

Annual Report

1 April 2010 – 31 March 2011



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 2011.

Yours sincerely



Terry Bradshaw
Chairperson

November 2011

Contents

1. Governance	3
Foreword from the Chair	3
Board Function and Member Details.....	6
Board Membership.....	7
Key Issues	8
2. Secretariat	9
Registrar Report	9
3. Registration	9
Scopes of Practice	10
Accreditation	10
Registration	11
Practising Certificates	11
4. Competence, Fitness to Practise, and Quality Assurance	12
Performance.....	12
Recertification/Continuing Competence.	12
Health/Fitness to Practice	12
Quality Assurance Activities	12
5. Complaints and Discipline	13
Complaints	13
PCC.....	13
HPDT	13
6. Appeals and Judicial Reviews	13
7. Linking with Stakeholders	13
8. HRANZ Collaborations	14
9. Finance	15
Audited Accounts	15
10. Contacting the Board	24

1. Governance

Foreword from the Chair

The 2010/11 financial year was once again an eventful one for the Podiatrists' Board, and one of the highlights was to welcome two new lay members. Both Margaret Moir and Dr Barry Smith have made significant contributions to the work of the board and their experience and wisdom has proved to be invaluable. The year also saw the departure of a longstanding member of the board, Michele Garrett. During her ten and a half years with the board, Michele served as chair for two years and the energy, enthusiasm and selfless commitment that she consistently gave was exceptional. We wish her well as she moves into new professional challenges and opportunities, and know that she will continue to make a very significant contribution to the profession.

The board wishes to specifically acknowledge and commend the courage and tenacity of podiatrists based in and around Christchurch following the devastating 2010 and 2011 earthquakes. Their commitment to maintaining continuity of patient care whilst facing extraordinarily difficult circumstances has been exemplary. For its part, the board adopted as flexible an approach as possible to its requirements for APC renewal and re-certification. For Christchurch based podiatrists, additional time was allocated for these activities, particularly where documents and records had become unobtainable or had been completely destroyed. The board hopes that the affected practitioners (from all professions) will continue to be able to overcome the challenges facing them, and wishes them well for the future.

There were 336 APC holders in 2010/11, who continue to make a major contribution to the foot health of the nation in their general and specialist scopes of practice.

2010/11 saw the completion of the second Podiatrists' Board Recertification Framework (PBRCF) audit of 20% of the profession. Only a few practitioners were required to provide further evidence and, where necessary, practitioners were given guidance on how to address any minor shortfalls in their portfolios of evidence (log books) in the future. Further streamlining changes to the PBRCF and its required documentation were made in an attempt to make the framework clearer to understand, easier to use and reduce podiatrists' associated compliance costs, but without compromising public safety. It is also now simpler and less time consuming for event organisers and presenters to offer board endorsed courses and activities, primarily due to the introduction of a board 'Endorsed Providers' list. The changes were scheduled for introduction in April 2011, and initial consultation with the profession and Podiatry New Zealand (PNZ) indicated that the changes are likely to be well received.



The issue of podiatric prescribing continued to provide a major focus of activity for the board. The board met with Professor Des Gorman and Brenda Wraight of Health Work Force New Zealand. A further Ministry of Health sponsored consultation with key stakeholders revealed majority support in the health sector for podiatric prescribing, although some concerns were also raised. This feedback was carefully considered, leading to a review of the proposed podiatric medications prescribing list. Further liaison with Health Workforce New Zealand and the Ministry of Health was planned to address prescribing concerns, with specific consideration of how podiatric prescribing might harmonise with the 2011/12 review of the Medicines Act and better meet the foot health needs of all New Zealanders.

All educational institutions offering undergraduate podiatric training leading to registration in New Zealand and Australia are audited against accreditation standards. The institutions achieve Australia and New Zealand Podiatry Accreditation Council (ANZPAC) recognition only if the standards are adequately met. The Podiatrists' Board subsequently considers recognition of such courses, for the purpose of registration. The Auckland University of Technology Department of Podiatry continues to prepare for ANZPAC accreditation and is due to be audited in 2012. The Podiatrists' Board welcomed closer liaison with the AUT department of podiatry and in addition to having a board representative on its Advisory Committee (who is also currently chair of the committee), informal collegial visits also took place, and there are plans to develop terms of reference for the informal visits to provide clarity of focus and purpose.

The board also welcomed closer liaison with Podiatry New Zealand, the profession's largest representative organisation. Its Executive Officer was invited to attend annually for part of a board meeting, and further plans are being considered to regularly exchange non-confidential information where appropriate. Included in this process will be the identification of areas where common goals might be pursued, where there is no significant conflict of interest between the organisations. Whilst the two organisations have different core functions, there may be topics of shared interest and concern that can be appropriately and effectively addressed on a collegial basis, without compromising the differing strategic and governance responsibilities that the two bodies hold in some areas.

The revision of the board's ethical guidance document – 'Ethical Principles and Standards of Conduct' – was completed. It will be used to inform board decisions about the ethical matters that come before it, and is now available on the board website and on request from the board registrar.

The Podiatrists' Board continued to receive, along with four other Regulatory Authorities, its financial and secretariat support services from the Health Regulatory Authorities Secretariat (HRAS). The HRAS Board engaged a project manager to address service delivery issues and complete a review of the services being offered to the five boards.

The results were released late in 2010. Following a secretariat scoping exercise and subsequent detailed discussions, the board decided to terminate its arrangements with HRAS and receive its secretariat and financial services from the Occupational Therapy Board Secretariat (OTBS), with effect from April 2011. It is anticipated that there will be significant cost savings and efficiencies in service delivery, and improved quality and effectiveness. The decision to depart from HRAS was an amicable one, and the new arrangements with the OTBS will be continuously monitored and are to be reviewed at the end of the initial one-year service level agreement. The board has confidence in the ability of the OTBS to deliver the required services, particularly as it already has an excellent track record of efficient and timely secretariat service delivery.

The board was in its second year of a portfolio-based approach to doing business. Individual board members demonstrated great skill and initiative in their lead responsibilities for the governance issues in their portfolios. An activity overview was provided for board members at each full board meeting, and the board chair and deputy continued to monitor ongoing projects and progress across all portfolios.

Finally, I wish to acknowledge the selfless hard work and unstinting commitment of all board members, whose work demands considerable time and energy. Once again, special thanks are due to Annabel Whinam, our Board Registrar. She has worked very conscientiously to ensure that the operational and executive aspects of the board's responsibilities have run smoothly, particularly in the planning of a seamless transition from the HRAS to the OTBS. She has given outstanding support to the board in the discharge of its public safety and governance remit under the Health Practitioners Competence Assurance Act 2003.

The year ahead is set to be yet another interesting, varied and productive one. I consider it a privilege to be a part of such a committed and talented board team.



Terry Bradshaw

Chair

Podiatrists Board of New Zealand

Board Function and Member Details

Role of Board

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

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

These are:

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

Strategic Plan

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

Board Membership

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

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

Board Committees

Board members have their own Portfolios

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

Board Meetings

The Board held three meetings during the 2010-2011 reporting year

- 23 July 2010
- 19 November 2010
- 4 February 2011

Board Member Fees

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

Chair: \$650 per day/ \$100 per hour (plus honorarium)

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

Key Issues

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

Registration Competencies:

It has worked closely with its Australian counterpart on a mutually acceptable registration competencies document and has now replaced its Minimum Competencies for Registration document with the Australia and New Zealand Podiatry Competency Standards, modified for the NZ practice environment.

Continuing Competence:

The Podiatrists Board Recertification Framework (PBRCF) requirements have been further streamlined for practitioners and systems refined for further time efficiencies.

Podiatric Surgery:

Work is ongoing with this scope of practice to define safe standards of competence in this area.

Podiatric Prescribing:

The Board is still awaiting the outcome of its application and looks forward to the new Medicines Act which it understands will pave the way for podiatric prescribing in the future.

Code of Practice:

The Board is working on reviewing this document and intends to include links to the on-line version to other sites including the Podiatry Board of Australia documentation.

Code of Ethics:

This has been revised and streamlined and is now called the Ethical Principles and Standards of Conduct.

Cultural Competence:

All overseas trained registration applicants and return to practice APC applicants (who have not practised in NZ for more than 5 years) are required to sit an open book cultural competence exam. The Board looks forward to utilising the new Mauri Ora on-line cultural competence programme to replace the current exam.

2. Secretariat

The Board has had a shared secretariat arrangement with four other Health Authorities. The Health Regulatory Authorities Secretariat (HRAS) was incorporated in 2008 when the Board moved from the Registration Boards Secretariat (RBS). The Board now shares office facilities and some support staff with the Chiropractic Board, Dietitians Board, Osteopathic Council and Optometrists and Dispensing Opticians Board.

However, in the interests of improved economy and administrative efficiencies the Board has decided to leave this arrangement and enter into an Agreement for Service with the Occupational Therapy Board.

The Board office and Registrar will re-locate to the Occupational Therapy Board offices and in future utilise their secretariat services. The Board will then be one of three smaller Boards using the Occupational Therapy Board secretariat facilities, along with the Osteopathic Council and the Psychotherapists Board.

Registrar Report

The year has been another busy one, with a multitude of tasks and challenges for a small Board of seven with no co-opted committee members and a staff of one. Significant policy and project work has been completed over and above the day to day operations.

The Board has successfully continued to engage well with its two major stakeholders, the professional association Podiatry New Zealand, and the Podiatry Department at AUT Faculty of Health and Environmental Sciences, with regular visits at Board meetings.

The Board continues to successfully fulfil its many obligations under the HPCA Act and is pleased with the low level of complaints indicating that practitioners are providing a safe and competent podiatric health service to members of the public.

3. 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 currently has five gazetted scopes of practice:

PODIATRIST

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

PODIATRIC SURGEON

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

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

PODIATRIC RADIOGRAPHIC IMAGER

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

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).

PODIATRIST EDUCATOR

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 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.

Accreditation

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

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

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

Registration

Table 1: Applications for registration

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions	Not Registered
Total	15	44 (37 NZ qual 5 O/seas qual 2 TTMRA)	44	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			

Practising Certificates

Table 2: Applications for an annual practising certificate

	HPCAA Section	Number	Outcomes			
			APC	APC with conditions	Interim	No APC
Total		336	336	0	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	1				1
Recency of practice	27 (1) d	0				
Mental or physical condition	27 (1) e	0				
Not lawfully practising within 3 years	27 (1) f	0				
False or misleading application	27 (3)	0				

4. Competence, Fitness to Practice, and Quality Assurance

Performance

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

Recertification/Continuing Competence

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

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

Board endorsement is a requisite for CCME courses and activities.

PBRCF Audit

A five-yearly semi-random (decreasing pool) audit on twenty percent of current practitioners is undertaken annually. They are required to provide logbooks with verification of their compliance with the Board's re-certification requirements and the Board has now successfully completed its 2nd PBRCF audit with nearly full compliance and generally a very good standard of engagement.

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

Health/Fitness to Practice

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

Quality Assurance Activities

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

5. Complaints and Discipline

Complaints

Table 7: Complaints from various sources and outcomes

Source	Number	Outcome		
		No further action	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	1	1	0	1
Health and Disability Commissioner	0			Not Applicable
Health Practitioner (Under RA)	0			
Other Health Practitioner	0			
Courts notice of conviction	0			
Employer	0			
Other	0			

PCC

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

HPDT

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

6. Appeals and Judicial Reviews

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

7. Linking with Stakeholders

The Board has the responsibility to:

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

PBA

The Board has previously met with the Australia and New Zealand Council of Podiatry Registration Boards (ANZCPRB) and is currently liaising with the Podiatry Board of Australia (PBA) to continue and further its relationship, looking at matters of policy and areas of mutual concern. A Memorandum of Understanding is currently being developed.

ANZPAC

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

PNZ

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

Podiatry Department, AUT University

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

New Zealand College of Podiatric Surgery (NZCPS)

Further communication and liaison is planned for 2011 to work towards common goals, and the further development of safe competence standards for podiatrists in this scope of practice.

HWFNZ

The Board has met with HWFNZ and the Ministry of Health on a number of occasions generally regarding podiatric prescribing.

8. HRANZ Collaborations

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

A joint approach for a shared annual report template, standardising financial reporting, cost containment and policy sharing through an HRANZ intranet currently under development has and will benefit all RAs.

9. Finance

Audited Accounts



INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF PODIATRISTS BOARD OF NEW ZEALAND'S FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2011

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

We have audited the financial statements of the Board on pages 18 to 23, that comprise the statement of financial position as at 31 March 2011, the statement of financial performance and statement of movements in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

Opinion

In our opinion the financial statements of the Board on pages 18 to 23:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's:
 - financial position as at 31 March 2011; and
 - financial performance for the year ended on that date.

Our audit was completed on 31 August 2011. This is the date at which our opinion is expressed.

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

Basis of Opinion

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

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

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Board's preparation of financial statements that fairly reflect the matters to which they relate. We consider internal control in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;



Accountants &
Business Advisers

- the reasonableness of the significant accounting estimates and judgements made by the Board;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

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

Responsibilities of the Board

The Board is responsible for preparing financial statements that:

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

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

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

Responsibilities of the Auditor

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

Independence

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

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

Paolo Ryan
PKF Martin Jarvie
On behalf of the Auditor-General
Wellington, New Zealand

Matters relating to the electronic presentation of the audited financial statements

This audit report relates to the financial statements of the Podiatrists Board of New Zealand (the Board) for the year ended 31 March 2011 included on the Board's website. The Board is responsible for the maintenance and integrity of the Board's website. We have not been engaged to report on the integrity of the Board's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements as well as the related audit report dated 31 August 2011 to confirm the information included in the audited financial statements presented on this website.

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

Statement of Financial Performance

For the Year Ended 31 March 2011

	2011 \$	2010 \$
REVENUE		
Examination Fees	0	6,240
Interest Income	11,941	8,711
Other Income	1,415	2,015
Practising Certificates	231,580	222,223
Recoveries	0	1,176
Registration	16,062	10,684
Total Income	260,998	251,049
Less Expenses		
Accident Compensation Levy	389	488
Audit Fees	4,000	3,915
Advertising	711	0
Annual Report Newsletter	1,880	2,205
NAZCPRB/ANZPAC Levies	9,518	8,236
Archive Storage	585	649
Authority Member Fees	20,815	20,325
Bank Charges	4,064	3,647
Board Member Fees & Expenses	15,896	5,309
Catering	776	1,986
Cleaning	1,266	870
Committee Meetings	7,530	6,855
Computer Software & Support	1,737	2,595
Conferences & Seminars	0	295
General Expenses	408	406
Hire of Plant & Equipment	2,502	2,502
Insurance	293	541
Legal Expenses	4,419	2,976
Office Equipment Expensed	23	67
Postage	1,152	1,893
Printing & Stationery	2,795	2,914
Professional Fees	(170)	5,332
Projects	815	0
Publications	29	81
Rent	15,286	18,891
Repairs & Maintenance	145	239
Salaries & Wages	77,843	67,593
Secretariat Operating Costs	43,428	27,331
Service Charges	0	303
Staff Training	750	100
Subscriptions	67	80
Telephone & Teleconferencing	2,244	2,605
Travel & Accommodation	13,539	10,464
Utilities	424	476
Website Expenses	462	627
Total Expenses	235,620	202,796
Net Surplus/(Deficit) Before Depreciation	25,378	48,253
Depreciation	797	3,041
NET SURPLUS/(DEFICIT)	\$24,581	\$45,212

To be read in conjunction with the notes to the Financial Statements.

Statement of Movements in Equity

For the Year Ended 31 March 2011

	2011 \$	2010 \$
EQUITY AT START OF PERIOD	127,466	82,254
Net Surplus/(Deficit) for the year	24,581	45,212
Total recognised revenues & expenses	24,581	45,212
EQUITY AT END OF PERIOD	\$152,047	\$127,466

Statement of Financial Position

As at 31 March 2011

	Note	2011 \$	2010 \$
CURRENT ASSETS			
Westpac Cheque Account		63,055	22,580
Westpac Term Deposits		286,372	311,927
Accrued Income and prepayments		1,449	598
Loan to Health Regulatory Authorities Secretariat Ltd	4	5,000	5,000
Investment in Health Regulatory Authorities Secretariat Ltd	3	20	20
Total Current Assets		355,896	340,125
NON-CURRENT ASSETS			
Fixed Assets	5	1,268	2,065
Total Non-Current Assets		1,268	2,065
TOTAL ASSETS		357,164	342,190
CURRENT LIABILITIES			
GST Due for payment	1(d)	21,025	18,016
Accounts Payable		17,576	28,121
Credit Cards		0	1,611
Income in Advance		163,399	162,844
KiwiSaver Deductions Payable		499	323
PAYE Payable		1,859	1,334
WHT Payable		759	2,475
Total Current Liabilities		205,117	214,724
NET ASSETS		\$152,047	\$127,466
EQUITY			
Retained Earnings		152,047	127,466
TOTAL EQUITY		\$152,047	\$127,466

Chairperson:



Date: 31 August 2011

Registrar:



Date: 31 August 2011

Notes to the Financial Statements

For the Year Ended 31 March 2011

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 differential reporting exemptions.

GENERAL ACCOUNTING POLICIES

These financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand on the basis of historical cost. Reliance is placed on the fact that the entity 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) Changes in Accounting Policies

There have been no changes in accounting policies. All policies have been applied on bases consistent with those used in previous years.

(c) Fixed Assets & Depreciation

Fixed Assets 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% – 50% Straight Line

(d) Goods & Services Tax

The Statement of Financial Performance has been prepared so that all components are stated exclusive of GST. All items in the Statement of Financial Position are stated net of GST, with the exception of accounts receivable and payables.

(e) Income Tax

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

(f) Investments

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

Notes to the Financial Statements

For the Year Ended 31 March 2011

2. CONTINGENT LIABILITIES AND COMMITMENTS

At balance date there are no known contingent liabilities.

There are no capital or other commitments at balance date (2010 \$0).

The Board has a commitment to the Occupational Therapy Board of New Zealand for the provision of services at a minimum annual cost of \$19,197 (see Note 9).

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 PARTIES

HRAS provides administrative services to the Board on a non-profit cost recovery basis. The cost of those services for the year was \$43,428 (2010 \$27,331).

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

5. FIXED ASSETS

	2011 \$	2010 \$
OFFICE EQUIPMENT		
At cost	7,506	7,506
Less Accumulated Depreciation	6,238	5,441
Total	1,268	2,065

6. CREDIT FACILITY

The Board has a Business Mastercard facility of \$3,000.

Notes to the Financial Statements

For the Year Ended 31 March 2011

7. FINANCIAL MANAGEMENT AGREEMENT

Health Regulatory Authorities Secretariat Limited (HRAS) has been established to provide business management support to the Podiatrists Board of New Zealand, New Zealand Chiropractic Board, the Dietitians Board, the Optometrists and 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 be invoiced monthly for those direct costs and expenses that HRAS has incurred on its behalf
- 6 At the end of each month and financial year HRAS will show a nil financial balance on all its operations.

At 31st March 2011 the HRAS Statement of Financial Position showed net assets of \$100.

8. RECLASSIFICATION OF EXPENDITURE

Certain items have been reclassified so as to provide more useful information about the performance of the Board. It has not been practicable to restate all relevant comparative balances.

9. CHANGE IN RELATIONSHIP WITH HRAS

With effect from 1st April 2011 the Board has terminated the Financial Management Agreement with HRAS and entered into a new arrangement with the Occupational Therapy Board of New Zealand for the provision of support services. As part of the termination the Board shareholding in HRAS will be transferred to the other shareholders. Certain services will be provided by HRAS for a limited time as part of the transitional arrangements. These will be completed by mid July 2011.

10. Contacting the Board

All contact with the Board should be through the Registrar.

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

Physical Address: Level 8
Berl House
108 The Terrace
Wellington
New Zealand 6143

Email: registrar@podiatristsboard.org.nz

Website: www.podiatristsboard.org.nz

Administrative staff: Annabel Whinam, Registrar

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

Fax: (04) 918 4746
+64 4 918 4746