

Contents

Our logo	2	04 Registration and Practising Certificates	27
Us at a glance	3	Registration	28
Physiotherapy Standards	4		
01 Governance	5	05 Competence, Fitness to Practise and Recertification	33
From the Chairperson and Chief Executive	6	Conduct and Complaints and Notifications	37
The Physiotherapy Board	8	Accreditation	42
Our Vision	8	06 Workforce Survey Analysis	43
Our Purpose	8	Employment information	44
Our Values	8	Age and Gender	46
Our Roles and Functions	9		
Our core regulatory and enabling functions	10	07 Financial Statements	51
		Statement of Financial Performance	52
02 Corporate Governance	11	Statement of Changes in Equity	53
Board Members	12	Statement of Financial Position	54
Board Committees	13	Statement of Cash Flow	55
Secretariat	14	Statement of Accounting Policies	56
		Notes to the Financial Statements	59
03 Strategic Goals and Key Projects 2017/2018	15	Audit Report	65
1. Risk-Based Protection	17		
2. Health equality and equity for Māori	19		
3. Stakeholder engagement	21		
4. Education and lifelong learning	23		
5. Innovation and Technology	25		
6. Additional Objectives	26		

Our logo

Our logo is a symbol of who we are, and what we aspire to be. It is a way of showing others, and reminding ourselves, of what we stand for.

The koru is a symbol for beginnings and the undeveloped potential for the future. It arises from solid foundations – our undergraduate tertiary programmes, and ongoing professional development – then reaches upwards – striving forwards with continual growth, development and opportunities. It shows where we have come from – Māori and Taiwi culture.

The fern is an iconic symbol of New Zealand, recognised around the world. It provides the bedding which supports and nurtures the vision and values of the Board.



Us at a glance

6,887
Total registrants

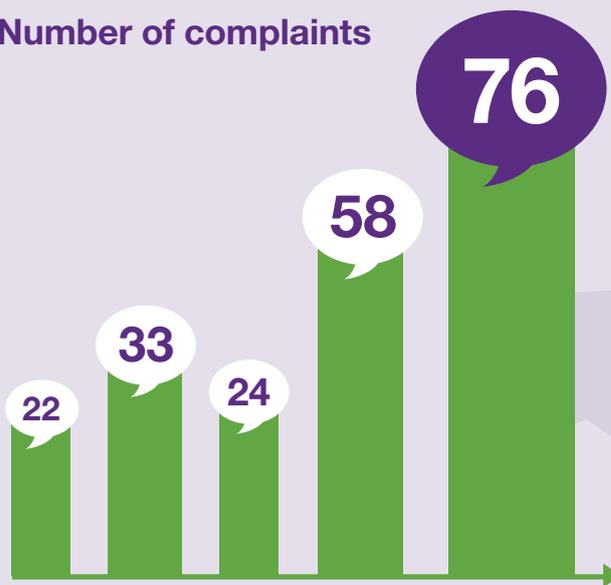


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There are now 8 practitioners who are registered with the Scope: Physiotherapy Specialist.

FIVE YEAR TIMELINE: 2013-2018

Number of complaints



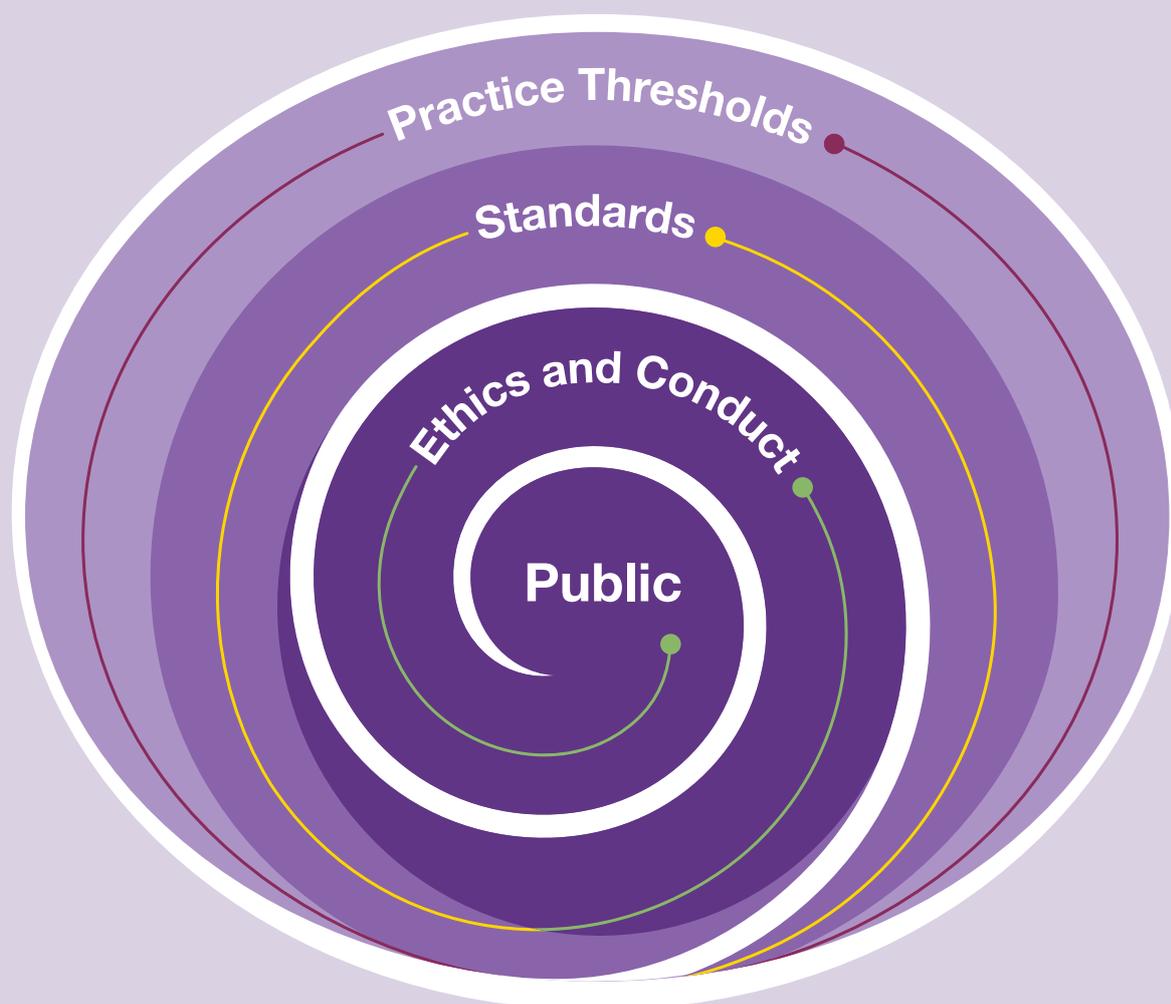
Average growth in APC holders (%)



Number of overseas registration applications



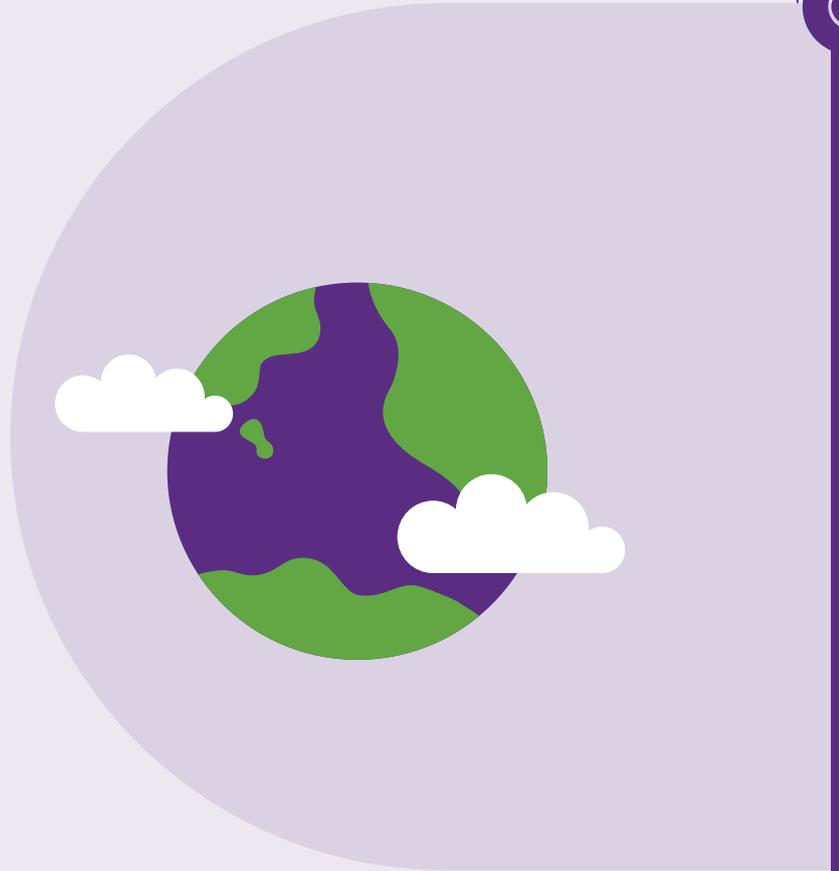
Physiotherapy Standards



01

Governance

The Physiotherapy Board (the Board) is the responsible authority for physiotherapists, established under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). The Board protects the health and safety of the public by providing mechanisms to ensure physiotherapists are competent and fit to practise.



From the Chairperson and Chief Executive

We are pleased to present the Physiotherapy Board's Annual Report for 2017/2018 to the Minister of Health.

Through the period of April 2017 to March 2018 much of our attention and resources have focussed on the development of Professional and Practice Standards. In conjunction with the development of these Standards, we have worked alongside Physiotherapy New Zealand (PNZ – the professional association) to review and amend the Code of Ethics and Professional Conduct. Together with the Physiotherapy Thresholds, these documents form the Physiotherapy Standards Framework – a document that provides an expectation and direction for the profession that has not formerly existed.

In developing and consulting on this framework, which we are immensely proud of, we have gained significant additional value in the form of unexpectedly enthusiastic engagement with the profession and wider sector. The launch in Wellington of the draft Standards and the subsequent consultation roadshows resulted in over 1,000 submissions; this is an unprecedented level of engagement for the Board. Feedback was positive with a request for ongoing education from the Board.

This significant body of work is one of the Board's proactive responses to the growing trend in complaints and notifications and subsequent investigations and referrals to the Health Practitioners Disciplinary Tribunal.

Following the adoption (with minor amendments to reflect the New Zealand Aotearoa setting) of the Australian Accreditation Standards, we have established a contract with the Australian Physiotherapy Council to undertake accreditation and reaccreditation of our training institutions. The Board has been notified of a new training programme seeking accreditation. This is a first for New Zealand in over 40 years. The audit programme for the established institutions and programmes is well underway with onsite visits planned in mid-2018. The new programme is working through the requirements with a Board decision anticipated late 2018.

The Board and Secretariat have and continue to be impacted by the 2016 Kaikoura earthquake with Board offices not able to be occupied. While our operations suffered only minimal and short-term disruption, this has had a negative financial impact resulting in decisions to hold off on some planned investments and work programmes.



The Board continue to maintain and develop our key international relationships. During the last twelve months the Chairperson and Chief Executive have represented the Board and presented papers at the International Network of Physiotherapy Regulatory Authorities, the World Health Professions Regulation Conference in Geneva, and the World Congress Physical Therapy conferences in South Africa and Thailand.

With growth in the levels of complaints and notifications and other regulatory functions a capacity review was undertaken. The outcome of this showed staff were working at or over capacity. Given our aim is to ensure we provide a timely service, changes to the scope of roles and total staff numbers were implemented.

A large part of our success in engaging our stakeholders has been due to the commitment of our Board members', whose first-hand

knowledge of the profession and the people who work within it offers immense value to our organisation, and to the dedicated staff of the Secretariat whose enthusiasm and professionalism helps grow a positive reputation, and relationships within the physiotherapy profession and in the health sector as a whole.

The work we do is supported by contractors who provide a range of services including reviews, assessments and moderations – we sincerely thank them for their contributions.

In the twelve months covered by this Annual Report we have been very satisfied with how we have tracked to our strategic planning, and with the quality and timeliness of the outcomes this has achieved. We are on an excellent footing for the year ahead.



Janice Mueller
Chairperson

Jeanette Woltman-Black
Chief Executive



The Physiotherapy Board

The Physiotherapy Board is pleased to submit the report for the year ending 31 March 2018 to the Minister of Health. This report is presented in accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003 (HPCA Act).

Our Vision

**Fostering
Excellence in
Physiotherapy**

**Physiotherapists Actively
Making a Difference.**

Our Purpose

The Physiotherapy Board is the statutory body which sets standards, monitors and promotes competence, continuing professional development and proper conduct for the practice of physiotherapy in the interests of public health and safety.

The principal purpose of the Act is to protect the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their profession.

The Physiotherapy Board acknowledges Māori as tāngata whenua of Aotearoa; it honours the principles of partnership, protection and participation as an affirmation of Te Tiriti o Waitangi. In all its capacities and functions the Board seeks to protect the health and safety of Māori and Tauīwi equitably.

Our Values

Kaitiaki: Custodial

We take our responsibilities seriously and are protective of them

Kōrerorero: Engaging

We engage with our stakeholders as we value their input

Takatū: Adaptable

We acknowledge that we need to plan and adapt to meet future needs

Whakamārama: Accountable

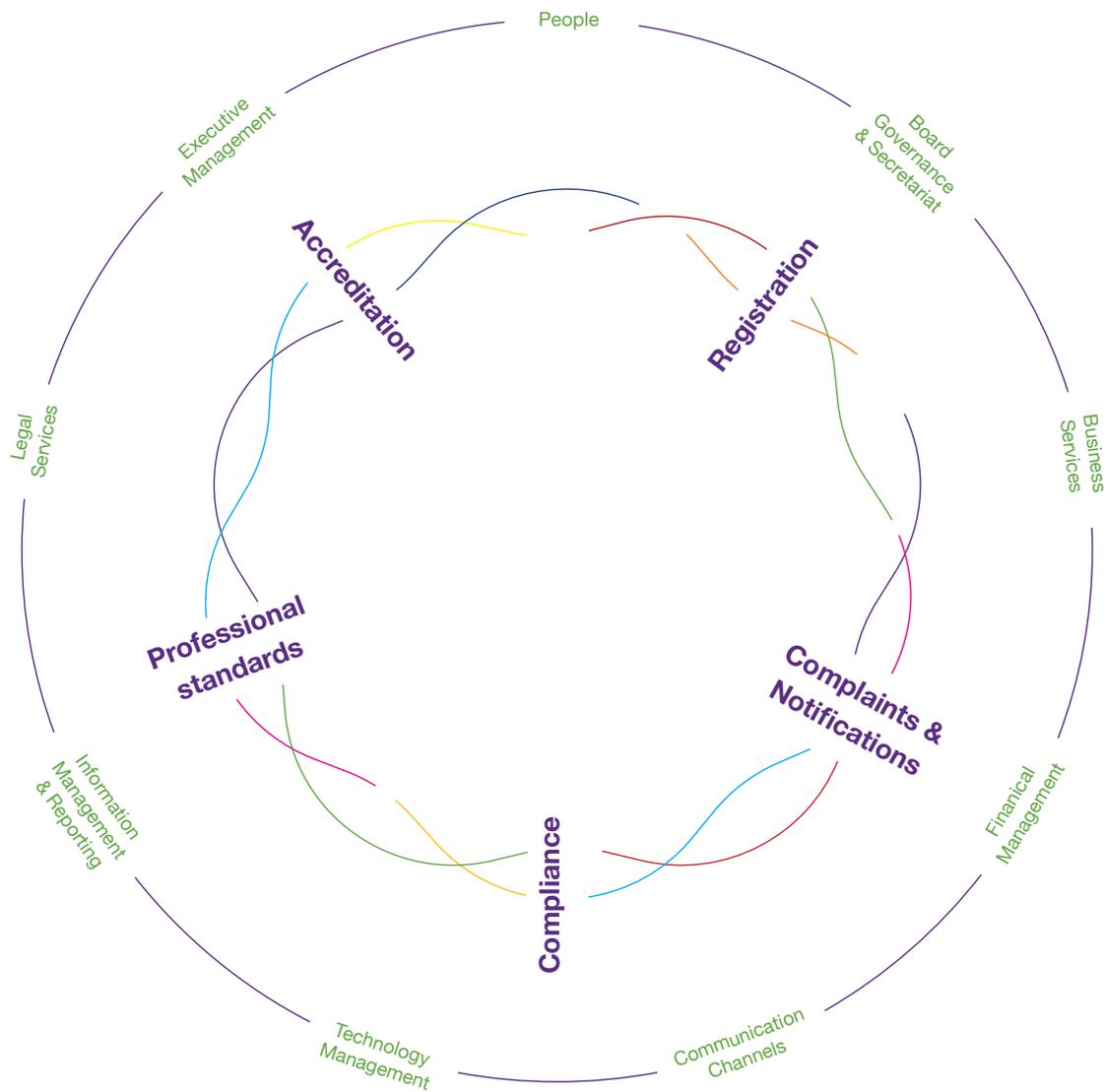
We are proud of what we do and take a quality assurance approach to how we do it



Our Roles and Functions

The Board has a number of functions defined by section 118 of the HPCA Act:

- » 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 this 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 Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public;
- » to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession;
- » to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession;
- » to liaise with other authorities appointed under this Act about matters of common interest;
- » to promote education and training in the profession;
- » to promote public awareness of the responsibilities of the authority;
- » to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.



Our core regulatory and enabling functions

The Board continues to improve health practitioner regulations across our core regulatory functions.

» **Standards**

Developing policy and standards of practice for the profession

» **Registration**

Ensuring only those with the skills, qualifications and suitability to provide safe care to the New Zealand community are registered to practice

» **Complaints and Notifications**

Managing complaints and notifications received about the health, performance and conduct of individual physiotherapists

» **Compliance/Recertification**

Monitoring and auditing to ensure practitioners are complying with Board requirements

» **Accreditation**

Ensuring that individuals who are qualified for general registration in physiotherapy have the knowledge, skills and professional attributes necessary to practise the profession.

We also continue to enhance the way we deliver services through the use of technology, using data to inform governance decision-making and improved communication.

02

Corporate Governance

The role of the Board is to set the strategic direction of the organisation, monitor management performance and ensure the Board meets the requirements of the Health Practitioners Competence Assurance Act 2003.



Board Members

The Board is appointed by the Minister of Health and is comprised of five physiotherapists and two lay members.



Janice Mueller

Chair

Physiotherapist, Auckland



Maarama Davis

Deputy Chair

Physiotherapist, Wellington



Sandra Ferdinand

Physiotherapist, Christchurch



Cameron McIver

Lay member, Wellington



John Sandston

Lay member, Nelson



David Baxter

Physiotherapist, Dunedin



Scott Thomson

Physiotherapist, Christchurch

Board Committees

Committees of the Board	Members	Function
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Standing committees are set up to provide expertise at Board level, with recommendations brought back to the full Board as required. Committee members are appointed by the Board.

Risk and Audit Committee

Chair

Cameron McIver

Members

Janice Mueller

Scott Thomson

Monitor and review financial functions and controls, including review of the financial budget and year-end financial results

Ensure an effective risk management framework is in place to identify, track and monitor key risks

Monitor the Board's compliance with statutory responsibilities.

Health Committee

Chair

Sandra Ferdinand

Members

Janice Mueller

Maarama Davis

Alice Barach

– Physiotherapist,
Dunedin

Jodie Black

– Psychologist,
Dunedin

Establish a process and procedure for receiving and considering information relating to a physiotherapist being unable to perform the requirements for practice of physiotherapy. To monitor any restrictions and/or arrangements in place with physiotherapists related to their fitness to practise

Provide guidance through educational materials for physiotherapists, employees and other health practitioners and the public.

Secretariat

Staff members of the Physiotherapy Board Secretariat as at 31 March 2018 were as follows:

Chief Executive	Jeanette Woltman-Black Manages the strategic functions and overall business of the Board and is responsible for the general management and statutory compliance of the organisation.
Registrar	Ross Johnston Has delegated authority from the Board to manage the overall regulatory functions under the HPCA Act. Manages procedures for complaints, fitness to practise and notifications. Overall management of the Registration / Recertification team.
Deputy Registrar Registration/ Recertification	Lisa Mansfield (from 2 October 2017) Manages registration and recertification processes such as applications for registration under all scopes, APC applications and annual renewal. Sub-delegations from the Registrar as appropriate.
Deputy Registrar Complaints and Notifications	Suzanne Halpin (from 2 October 2017) Manages the complaints and notifications processes, reporting and monitoring. Sub-delegations from the Registrar as appropriate.
Complaints Officer	Lynette Hosie (from 2 October 2017 to 20 April 2018) Supports the Deputy Registrar Complaints and Notifications.
Registration/ Recertification Officers	Devon Smit, James Mansfield, and Gitika Mangar (from 6 November 2017) Deal with tasks relating to registration and recertification such as applications for registration under all scopes, APC applications and annual renewal.
Professional Advisors	Cheryl Hefford and Jon Warren Provide professional advice and support on risk management, practice reviews and matters as they relate to the legislative responsibilities of the Board.
Accounts Officer (Accountant from 2 February 2018)	Manjinder Cheema Provides overall financial management and is responsible for accounting policies and procedures.
Communications and Engagement Manager	Rob Egan Manages the Board's ongoing communication strategies, including publications, website, consultations and online initiatives.
PA to the Chief Executive	Angela Taylor Provides support to the Chief Executive.
PA to the Registrar and Board Secretary	Lisa Kinghorn (from 18 September 2017) Provides support to the Registrar and performs Board Secretary functions.
Office Assistant	Lindsey Tompson (until 18 August 2017) Provides administrative support.

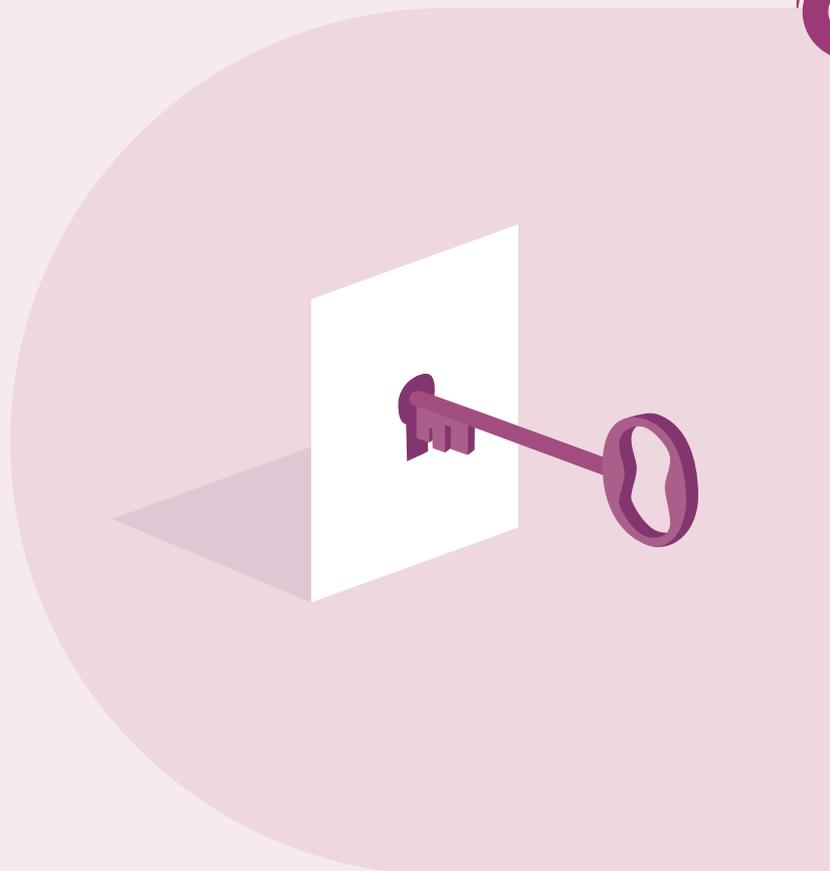
03

Strategic Goals and Key Projects 2017/2018

The Strategic Plan 2014-2020 was revised in the 2015/2016 year, the main areas of focus being:

1. Risk-based protection
2. Health equality and equity for Māori
3. Stakeholder engagement
4. Education and lifelong learning
5. Innovation and technology
6. Additional objectives

The Strategic Plan and activities are aligned with section 3 and section 118 of the HPCA Act.



Strategies to Support the Annual Plan Objectives

The Strategic Plan identifies strategies to support the delivery of the Board's objectives and achieve our vision. Continuous Quality Improvement (CQI) is the foundation for this, and an integral part of the Board's approach to ensuring improved service delivery.

CQI is well established in the Secretariat. The Board and Secretariat embrace the appropriate use of technology and a positive culture of improvement. There are numerous approaches to CQI. The methodology is based on an understanding of the Secretariat's operations and supports an inquisitive culture within our organisation: our staff are encouraged to ask, "Can we do this better? How can we improve the services we provide?"

CQI has led to improvements across a number of our core processes including registration of overseas-qualified physiotherapists and New Zealand-qualified graduates, and matters concerning practitioners' competence, fitness to practise, and conduct. This year we responded to a significant increase in complaints and notifications. With data to support the Board's considerations, we have commenced a planned approach, designed to reduce the number of conduct matters before the Board.



1

Risk-Based Protection

The Board has data and information; this will be used to assist the Board in the analysis of risk so that targeted and proportionate responses can be determined.

1.1 The Board will utilise, where possible, a risk based approach based on robust trend information in its regulatory decision making

1.1A Track and analyse trends of complaints and notifications to inform a targeted recertification response and areas of at risk fitness to practise

Measure: Contracted analysis of last 3-4 years of complaints and notifications data completed to determine any emerging trends

Analysis of the last 4 years of complaints and notifications data was completed and presented to the Board. This work was undertaken in house and will be formatted for public release.

There are some emerging trends, however the Board is cautious to determine any assumptions from these. The complaints and notifications data is presented in the Conduct and Complaints and Notifications section of this report (page 37).

1.1B Development of a suite of standards targeted at areas of high risk that are contemporary, relevant and proportionate to the identified risk

Measure: Standards for “high risk” areas launched

The Board developed a series of 14 draft standards. These draft standards were launched in May 2017 for consultation via a series of roadshows and online survey. Over 1,000 submissions were received and fully considered by the Board. The final suite of standards was endorsed for release by the Board in March 2018.

The standards will be launched in May 2018 and implemented in conjunction with the revised Code of Ethics and Professional Conduct.

The Code of Ethics and Professional Conduct is a joint document with Physiotherapy New Zealand (PNZ).

The implementation of the suite of standards will be via a series of roadshows in conjunction with PNZ, ACC and the Health and Disability Commissioner.

1.1C Communications and engagement with the profession to understand the purpose of the standards and requirements to comply with them

Measure: Communication plan developed and launched

The Communication Plan is to be completed and will be the basis of the implementation of the standards. The implementation of the final standards will commence with a formal launch at the Beehive followed by a series of roadshows in collaboration with PNZ, ACC and HDC. The communications collaboration with these key stakeholders is a first for all these

organisations. We have a common goal, be it from varied purposes, and the Board are proud that this collaboration on practice and professional standards is a co-operative approach.

Seminars are planned for the following year and the dissemination of communications directly to practice settings.

The Board website and Facebook will be a source of information and communication for the public and profession.

1.1D Communications with the public to articulate what standard (standards) of care they can expect

Measure: Communication plan developed and launched

The plan is completed and the launch is part of the roll out of the standards. Communication into practice settings in conjunction with website and Facebook are the avenues for public communications. Hard copy communications for practice settings are being developed for publication and dissemination in the coming year.

2

Health equality and equity for Māori

The health inequity for Māori is well documented. The Board will utilise all the regulatory tools in its power to reduce the gap of health between Māori and non-Māori.

2.1 Actively support emerging Māori physiotherapy leaders

2.1B Formalise a relationship with the cultural support groups for students at training institutions to determine how the Board can support new Māori graduates

Measure: Formal relationship in place

Both training institutions have support in place for Māori students. The Board has ongoing and regular communication with those leading these support structures.

Tae Ora Tinana (partner to PNZ) have a clear focus on supporting graduates.

The Board has established a Memorandum of Understanding with Tae Ora Tinana and has gained access to a Māori Leadership Programme for emerging Māori physiotherapists. This will be implemented via two scholarships in the coming year.

Feedback from the Māori Support Groups has been sought and they have provided some ideas for how the Board can support Māori students. These will be considered in the coming year in conjunction with Tae Ora Tinana.

2.1D Establish mentorship/Tuakana-Teina for Māori graduates

Measure: Determine if Ngā Manukura o Āpōpō will accept physiotherapists and action

The Board has established access to Ngā Manukura o Āpōpō for emerging Māori leaders in physiotherapy. The Board has agreed to budget for two scholarships for attendance at this programme in the coming year.

2.2 Continue to improve stakeholder relationships and collaborate on areas of mutual interest

2.2B Formalise relationship with Tae Ora Tinana

Measure: Formal relationship established with and regular meetings with Tae Ora Tinana

The Board has signed a formal Memorandum of Understanding with Tae Ora Tinana. Tae Ora Tinana have attended Board standards workshops and strategic planning.

Regular meetings with the Board are scheduled as per the MOU and availability.

2.3 Review standards of cultural competence

2.3A Review accreditation standards to ensure cultural competencies are appropriately embedded in the institutions and programmes

Measure: Accreditation standards include appropriate cultural competencies

The Board adopted the Australian Accreditation Standards. These Accreditation Standards have been reviewed and amended to ensure cultural competence is explicit as a requirement of accreditation of physiotherapy programmes.

Workbooks have been developed from the Standards for the on-site accreditation audits.

2.3B Review practise standards for cultural competence

Measure: Review completed and standard developed and communicated

The standard for cultural competence has been reviewed and adopted for release by the Board.

2.4 Develop education expectations

2.4A A Develop mandatory cultural competence training for recertification

Measure: Inclusion of mandatory cultural competence requirements as part of the recertification programme review

This objective did not progress other than to complete a literature review. The Board held further work on this by Board resolution due to budget constraints as a result of the Kaikoura earthquake.

2.5 Develop and implement Communications and PR Plan to support, showcase and enhance cultural competence

2.5A Profile Māori physiotherapy leaders

Measure: Regular profiles published on Board communication mediums

Two Māori physiotherapy leader profiles have been completed with a further profile underway. The profiles are showcased on the Board website and Facebook page, and will be used in other communications as appropriate.

The Chair of Tae Ora Tinana and the Deputy Chair of the Board have been profiled in this year. The response from these has been very positive.

2.5B Develop a communications plan to support this priority

Measure: Communication plan developed and implemented

The communications from the Board whether oral or written is opportunistic in its open support for cultural competence. Opening and closing of Board meetings are in Māori and as appropriate events are opened by Kaumatua and Kuia.

2.5C Use consultation to enhance the education and reinforce key messaging

Measure: Consultation capitalises on this priority

The outcome consultation on the Board cultural competence requirements was discussed by the Board with Tae Ora Tinana. Tae Ora Tinana were an active participant in the Board standards workshop.

2.5D Board waiata developed

Measure: Waiata composed and adopted by the Board

The waiata composer was selected, initial briefings and discussion with the Board and staff has been completed. The essence of the waiata is complete. Final composition and teaching is scheduled for the coming year.

3

Stakeholder engagement

The Board has and will continue to focus on stakeholder engagement. This includes reaching out to consumers as well as our key stakeholders, understanding what they need and responding to this as appropriate.

3.1 Define our stakeholders, their needs and drivers

3.1A Review our stakeholder key contacts list

Measure: Current stakeholder contact list updated

This objective has been completed. The key stakeholder list and contacts is used in conjunction with the Board database of registered physiotherapists.

3.1C Work with others (e.g. ACC) on areas of common interest for engagement

Measure: Common engagement “campaigns” completed

ACC are a key entity with a common interest, as are the Health and Disability Commissioner (HDC) and PNZ. The launch and roadshows for the Board standards and joint Board/PNZ Code of Ethics in the coming year is in collaboration with ACC, PNZ and HDC.

Each have different accountabilities and roles – the common theme is fostering excellence in physiotherapy.

This level of joint and common campaign, launch and implementation of standards and expectations on the profession is a first.

3.2 Continue to improve the use of technology as an engagement enabler

3.2A Optimise use and accessibility of the Board website

Measure: Number of contacts/level of increase

The use of the Board's website as a landing page for both physiotherapists and the public has continued and been augmented with increased use of direct email and Facebook marketing to registrants which has likely increased the downloading of materials from the site. While out-clicks from these platforms to the website have increased, the visits we would expect have not been directly measurable due to extremely limited analytics being available at this time. The analytics and engagement functionality issues will be resolved via the establishment of a new website in the coming year.

3.2B Explore other technology for stakeholder engagement

Measure: Utilisation of alternative mediums for engagement

The Board has developed a Facebook page and uses this medium, alongside email, as an additional medium for communication. The page is used for advertising events such as the standards launch and roadshows, to develop engagement with Board processes such as APC renewal, and for one off points of interest. We have used frequent posting of strong visual content (including video), and low-cost targeted advertising to registrants to build reach within the profession. Using Facebook's advertising management system we have identified 5300 registrant Facebook accounts which we target directly with advertising to ensure cost-effective spend.

For significant events we have instituted use of Eventbrite – an online RSVP management system that has largely automated event registration resulting in more efficient data handling for the Board, and an improved experience for attendees.

Measure: Number of "hits" on key Board documents (standards and practise thresholds)

"Click outs" have markedly increased primarily due to targeted communications with the profession on the develop and launch of the standards. The Standards Educational Roadshow resulted in an unprecedented response from the profession.

3.3 Increase the profile of the Board with Physiotherapists and the public

3.3A Profile who we are, what we do, when and how to make contact (with Physiotherapists)

Measure: Marketing Plan implemented

The Board has a number of communication channels for providing the message of who we are, our role and how to contact us. Some of these in the last 12 months include, for example:

- » One page in the PNZ magazine which was used for opportunistic advertising;
- » Tutorial and lectures with undergraduates;
- » Presentations to graduates;
- » Presentations at key conferences such as DHB Leaders Forum, PNZ Conference;
- » Presentation to the Health Quality and Safety Commission.

Measure: Profile into all practice settings – resources for the public

The draft practice resources have been developed and will progress in the coming year following the education to the profession on the Standards.

Measure: Early engagement with students

Tutorials and lecture series were delivered to undergraduate both education institutions. Prior to graduation, Board presentations are completed to all undergraduates covering the role and functions of the Board, their obligations and responsibilities under the HPCA Act. Developing a face to face engagement with students has been positive and resulted in an increased willingness to contact the Board for queries and or concerns.

3.3B Take opportunities to engage through stakeholder forums, other physiotherapy mediums, conferences and national sector avenues

Measure: Regular column in PNZ publications

The Board has had a regular column in the PNZ Magazine. This has been assessed for value for money and while there have been a number of publications on a regular basis, it will be used on an as-required basis going forward.

3.4 Increase outreach with Board newsletter

3.4A Monthly newsletter

Measure: Monthly newsletter produced

The Board produced monthly newsletter for the first seven months of this year. As there was a significant amount of consultative contact with the profession, feedback was that we may be overloading them. As such this was reduced to bimonthly from October. Metrics for the newsletter are strong with every issue over the reporting period except the December edition achieving open rates between 50-60%. This compares to the industry standard* of 15.4%.

*MailChimp statistics analysis

4

Education and lifelong learning

What the Board means by this is it intends to take a targeted approach to education and the expectations of learning as part of continued professional development requirements.

The Board currently has a high trust model with physiotherapists in terms of monitoring of the recertification programme. While the principle of trust will remain in place, the Board intends to take a risk based approach to targeting CPD/recertification. The Board intends to utilise technology to do this. The current Recertification Audit Programme will also be reviewed.

Lifelong learning and the reflection of a component of this within the Board recertification programme is well established in the profession. The Board now intends to target the recertification expectations based on risk. Making it easier for physiotherapists to log their CPD is a priority; this functionality will be included in the end to end IT system review.

4.1 Review Recertification programme / explore targeted programme

4.1A Recertification programme and audit review commenced and ensure alignment of CPD requirements and practice with the HPCAA.

Measure: Review completed

The literature review has been completed. The remainder of this work was put on hold by the Board due to cost constraints resulting from the Kaikoura earthquake. This objective will recommence in the coming year.

4.1B Engagement with the profession and key stakeholders as part of the review of CPD programme

Measure: Engagement completed

This work was put on hold by the Board due to cost constraints resulting from the Kaikoura earthquake. This objective will recommence in the coming year.

4.2 Practice principles for owner operators explored as part of recertification programme review

4.2A Practice and business management standard and or CPD mandatory requirement explored

Measure: Options for practice and business management completed

A draft of the Business Standard has commenced. This will continue in the coming year.

The consideration of mandatory CPD training in Business Practises will be explored as part of the review of the CPD programme in the coming year.

4.3 Ethics CPD requirements determined

4.3A Ethics learning (CPD) requirements implemented as part of the recertification review

Measure: Ethics requirements completed

This work was put on hold by the Board due to cost constraints resulting from the Kaikoura earthquake. This objective will recommence in the coming year. Mandatory CPD training in professional ethics will be explored as part of the review of the CPD programme in the coming year.

4.4 Explicit expectations communicated to the profession regarding Board standards (s118)

4.4A Standards developed and launched for high risk areas

Measure: First set of standards completed and launched

The development, consultation and final sign off of a suite of standards is complete. The launch and implementation commences in May 2018.

4.4C Communication with the profession, the public, practice owners and key stakeholders of what standards are, what they are used for, the statutory expectations and responsibilities of physiotherapists

Measure: Communication plan developed (including consultation) and implemented

The dissemination of the Board standards is in conjunction with the revised Code of Ethics (joint Board and PNZ document). The Communications Plan is complete and includes:

- » Launch in Wellington at the Beehive - May 2018;
- » Roadshows in both North and South Islands;
- » Presentation stand at the PNZ Conference in September 2018;
- » Production of public communications for practice settings;
- » Webinars;
- » Targeted articles in appropriate publications.

The launch and national roadshows are in collaboration with PNZ, ACC and HDC.

4.4D Work with PNZ on the links with Board standards and alignment of these with PNZ functions

Measure: Engagement with PNZ completed and communicated to the profession

The Board has a very professional and sound relationship with PNZ. The revision of the Code of Ethics (joint PNZ and Board document) has been completed and is aligned with the Board standards.

PNZ and the Board worked collaboratively to consult on both the revision of the Code of Ethics and draft Standards. This provided a cohesive message of the links and alignment of the Board and the professional association.

4.6 Enhance learning and understanding of the profession by the Board

4.6B Analysis of complaints and notifications data to enhance understanding of areas of risk

Measure: Contract analytics of complaints and notifications completed

The analysis of the last 4 years complaints and notifications has been completed. This was completed in house. The final analysis is being prepared for publication in the coming year.

4.7 Review of Scopes

4.7A Review of General Scope

Measure: Review commenced

A Board working group was established to undertake the development of a project plan of the general scope of practice

review and the potential development of an advanced or titled physiotherapist scope of practice.

The initial review was completed and presented to the Board in March. Further work will be undertaken in the coming year.

4.7B Explore options to support the ongoing development of the Physiotherapy Specialist Scope

Measure: Options developed and presented to the Board

The Board introduced a clinical examination for applicants under the specialist scope of practice. This has been in place since August 2016. To date, there have been no applicants who have sat the examination.

As part of the review of the general scope of practice within the potential of an advanced or titled scope, the specialist scope was reviewed. This will form part of the further work in the coming year.

5

Innovation and Technology

This means we will make investments in technology to assist in the Board's operations, to improve efficiency of Board processes, and to optimise the organisational operations.

It is recognised that technology is moving at a fast pace; while we do not have expectations of keeping up with these changes, we have set an expectation that we will utilise the opportunities to provide a better service to the public and physiotherapists.

The Board has undertaken and implemented a number of core functional improvements over the last three years that have improved the recording of key data. Modifications have been made to the Board database to improve the functionality of this system; it is now time to stand back and review the opportunities to build on these improvements and streamline/connect core functions such as finance and the database.

The major priority over the next two years is to complete an end-to-end review and plan for the Board IT systems from the point of contact to reflection in the database and finance system (as appropriate).

5.1 Improve engagement with stakeholders and physiotherapists

5.1A Business case developed and implemented to review website functions and structure

Measure: Website improvement plan developed with Business Case

An initial scoping review was completed. The Business Case was developed and placed on hold due to cost constraints resulting from the Kaikoura earthquake.

An alternative and more cost-effective approach was considered by the Board. This has gone out to a restricted request for proposal (RFP). Decisions on the RFP responses will be made in the coming year.

5.1B Business Case developed and implemented to review database/finance system for improvement in functionality of core functions on the “dashboard”

Measure: End to end system reviewed with options developed

An initial scoping review was completed. The Business Case was developed and placed on hold due to cost constraints resulting from the Kaikoura earthquake.

Minor improvements were made to the current dashboard as a more cost-effective option. This was completed and

has proven satisfactory. The Board will reconsider the more substantive option in the coming year.

The finance system changes were placed on hold as it is planned to be integrated into the core IT functions. This will be reconsidered in the coming year.

5.1D Develop and implement practitioner “portals” that can be used for key Board functions. Where possible pre-loaded templates will be implemented

Measure: Recertification programme reviewed and templates developed for loading

This project was placed on hold due to financial constraints as a result of the Kaikoura earthquake. This work will progress in the coming year.

Measure: APC/dashboard functions reviewed and implemented as part of total system review and changes

The dashboard changes as part of the total system review were not implemented due to financial constraints as a result of the Kaikoura earthquake. The alternative option of making improvements to the current dashboard were implemented with sound results.

5.2 Online functions enhanced

5.2C A Student/new graduate site developed

Measure: Go live with student/new grad site

This project was placed on hold due to financial constraints as a result of the Kaikoura earthquake. This work will be reconsidered in the coming year.

6 Additional Objectives

» Review Fees

A comprehensive review of draft fees was completed, consulted on, final fees adopted by the Board and Gazetted.

04

Registration and Practising Certificates

To practise in New Zealand, all physiotherapists need to be registered and hold a current Annual Practising Certificate (APC). The Board is responsible for maintaining the register of practitioners and issuing APCs. These two requirements confirm to the public that the Board has certified a practitioner as being competent and fit to practise.



Registration

Practitioners can register in one or more of the Board's four scopes of practice. Practitioners can only practise within the scope or scopes of practice in which they are registered and for which they hold a current APC.

The Board has defined four scopes of practice:

- 1** General Scope of Practice: Physiotherapist
- 2** Specialist Scope of Practice: Physiotherapist
- 3** Special Purpose Scope of Practice: Visiting Physiotherapy Presenter/Educator
- 4** Special Purpose Scope of Practice: Postgraduate Physiotherapist Student

Australian-registered practitioners are generally entitled as of right to register in a similar scope of practice in New Zealand under the Trans-Tasman Mutual Recognition Act 1997 (TTMR).

To practise in New Zealand, practitioners who qualified elsewhere need to pass an assessment of their qualification and experience against the required standard of competence.

The public register is available on our website so anyone can view practitioners' qualifications, scope(s) of practice, currency of their APC and any conditions or limitations placed on their practice.

Registration statistics

As at 31 March 2018, 6887 practitioners were registered with the Board, of whom 5133 held an APC.

This is an increase of APC holders of 4.63% (4906 in 2016/2017) which is consistent with previous practising years.

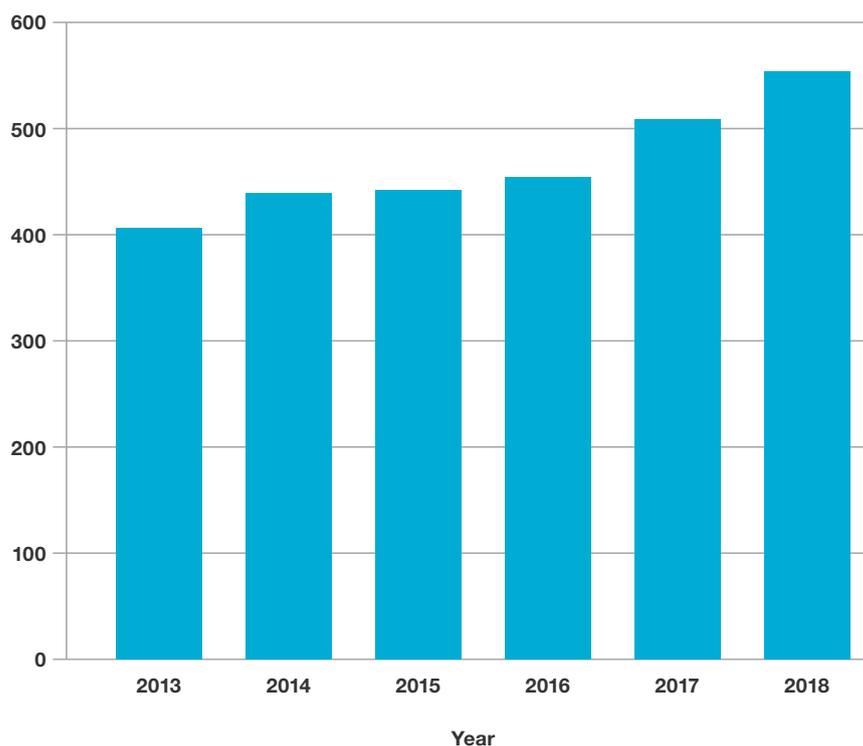
Scopes of Practice	HPCA Act Section	Number of Applications Received	Outcomes*		
			Registered	Declined applications	Withdrawn or returned applications
General Scope of Practice: Physiotherapist (New Zealand Qualified)	12(2)(b)	248	247	1	0
General Scope of Practice: Physiotherapist (Overseas Qualified)	12(2)(c)	247	224	10	5



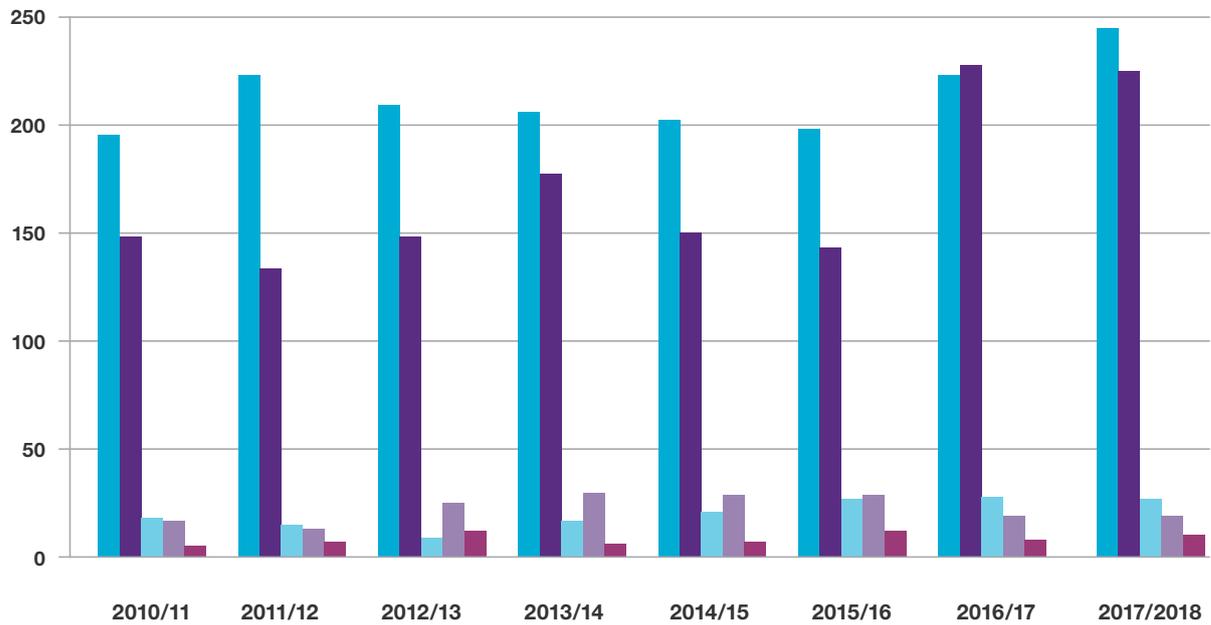
Scopes of Practice	HPCA Act Section	Number of Applications Received	Outcomes*		
			Registered	Declined applications	Withdrawn or returned applications
General Scope of Practice (via TTMR)	17(1)	27	27	0	0
Special Purpose Post Graduate Student	12(2)(c)	20	19	0	1
Special Purpose Visiting Presenter	12(2)(e)	10	10	0	0
Specialist Scope of Practice: Physiotherapy Specialist		2	1	0	2

* This is the number of applicants who were registered in the period. This figure may not correspond to applications received, as some applicants whose applications were received within the period may not have been granted registration during the period. Additionally, some of the registrants' applications may have been received prior to the beginning of the reporting period.

Number of applications for registration



Number of registered physiotherapists by Scope of Practice

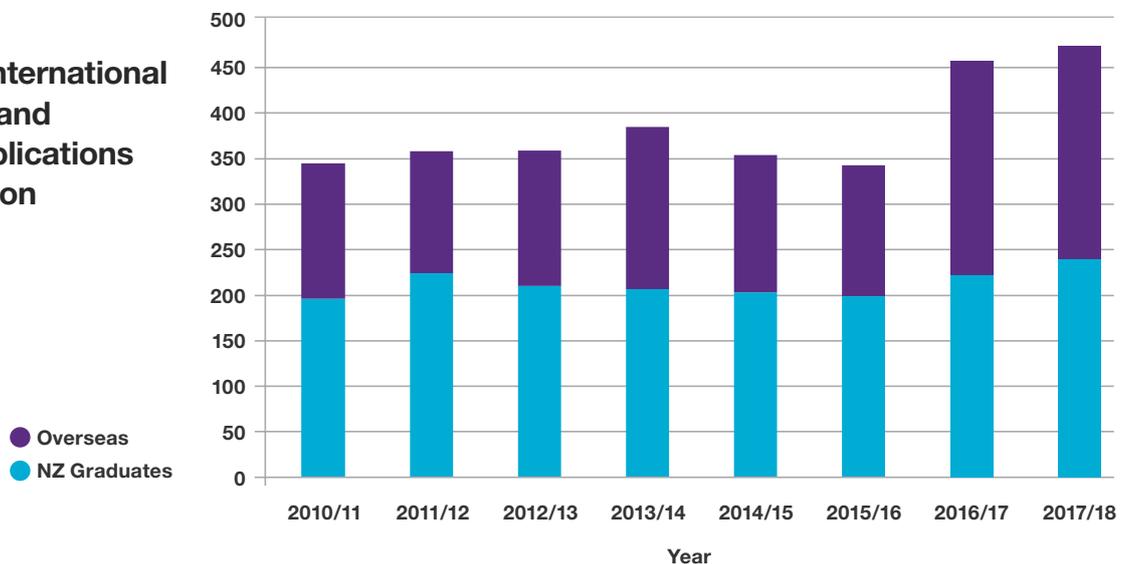


● NZ Graduates	196	224	210	207	203	199	224	247
● Overseas	149	134	149	178	151	144	228	224
● TTMR	18	15	9	17	21	27	28	27
● Postgraduate	17	13	25	30	29	29	19	19
● Visiting Presenter	5	7	12	6	7	12	8	10

Practitioners can be registered in more than one scope of practice. For example, there are eight practitioners registered in both the general scope and physiotherapy specialist scope of practice.

During the 2017/2018 year, 247 applications for registration were received from internationally qualified physiotherapists. This has increased 7.86% since the 2016/2017 year; 228 were received in that year.

Number of international vs New Zealand qualified applications for registration



Country of origin resulting in successful registration

Country	2015/16	2016/2017	2017/2018
Belgium		1	2
Brazil		1	
Canada	4	4	1
Denmark			1
Egypt	1		
Germany			1
Hong Kong	3		1
India	4	4	11
Iran	1		1
Ireland	37	30	33
Israel			1
Italy	2		
Jamaica		1	
Jordan			1
Netherlands	2		2
Pakistan			1
Philippines			1
Poland		1	
Singapore		1	2
South Africa	7	16	40
United Kingdom	77	96	114
USA	4	4	9
Zimbabwe	2		2

Country of origin resulting in unsuccessful registration

Country	2015/16	2016/2017	2017/2018
Brazil	1		
Egypt			1
Germany	1	1	
India		2	5
Italy			1
Jordan			1
Poland			1
Romania			1
United Kingdom	1		
USA		1	
Zimbabwe	1		

The main reasons for an unsuccessful registration application were:

- » Applicant unable to demonstrate ability to practise autonomously;
- » Applicant unable to illustrate they are able to integrate theoretical knowledge into clinical practise;
- » Failed competence examination.

Registration through Trans-Tasman Mutual Recognition Act 1997

The Trans-Tasman Mutual Recognition Act 1997 (TTMR) recognises Australian and New Zealand registration standards as equivalent. This allows registered physiotherapists the freedom to work in either country. Under the TTMR, if a physiotherapist is registered in Australia they are entitled (subject to a limited right of refusal) to be registered in the same occupation in New Zealand. 27 physiotherapists registered in New Zealand under TTMR in 2017/2018. This is a decrease of one TTMR application and registration compared to the previous year.

Suspended Registrations and Conditions placed on Registration

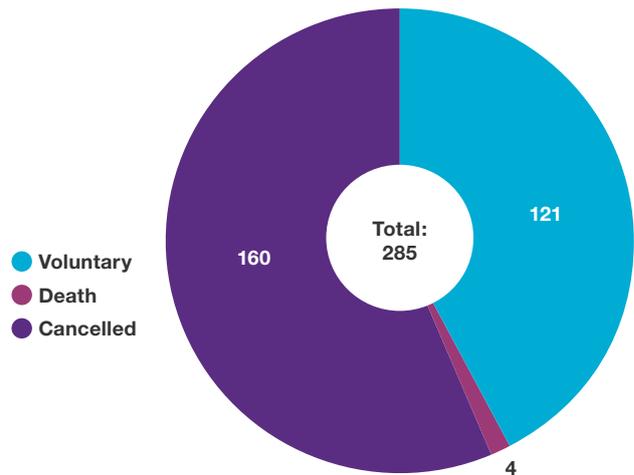
During the 2017/2018 Practising Year, the Registration of three practitioners remained suspended. These practitioners had been suspended in the 2016/2017 practising year. One of these practitioners had the suspension lifted during the 2017/2018 Practising Year. The reasons for these suspensions were as a result of complaints (two) and following a notification under Section 45 HPCA regarding fitness to practise (one).

Thirteen practitioners were registered with conditions during this period.

Removal from the register

During 2017/2018 Practising Year, 285 physiotherapists were removed from the register. Of these, 121 were voluntarily removed under section 142 or 144(3) of the Act, four were removed on notification of death, and the remaining 160 had their registration cancelled under section 144(5) because the Board was unable to make contact with them.

23 physiotherapists restored their registration.

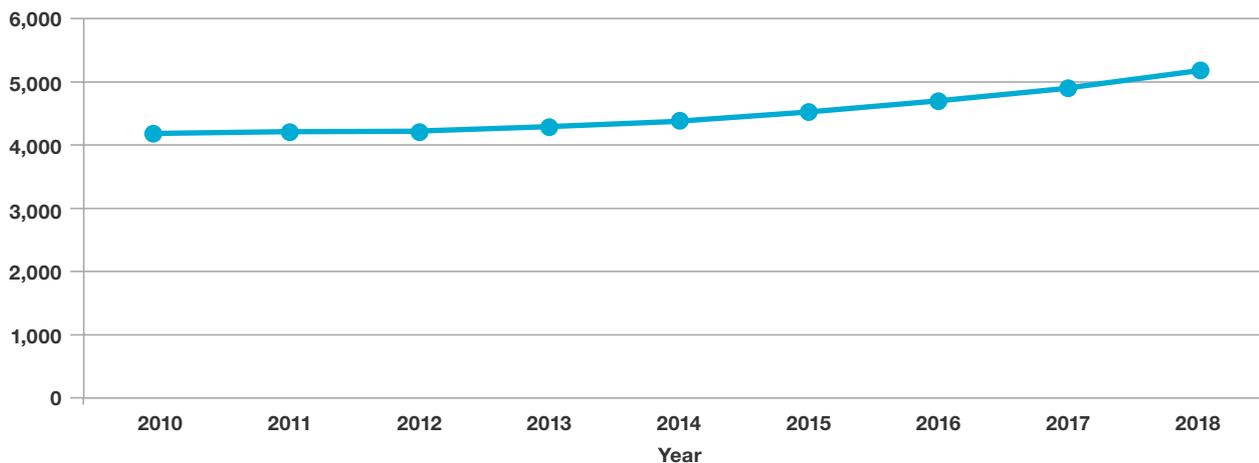


Annual Practising Certificates

All practising practitioners have to hold a current APC, which is renewed annually. To obtain an APC, practitioners must assure the Board that they have maintained their competence and are fit to practise.

Issuing of an APC is the Board’s way of confirming to the public that a practitioner has met the Board’s requirements. The Board will decline an APC application if it is not satisfied that a practitioner has met the requirements.

Number of practitioners holding an APC at 31 March



The overall number of practitioners holding APCs has increased by 227 the last 12 months.

The Board may determine conditions are placed on a practitioner’s APC or decline an APC application.

Applications for Annual Practising Certificate

Number of Applications for 2017/2018 APCs	Outcomes					
	APCs issued	APC issued with conditions on scope of practice*	Returners to Practice	Applications Withdrawn	Applications Declined	Other**
5,161	5,133	13	9	1	1	4

During the year 1 April 2017 to 31 March 2018 the annual turnover of physiotherapists was 7.8%

* Conditions can include: To practise under supervision of another physiotherapist; To practise at a specific place of work or employment; To practise only in a position (or positions) approved by the Registrar; To not assess, treat, or monitor a specific sub-set of patients.

** Includes returners to practice and other

05

Competence, Fitness to Practise and Recertification

The Board ensures physiotherapists meet and maintain Board standards to protect the health and safety of the public of New Zealand. As part of the application for their APC, physiotherapists must declare they are competent, remain fit to practise and meet the recertification requirements.



The Act provides mechanisms the Board can use when it becomes aware of physiotherapists who are failing to meet the required standard of competence or who have health issues that affect their ability to work safely. The safety of the public is our primary focus at all times.

Competence

Under the Act, physiotherapists may have their competence reviewed at any time, or in response to concerns that may be raised about their practice.

A concern about a physiotherapist’s competence is not dealt with as a disciplinary matter. The Board does not bring charges against a practitioner in relation to competence nor does the Board seek to establish guilt or fault.

Wherever possible, the Board aims to review, remediate and educate. Conditions may be placed in the physiotherapist’s scope of practice following a competence review if it is deemed to meet the requirement of public safety.

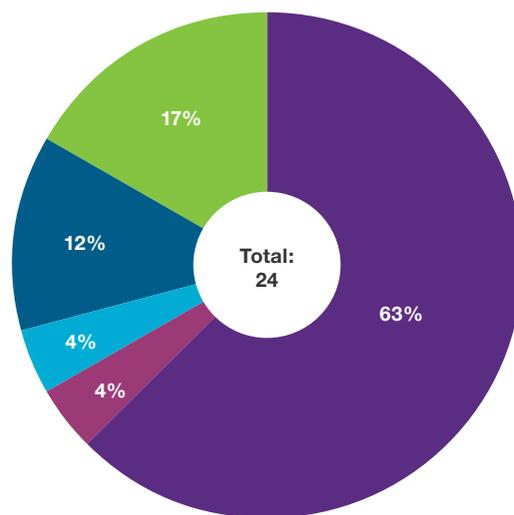
Competence notifications and complaints concerning competence

A concern or complaint about a physiotherapist’s competence can be raised by:

- » a patient/health consumer;
- » a colleague;
- » an employer;
- » the Ministry of Health;
- » the Accident Compensation Corporation;
- » the Health and Disability Commissioner;
- » a Recertification Assessor following an unsatisfactory outcome of the Board’s Recertification Audit.

Competence notifications by source

Source	2015/2016	2016/2017	2017/2018
Patient/Health Consumer	7	19	15
Colleague	1	2	1
Employer	0	2	1
Ministry of Health	0	0	0
Accident Compensation Corporation	0	4	3
Health and Disability Commissioner	0	0	0
Other	1	2	4*
Total	9	29	24



- Patient/Health Consumer
- Accident Compensation Corporation
- Colleague
- Employer
- Other

In the 2017/2018 Practising Year, most of the concerns about physiotherapists’ competence arose from complaints by patients/health consumers.

* Notifications made by the practitioner who is the subject of the notification

Unsatisfactory audit outcomes

	2015/2016	2016/2017	2017/2018
Result of unsatisfactory outcome of Board Recertification Audit	1	2	1

Outcomes of competence notifications

When the Board receives a notification or expression of concern about a physiotherapist's competence, Secretariat staff make initial enquiries. Once a better understanding of the situation is reached, the Board may decide to:

- » take no further action; or
- » order a competence review.

If the Board orders a competence review and has grounds to believe the practitioner may pose a risk of serious harm to the public, an interim order can be made to suspend the practitioner or restrict their scope of practice. This is done to ensure the safety of the public.

There could be multiple outcomes relating to complaints/notifications over an extended period.

Outcomes of competence notifications (and complaints concerning competence)

Competence Matters	2016/2017				2017/2018			
	Existing	New	Closed	Ongoing	Existing	New	Closed	Ongoing
Complaints, concerns, notifications	3	29	15	17	17	24	23	18

Outcomes	Competence-Related Complaints / Concerns / Notifications
Initial enquiries	1
No further action	39
Conditions	2
Competence review	10
Voluntary undertaking	1
Competence Programme	3
Outcome pending	18

In the 2017/2018 Practising Year, there was only one competence concern that did not arise as a result of a complaint.

Competence Reviews

The Board will order a competence review if it believes a physiotherapist may be practising below the required standard.

The purpose is to assess the physiotherapist’s competence, and if a deficiency is found, put in place appropriate measures to help the practitioner meet the standards while ensuring they are safe to practise. It is a supportive and educative process.

Competence reviews are undertaken by physiotherapists who are trained to do them. The Board is reviewing the Competence Review Policy in the next year.

Competence is measured against the Australia and Aotearoa New Zealand Physiotherapy Binational Practice Thresholds (the Thresholds). These were implemented in New Zealand on 31 May 2016. The Thresholds replaced the nine Physiotherapy Competencies. The Competence Reviewers provide a report to the Board. The principles of natural justice underpin the process.

In the 2017/2018 Practising Year, nine competence reviews were conducted as a result of complaints, compared with four conducted in the previous practising year.

The Board has developed competence programmes in response to a specific physiotherapists’ competence concerns. Three competence programmes established in the 2017/2018 Practising Year.

Those practitioners participating in competence programmes have a Registrar-appointed supervisor.

	2014/2015	2015/2016	2016/2017	2017/2018
New competence reviews ordered	0	2	4*	9*
Existing / ongoing competence reviews	0	0	1	1

* The complaint or notification may have been received in a previous practising year

¹ One practitioner was reviewed twice as a result of the same complaint

Fitness to Practise

In the 2017/2018 Practising Year, nine notifications were received regarding fitness to practise (Section 45). There were a further 11 existing notifications, bringing the total number of ongoing notifications in 2017 – 2018 to 20. Fourteen notifications were resolved during the practising year, leaving six ongoing.

During the 2017/2018 Practising Year, 48 practitioners made declarations under Section 27. Twenty three of these declarations concerned the practitioner’s health. A significant number of these declarations were made by practitioners wishing to update their practising status for the practising year beginning 1 April 2018.

Recertification Programme

The Board has in place a recertification programme that is designed to ensure physiotherapists maintain competence. The programme is an important tool for ensuring lifelong learning and practitioner competence.

The recertification programme includes (across a number of areas):

- » Specified continuing professional development;
- » Reflective statements;
- » Peer review.

To continue to practise in New Zealand, physiotherapists must renew their APCs each year. As part of the renewal process, physiotherapists declare they are competent to continue to practise and have met the recertification requirements.

Recertification Audit

Each year the Board randomly selects 5% of registered physiotherapists with a current APC to complete the recertification audit.

In 2017/18, 256 practitioners were selected. Two hundred and thirty six completed the audit successfully, nine were deferred to the following year due to exceptional circumstances, four have changed their practising status, one has not responded, one has failed the recertification audit, and five practitioners are still going through the process.

Conduct and Complaints and Notifications

The Board works in conjunction with the Health and Disability Commissioner to ensure the public and physiotherapists have access to a responsive complaints and notifications process that adheres to the principles of natural justice.

The Code of Health and Disability Services Consumers' Rights establishes the right of health consumers and the duties of the providers of those services.

Physiotherapists must respect patient rights and comply with the Code of Ethics and Professional Conduct (joint document between the Board and Physiotherapy New Zealand).

Complaints and Notifications

The Board's primary responsibility when receiving a complaint or notification is the protection of the health and safety of the public. Complaints and notifications are received from many sources. However, the majority have historically been received from patients/health consumers.

The Board has seen a sharp and significant increase in the number of complaints and notifications in the last 12 months. Complaints and notifications fall into two categories:

- » an allegation the practice or conduct of a physiotherapist has affected a patient;
- » those that do not directly involve a patient. These include, for example, a physiotherapist practising without an APC, having committed a disciplinary offence, being convicted by the courts, or a notification from ACC.

The Board has a clear policy and process for management of complaints and notifications, when there is an allegation that a patient has been affected. When the Board receives such a complaint or notification, it immediately refers the matter to Health and Disability Commissioner (HDC). The HDC can refer the complaint back to the Board to establish whether there has been a breach of conduct.

Complaints by source

	2014/2015	2015/2016	2016/2017	2017/2018
ACC	0	1	13	15
Patient/Health Consumer	21	11	23	18
Courts	0	1	0	0
Employer	1	1	2	6
HDC	3	0	0	0
Other (e.g. anonymous)	0	4	8	6
Other health practitioner	6	2	5	18
Police	0	0	4	1
Public	1	3	0	1
Self-notification	1	1	3	11
Total	33	24	58	76

Those complaints and notifications that do not directly involve a patient are reviewed on a case by case basis.

Where the physiotherapist is alleged to have engaged in conduct that:

- 1) is relevant to –
 - a. a criminal proceeding that is pending against the practitioner; or
 - b. an investigation about the practitioner that is pending under the Health and Disability Commissioner Act 1994 or under this Act; and
- 2) in the opinion of the responsible authority held on reasonable grounds, casts doubt on the appropriateness of the practitioner's conduct in his or her professional capacity –
 - a. the Board considers and may determine interim orders.

These orders can include suspending the practising certificate of the health practitioner, or one or more conditions be included in the health practitioner's scope of practice.

The Board received 76 complaints and notifications in the 2017/2018 year. 18 complaints were received from health consumers. A further 15 notifications were received from ACC. The number of complaints and notifications received has increased significantly in comparison to the previous practising year, and is unprecedented in a 12-month period.

The Board has considered the increase and determined several possible causes including, but not limited to:

- » improvement in access to making a complaint;
- » increase in education;
- » continued improvement in recording and management of complaints;
- » closer professional relationship with ACC.

A significant number of the complaints and notifications received have been made by patients/health consumers, and/or other health practitioners. The number of complaints and notifications received from patients/health consumers is less than in the previous practising year. However, there has been a significant increase in the number of notifications made by other health practitioners and/or the practitioner who is the subject of the complaint/notification.

ACC continues to notify at a similar rate to that of the previous year.

Complaints by source and type

Source	Nature of Issue	2015/2016	2016/2017	2017/2018
ACC	Boundary Issue		1	5
	Treating Family Members/Whānau/Billing		9	11
	Record-Keeping		3	3
	Other	1		1
Courts	Notification of Conviction	1		
Employer	Record-Keeping		1	1
	Boundary Issue			3
	Treating Family Members/Whānau/Billing			2
	Competence	1	1	
Employee	Outside of Board's Jurisdiction	1		
Other Health Practitioner	Communication		2	2
	Practice outside Scope		1	
	Holding out as Physiotherapist		1	3
	Alteration to Patient Records			1
	Advertising			8
	Treating Family Members/Whānau/Billing			1
	Unprofessional Practice			2
	Fraud	2	1	
Unknown			1	
Patient/ Consumer	Standard of Care	4	19	11
	Boundary Issue	4	2	3
	Communication			3
	Unprofessional Conduct	3	2	2
Police	Boundary Issue		3	1
	Fraud		1	
Public	Boundary Issue	1		
	Holding out as a Physiotherapist			1
	Unspecified	2		
Self-Notification	Competence Concern		1	4
	Unprofessional Practice	1	1	
	Boundary Issue			2
	Treating Family Members/Whānau/Billing			5
	Unspecified		1	
Other	Breach of Conditions to Scope		1	
	Holding out to be a Physiotherapist	1	4	
	Outside of Board's Jurisdiction	1		
	Practising without an APC		2	3
	Advertising			1
	Standard of care			1
	Unprofessional Conduct	1	1	
Total		24	58	80*

* Some complaints have multiple aspects.

Most of the complaints and notifications received relate to concerns regarding practitioners' conduct (Boundary issues and/or provision of, and claiming from third party funders for physiotherapy services provided to family/whānau).

There is a similar number of complaints and notifications that relate to the standard of care provided by the practitioner as the previous year.

Some complaints/notifications have multiple aspects, such as the provision of and invoicing a third-party funder for physiotherapy services provided to an individual with whom the practitioner was in a relationship with (or where the relationship began during, or soon after the physiotherapy services were provided). Such a complaint would be comprised of two distinct elements; (1) the provision of and invoicing of physiotherapy services, and (2) an inappropriate relationship with an individual who was/is a patient.

Outcomes of complaints 2017/2018

Source	Number		Outcome					
	New	Existing	Referred to Health and Disability Commissioner	Referred to Competence Review	Referred to PCC	Referred to HPDT	Ongoing	Resolved
ACC or other Health Funder	15	13	0	3	8	0	17	11
Anonymous	1	1	0	0	0	0	1	1
Courts	0	0	0	0	0	0	0	0
Employer	6	2	3	0	2	0	7	1
Other	1	0	0	0	0	0	0	1
Other Health Practitioner	18	2	2	0	1	1	6	14
Patient/Consumer	18	14	12	6	0	0	14	18
Physiotherapy Board	4	1	0	0	1	1	1	4
Police	1	4	0	0	0	0	4	1
Public	1	1	0	0	0	0	1	1
Self-Notification	11	1	1	0	1	0	9	3
Total	76	39	18	9	13	2	60	55

* Some practitioners have had multiple complaints referred to the same PCC. Each of these complaints is counted separately.

Self-notification has markedly increased in comparison to the previous year. It is unclear why this has changed; it may be related to a change in approach to these issues with ACC.

A further marked change on the previous year is the increase in notifications from other health practitioners. This may be in response to messaging from the Board regarding the professional responsibilities to speak up if there are concerns regarding public safety.

The table below shows the status of complaints received in the 2017/2018 Practising year and three years prior.

Reporting period	Number of new complaints/ notifications	In Progress	Practitioners referred to PCC	Practitioners referred for Competence Review as a result of a complaint	Closed	Withdrawn
2017/18	76	41	13 (4 from complaints received in the 2016/2017 PY)	9 (3 from complaints received in 2017/2018 PY)	33	2
2016/17	58	27	15 (3 from complaints received in the 2015/2016 PY, and 12 from complaints received in the 2016/2017 PY)	1	31	0
2015/16	24	6	5 (3 PCCs from complaints received in 2014/2015 PY, 2 from complaints received in the 2015/2016 PY)	2	18	0
2014/15	33	1	0	3	31	1

*PY refers to Practising Year.

Complaints and notifications have more than doubled since 2014/2015. The number of referrals to a PCC for investigation has also markedly increased in the last 2 years.

Timeliness of PCC's to progress to a conclusion has been a concern. Reasons for this are recorded, monitored closely and where possible influenced. The primary delays are in decisions from HDC, practitioner's and their legal counsel and PCC's of which the Board cannot directly influence.

Referrals to a Professional Conduct Committee

A Professional Conduct Committee (PCC) is a statutory committee appointed by the Board to investigate conduct issues as they arise. It is completely independent of the Board.

The Board refers matters to a PCC in two situations:

- » Notification that a physiotherapist has been convicted of an offence in court. Certain offences automatically trigger a PCC investigation; e.g. a conviction that is punishable by imprisonment for three months or longer;

- » Where the Board considers information held raises questions about a physiotherapist's conduct.

A PCC comprises of two registered physiotherapists and one lay member. A PCC must make recommendations and/or determinations. One of the determinations is that a charge be brought against the physiotherapist before the Health Practitioners Disciplinary Tribunal.

	2014/2015	2015/2016	2016/2017	2017/2018
New PCC cases	0	5***	15**	13*
Existing PCC cases	0	0	3	11
PCCs finalised	0	2	6	8
Pending	0	3	12	16

* Four of the 13 practitioners referred to a PCC in the 2017/2018 practising year were referred as a result of complaints received in the 2016/2017 practising year.

** Three of the 15 practitioners referred to a PCC in the 2016/2017 practising year were referred as a result of complaints received in the 2015/2016 practising year.

*** Three of the five practitioners referred to a PCC in the 2015/2016 practising year were referred as a result of complaints received in the 2014/2015 practising year.

There has been a significant increase in referrals to PCC by the Board. The predominance is in allegations of ACC fraud/false claims and sexual/professional boundary allegations.

Nature of issue	Existing	New	Outcome
Allegation of fraudulent claiming	8	7	5 completed, 10 ongoing 2 determinations (1 HPDT Referral, 1 no further action) 3 Recommendations (Counsel practitioner)
Concerns about standards of practice	1	5	1 Completed, 5 ongoing 1 determination (No further action)
Conduct	2	1	2 Completed, 1 ongoing 2 determinations (1 referral to HPDT, 1 No further action)
Practising without annual practising certificate	0	1*	1 ongoing
Other			

* Two complaints concerning one practitioner were referred to the same PCC.

Health Practitioners Disciplinary Tribunal (HPDT) cases

	2014/2015	2015/2016	2016/2017	2017/2018
New HPDT cases	0	0	1	1
Existing HPDT cases	0	0	2	1
HPDT finalised	0	0	2	1
Pending	0	2	1	1

Appeals and judicial reviews

Decisions of the Board may be appealed to the District Court.

Physiotherapists may also seek to judicially review decisions of the Board in the High Court. This involves the Court assessing whether, in making a decision, the Board has followed its own policies and processes; and that these are reasonable.

There was one judicial review proceeding issued to the Board in the reporting period that was subsequently withdrawn following mediation.

Accreditation

The Board prescribes qualifications for its scopes of practice and monitors, through accreditation, New Zealand educational institutions providing the prescribed qualification.

The purpose of accreditation is to assure the quality of education and training. All New Zealand prescribed qualifications must be accredited and monitored by the Board.

The Board has entered into a contract for accreditation and reaccreditation services of existing or any new education institutions and programmes with the Australian Physiotherapy Council (APC).

Currently there are two existing education institutions accredited by the Board:

- » University of Otago;
- » Auckland University of Technology.

An annual report is provided to the Board by accredited education institutions and an onsite audit is scheduled on a regular cycle. The next onsite audit is scheduled for 2018/2019 for both existing education institutions.

The Board received notice of a new physiotherapy programme seeking accreditation. The application process has commenced.

During the year the Board established accreditation fees for new and existing education institutions and programmes.

06

Workforce Survey Analysis

This employment information is sourced from the voluntary and anonymous Annual Workforce Survey, which asked questions about the 2017/2018 practising year.

The workforce survey was completed by 3872 Annual Practising Certificate (APC) holders (75% of all APC holders) and 701 registrants who were non-APC holders (40% of all non-APC holders). The main reasons given for not completing the survey were 'too busy' or 'no time'.

The age and gender demographics of those who responded to the survey were similar to the age and gender demographics for all New Zealand registered physiotherapists.

The key reasons for not renewing APCs included: practising outside New Zealand (70%), parenting/maternity leave (8%) and working in a non-health profession (7%).



Employment information

The largest practice setting was private practice (58% when including both self-employed and employed). District Health Board (DHB) employees accounted for 25% of APC holders.

Practice Setting	Year	Number	Average Age	Aged 55 and over (percent)	Female (percent)	Average weekly hours worked	FTE rate per 10,000 people
Private practice (self-employed)	2018	1,615	44.8	24%	70%	31.76	3.51
	2017	1,565	44.6	22%	71%	32.04	3.47
Hospital and health services	2018	1,300	39.8	16%	86%	33.34	2.98
	2017	1,287	40.2	17%	88%	33.62	3.01
Private practice (employed)	2018	1,372	34.9	6%	71%	34.91	3.27
	2017	1,193	34.7	7%	71%	34.90	2.89
Education and research	2018	205	47.1	25%	81%	31.60	0.45
	2017	195	46.9	25%	81%	31.62	0.43
Other including voluntary	2018	174	48.6	34%	76%	30.77	0.37
	2017	143	48.0	31%	91%	30.29	0.30
Private hospital or aged care facility	2018	80	48.4	37%	87%	30.77	0.13
	2017	95	47.9	35%	88%	24.51	0.15
Industry or government	2018	94	45.3	20%	76%	34.00	0.23
	2017	89	43.1	13%	78%	35.64	0.21
Not employed in New Zealand	2018	188	40.6	12%	77%	33.52	0.43
	2017	203	37.3	7%	75%	34.48	0.48

Numbers have been extrapolated to represent the total number of APC holders. Source: Workforce Survey 2018

n=3,872

The average age of APC holders has increased slightly in all areas apart from 'hospital and health service' employees, although in the previous year's report it had decreased by a similar amount.

The total number of physiotherapists has increased in each area for 2018 compared to 2017 apart from the 'not employed in New Zealand' and 'private hospital or aged care facility' categories.

There has been an 8.3% increase of in private practice physiotherapists from 2017 to 2018 compared to 1% for Hospital and Health Services for the same period.

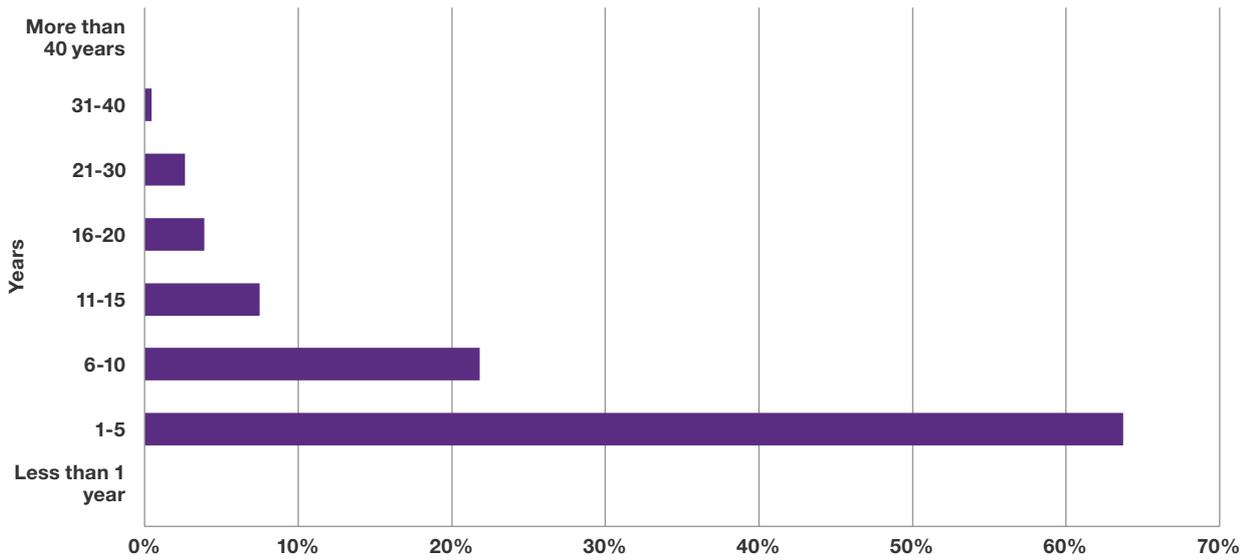
The average weekly hours has remained largely similar to 2017 with 'private practice (employed)' working the longest hours.

The full-time equivalent (FTE) rate per ten thousand population is a measure that compares population to the total number of APC holders and average hours worked to ensure physiotherapy hours worked are growing in line with the population. However, this does not take into account the changing needs of the population. The FTE rate has increased in 'private practice (employed)' due to an increase in numbers, whereas it has decreased in 'hospital and health service' employees due to lower average hours worked per week although it is still one of the highest groups.

Physiotherapists who have worked overseas

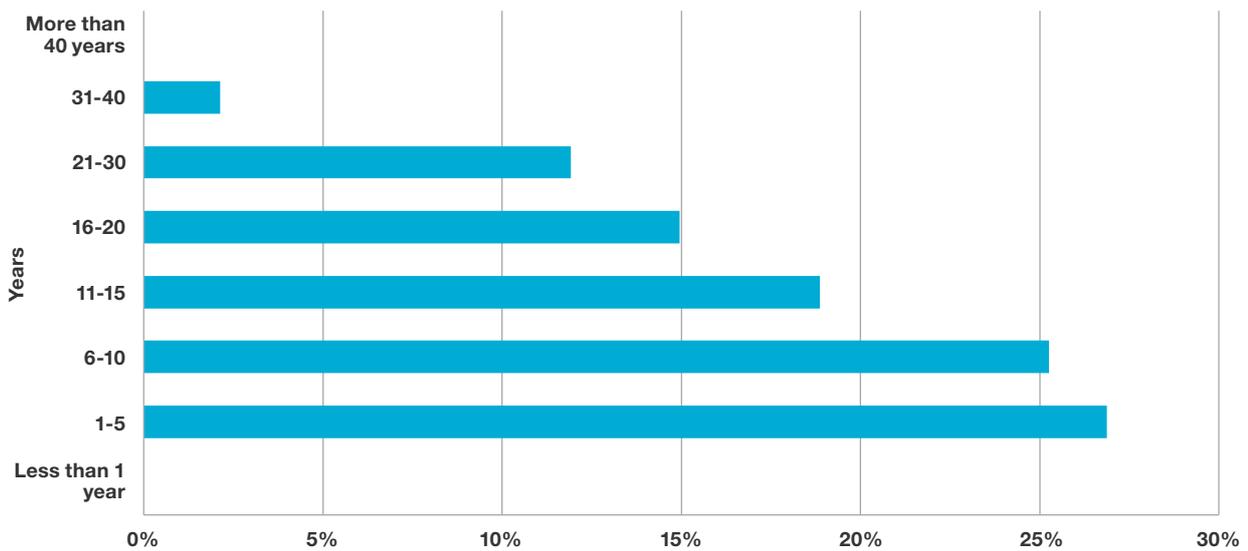
The percentage of physiotherapists who have worked overseas differentiated by the number of years worked overseas.

APC holders



n=2,007
Source: Workforce Survey 2018

Non-APC holders

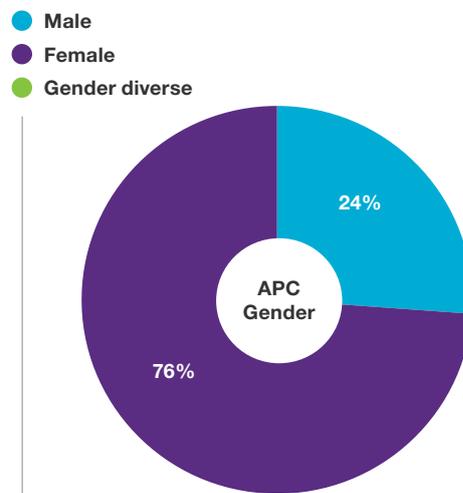
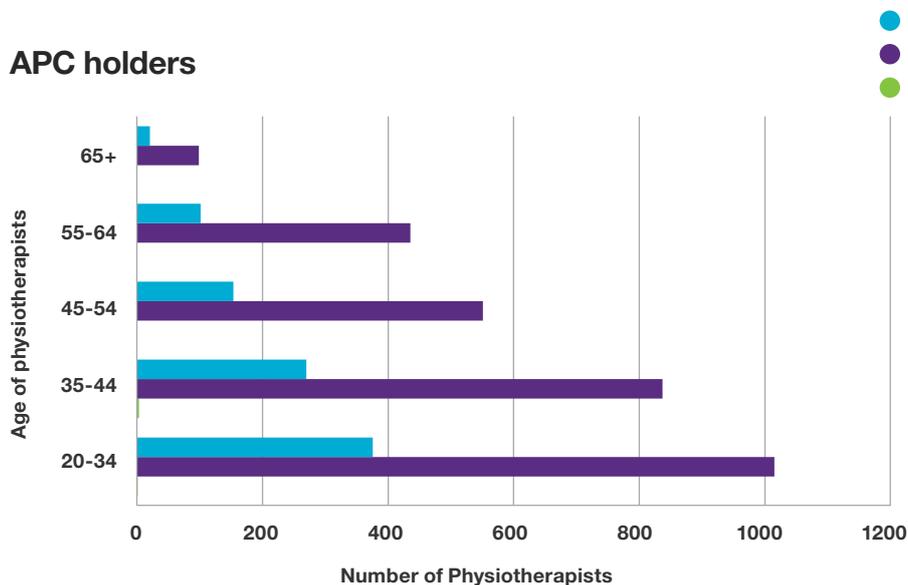


n=591
Source: Workforce Survey 2018

Fifty-two percent of APC holders have worked overseas at some time in their career.

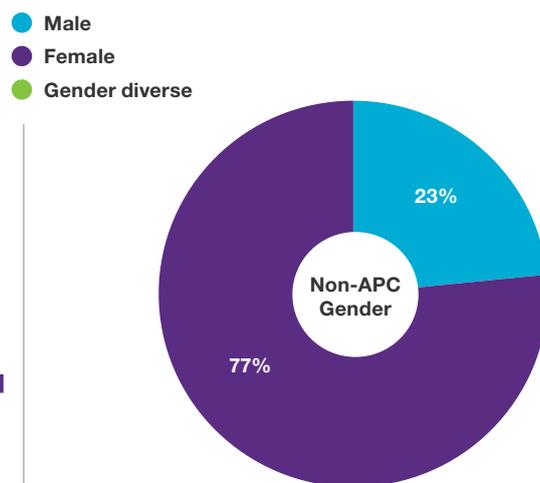
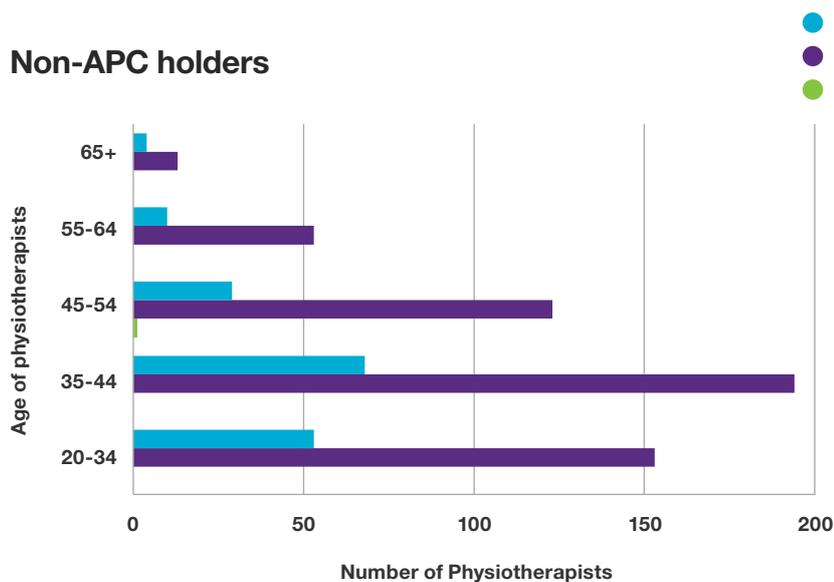
Age and Gender

APC holders



n=3,870
Source: Workforce Survey 2018

Non-APC holders



n=701
Source: Workforce Survey 2018

Overall, the age and gender distribution of physiotherapists is similar to that seen in 2017. The physiotherapy profession remains primarily a female profession with approximately 76% of both APC holders and non-APC holders identifying as female.

This year the option of gender diverse was available and 10 (0.003%) physiotherapists identified as gender diverse.

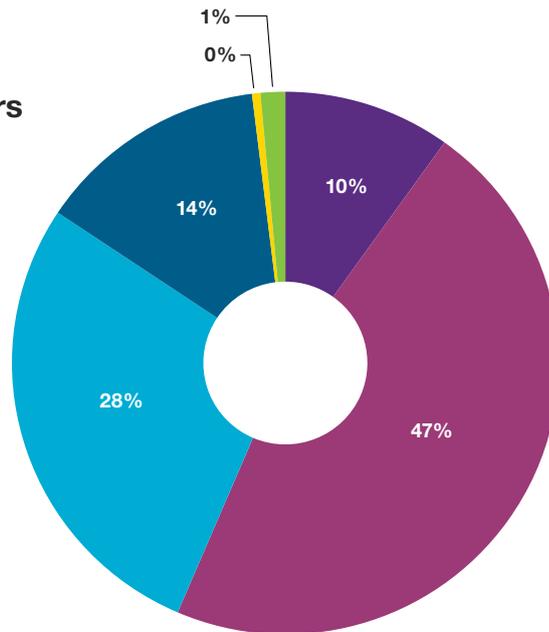
For APC holders the largest age group was 20 – 34 with 36% of physiotherapists in this group, while for non-APC holders the largest group was 35 – 44 with 37% of Physiotherapists in this group.

For male APC holders, 70% of respondents were aged between 20-44 years. This compares to 63% of females.

Highest qualification of APC holders

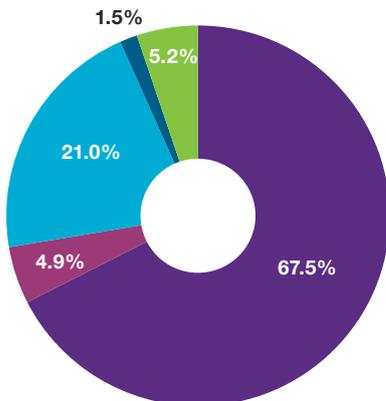
- Diploma or Graduate diploma
- Bachelors degree
- Postgraduate diploma or certificate
- Masters degree
- Doctorate (PhD or DHSc)
- Clinical Doctors degree

The percentage of Diploma or Graduate Diploma has dropped to 10% from 11% last year. This will be a continuing trend, given the current qualification requirements. The percentage with a Bachelor degree increased from 46% to 47%, while the number with a postgraduate qualification remained the same at 43%.



n=3,841
Source: Workforce Survey 2018

Ethnicity of APC holders

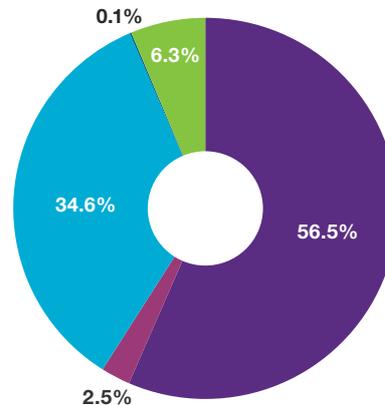


- NZ European
- Pacific Island
- Māori
- Asian
- Other

n=4,195
Source: Workforce Survey 2018

APC holders and non-APC holders who identified as Māori in the 2017/18 workforce survey made up 5% and 3% respectively of all ethnicity responses. Latest population statistics from Statistics New Zealand showed that in December 2016 the Māori ethnic group made up 15.4 percent of the national estimated resident population. (Stats New Zealand, Māori Population Estimates).

Ethnicity of non-APC holders



- NZ European
- Pacific Island
- Māori
- Asian
- Other

n=729
Source: Workforce Survey 2018

Since 2017, for APC holders, 'Other' has risen from 19% to 21%, while 'NZ European' has dropped from 70% in 2017 to 68% in 2018.

Of the 'Other' category those from the UK and Ireland make up almost half. For non-APC holders just over half of the 'Other' category are from the UK and Ireland.

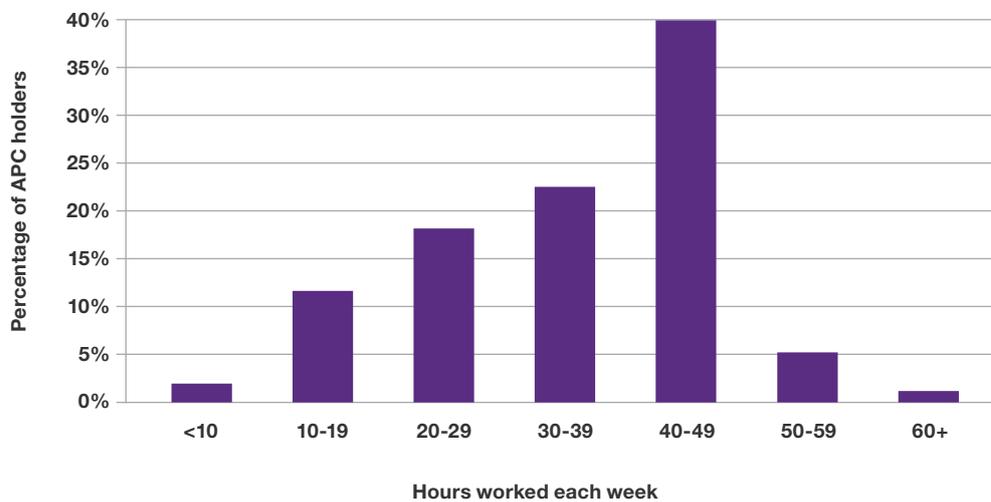
Urban/Rural demographics¹

Area by postcode	% of physiotherapists holding an APC	Ratio of PHO enrolment population to one physiotherapist
Main urban area	94%	1:1185
Rural centre or other rural	3%	1:6644
Unknown	3%	

n=3,872

The urban/rural classification is approximate because many workplace postcodes include both urban and rural areas. Urban areas include small towns, and physiotherapists in these urban areas are likely to have rural clients.

Total hours worked per week by APC holders



n=3,724
Source: Workforce Survey 2018

Sixty-eight percent work 30 hours or more and are classed as full time, while 32 percent work part-time. These statistics are the same as for 2017.

1. With acknowledgment to Emmanuel Jo and Christopher Lane at HWNZ for their assistance.

Number of practising physiotherapists per 10,000 population by DHB enrolment

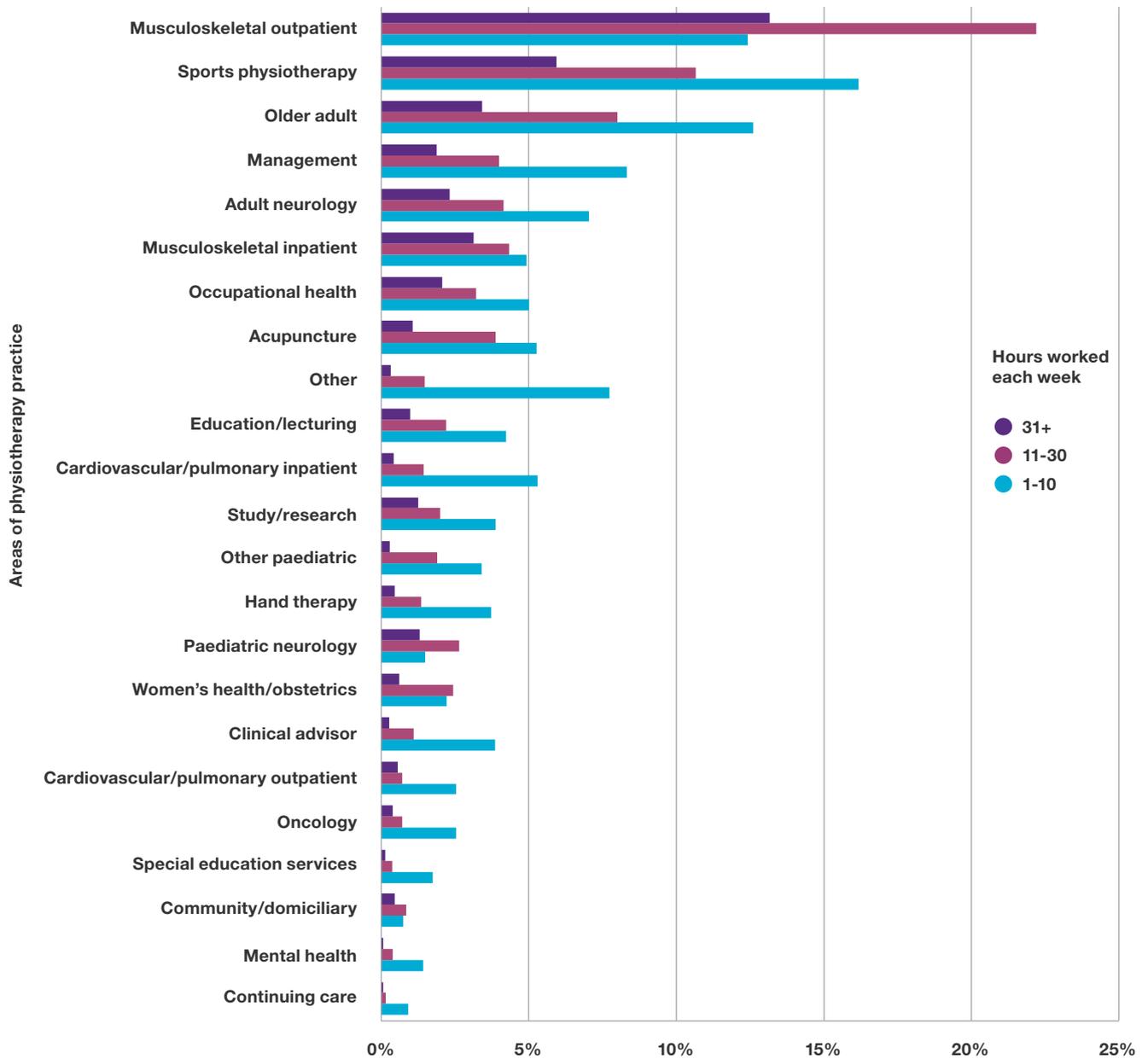
Map table

Physiotherapists per 10,000 PHO enrollees	
Northland	8
Waitemata	3
Auckland	35
Counties Manukau	4
Waikato	9
Lakes	6
Bay of Plenty	17
Tairāwhiti	8
Taranaki	10
Hawke's Bay	10
Whanganui	7
Mid Central	8
Hutt Valley	11
Capital and Coast	14
Wairarapa	11
Nelson Marlborough	13
West Coast	14
Canterbury	13
South Canterbury	11
Southern	16



For the above map the location of physiotherapists has been determined through responses to the workforce survey question "In which geographical area(s) (based on District Health Boards) have you been working in 2017/2018?" and extrapolated to represent all APC holders.

The percentage of physiotherapists working 1 to 10, 11 to 30 and more than 31 hours per week in each area of practice



The y-axis is ordered from most to least of the total number of physiotherapists working in these areas.

n=3,724
Source: Workforce Survey 2018

07

Financial Statements

For The Year Ended 31 March 2018

Statement of Financial Performance	52
Statement of Changes in Equity	53
Statement of Financial Position	54
Statement of Cash Flow	55
Statement of Accounting Policies	56
Notes to the Financial Statements	59-64
Audit report	65-67



Financial Statements

Statement of Financial Performance

For the Year Ended 31 March 2018

	NOTE	2018 \$	2017 \$
Revenue from non-exchange transaction			
Annual Practising Certificates Fees		1,376,892	1,320,753
Disciplinary Levy		668,142	180,788
Disciplinary recoveries		36,953	12,519
		2,081,987	1,514,060
Revenue from exchange transaction			
Non Practising Fees		71,652	74,172
Overseas Registration Fees		326,481	287,844
Other Registration Fees		75,668	74,641
Other Revenue		7,840	7,057
Interest		72,308	67,608
		553,949	511,322
Total Revenue		2,635,936	2,025,382
Expenditure			
Board, Governance and Profession	1	256,727	228,089
Advisory Groups	2	238,580	149,718
Discipline	3	421,701	366,839
Secretariat	4	1,702,678	1,467,324
Total Expenditure		2,619,686	2,211,970
Net (Deficit) / Surplus		16,250	(186,588)

Financial Statements

Statement of Changes in Equity

For The Year Ended 31 March 2018

	2018 \$	2017 \$
Equity at beginning of period	1,402,236	1,588,824
Net (Deficit) / Surplus for the period	16,250	(186,588)
Total recognised Revenues and Expenses for the per	16,250	(186,588)
Equity at End of period	1,418,486	1,402,236

	2018 \$	2017 \$
Analysis of Individual funds		
General Reserve		
Balance brought forward	1,216,068	1,294,750
Surplus/ (Deficit) for the period	(290,675)	(78,682)
Closing Balance	925,393	1,216,068

Disciplinary Reserve		
Balance brought forward	186,168	294,074
Surplus/ (Deficit) for the period	306,925	(107,906)
Closing Balance	493,093	186,168

Financial Statements

Statement of Financial Position

For the Year Ended 31 March 2018

	NOTE	2018 \$	2017 \$
Current Asset			
Cash and Cash equivalents	5	1,712,992	1,477,735
Investments	6	2,500,000	2,164,508
Receivables from non-exchange transactions		26,300	-
Provision for Doubtful debts from non-exchange transaction	7	(24,100)	-
Receivable from exchange transactions		34,069	39,813
Prepayments		47,925	40,099
Total Current Asset		4,297,186	3,722,155
Non-Current Assets			
Property, Plant & Equipment	8	152,728	169,234
Intangible Assets	9	68,265	81,524
Total Non-Current Assets		220,993	250,758
Total Assets		4,518,179	3,972,913
Current Liabilities			
Goods and Services Tax		326,345	272,178
Accounts Payable	10	374,274	282,794
Lease incentive liability		47,782	57,667
Income in Advance from non exchange transaction	11A	2,285,762	1,896,884
Income in Advance from exchange transaction	11B	65,530	61,154
Total Current Liabilities		3,099,693	2,570,677
Total Liabilities		3,099,693	2,570,677
Net Assets		1,418,486	1,402,236
Equity			
General Reserve		925,393	1,216,068
Disciplinary Reserve		493,093	186,168
Total Equity		1,418,486	1,402,236

For and behalf of the Board



Janice Mueller
Board Chair
Dated: 13 July 2018



Jeanette Woltman-Black
Chief Executive
Dated: 13 July 2018

Financial Statements

Statement of Cash Flow

For the Year Ended 31 March 2018

SUMMARY STATEMENT OF CASHFLOW	2018 \$	2017 \$
Operating Activities		
<i>Cash was provided from:</i>		
APC and Disciplinary Levies	2,433,910	2,003,934
Other Income received	505,080	446,836
Interest Received	69,643	72,123
Funds held on behalf of HRANZ	7,261	(552)
<i>Cash was applied to:</i>		
Payments to Suppliers and Others	(1,246,568)	(1,018,805)
Payment to IRD (GST)	(52,940)	(59,142)
Payments to Employees	(1,114,131)	(929,961)
Net Cash Inflow/(Outflow) From Operating Activities	602,255	514,443
Investing Activities		
<i>Cash was provided from:</i>		
Sale of Property, Plant & Equipment	255	-
<i>Cash was applied to:</i>		
Purchase of Intangible Assets	(16,004)	(10,822)
Purchase of Property, Plant & Equipment	(15,757)	(18,696)
Term Deposits	(335,492)	(249,349)
Net Cash Inflow/(Outflow) From Investing Activities	(366,998)	(278,867)
Net Increase in Cash Held	235,257	235,566
Cash at beginning of year	3,642,242	3,157,327
Cash transferred to Term Deposit	335,492	249,349
Closing Bank Balance	4,212,991	3,642,242
<i>Represented By:</i>		
Cash and Cash Equivalents	1,712,992	1,477,734
Investment – Term Deposits	2,500,000	2,164,508
Closing bank balance	4,212,992	3,642,242

Financial Statements

Statement of Accounting Policies

For the Year Ended 31 March 2018

REPORTING ENTITY

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

These financial statements have been approved and were authorized for issue by the Board Members.

BASIS OF PREPARATION

The financial statements have been prepared in accordance with New financial reporting framework (Tier 2 public sector PBEIPSAS) on the basis that it does not have public accountability and is not defined as large.

The Board has elected to report in accordance with Tier 2 public sector PBE accounting standards and, in doing so, has taken the advantage of all applicable reduced disclosure regime (RDR) disclosure concessions. These financial statements have been prepared on the basis of historical cost.

SPECIFIC ACCOUNTING POLICIES

Functional and presentational currency

The financial statements are prepared in New Zealand dollars (\$), which is the Board's functional currency. All

information presented in New Zealand dollars has been rounded to the nearest dollar.

Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Board and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received.

The following specific recognition criteria must be met before revenue is recognised.

Revenue from non-exchange transactions

Annual Practising Certificate (APC) fees and Disciplinary levies

APC revenue and Disciplinary levies is recognised in full upon the commencement of the practising year to which it relates. Revenue from the provision of other services is recognised when the service has been provided. Where provision of services is extended over a period of time the stage of completion is estimated and revenue recognised when the degree of service has been provided.

Disciplinary recoveries

Disciplinary recoveries represent fines and costs awarded to the Board by the Health Practitioners Disciplinary Tribunal (HPDT). The amount awarded represents a percentage or a portion of the Professional Conduct Committees (PCC) and HPDT costs.

Once awarded by the HPDT, disciplinary recoveries are reflected in the accounts at the time those costs were incurred and at the amount determined by the HPDT.

Revenue from exchange transactions

Non practising fees

Only those fees attributable to the current financial period are recognised in the statement of comprehensive revenue and expenses.

Overseas registration fees

Overseas registration fees include the Application for Initial Consideration and assessments.

Other registration fees

Other registration fee includes New Zealand graduate application, Trans-Tasman Mutual Recognition (TTMR) application fee, Restoration application fee, Return to practice application fee, Special Scope of practice application and Specialist Scope of Practice application fees.

Other Revenue

Other Revenue include the Certificate of registration, Certificate of good standing and late APC Fee.

Interest income

Interest revenue is recognised as it accrues, using the effective interest method.

Other income

All other revenue from exchange transactions is recognised when earned and is reported in the financial period to which it relates.

Financial Instruments

Financial assets and financial liabilities are recognised when the Board becomes a party to the contractual provisions of the financial instrument.

The Board ceases to recognise a financial asset or, where applicable, a part of a financial asset or part of a group of similar financial assets, when the rights to receive cash flows from the asset have expired or are waived, or the Board has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party; and either:

- » the Board has transferred substantially all the risks and rewards of the asset; or
- » the Board has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Financial Assets

Financial assets within the scope of PBE IPSAS 29 Public Sector (PS) Financial Instruments: Recognition and Measurement are classified as financial assets at fair value through surplus or deficit, loans and receivables, held-to-maturity investments or available-for-sale financial assets. The classifications of the financial assets are determined at initial recognition.

The Board's financial assets include: cash and cash equivalents, short-term investments, receivables from non-exchange transactions and receivables from exchange transactions.

Impairment of financial assets

There has been no impairment of financial assets for the year ended 31 March 2018.

Financial liabilities

The Board's financial liabilities include trade and other creditors (excluding GST and PAYE) and employee entitlements.

All financial liabilities are initially and subsequently recognised at fair value (plus transaction cost for financial liabilities not at fair value through surplus or deficit).

Receivables

Receivables are stated at estimated realisable values.

Property, Plant & Equipment

Property, plant & equipment are 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. Property, plant & equipment are written down immediately if any impairment in the value of the asset causes its recoverable amount to fall below its carrying value.

Depreciation

Depreciation of property, plant & equipment is charged at the rates prescribed in the Income Tax Act 2007 for that class of asset. Office fitout is depreciated over the length of time remaining on the lease of the premises. The following rates have been used:

Office furniture & equipment	7.5% - 39.60% diminishing value
Computer equipment	40% - 50% diminishing value
Office fitout	10% straight line

Intangible Assets

Intangible Assets comprise non-physical assets which have a benefit to the Board for periods extending beyond the year the costs are incurred.

Amortisation

Intangible assets are amortised over the period of benefit to the Board at the following rate:

Database software	5 years
--------------------------	---------

Leases

Payments made under operating leases are recognised in the Statement of Financial Performance on a basis representative of the pattern of benefits expected to be derived from the leased asset.

Employee Entitlements

Provision is made in respect of the Board's liability for annual leave at balance date. Annual leave has been calculated on an actual entitlement basis at current rates of pay.

Taxation

The Physiotherapy Board has been recognized as a charity by the Inland Revenue Department and is therefore exempt of income tax.

Goods & Services Tax

All amounts are stated exclusive of Goods & Services Tax (GST), except for accounts receivable and accounts payable which are stated inclusive of GST. The Physiotherapy Board of New Zealand is GST registered Entity.

Change in accounting policies

This is the first year the financials have been prepared in accordance with PBE IPSAS RDR. Previously the financials had been prepared under PBE SFR – A (NFP). This has not resulted in any changes to the accounting policies applied by the entity.

Equity

Equity is measured as the difference between total assets and total liabilities. Equity is made up of the following components:

Operational reserves:

Operational reserve is funded from various fee revenue streams.

Disciplinary reserve:

Disciplinary reserves is funded from disciplinary levy received from profession.

Significant accounting judgements, estimates and assumptions

The preparation of the Board's financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the accompanying disclosures, and the disclosure of contingent liabilities. Uncertainty about these assumptions and estimates could result in outcomes that require a material adjustment to the carrying amount of assets or liabilities affected in future periods.

Judgements

In the process of applying the Board's accounting policies, management have not made any significant judgements that would have a material impact on the financial statements.

Estimates and assumptions

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year, are described below.

The Board based its assumptions and estimates on parameters available when the financial statements were prepared. Existing circumstances and assumptions about future developments, however, may change due to market changes or circumstances arising beyond the control of the Board. Such changes are reflected in the assumptions when they occur.

Notes to the Financial Statements

	NOTE	2018 \$	2017 \$
1. Board and Governance			
Fees		124,218	111,445
Meeting expenses & travel		126,225	111,264
Other costs		6,284	5,380
		256,727	228,089
2. Assessors and Projects			
Fees		142,180	101,907
Meeting expenses & travel		9,743	8,887
Legal fees		2,738	3,401
Research Scholarship		-	5,000
Scope of Practice Project		7,063	-
Code of Ethics Project-Implementation		1,391	-
Joint Competencies – Aust		-	13,608
Standards Project		25,789	-
Information Technology Project		45,069	-
Accreditation Project		4,607	16,915
		238,580	149,718
3. Discipline			
Fees		130,592	118,622
Meeting expenses & travel		15,280	35,958
Legal fees		231,916	155,477
Other Cost		43,913	56,782
		421,701	366,839
4. Secretariat			
Audit fees		6,871	6,741
Bank Fee		23,331	62,624
Depreciation & amortisation	7 and 8	60,898	63,996
Information Technology		59,458	62,740
Insurance		7,452	5,207
Loss on disposal of property, plant & equipment		375	431
Lease costs		2,027	2,394
Legal fees		14,149	74,143
Telephone, postage & courier		24,661	24,168
Occupancy costs		279,393	130,475
Other costs		39,140	13,352
Personnel		1,129,620	969,371
Printing and stationery		10,398	14,063
Professional fees		9,645	4,608
Publications (includes Project Publications)		24,877	15,737
Recertification		10,383	17,274
		1,702,678	1,467,324

5. Cash and Cash Equivalents

Cash and cash equivalents is the amount of cash that is readily available without insignificant risk of change in value.

6. Investments

Investments are four bank term deposits which have maturity date in June 2018, July 2018 (2 Investments) and September 2018.

7. Provision for Doubtful Debts

The Board has estimated the provision for doubtful debts as it is likelihood that Board will not be able to recover the fine and costs from the practitioner awarded to the Board by the Health Practitioners Disciplinary Tribunal (HPDT).

8. Property, Plant & Equipment

	COST \$	ACCUMULATED DEPRECIATION \$	BOOK VALUE \$
At 31 March 2017			
Office furniture & equipment	36,508	16,029	20,480
Computer equipment	68,167	44,237	23,929
Office fitout	160,971	36,145	124,826
	265,646	96,411	169,235

At 31 March 2018			
Office furniture & equipment	43,129	19,642	23,487
Computer equipment	67,654	50,756	16,898
Office fitout	160,971	48,628	112,343
	271,754	119,026	152,728

	OPENING BALANCE APRIL 2017 \$	ADDITIONS \$	DISPOSALS \$	DEPRECIATION \$	BOOK VALUE MARCH 2018 \$
At 31 March 2018					
Office furniture & equipment	20,480	7,230	357	3,866	23,487
Computer equipment	23,929	8,529	275	15,285	16,898
Office fitout	124,826	-	-	12,483	112,343
	169,235	15,759	632	31,634	152,728

9. Intangible Assets

	COST \$	ACCUMULATED AMORTISATION \$	BOOK VALUE \$
At 31 March 2017			
Database software/website	420,131	338,607	81,524
At 31 March 2018			
Database software/website	436,137	367,872	68,265

	OPENING BALANCE APRIL 2017 \$	ADDITIONS \$	DISPOSALS \$	DEPRECIATION \$	BOOK VALUE MARCH 2018 \$
At 31 March 2018					
Database software/website	81,524	16,005	-	29,264	68,265
	81,524	16,005	-	29,264	68,265

10. Accounts Payable

	2018 \$	2017 \$
Accounts payable	141,109	106,249
Accruals	138,724	107,998
Employee entitlements	75,423	56,790
HRANZ	19,018	11,757
	374,274	282,794

11A. Income in Advance From Exchange Transaction

Fees received relating to 2017/2018 & 2018/2019 year		
Annual practice fees	1,691,875	1,277,144
Discipline levy	593,887	619,740
	2,285,762	1,896,884

11B. Income in Advance From Non- Exchange Transaction

Non-practising register maintenance fee	65,530	61,154
	65,530	61,154

12. Depreciation and Amortisation

	2018 \$	2017 \$
Depreciation of property, plant & equipment		
Office furniture & equipment	3,866	3,908
Computer equipment	15,283	12,869
Office fitout	12,483	13,869
Amortisation of intangible assets		
Database software/Website	29,265	33,350
	60,897	63,996

13A. Leases – Building and Equipment

As at the reporting date, the Board has entered into following non-cancellable operating lease

	2018 \$	2017 \$
Not later than one year		
80 The Terrace, Wellington	107,256	107,256
10 Customhouse Quay	83,256	135,821
Lease of multi-function devices (Photocopy, printer etc.)	-	1,110
	190,512	244,187
Later than one year		
80 The Terrace Wellington	518,404	598,846
	518,404	598,846

The lease agreement at 80 the Terrace (commencement date 1 November 2014) is in the names of the Dental Council, Physiotherapy Board, Medical Sciences Council of New Zealand, New Zealand Medical Radiation Technologist Board and the Pharmacy Council of New Zealand (five responsible authorities) all of which have joint and several liabilities. This lease expires on 31 October 2023 with a right of renewal of

a further six years. Physiotherapy Board have and continue to be impacted by the 2016 Kaikoura earthquake with Board offices not able to be occupied at 80 the terrace. The Board has a legal obligation to pay the rent at 80 The Terrace whilst the Secretariat has vacated the building and additional earthquake strengthening is undertaken to the satisfaction of the Board's Engineer.

13B. Leases – Building (five responsible authorities)

	2018 \$	2017 \$
Not later than one year		
80 The Terrace, Wellington	450,240	450,240
	450,240	450,240
Later than one year		
80 The Terrace, Wellington	2,176,205	2,513,893
	2,176,205	2,513,893

There are no commitments for capital expenditure at balance date. (2017 Nil).

14. Categories of Financial Assets and Liabilities

	2018 \$	2017 \$
Financial Assets		
Cash and Cash equivalents	1,712,992	1,477,735
Receivable from non-exchange transactions	2,200	-
Investments	2,500,000	2,164,508
	4,215,192	3,642,243
Financial Liabilities		
Accounts payable	141,109	106,249
Employee entitlements	75,423	56,790
	216,532	163,039

15. HRANZ Funds

Current asset and current Liabilities includes \$19,018 held on behalf of HRANZ as per the MOU and the Board provides administrative services for this joint organization. The balance of 2016-2017 was 11,757.

16. Westpac Business Mastercard

Board has a credit card facility of \$10,000.

17. Contingent Liabilities

As at year end there are a number of ongoing professional misconduct matters regarding Physiotherapy practitioners. Apart from ongoing administrative and legal costs associated with these matters it is not clear whether any of these matters will result in financial implications on the Physiotherapy Board.

18. Contingent Assets

The Board has been unable to occupy the premises located at 80 the Terrace since 17 February 2017 due to remedial work required on the building following the Kaikoura earthquake on 14 November 2016. The Physiotherapy Board has business interruption insurance and have forwarded a claim to the insurance company. The Board is expected to receive the economic benefit for this in the financial year 2018-19 – being either rent abatement or an insurance payout. An estimate of this contingent asset has not been disclosed due to the uncertainty surrounding the actual value of abatement or insurance pay-out.

19. Related Party Transactions

Remuneration paid to the Board Members

The Board has related-party transaction with respect to fees paid to Board members and with respect to Board members who pay to the Board APC fees and disciplinary levies as Physiotherapist. Fees paid to the Board members for attending Board, Committee, working party meeting and participating in other forums are disclosed below.

	2018 \$	2017 \$
Board Members		
Janice Mueller (Chair)	52,921	47,804
Maarama Davis (Deputy Chair)	16,620	16,875
Sandra Ferdinand	15,046	12,064
Cameron McIver	12,360	16,016
John Sandston	9,837	10,087
David Baxter	11,550	11,494
Scott Thomson	16,088	12,361
Total	134,422	126,701

Key management personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the governing body comprising the Board members, the Chief Executive and Registrar, who constitute the governing body of the Board with authority and responsibility for planning, directing and controlling the activities of the entity. The aggregate remuneration paid to the Board members is set out above. The aggregate remuneration of the key management personnel and the number of individual, determined on a full time equivalent basis, receiving remuneration are as follow.

	2018 \$	2017 \$
Total remuneration	360,000	220,000
Number of persons	2	2

The Chief Executive and Registrar roles had been undertaken by the same person for the part of the 2016-2017 financial year.

20. Events After Balance Date

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

Audit Report

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INDEPENDENT AUDITOR'S REPORT TO THE READERS OF THE PHYSIOTHERAPY BOARD OF NEW ZEALAND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2018

The Auditor-General is the auditor of The Physiotherapy Board of New Zealand. The Auditor-General has appointed me, Robert Elms, using the staff and resources of Staples Rodway Audit Limited, to carry out the audit of the financial statements of the Board on his behalf.

Opinion

We have audited the financial statements of The Physiotherapy Board on pages 2 to 14, that comprise the statement of financial position as at 31 March 2018, the statement of financial performance, the statement of changes 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 financial statements of The Physiotherapy Board on pages 2 to 14, present fairly, in all material respects:

- its financial position as at 31 March 2018; 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 International Public Sector Accounting Standards Reduced Disclosure Regime.

Our audit was completed on 16 July 2018. 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 relating to the financial statements and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

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

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

Responsibilities of the Board for the financial statements

The Board is responsible for preparing financial statements that are fairly presented and that comply 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 financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible on behalf of The Physiotherapy Board for assessing the 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 Physiotherapy 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 financial statements

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

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

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

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

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

We communicate with the 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 Physiotherapy Board of New Zealand 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 Physiotherapy Board of New Zealand.

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

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

