
As at 31 March 2009

Notes	2009 \$	2008 \$
<b>ASSETS</b>		
<b>Current Assets</b>		
Westpac Cheque Account	57,628	36,805
Westpac Term Deposits	242,704	172,825
Accrued Income	686	1,724
Loans to HRAS	5,000	0
<b>Total Current Assets</b>	<b>306,018</b>	<b>211,354</b>
<b>Non Current Assets</b>		
Investment in Health Regulatory Authorities Secretariat Limited 3	20	0
Fixed Assets 5	4,324	0
<b>TOTAL ASSETS</b>	<b>310,362</b>	<b>211,354</b>
<b>LIABILITIES &amp; EQUITY</b>		
<b>Current Liabilities</b>		
Accounts Payable	35,043	17,948
Credit Cards	12	0
GST Payable	18,631	8,298
Income in Advance	169,956	105,956
KiwiSaver Deductions Payable	216	0
PAYE Payable	1,445	0
Withholding Tax Payable	2,805	0
<b>Total Current Liabilities</b>	<b>228,108</b>	<b>132,202</b>
<b>Equity</b>		
Retained Earnings	79,152	81,693
Net Income	3,102	(2,541)
<b>Total Equity</b>	<b>82,254</b>	<b>79,152</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>310,362</b>	<b>211,354</b>

Chairperson:



Date: 04/11/2009

Registrar:



Date: 04/11/2009

# Podiatrists Board

## Notes to and forming part of the Financial Statements

### **1. STATEMENT OF ACCOUNTING POLICIES**

#### **REPORTING ENTITY**

The Podiatrists Board of New Zealand is constituted under the Health Practitioners Competence Assurance Act 2003. These financial statements have been prepared in accordance with the Financial Reporting Act 1993.

The Board qualifies for differential reporting as it is not publicly accountable and is not large. The Board has taken advantage of all applicable differential reporting exemptions.

#### **GENERAL ACCOUNTING POLICIES**

These financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand and on the basis of historical cost. Reliance is placed on the fact that the business is a going concern.

#### **SPECIFIC ACCOUNTING POLICIES**

##### **(a) Annual Practising Certificate Income**

Annual Practising Certificate Income is recorded only upon receipt. No Accounts Receivable are recognised and receipts for Annual Practising Certificates issued for future years are shown as Income Received in Advance.

##### **(b) Goods and Services Tax**

The Financial Statements have been prepared on a tax exclusive basis with the exception of Accounts Receivable and Accounts Payable which include GST.

##### **(c) Investments**

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

##### **(d) Income Tax**

The Board is registered as a charitable entity under the Charities Act 2005. It is exempt from Income Tax.

##### **(e) Property Plant and Equipment**

Property Plant and Equipment are shown at original cost less accumulated depreciation. Depreciation has been calculated over the expected useful life of the Assets at the following rates.

Office Equipment 20% – 100% Straight Line

##### **(f) Changes in Accounting Policies**

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



# Podiatrists Board

## Notes to and forming part of the Financial Statements

### 2. CONTINGENT LIABILITIES AND COMMITMENTS

There are no contingent liabilities at the end of the year. (2008: Nil).

There are no capital or other commitments at the year end (2008: Nil).

### 3. INVESTMENT

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

### 4. RELATED PARTY TRANSACTIONS

HRAS provides administrative services to the Board on a non-profit cost recovery basis. The cost of those services for the period was \$22,314.

The five shareholding boards in HRAS have each advanced \$5,000 to that company to provide it with working capital.

### 5. PROPERTY PLANT AND EQUIPMENT

Fixed Assets 2009	Original Cost	Accum. Depn	Closing Book Value
Office Equipment	6,724	2,400	4,324

### 6. FINANCIAL MANAGEMENT AGREEMENT

Health Regulatory Authorities Secretariat Limited (HRAS) has been established to provide business management support to the New Zealand Chiropractic Board, the Dietitians Board, the Podiatrists Board of New Zealand, the Optometrists & Dispensing Opticians Board and the Osteopathic Council of New Zealand (collectively 'the entities'). HRAS provides financial management support to each of the entities according to a number of conditions:

1. Each of the entities holds an undivided share in HRAS; that company was formed to provide management support to those entities.
2. Each of the entities contributed an equal sum to the working capital of HRAS. This amount has been set initially at \$5,000 each.
3. HRAS is not to make a profit from its business partnership with the entities.
4. Each board will be invoiced monthly for an equal amount equivalent to the expenses incurred by HRAS in managing its own business.
5. Each board will also be invoiced monthly for those direct costs and expenses that HRAS has incurred on its behalf.
6. At the end of each month and the financial year, HRAS will show a nil financial balance on all its operations.

At 31st March 2009 the HRAS Statement of Financial Position showed net assets of \$100.

# Fees

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## Fees

The schedule of fees at the end of the 2008/2009 year was as follows:

	\$
<b>Application for Registration</b>	
• NZ trained applicants	370
• Overseas trained applicants	800
• TTMR applicants	800
• Each further Scope of Practice	230
<b>Annual Practising Certificate</b>	800
• (if held an APC the previous year and apply to renew after 31 March)	900
• if not previously registered and 1st time APC applicant	200
Restore Name to Register	70
Certificate of Registration	36
Inspection of Register	30
Supplying any documents for the purpose of registration outside NZ	47
Open Book Exam (for overseas trained podiatrists)	1,170
• Resit fee	385



# Contacting the Board

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**All contact with the Board should be through the Registrar.**

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