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# Our logo

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**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

**7,094**  
Total registrants

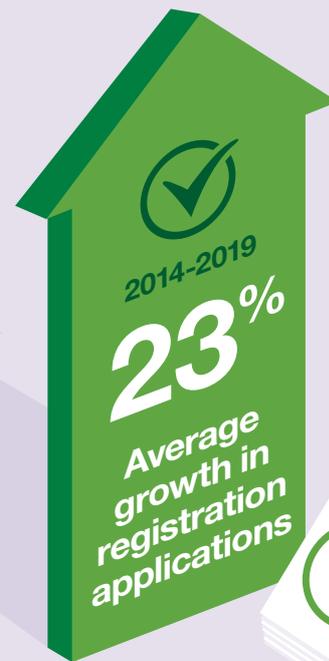


**8**

Eight practitioners are registered in the Scope: Physiotherapy Specialist.

## FIVE YEAR TIMELINE: 2014-2019

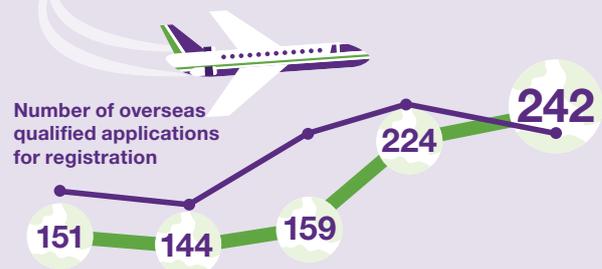
Number of complaints



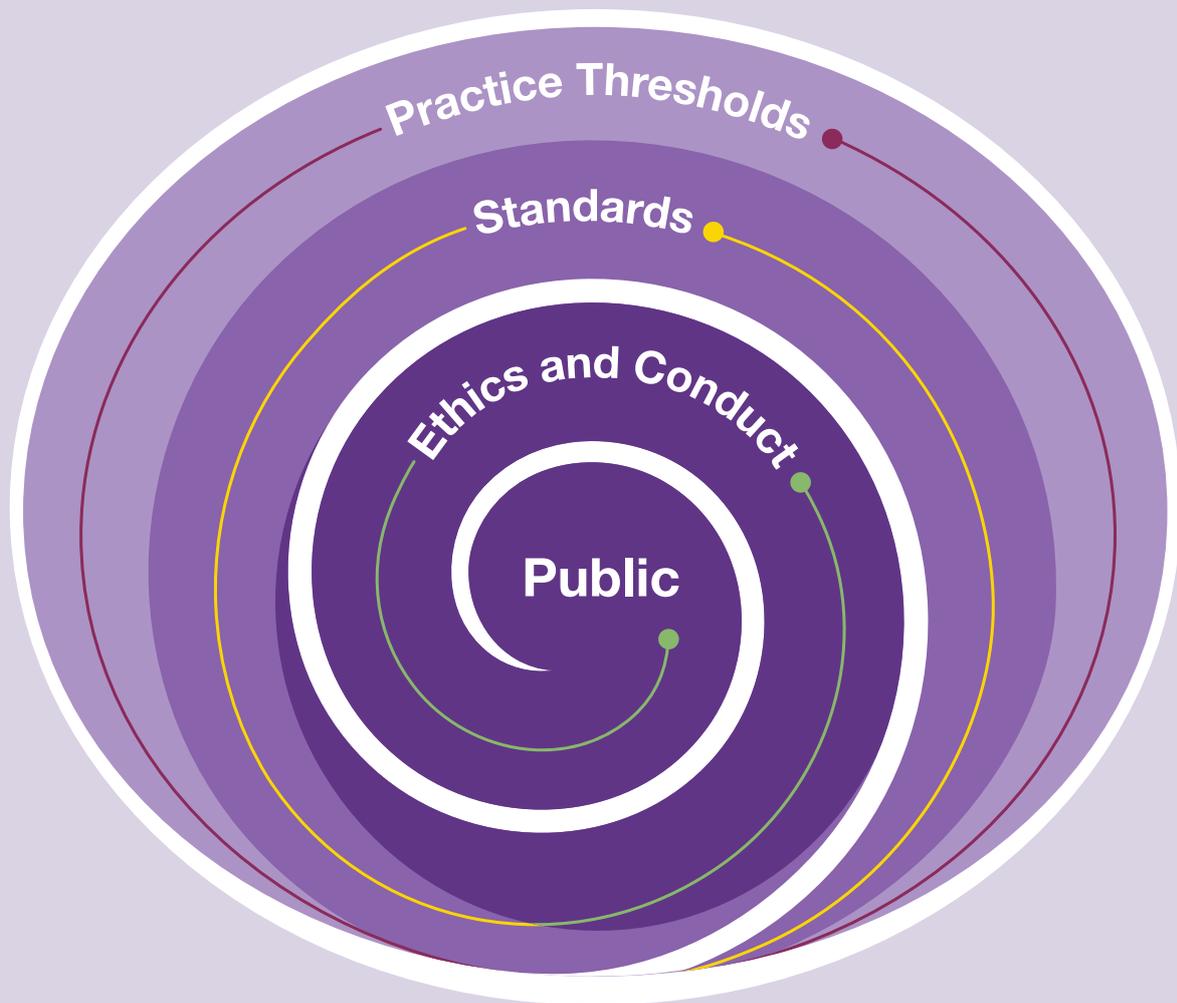
Average growth in APC holders (%)



Number of overseas qualified applicants granted registration



# Physiotherapy Standards



# 01

## Governance

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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 2018/2019 to the Minister of Health.**

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Through the period April 2018 to March 2019, the primary driver of our activity has been the launch and roll out of the Professional and Practice Standards and the revised Code of Ethics and Professional Conduct. The consultation process was extremely positive with the highest level of submissions and engagement with the profession in the history of the Board. The engagement was in conjunction with Physiotherapy New Zealand (the professional association), ACC and the Health and Disability Commissioner. The "joined up" approach to setting the direction and expectations with key stakeholders for the physiotherapy profession is another first and a highly successful model that we will utilise again.

The subsequent requests, seminars and follow up has also been one of the most fruitful activities with the profession. The level of interest and attendance has been an eye opener with some valuable messages being the need to

provide more and targeted education and a real commitment from the profession to ensure the public can have confidence in physiotherapists to provide safe and effective services.

Two key work programmes that were delayed from the previous year have progressed; namely, a review of the recertification programme and the development of a new proposed scope of practice. The Board has endorsed the draft proposals to progress to consultation in the coming year.

There continues to be a significant body of work managing the growing trend in complaints and notifications. Analysis of any trends is important to assist the Board with where to invest key messages and to understand if there is such a thing as an at risk physiotherapist.

The Board Office Lease on the Terrace in Wellington has continued to be unoccupied



following the Kaikoura earthquake. As such, the calculated remaining liabilities have been required to be recognised in this year's financial position. The Board anticipates subletting the premises and this expected income is included in the overall financial impact.

In the previous year the Board adopted (with minor amendments to reflect the Aotearoa New Zealand setting) the Australian Accreditation Standards and established a contract with the Australian Physiotherapy Council to undertake accreditation and reaccreditation of our training institutions. This year a full reaccreditation of the Auckland University of Technology and University of Otago was completed and accreditation was awarded to the Waikato Institute of Technology (Wintec).

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 against our strategic plan objectives, 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 2019 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**

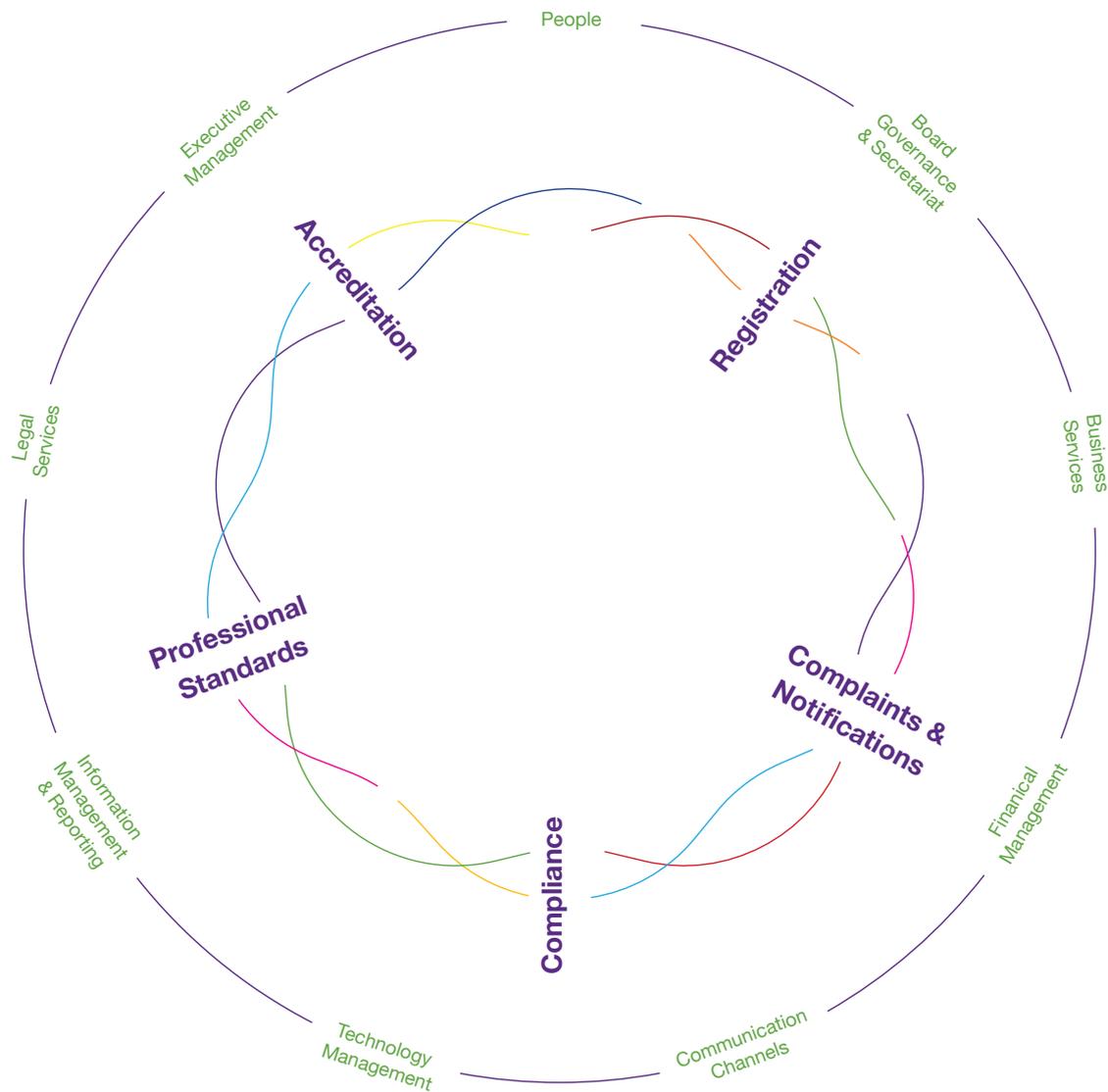
We are proud of what we do and take a quality assurance approach to how we do it



## 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

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



**Janice Mueller**

**Chair**

Physiotherapist, Coromandel



**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  
(until July 2018)

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

#### Members

Janice Mueller

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

Scott Thomson  
(Chairperson from  
July 2018)

Monitor the Board's compliance with statutory responsibilities

David Baxter  
(from July 2018)

### Health Committee

#### Chair

Sandra Ferdinand

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.

#### Members

Janice Mueller

Maarama Davis

Alice Barach  
– Physiotherapist,  
Dunedin

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

Jodie Black  
– Psychologist,  
Dunedin

The Health Committee is a delegation of the Board, and is in place to support, advise and when sought make decisions on fitness to practice under sections and 27 of the HPCAA.

## Secretariat

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

<b>Chief Executive</b>	<b>Jeanette Woltman-Black</b> Manages the strategic functions and overall business of the Board and is responsible for the general management and statutory compliance of the organisation.
<b>Registrar</b>	<b>Ross Johnston</b> 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 and Complaints / Notifications teams.
<b>Deputy Registrar Registration/ Recertification</b>	<b>Lisa Mansfield</b> 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.
<b>Deputy Registrar Complaints and Notifications</b>	<b>Suzanne Halpin</b> Manages the complaints and notifications processes, reporting and monitoring. Sub-delegations from the Registrar as appropriate.
<b>Complaints Officer</b>	<b>Gitika Mangar</b> (0.5fte from 1 November 2018) <b>Shannon Krishna</b> (June 2018 – November 2018) Supports the Deputy Registrar Complaints and Notifications. <b>Lynette Hosie</b> (until 20 April 2018)
<b>Registration/ Recertification Officers</b>	<b>Devon Smit</b> (maternity leave from 27 August 2018) <b>Milly Gooch</b> (from 29 August 2018) <b>Gitika Mangar</b> (1fte until 31 October 2018 then 0.5fte from 1 November 2018) <b>Chloe Allan</b> (maternity cover from 22 January 2019) <b>James Mansfield</b> (until 26 January 2019)  Deal with tasks relating to registration and recertification such as applications for registration under all scopes, APC applications and annual renewal.
<b>Professional Advisors</b>	<b>Jon Warren</b> (0.8fte) (and 0.5fte vacancy) Provide professional advice and support on risk management, practice reviews and matters as they relate to the legislative responsibilities of the Board.
<b>Accountant</b>	<b>Manjinder Cheema</b> Provides overall financial management and is responsible for accounting policies and procedures as well as IT service provision.
<b>Communications and Engagement Manager</b>	<b>Rob Egan</b> Manages the Board's ongoing communication strategies, including publications, website, consultations and online initiatives.
<b>Executive Assistant, Board Secretary and PCC Coordinator</b>	<b>Angela Taylor</b> Provides support to the Chief Executive. Additionally, performs Board Secretary functions, and provides administrative support to the Professional Conduct Committees (additional duties from 10 December 2018).
<b>PA to the Registrar and Board Secretary</b>	<b>Lisa Kinghorn</b> (until 8 December 2018) Provided support to the Registrar and performed Board Secretary functions.
<b>Accounts and Administration Officer</b>	<b>Roshni Muthumala</b> (from 13 November 2018) Provides finance and office administrative support.

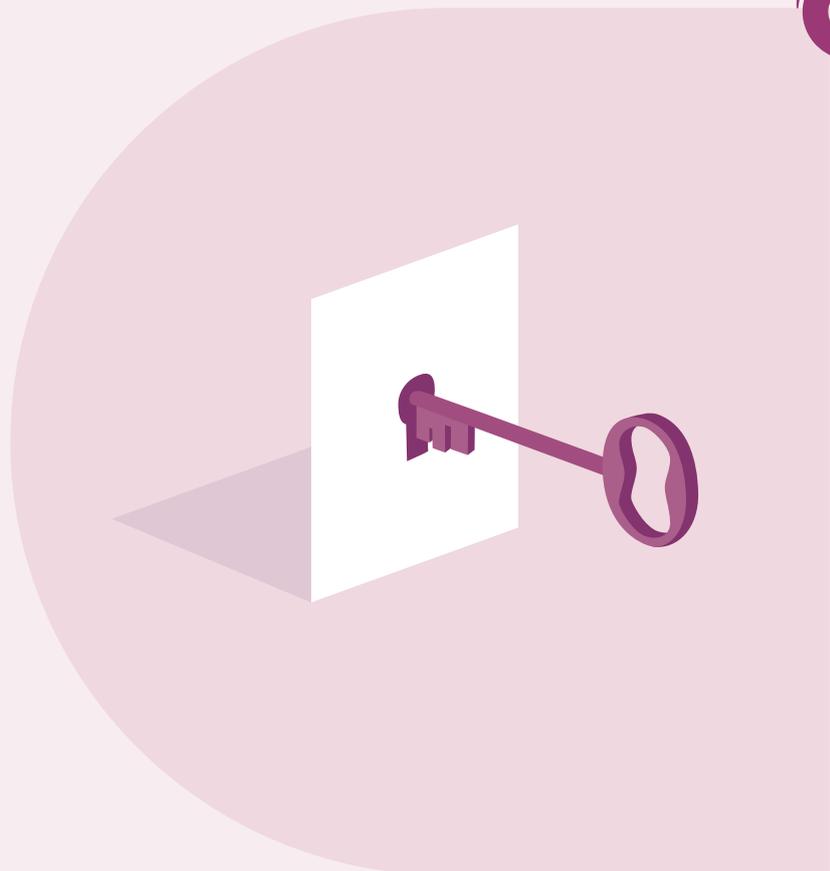
# 03

## Strategic Goals and Key Projects 2018/2019

The Strategic Plan (2017–2022) was revised in 2017, 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

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 internationally-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 four years of complaints and notifications data was completed and presented to the Board. This work was undertaken in house and was published on the Board's website.

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 38).

**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 approved a series of 14 draft standards. These draft standards were developed in May 2017 for consultation via a series of roadshows and an online survey. Over 1,000 submissions were received and fully considered by the Board. The new Physiotherapy Standards Framework was endorsed for release by the Board in March 2018.

The Standards were 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 was via a series of roadshows in conjunction with PNZ, ACC and the Health and Disability Commissioner.

Additional seminars and presentations have been made to DHB's and private practices.

### **1.1C Communications and engagement with the profession to understand the purpose of the Standards and requirements to comply with them**

**Measure:** Communication plan to be developed and launched

The Communication Plan was completed and implemented. The implementation of the Standards commenced 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 for varied purposes, and the Board are proud that this collaboration on practice and professional standards is a co-operative approach.

Seminars took place during the year, along with the dissemination of communications directly to practice settings.

The Board website and Facebook provided a good platform and 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 were the avenues for public communications. Hard copy communications for practice settings were developed for publication and dissemination during the year as an insert in Physiotherapy Magazine and at conference/seminar settings.

# 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**

#### **2.1A Establish Māori leadership scholarship**

**Measure:** Māori leadership scholarship in place

The Board gained access to the Ngā Manukura o Āpōpō Leadership Programme and agreed to support two scholarships for the 2018/2019 year.

Two scholarships were awarded. They presented to the board highlighting their learnings, benefits of attending and plans for future development.

#### **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.

Face-to-face meetings were held with Māori undergraduate students from the University of Otago and Auckland University of Technology (AUT) to discuss who the Board is, its functions, their aspirations and how we can support them. Discussions have been had with Wintec around early engagement with their undergraduates.

### 2.1C Involve emerging young Māori physiotherapists in a current established leadership programme

**Measure:** Māori graduate invited to governance section of Board meeting

Two emerging Māori physiotherapy leaders were selected to receive the scholarship. They attended the programme in 2018 and reported to the March 2019 Board meeting on their experience and learnings.

In addition, the Board invited a young Māori/Pacific Island physiotherapist to attend the Board meeting to share her experiences of working in the profession in New Zealand.

### 2.1D Establish mentorship/Tuakana-Teina for Māori graduates

**Measure:** Mentorship programme established. This objective was not achieved by the Board. Tae Ora Tinana have mentorship/support in place for Māori graduates.

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

### 2.2A Learn from and collaborate with other Responsible Authorities

There was strong collaboration between the Board and many other Responsible Authorities on the release of the Health Practitioners Competence Assurance Act Amendment Bill. There was a high degree of discussion and collaboration on the development of submissions and presentation to Select Committee. Whilst some Responsible Authorities had varying considerations, the learnings were valuable.

Resources and materials from other Responsible Authorities were willingly provided to assist the Board in the development of the draft Standards and revision of the Code of Ethics.

## 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. Further work is planned for the coming year with a focus on Māori cultural competence.

## 2.4 Develop education expectations

### 2.4A Develop mandatory cultural competence training for recertification

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

The review and revision of the Recertification Programme was completed and approved to release for consultation in the coming year. The inclusion of mandatory cultural competence training was not progressed.

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

#### 2.5A Profile Māori physiotherapy leaders

Six Māori/Pacific physiotherapy leader profiles have been completed. The profiles are showcased on the Board website and Facebook page, and will be used in other communications as appropriate. In addition, the Board Cultural Advisor and a Physiotherapy Specialist were also showcased. The response from these has been very positive.

#### 2.5B Develop a communications plan to support this priority

**Measure:** Communication plan developed and implemented

Specific and targeted communications including a newsletter focussing on cultural competence and use of leadership profiles prioritised this objective.

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

**Measure:** Consultation capitalises on this priority

Consultation on the draft Standards and Code of Ethics was held with practices with a high number of Māori and Pacific Island physiotherapists.

# 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

#### 3.1B Engage with stakeholders to determine their needs and develop and engagement plan for implementation

**Measure:** Develop consumer reference group (sports)

A meeting with the Health Quality and Safety Commission was held with the view of engaging with them for consumer input. This did not eventuate due to their current commitments. The Physiotherapy Association (PNZ) has a number of special interest groups, one specifically for sports physiotherapy. The special interest groups are actively used for technical input.

A joint Regulatory Authority approach to a consumer reference group was discussed however did not progress.

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

**Measures:** Engagement completed and plan implemented. Improvement in response rates and contacts with the Board.

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 was a collaboration with ACC, PNZ and HDC.

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

The combined campaign/roadshow launch and implementation of standards and expectations on the profession is a first.

The number of submissions (more than 1,000) was the highest response rate recorded by the Board.

### 3.1D Engage with the Board contractors and training institutions to determine their scopes of influence for key Board messaging

**Measure:** Common engagement campaigns completed

The roadshow and seminars on the draft Standards and Code of Ethics were well attended. The training institutions hosted a number of these, and Board contractors were specifically invited to attend. Some contractors held seminars locally in their community to share the Standards with their colleagues. Seminars were jointly held in DHB's with physiotherapy leaders and in-service sessions were initiated by Board contractors.

**Measure:** Annual contractor/Board forum completed

As a number of Board contractors were invited and supported to attend the roadshow, this was the opportunity to engage with them across the country.

In addition, training was provided to Board contractors who undertake overseas registration assessing, professional conduct committee membership and competence reviews.

**Measure:** Annual onsite Heads of School meeting with the Board

The Board met with the University of Otago and Auckland University of Technology in August 2018.

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

### 3.2A Optimise use and accessibility of the Board website

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.

The Board renewed its website (the site went "live" in

November 2018) along with increased analytics and functionality to measure activity.

### 3.2B Explore other technology for stakeholder engagement

**Measures:** Utilisation of alternative mediums for engagement

The Board's Facebook page is used, alongside email, as an additional medium for communication. The Facebook 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 5800 registrant Facebook accounts which we target directly with advertising to ensure a cost-effective spend. In addition, the page has 627 likes and 686 followers.

For significant events, we have instituted the 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)

Due to the website upgrade, website statistics are only available for the period December 2018 – March 2019. Over this period, the Board's Standards Framework document (incorporating Thresholds, Code of Ethics, and Standards) was accessed 535 times.

The Board wishes to thank and acknowledge the work of Board contractors.

### 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)

**Measures:** 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 used in the last 12 months include, for example:

- » Tutorial and lectures with undergraduates
- » Presentations to graduates
- » Presentations at key national and international conferences including DHB Leaders Forum, PNZ Conference
- » Educational roadshow events
- » Direct email via Mailchimp and database emailing

**Measure:** profile into all practice settings – resources for the public

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

**Measure:** Regular communications and presentations at conferences attended by the Board and Secretariat including:

- » Physiotherapy New Zealand Conference. The Board also has a stand at this conference
- » DHB Leaders' Conference
- » Australian Physiotherapy Association Conference
- » National Registration and Accreditation Scheme Conference
- » Partnering with Physiotherapy New Zealand and ACC on roadshow events
- » Allied Health Conference
- » World Health Regulation Conference
- » Australian Physiotherapy Association Business and Leadership Conference
- » World Congress Physical Therapy Conference

### 3.4 Increase outreach with Board newsletter

#### 3.4A Bi-monthly newsletter

**Measure:** Regular newsletter produced, engagement sustained or increased

In 2018 the Board continued its newsletter schedule of one newsletter every two months, alongside this the number of stories in the newsletter have been increased. This appears to have worked to continue to grow engagement with the average open rate for newsletters for the 2018 period increasing to 59% from 54.2% the previous year. By comparison, the industry standard open rate (health and fitness) is 14.9%.



# 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 Continuous Professional Development (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 to ensure alignment of CPD requirements and practice with the HPCAA**

**Measure:** Review completed

A Working Group was formed to review the recertification programme and CPD requirements. The review was completed, and the draft revised programme was endorsed by the Board to progress to consultation. The consultation will commence in the coming year.

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

**Measure:** Engagement completed

An engagement plan has been developed and will be implemented 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 standard completed

The options for a business standard were completed in consultation with business owners. It was determined that a standalone standard was not the best option and a guideline will be developed 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

The review of CPD requirements specific to ethics was completed as part of the recertification programme review. The Board have endorsed the draft revised recertification programme including revised CPD, this will be consulted on in the coming year.

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

##### 4.4B Ongoing development of Standards

**Measure:** Ongoing development of Standards

Three further proposed draft Standards were presented to the Board in February 2019. These have been endorsed by the Board to progress to consultation in the coming year.

##### 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 was completed in conjunction with the revised Code of Ethics (joint Board and PNZ document). The Communications Plan included:

- » 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
- » Targeted seminars into private practices.

The launch and national roadshows were held in collaboration with PNZ, ACC and the 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.

### 4.5 Explore online e-learning

#### 4.5A Explore e-learning e.g. on ethics as a pre APC prerequisite

**Measure:** Ethics learning module as prerequisite for APC explored

International (British Columbia) APC prerequisites were reviewed. This approach has value although outcomes are yet to be realised in that jurisdiction and a full costing of this model would need to be undertaken prior to progressing this option further. The Board has endorsed an enhanced ethics component to be incorporated into the proposed recertification programme that is being released for consultation in the coming year. In addition, a declaration regarding the Board Standards is being looked into as part of the annual practising certificate renewal.

#### 4.6 Enhance learning and understanding of the profession by the Board

##### 4.6A Analysis of workplace settings and areas of practice via on line survey

**Measure:** Contract analysis of workforce survey

BERL were contracted to assist with the analysis of workforce survey data. This was completed and has been utilised for presentations at conferences, seminars, annual reporting, social media, and newsletter content.

**Measure:** Publication of workforce analysis

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

**Measure:** Contract analytics of complaints and notifications completed

The current analysis of complaints and notifications was reviewed by an external company. The result was that they could not add any further value to the current analysis.

BERL are working with the Board to review analysis of conversion rates from a complaint/notification to outcome. This will assist in projections of costs related to conduct matters.

##### 4.6C Education programme developed to reinforce advocacy and education in the Thresholds

**Measure:** Education programme developed

A specific programme for a subset of the Thresholds has not been developed; education on all of the components of the Thresholds was an active part and incorporated into the Physiotherapy Standards framework roadshow.

Direct educational sessions are provided to undergraduates and to registered physiotherapists on Board direction in response to a conduct/competence matter.

#### 4.7 Review of Scopes

##### 4.7A Review of General Scope including option of titled scope

**Measure:** Review commenced

A Working Group was established to undertake a review of whether a titled scope for advanced physiotherapy would enhance public protection. This review was completed with a proposed new scope of practice endorsed by the Board to progress to consultation in the coming year. In conjunction with the proposed new scope of practice, proposed changes to the general and specialist scopes were made. These proposed changes will also progress to consultation 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 has been one applicant to sit the exam.

As part of the review of the general scope of practice within the proposed additional scope the specialist scope was reviewed. The outcome of the review will progress to consultation in the coming year.

In addition, the profession was surveyed to assist in understanding the likely numbers of future applicants and what the current barriers to applying for registration are under this scope. The outcome of the survey will be presented to the Board in May 2019.

# 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

A scoping review of the current website and proposed improvements was completed. A Business Case was completed and a revision of the website tendered. A successful tenderer was selected and the revised website developed. The new website went live late in 2018 and has added value to the Board's communications through greater integration with other platforms, reduction of content management time and resource, greater security, and less downtime.

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

**Measure:** Implementation of system changes

A Business Case for a comprehensive review and integration of the database, on-line functions and finance systems was prepared. The outcome was the cost versus benefit analysis did not result in this being viable. The alternative option of an upgrade of the on-line function (dashboard) with subsequent improvements to the database was approved and implemented.

The website was also renewed.

### **5.1C Explore and implement alternative and/or complementary avenues for contact with stakeholders**

**Measure:** Plan developed for Board consideration

Eventbrite is now being used to manage stakeholder attendance at events and the Board's Facebook page has provided another avenue for stakeholder relations via the sharing of stakeholder content and stakeholder sharing of Board content.

In the 2018 year the Board also increased engagement with key Government stakeholders including having the Chair of the Health Select Committee host the Excellence in Physiotherapy roadshow launch as a Parliamentary event, and engagement with both the Select Committee and the Minister regarding legislation amending the Health Practitioners Competence Assurance Act 2003.

Work is underway to review the Board's stakeholder engagement and to formalise a plan for future engagement.

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

**Measures:** Recertification Programme reviewed and templates developed for loading

The Recertification Programme was completed. The proposal will be consulted on in the coming year.

## **5.2 Online functions enhanced**

### **5.2A Interactive technology explored and implemented (interactive/videos)**

The Board has increased its use of video as an online communication format, as well as producing more technically complex video content. The increased functionality of the new website has also allowed for video to be incorporated more easily into the site's pages and allowed "convergent" feature stories that utilise text, still images, and video. This is in line with the mainstream news industry's increased emphasis on multimedia communication.

### **5.2C Student/new graduate site developed**

**Measure:** Go live with student/new graduate site

**Measure:** Views of students/new graduates sought and received

This project has been put on hold, and potentially superseded, by the development of the new main website. An assessment of the performance of the new website is required to determine if the potential outcomes offered by a dedicated new graduate site can be delivered by the new site. A plan for an online registration function for new graduates is planned for the coming year.

# 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** Scope of Practice: Physiotherapist
- 2** Scope of Practice: Physiotherapy Specialist
- 3** Special Purpose Scope of Practice: Visiting Physiotherapy Presenter/Educator
- 4** Special Purpose Scope of Practice: Postgraduate Physiotherapy 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 Agreement 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 2019, 7094 practitioners were registered with the Board, of whom 5422 held an APC.

This is an increase in APC holders of 5.63% (5133 in 2017/2018) which is a larger increase than the previous three practising years, which had increases of 4.2%, (2015/2016) 4.3% (2016/2017) and 4.6% (2017/2018).

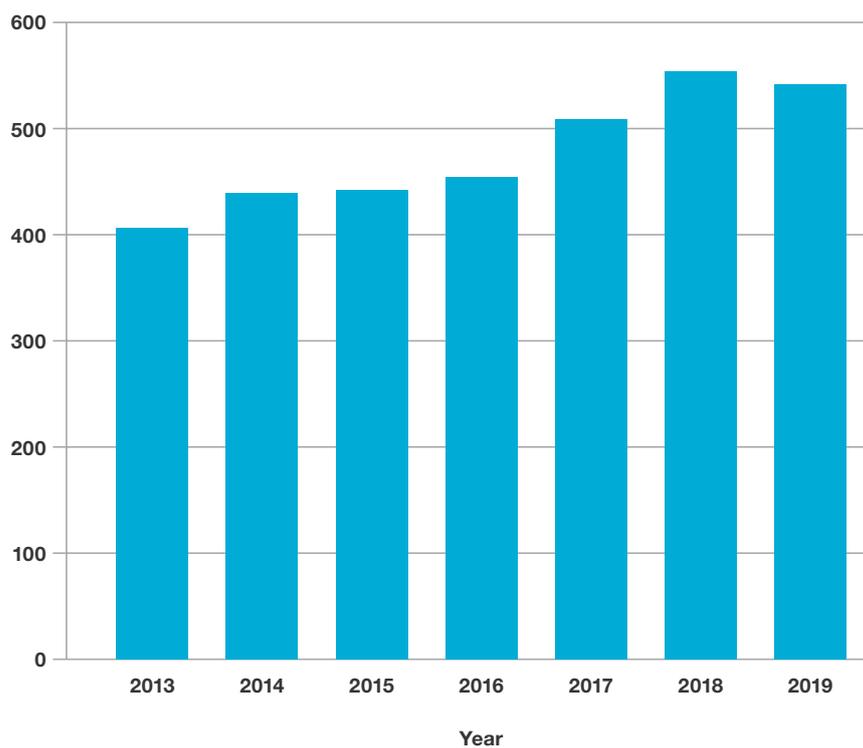
Scopes of Practice	HPCA Act Section	Number of Applications Received	Outcomes*		
			Registered	Declined applications	Withdrawn or returned applications
Scope of Practice: Physiotherapist (New Zealand Qualified)	12(2)(b)	232	237	0	0
Scope of Practice: Physiotherapist (Overseas Qualified)	12(2)(c)	233	242	9	9



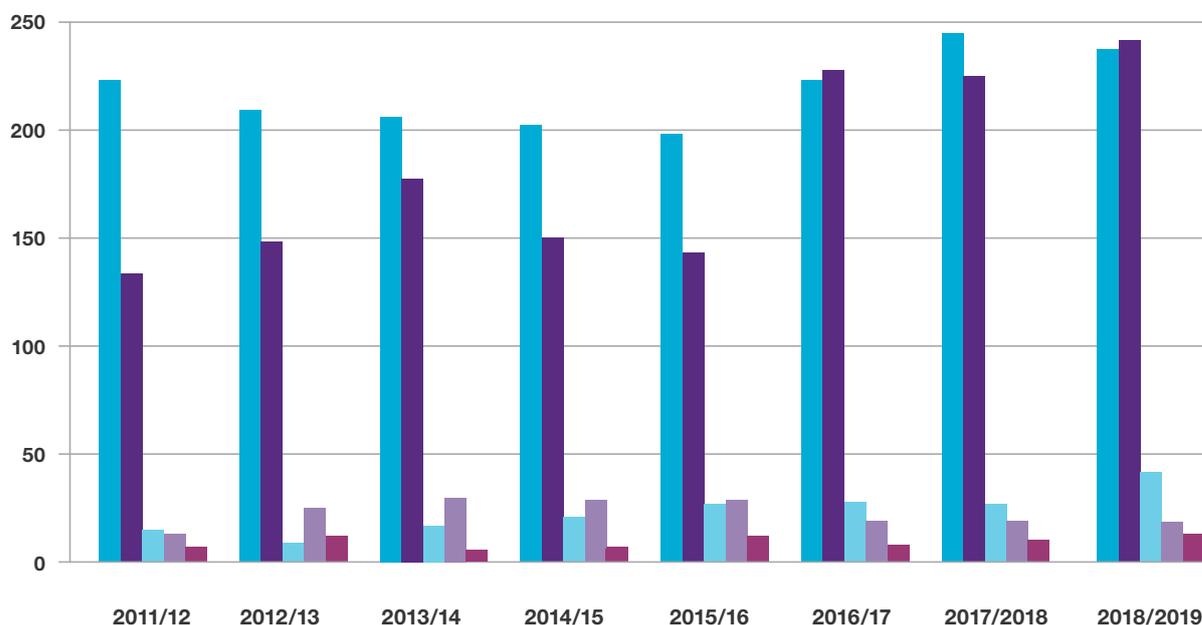
Continued	Scopes of Practice	HPCA Act Section	Number of Applications Received	Outcomes*		
				Registered	Declined applications	Withdrawn or returned applications
	Scope of Practice: Physiotherapist (via TTMR)	17(1)	42	42	0	0
	Special Purpose: Postgraduate Physiotherapy Student	12(2)(c)	21	18	0	0
	Special Purpose: Visiting Presenter/Educator	12(2)(e)	14	13	0	0
	Scope of Practice: Physiotherapy Specialist		0	0	0	0

\* 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

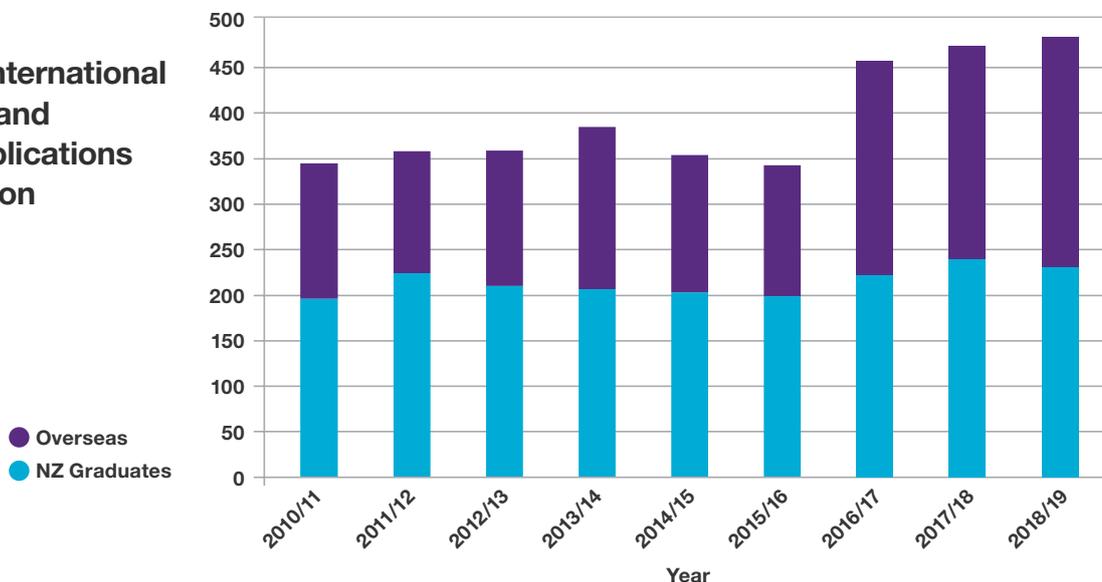


<span style="color: #00AEEF;">●</span> NZ Graduates	224	210	207	203	199	224	247	237
<span style="color: #58357E;">●</span> Overseas	134	149	178	151	144	228	224	242
<span style="color: #4FC3F7;">●</span> TTMR	15	9	17	21	27	28	27	42
<span style="color: #9575CD;">●</span> Postgraduate	13	25	30	29	29	19	19	18
<span style="color: #C2185B;">●</span> Visiting Presenter	7	12	6	7	12	8	10	13

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 2018/2019 year, 233 applications for registration were received from internationally qualified physiotherapists. This has decreased 5.67% since the 2017/2018 year; 247 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	2018/2019
Austria				1
Belgium		1	2	
Brazil		1		1
Canada	4	4	1	4
Chile				1
Denmark			1	
Egypt	1			
Germany			1	
Hong Kong	3		1	4
India	4	4	11	3
Iran	1		1	
Ireland	37	30	33	44
Israel			1	1
Italy	2			
Jamaica		1		
Jordan			1	
Malaysia				1
Netherlands	2		2	3
Pakistan			1	1
Philippines			1	
Poland		1		
Singapore		1	2	3
South Africa	7	16	40	33
Sweden				1
United Kingdom	77	96	114	140
USA	4	4	9	1
Zimbabwe	2		2	

## Country of origin resulting in unsuccessful registration

Country	2015/16	2016/2017	2017/2018	2018/2019
Brazil	1			
Egypt			1	
Germany	1	1		
India		2	5	5
Italy			1	
Jordan			1	
Nepal				1
Nigeria				1
Poland			1	
Romania			1	
South Africa				1
Spain				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 practice
- » 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.

Forty-two physiotherapists registered in New Zealand under TTMR in 2018/2019. This is an increase of 15 TTMR registrations compared to the previous year.

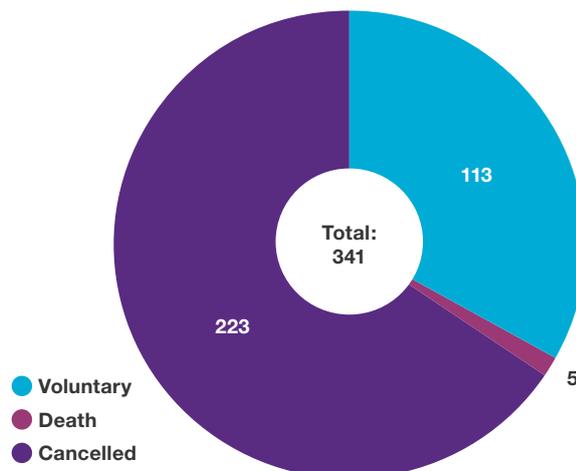
\* A competence examination may be offered at the discretion of the board in borderline cases where the applicant is close to meeting the Thresholds.

### Removal from the register

During the 2018/2019 Practising Year, 341 physiotherapists were removed from the register. Of these 341:

- » 113 were voluntarily removed under section 142 or 144(3) of the Act
- » five were removed on notification of death; and
- » the remaining 223 had their registration cancelled under section 144(5) because the Board was unable to make contact with them.

Thirty-one physiotherapists applied and were granted restoration of their registration.

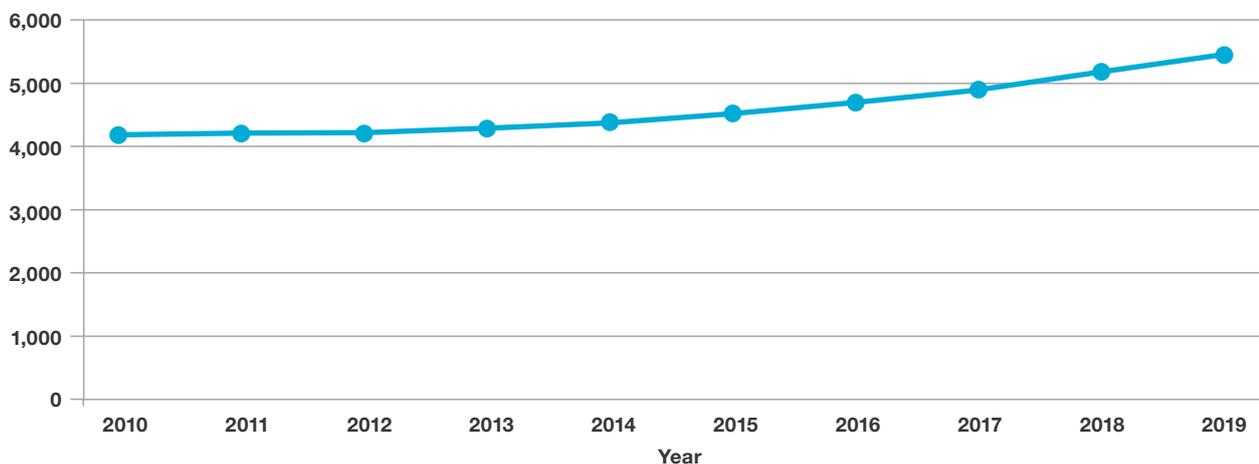


### Annual Practising Certificates (APC)

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 289 over the last twelve months. This is a 5.63% increase from the previous year and 24.22% over the last five years.

The Board may determine conditions are placed on a practitioner’s scope of practice or decline an APC application. During the 2018/2019 year, sixteen conditions were placed on new applications for an APC.

## Applications for Annual Practising Certificate

Number of Applications for 2018/2019 APC	Outcomes	
<b>Total 5428</b>	<b>APCs issued</b>	
	5422	
	<b>APC issued with conditions on scope of practice</b>	
	21	
	<b>Returners to Practice</b>	<b>Other*</b>
	8	13
	<b>Applications Withdrawn</b>	
	3	
	<b>Applications Declined or Not Issued</b>	
	3	

During the year 1 April 2018 to 31 March 2019 the annual turnover of physiotherapists was 5.3%.

This compares to 7.8% from the previous year and is lower than the three years prior.

\* 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.

## Suspensions and Conditions placed on Registration

The practising certificates of two practitioners were suspended in the 2018/2019 practising year. Of these two, one practitioner had the suspension on their practising certificate lifted, and one practitioner's practising certificate remains suspended. Another practitioner, whose practising certificate was suspended in the 2016/2017 practising year, had the suspension on their practising certificate lifted in the 2018/2019 practising year.

The registration of one practitioner remained suspended in the 2018/2019 practising year. This practitioner was initially suspended in the 2016/2017 practising year.

The reasons for these suspensions were as a result of complaints (two) and following notifications regarding fitness to practise (two).

Twenty-one practising physiotherapists had conditions on their scope of practice in the 2018/2019 practising year.



# 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 on the physiotherapist’s scope of practice following a competence review if it is deemed to meet the requirement of public safety.

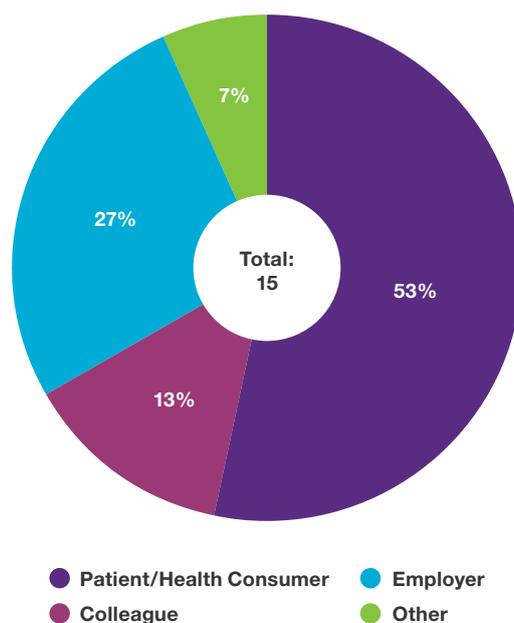
### Competence notifications and complaints concerning competence

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	2018/2019
Patient/Health Consumer	7	19	15	8
Colleague	1	2	1	2
Employer	0	2	1	4
Ministry of Health	0	0	0	0
Accident Compensation Corporation	0	4	3	0
Health and Disability Commissioner	0	0	0	0
Other	1	2	4*	1*
<b>Total</b>	<b>9</b>	<b>29</b>	<b>24</b>	<b>15</b>



In the 2018/2019 Practising Year, most of the concerns about physiotherapists’ competence arose from complaints by patients/consumers.

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

## Unsatisfactory audit outcomes

	2015/2016	2016/2017	2017/2018	2018/2019
Unsatisfactory outcome of Board Recertification Audit	1	2	1	4

## 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.

## Outcomes of competence notifications (and complaints concerning competence)

Competence Matters	2017/2018				2018/2019			
	Existing	New	Closed	Ongoing	Existing	New	Closed	Ongoing
Complaints, concerns, notifications	17	24	23	18	21	15	25	11

Outcomes	Competence Concerns /Notifications
No further action	14
Conditions	0
Competence review	7 (one other recommendation for competence review)
Educative Discussion	10
Competence Programme	4
Final Outcome pending	11

## Competence Reviews

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

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 two 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). The competence reviewers provide a report to the Board. The principles of natural justice underpin the process.

In the 2018/2019 Practising Year:

- » four competence reviews were conducted as a result of complaints, compared with nine in the previous Practising Year
- » one competence review was undertaken as a result of a PCC investigation.

Note: some reviews were undertaken in the 2018/2019 year from matters raised in prior years.

## Competence Programmes

The Board has individualised competence programmes in response to specific physiotherapists' competence concerns. Four competence programmes were established in the 2018/2019 Practising Year. One competence programme, established in the previous practising year, remains ongoing into the 2018/2019 Practising Year. One competence programme established in a previous practising year concluded in the 2018/2019 Practising Year.

Those practitioners with competence programmes have a Registrar-appointed supervisor.

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

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

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

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

\*\*\*\*One practitioner's competence review was established as a result of a recommendation by a professional conduct committee (PCC).

### Fitness to Practise

Throughout the 2018/2019 Practising Year, fifteen new health notifications were received\*. There were a further six existing notifications from previous practising years, bringing the total number of ongoing notifications in the 2018/2019 Practising Year to twenty-one. Sixteen notifications were resolved during the practising year, leaving five ongoing.

During the 2018/2019 Practising Year:

- » Fifteen practitioners made declarations when applying for registration. Twelve of these declarations concerned the practitioner's health.

- » Sixty-three practitioners made declarations when applying for an APC. Twenty-six 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 2019.

\*A health notification for the purpose of this section includes notices given under s45 HPCA Act where there is reason to believe that a health practitioner is unable to perform the functions required for the practice of physiotherapy because of some mental or physical condition and any other circumstances that come to the Board's attention where a practitioner may be unable to perform the functions required for the practice of physiotherapy because of some mental or physical condition.

### 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 2018, 264 practitioners were selected, of these:

- » 251 completed the audit successfully
- » eight were deferred to the following year due to exceptional circumstances,
- » one changed their practising status; and
- » four did not pass the recertification audit and were required to either participate in a future audit, or are subject to a competence review.

## Conduct and Complaints/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 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 are received from patients/health consumers.

The Board has seen a continued increase in the number of complaints and notifications in the last 12 months. The trend over the last five years has been an ongoing increase. 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 the Health and Disability Commissioner (HDC). The HDC can refer the complaint back to the Board to establish whether there has been a breach of Board Standards or Code of Conduct.

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 can be included in the health practitioner’s scope of practice.

The Board received 94 complaints and notifications in the 2018/2019 year. Nineteen complaints were received from health consumers. A further nine notifications were received from ACC or another health funder. The number of complaints and notifications received has increased 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 reasons including, but not limited to:

- » engagement with the profession – specifically the launch of Board Standards
- » improvement in access for those who wish to make a complaint
- » increase in education
- » continued improvement in recording and management of complaints
- » the continued professional relationship with ACC.

## Complaints by source

Source*	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
ACC or other health funder	0	1	13	15	9
Courts	0	1	0	0	1
Employer	1	1	2	6	8
HDC	3	0	0	0	0
Other (e.g. anonymous)	0	4	8	6	2
Other health practitioner	6	2	5	18	43
Patient/Health Consumer	21	11	23	18	19
Police	0	0	4	1	0
Public	1	3	0	1	7
Self-notification	1	1	3	11	2
Physiotherapy Board	Included in category "Other" for these years				5
<b>Total</b>	<b>33</b>	<b>24</b>	<b>58</b>	<b>76</b>	<b>96</b>

\*Some complaints may be referred by multiple sources such as a self-notification and ACC

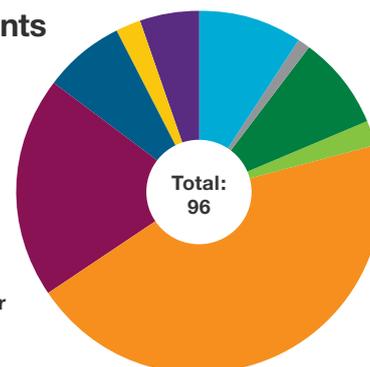
A significant number of the complaints and notifications received have been made by patients/health consumers, and/or other health practitioners.

The most significant observation of the last 12 months is the sharp increase in complaints/notifications from other health practitioners. The majority of these are from other physiotherapists. Whilst it is not possible to determine why, the marked difference in the last 12 months has been the unprecedented engagement from the profession in the launch and implementation of the Board Standards.

Another factor is the heightened awareness of obligations of physiotherapists under the Advertising Standard.

## Source of complaints in the 2018/2019 Practising Year

- ACC
- Courts
- Employer
- Other (e.g. anonymous)
- Other health practitioner
- Patient/Health Consumer
- Public
- Self-notification
- The Physiotherapy Board



## Complaints by source and type\*

Source	Nature of Issue	2015/2016	2016/2017	2017/2018	2018/2019
<b>ACC</b>	Boundary Issue		1	5	0
	Other	1		1	0
	Record-Keeping		3	3	2
	Treating Family Members/Whānau/Billing		9	11	13
<b>Courts</b>	Notification of Conviction	1			1
<b>Employer</b>	Boundary Issue			3	1
	Competence	1	1		4
	Record-Keeping		1	1	3
	Treating Family Members/Whānau/Billing			2	0
<b>Employee</b>	Outside of Board's Jurisdiction	1			
<b>Other Health Practitioner</b>	Advertising				22
	Alteration to Clinical Records			1	
	Boundary Issue				1
	Communication		2	2	1
	Fraud	2	1		
	Holding out as a Physiotherapist			3	8
	Practise outside Scope				
	Standard of Clinical Records				2
	Treating Family Members/Whānau/Billing			1	
	Unknown			1	
	Unprofessional Practice			2	3
Use of Title				6	
<b>Patient/ Consumer</b>	Boundary Issue	4	2	3	7
	Clinical Records				1
	Communication			3	2
	Other				2
	Standard of Care	4	19	11	5
	Unprofessional Conduct	3	2	2	2
<b>Police</b>	Boundary Issue		3	1	
	Fraud		1		
<b>Public</b>	Boundary Issue	1			
	Holding out as a Physiotherapist			1	4
	Unspecified	2			3
<b>Self-Notification</b>	Boundary Issue			2	
	Competence Concern		1	4	1
	Practice without APC				1
	Treating Family Members/Whānau/Billing			5	1
	Unprofessional Practice	1	1		
	Unspecified		1		
<b>Other Notifiers</b>	Standard of care			1	
	Advertising			1	1
	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	
	Unprofessional Conduct	1	1		1
Use of Title				1	
<b>Total</b>		<b>24</b>	<b>58</b>	<b>72</b>	<b>99</b>

\* 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.

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).

## Outcomes of complaints 2018/2019\*

Source	Number		Outcome					
	New 2018 - 2019	Existing 2018 - 2019	Referred to Health and Disability Commissioner in 2018 - 2019	Referred to Competence Review in 2018 - 2019**	Referred to PCC in 2018 - 2019**	Referred to HPDT in 2018 - 2019	Ongoing in 2018 - 2019	Resolved in 2018 - 2019
ACC or other Health Funder	9	17	0	1	5	2	18	8
Courts	1	0	0	0	1		1	0
Employer	8	7	0	2	4	1	7	8
Health and Disability Commissioner	0	0	0	0	0	0	0	0
Other (e.g. Anonymous)	2	1	0	0	0	1	1	2
Other Health Practitioner	43	6	0	0	6	0	18	31
Patient/ Consumer	19	16	12	1	2	0	11	24
Physiotherapy Board	5	2	0	0	1	1	3	4
Police	0	4	0	0	1	0	4	0
Public	7	1	0	0	0	0	1	7
Self-Notification	2	9	0	1	3	0	5	6
<b>Total</b>	<b>96</b>	<b>63</b>	<b>12</b>	<b>5</b>	<b>23</b>	<b>5</b>	<b>69</b>	<b>90</b>

\* Some complaints may be referred by multiple sources such as a self-notification and ACC.

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

The table below shows the status / outcomes of complaints received in the 2018/2019 Practising Year (PY) and four 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
2018/19	94	66 (38 complaints from 2018/2019 PY)	16 (3 from 2017 and 1 from 2016)	3 (1 from complaint received in 2018/2019 PY)	88	3
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	32	1	0	3	30	1

\* PY refers to Practising Year.

Complaints and notifications have almost tripled since 2014/2015. The number of referrals to a PCC for investigation has also markedly increased over the last four years.

Timeliness to progress to a conclusion has been an ongoing concern. Reasons for this are recorded, monitored closely and where possible influenced. The primary delays are in decisions from HDC and PCCs 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. In serious cases of misconduct a PCC may determine is that a charge be brought against the physiotherapist before the Health Practitioners Disciplinary Tribunal.

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
New PCC cases	4	5 <sup>***</sup>	15 <sup>**</sup>	13 <sup>*</sup>	16
Existing PCC cases	0	0	3	11	16
PCCs finalised	0	2	6	8	9
Pending	4	16	12	16	23

\* 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 a PCC by the Board in recent years, particularly in relation to allegations of inappropriate ACC payment claims and sexual/professional boundary allegations.. 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	11	5	2 (Determination: Charge brought before the Tribunal) 2 (Recommendation: Counsel Practitioner) 1 (Recommendation: Competence Review) 11 (ongoing)
Concerns about standards of practice	1	1	1 (Recommendation: Review scope of practice & competence review) 1 (ongoing)
Conduct	2	7	1 (Recommendation: Competence Review ) 8 (ongoing)
Practising without annual practising certificate	1	2	1 (Determination: Charge brought before the Tribunal) 1 (Recommendation: Counsel Practitioner) 1 (ongoing)
Other	2	1	1 (Determination: Charge brought before the Tribunal) 2 (ongoing)

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

\*\* Some complaints have multiple aspects.

## Health Practitioners Disciplinary Tribunal (HPDT) cases

	2014/2015	2015/2016	2016/2017	2017/2018	2017/2018
New HPDT cases	2	0	1	1	3
Existing HPDT cases	0	0	2	1	2
HPDT finalised	0	0	2	1	2
Pending	2	2	1	1	3

## Appeals and judicial reviews

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

A Professional Conduct Committee (PCC) may appeal a decision of the Tribunal to the High Courts. One Tribunal decision was appealed by a PCC to the High Court in the year ended 31 March 2019. The appeal was successful.

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 acted lawfully, reasonably, and in accordance with the principles of natural justice. No Board decisions made in the year ended 31 March 2019 were the subject of judicial review.

# Accreditation

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

The purpose of accreditation is to assure the quality of education and training. All New Zealand educational institutions that prescribe qualifications are accredited and monitored by the Board.

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

Currently three educational institutions are accredited by the Board: University of Otago, Auckland University of Technology (AUT), and Waikato Institute of Technology (Wintec).

An annual report is provided to the Board by accredited education institutions and an onsite audit is scheduled on a regular cycle.

The onsite audit was completed for University of Otago and AUT resulting in:

The University of Otago, School of Physiotherapy being accredited for the purpose of delivering physiotherapy education and awarding the qualifications of:

- » Bachelor of Physiotherapy
- » Bachelor of Physiotherapy with Honours

The University of Otago Accreditation with no conditions is valid until December 2023.

The Auckland University of Technology, School of Physiotherapy is accredited for the purpose of delivering physiotherapy education and awarding the qualifications of:

- » Bachelor of Health Science (Physiotherapy)

This accreditation is valid until December 2023.

The accreditation of AUT includes the following conditions as they relate to the Accreditation Standards:

- 3.1 The content and learning activities of the programme provide understanding and relevance of Te Tiriti o Waitangi – the Treaty of Waitangi and its principles, promoting health equality, within the context of Māori health models and their practical physiotherapy application.**

**Condition:** The University provide evidence of curriculum review and the planned changes to ensure that the Treaty of Waitangi and its principles, promoting health equality, within the context of Māori health models and their practical physiotherapy application, in the 2019 Annual Report.

- 3.7 Principles of inter-professional learning and practice are embedded in the curriculum.**

**Condition:** The University provide evidence of curriculum review and the planned changes to ensure that the development of interprofessional practice is embedded within the programme, in the 2019 Annual Report.

- 3.12 Cultural competence is integrated within the programme and clearly articulated as required disciplinary learning outcomes.**

**Condition:** The University provide evidence of curriculum review and the planned changes to ensure that the development of cultural competence is vertically integrated within the programme, in the 2019 Annual Report.

In October 2018, the Waikato Institute of Technology (Wintec) was accredited for the purpose of delivering physiotherapy education and awarding the qualifications of:

- » Bachelor of Physiotherapy
- » Bachelor of Physiotherapy with Honours

This accreditation is valid until December 2023.

As a new course of study, this accreditation includes the following conditions:

**2.3 There is relevant external input to the design and management of the programme, including from Māori representatives, and representatives of the physiotherapy profession.**

**Condition:** Evidence of local provider, Māori and community input to management of the programme in the 2019 Annual Report.

**3.5 Learning and teaching methods are intentionally designed and used to ensure students achieve the required learning outcomes.**

**Condition:** Detailed unit outlines for Year 2 to be included in the 2019 Annual Report.

**3.8 Teaching staff are suitably qualified, experienced, and have appropriate annual practising certificates to deliver the units/courses that they teach.**

**Condition:** Details of the academics recruited to be included in the 2019 Annual Report.

**3.10 Learning environments support the achievement of the required learning outcomes.**

**Condition:** Evidence of a suitable physiotherapy practical skills teaching space set for teaching and student practice opportunities, to be included in the 2019 Annual Report.

**3.11 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.**

**Condition:** Evidence of purchase of equipment required for first year teaching to be included in the 2019 Annual Report.

**4.6 Students are represented within the deliberative and decision-making processes for the programme.**

**Condition:** Evidence of student representation within the student forums to be included in the 2019 Annual Report.

**5.1 There is a clear relationship between learning outcomes and assessment strategies.**

**Condition:** Mapping of relationship between learning outcomes and detailed assessment items of second year curriculum to be included in the 2019 Annual Report.

**5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies.**

**Condition:** Detailed assessment items of second year curriculum to be included in the 2019 Annual Report.

**5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.**

**Condition:** Detailed assessment items of second year curriculum; Annual Report 2019.

**5.4 Programme management and coordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students.**

**Condition:** Examples of moderation and feedback processes within the programme to be included in the 2019 Annual Report.

**5.5 Suitably qualified and experienced physiotherapists undertake the assessment of physiotherapy specific competence.**

**Condition:** Details of the 1FTE academic recruited in the 2019 Annual Report.

**5.6 All learning outcomes are mapped to the required attributes and competencies, and assessed.**

**Condition:** Detailed assessment items of second year curriculum to be included in the 2019 Annual Report.



## Wintec's accreditation conditions – 2020

- 2.2** Quality improvement processes use student, health consumer, tāngata whenua, and other evaluations, internal and external academic and professional peer review to improve the programme.

**Condition:** Evidence of student/ staff /external provider feedback and any changes to programme instigated in response to this feedback to be included in the 2020 Annual Report.

## Wintec's accreditation conditions – 2021

- 1.4** Students are supervised by suitably qualified and experienced physiotherapy and health practitioners with appropriate annual practising certificates during clinical education.

**Condition:** Description of clinical educators to be included in the 2021 Annual Report (after initial second year placements).

- 1.5** Health services and physiotherapy practices providing clinical placements have robust quality and safety policies and processes and meet all relevant regulations and standards.

**Condition:** Evidence of specific clinical placement sites to be included in the 2021 Annual Report.

- 3.6** Graduates are competent in research literacy for the level and type of the programme.

**Condition:** Detailed curriculum and assessment items for all modules that focus on research literacy for Honours and non-Honours exit degrees to be included in the 2021 Annual Report.

# 06

## Workforce Survey Analysis

This employment information is sourced from the voluntary and anonymous Annual Workforce Survey which asked questions about the 2018 / 2019 practising year.

The workforce survey was completed by 3223 Annual Practising Certificate (APC) holders (59% of all APC holders) and 597 registrants who were non-APC holders (36% 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<sup>1</sup>.

Key reasons of not renewing APCs included: practising outside New Zealand (69%), parenting / maternity leave (10%) and working in a non-health profession (8%).



1. Age and gender demographics for all New Zealand registered physiotherapists was sourced from their registration documentation.

## Employment information

The largest practice setting was private practice (58% when including both self-employed and employed). Hospital and health service employees accounted for 26% of APC holders.

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.

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)	2019	1,709	46.4	26%	71%	31.53	3.64
	2018	1,615	44.8	24%	70%	31.76	3.51
Hospital and health services	2019	1,437	41.5	19%	86%	33.19	3.21
	2018	1,300	39.8	16%	86%	33.34	2.98
Private practice (employed)	2019	1,413	36.4	9%	73%	33.79	3.22
	2018	1,372	34.9	6%	71%	34.91	3.27
Education and research	2019	229	47.9	26%	80%	32.13	0.50
	2018	205	47.1	25%	81%	31.60	0.45
Other including voluntary	2019	185	49.9	39%	83%	32.66	0.41
	2018	174	48.6	34%	76%	30.77	0.37
Private hospital or aged care facility	2019	111	48.0	32%	88%	22.79	0.16
	2018	80	48.4	37%	87%	30.77	0.13
Industry or government	2019	109	45.2	23%	75%	34.94	0.26
	2018	94	45.3	20%	76%	34.00	0.23
Not employed in New Zealand	2019	153	39.9	11%	67%	34.20	0.35
	2018	188	40.6	12%	77%	33.52	0.43

Source: Workforce Survey 2019 (N= 3,223). Numbers have been extrapolated to represent the total number of APC holders.

The total number of physiotherapists has increased in each area for 2019 compared to 2018 apart from the 'not employed in New Zealand' which has decreased for a second year running.

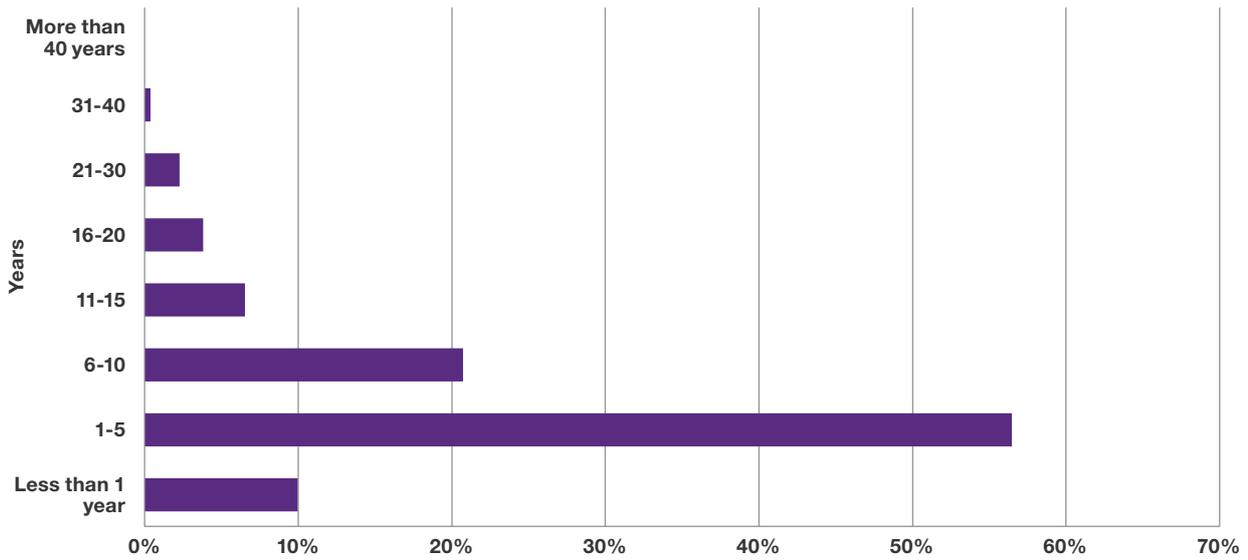
The average weekly hours has remained largely similar to 2018 apart from less hours worked in Private hospital or aged care facility. Private practice (employed) worked the longest hours closely followed by Hospital and health services.

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. This does not however take into account changing needs within the population. The FTE rate has remained similar to last year.

## Physiotherapists who have worked overseas

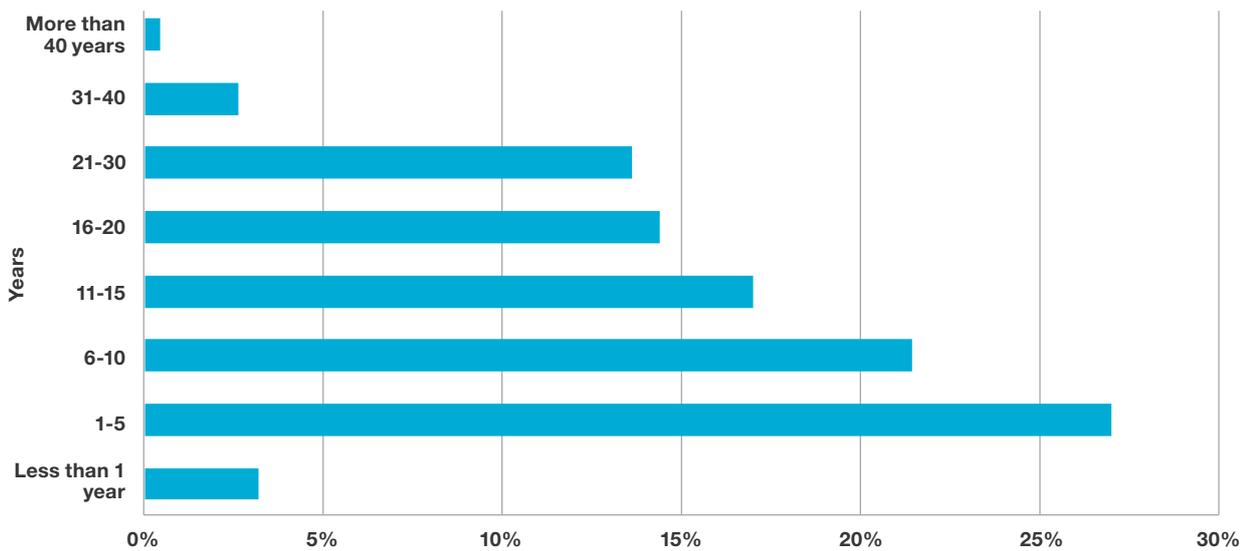
The percentage of physiotherapists who have worked overseas differentiated by the number of years worked overseas.

### APC holders



n=2,894  
Source: Workforce Survey 2019

### Non-APC holders

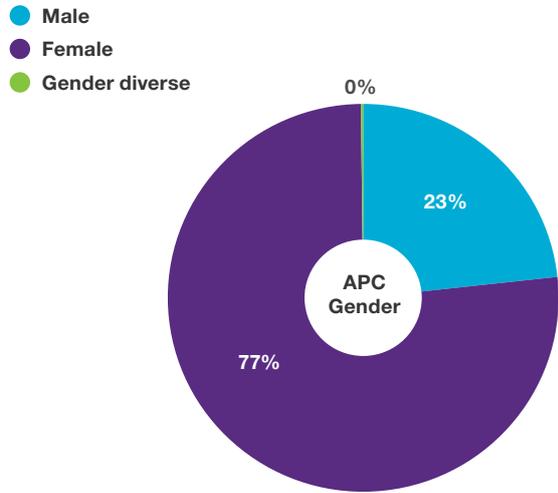
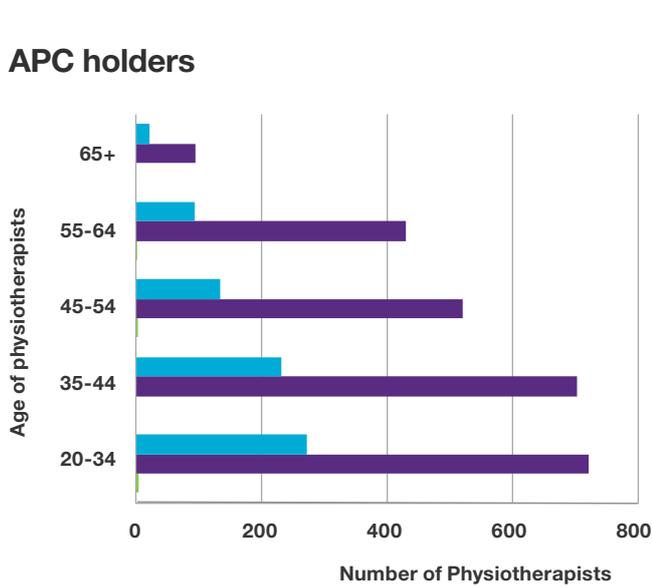


n=498  
Source: Workforce Survey 2019

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

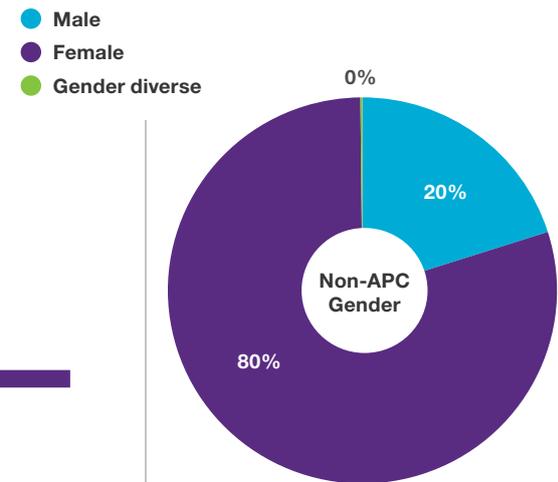
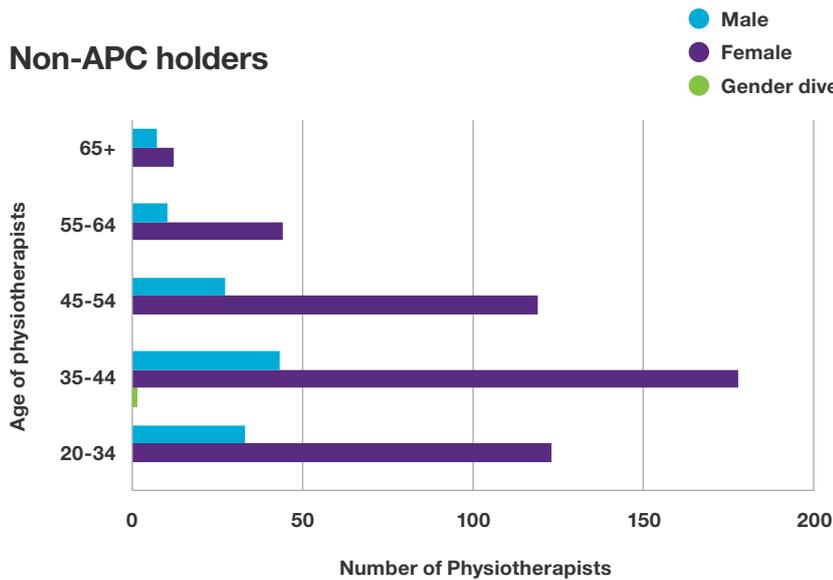
# Age and Gender

## APC holders



n=3,216  
Source: Workforce Survey 2019

## Non-APC holders



n=596  
Source: Workforce Survey 2019

Overall the age and gender distribution of physiotherapists is similar to 2017/18. The physiotherapy profession remains primarily a female profession with 77% - 80% of APC holders and non-APC holders identifying as female. Seven physiotherapists identified as gender diverse.

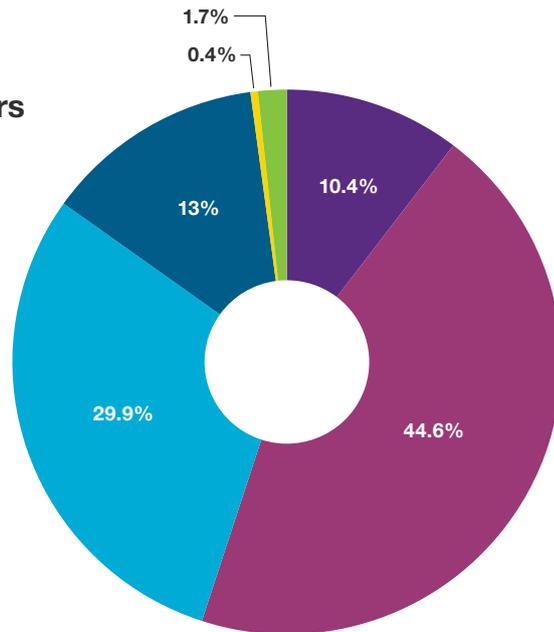
For APC holders the largest age group was 20-34 with 31% of physiotherapists in this group, while for non APC holders the largest group was 35-44 with 37% of physiotherapists in this group.

For male APC holders 67% (70% in 2018) of respondents were aged between 20-44 years. This compares to 57% (63% in 2018) of females.

### Highest qualification of APC holders

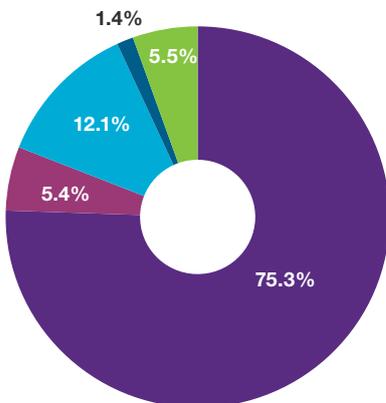
- Diploma or Graduate diploma
- Bachelors degree
- Postgraduate diploma or certificate
- Masters degree
- Other
- Doctorate (PhD or DHS)

The percent of Diploma or Graduate diploma remained at 10%. The percent with a Bachelor degree as the highest qualification decreased from 47% to 45%, while the number with a postgraduate qualification increased from 43% to 45%.



n=3,201  
Source: Workforce Survey 2019

### Ethnicity of APC holders

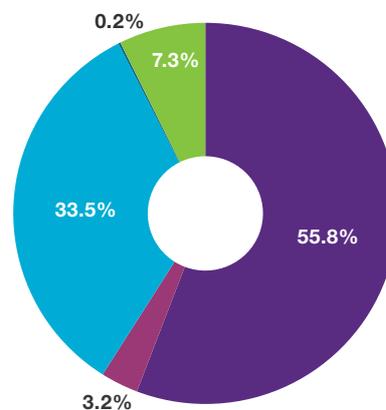


- NZ European
- Pacific Island
- Māori
- Asian
- Other

n=3,213  
Source: Workforce Survey 2019

APC holders and non-APC holders who identified as Māori in the 2018/19 workforce survey made up 5.5 percent and 3.2 percent respectively of all ethnicity responses. Latest population statistics from Statistics New Zealand showed that in June 2018 the Māori ethnic group was estimated at 15 percent of the national estimated resident population. (Stats New Zealand, Māori Population Estimates, 30 June 2018).

### Ethnicity of non-APC holders



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

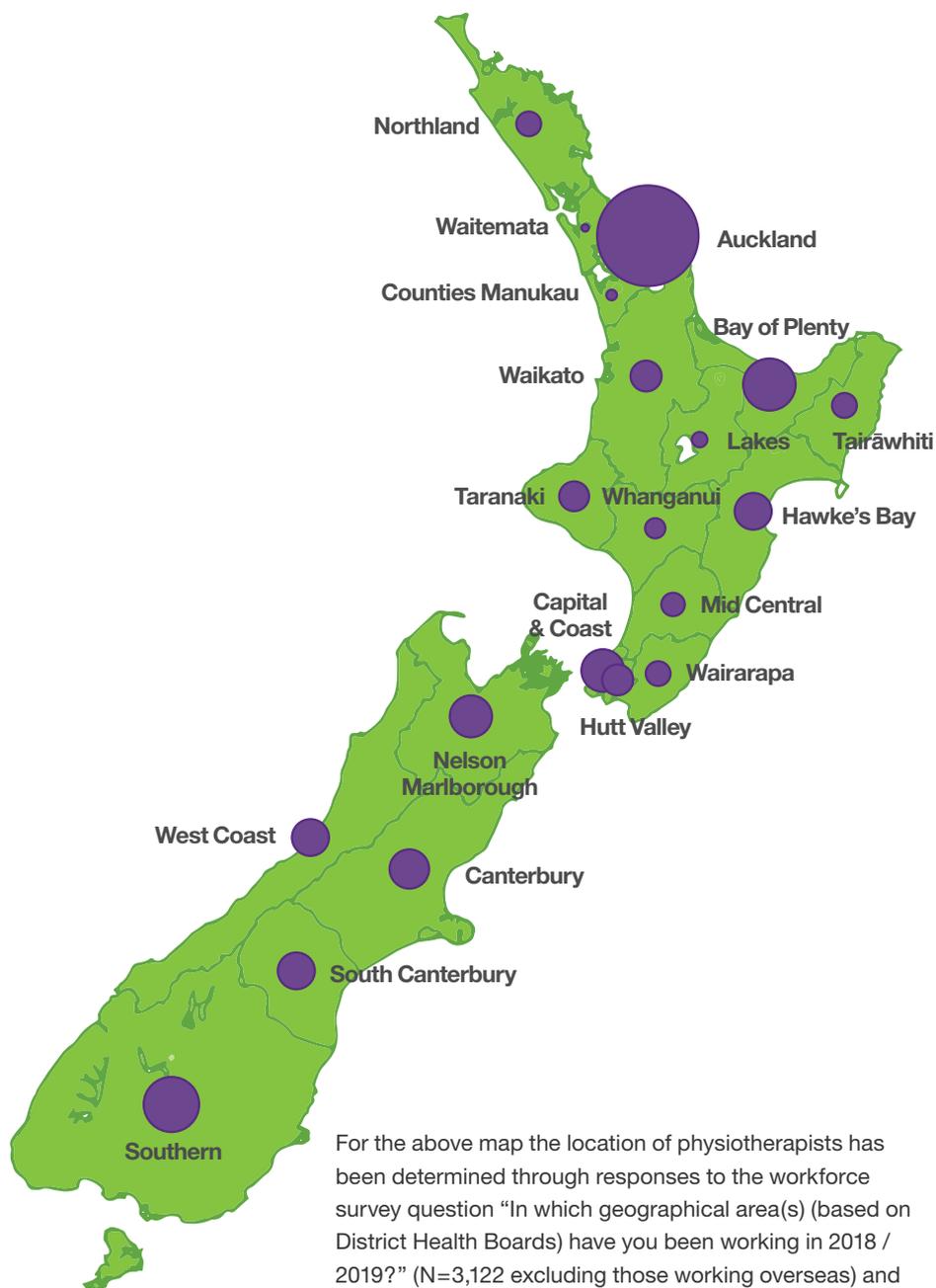
n=629  
Source: Workforce Survey 2019

The percentage of 'Other' for APC holders decreased, compared to last year, from 21% to 12%. Of these, physiotherapists from the UK and Ireland accounted for 68%.

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

Map table

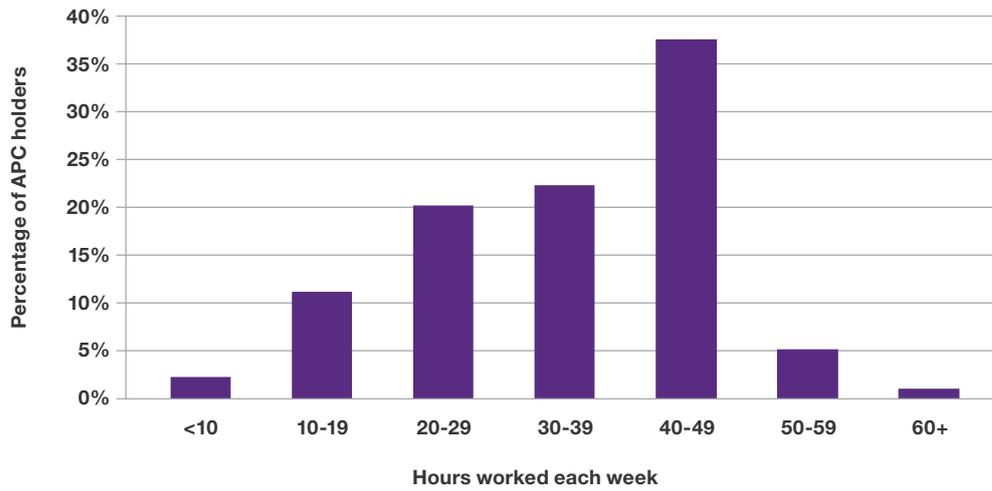
Physiotherapists per 10,000 PHO enrolees	
Northland	10
Waitemata	3
Auckland	30
Counties Manukau	4
Waikato	11
Lakes	5
Bay of Plenty	17
Tairāwhiti	10
Taranaki	11
Hawke's Bay	13
Whanganui	7
Mid Central	8
Hutt Valley	10
Capital and Coast	14
Wairarapa	10
Nelson Marlborough	14
West Coast	13
Canterbury	15
South Canterbury	13
Southern	18



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 2018 / 2019?” (N=3,122 excluding those working overseas) and extrapolated to represent all APC holders.

Although for most DHBs the number of physiotherapists per 10,000 PHO enrolees has remained similar to 2017 / 18, there was a decrease of five physiotherapists per 10,000 PHO enrolees in Auckland and an increase of three physiotherapists per 10,000 PHO enrolees in Hawkes Bay. Northland, Waikato, Taranaki, Tairāwhiti, Canterbury, South Canterbury and Southern all increased by two physiotherapists per 10,000 PHO enrolees.

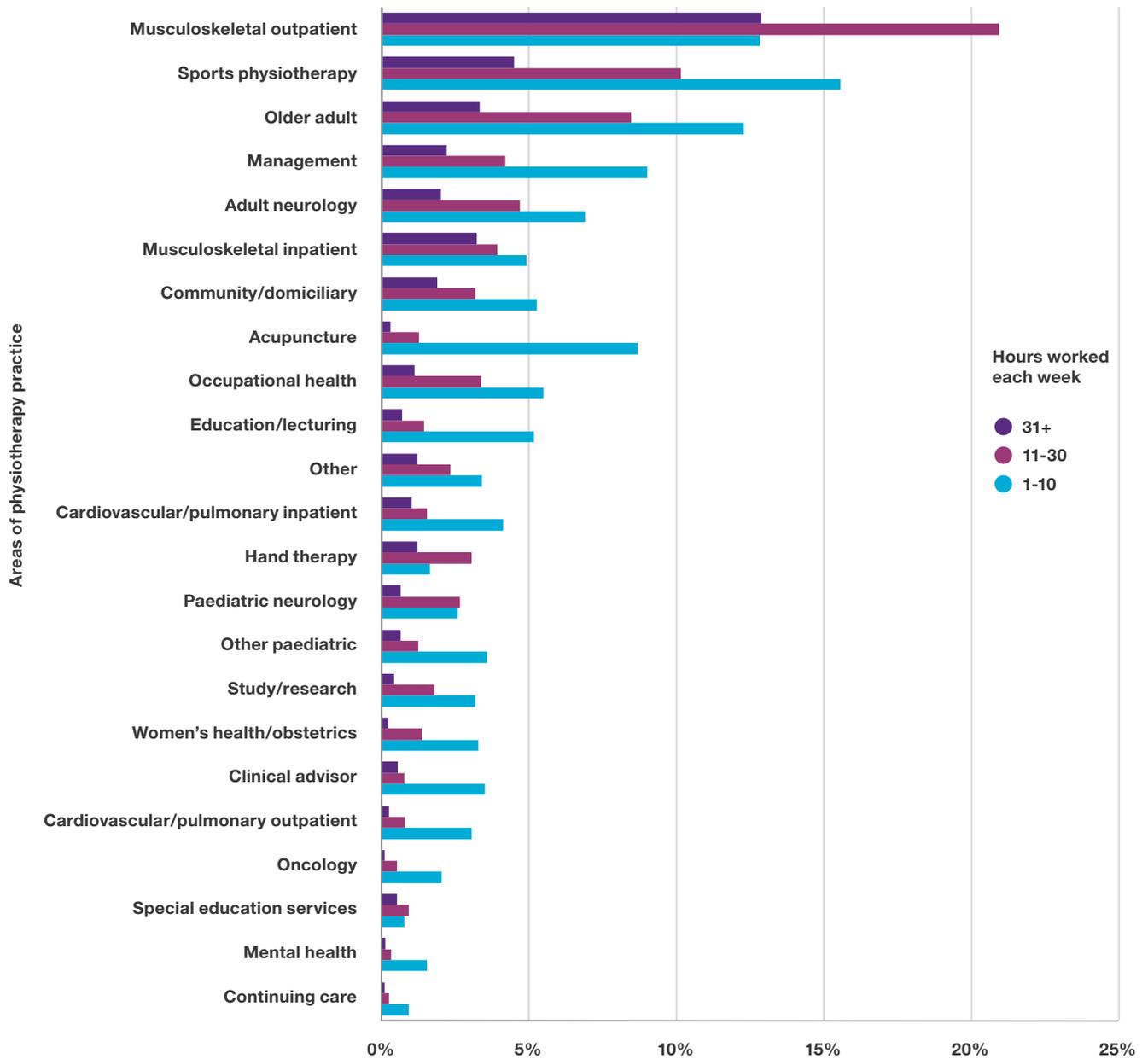
### Total hours worked per week by APC holders



n=3,134  
Source: Workforce Survey 2019

Sixty six percent of APC holders work 30 hours or more and are classed as full time, while 34 percent work part time. Compared to 2017/18 there is a small increase in those classed as working part time (32% in 2017/18).

### 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=3,141  
Source: Workforce Survey 2019

# 07

## Financial Statements

### For The Year Ended 31 March 2019

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## Financial Statements

## Statement of Financial Performance

For the Year Ended 31 March 2019

	NOTE	2019 \$	2018 \$
<b>Revenue from non-exchange transaction</b>			
Annual Practising Certificates Fees		1,949,627	1,376,892
Disciplinary Levy		568,961	668,142
Disciplinary recoveries		27,200	36,953
		<b>2,545,789</b>	<b>2,081,987</b>
<b>Revenue from exchange transaction</b>			
Non Practising Fees		86,974	71,652
Overseas Registration Fees		351,373	326,481
Other Registration Fees		113,771	75,668
Other Revenue	1	115,348	7,840
Interest		84,682	72,308
		<b>752,148</b>	<b>553,949</b>
<b>Total Revenue</b>		<b>3,297,937</b>	<b>2,635,936</b>
<b>Expenditure</b>			
Board, Governance and Profession	2	220,711	256,727
Advisory, Assessors and Projects	3	191,414	238,580
Discipline	4	649,118	421,701
Secretariat	5	1,996,268	1,702,678
<b>Total Expenditure</b>		<b>3,057,511</b>	<b>2,619,686</b>
<b>Net Surplus</b>		<b>240,426</b>	<b>16,250</b>

## Financial Statements

## Statement of Changes in Equity

For The Year Ended 31 March 2019

	2019 \$	2018 \$
Equity at beginning of period	1,418,486	1,402,236
Net Surplus for the period	<b>240,427</b>	<b>16,250</b>
Total recognised Revenues and Expenses for the period	240,427	16,250
<b>Equity at End of period</b>	<b>1,658,913</b>	<b>1,418,486</b>

	2019 \$	2018 \$
<b>Analysis of Individual funds</b>		
General Reserve		
Balance brought forward	925,393	1,216,068
Surplus/ (Deficit) for the period	285,832	(290,675)
<b>Closing Balance</b>	<b>1,211,225</b>	<b>925,393</b>

Disciplinary Reserve		
Balance brought forward	493,093	186,168
Surplus/ (Deficit) for the period	(45,406)	306,925
<b>Closing Balance</b>	<b>447,687</b>	<b>493,093</b>

## Financial Statements

## Statement of Financial Position

For the Year Ended 31 March 2019

	NOTE	2019 \$	2018 \$
<b>Current Asset</b>			
Cash and Cash equivalents	6	3,151,774	1,712,992
Investments	7	1,747,970	2,500,000
Receivables from non-exchange transactions		52,967	26,300
Provision for Doubtful debts from non-exchange transaction	8	(22,900)	(24,100)
Receivable from exchange transactions		34,854	34,069
Prepayments		63,882	47,925
<b>Total Current Asset</b>		<b>5,028,547</b>	<b>4,297,186</b>
<b>Non-Current Assets</b>			
Property, Plant & Equipment	9	38,043	152,728
Intangible Assets	10	64,803	68,265
<b>Total Non-Current Assets</b>		<b>102,846</b>	<b>220,993</b>
<b>Total Assets</b>		<b>5,131,393</b>	<b>4,518,179</b>
<b>Current Liabilities</b>			
Goods and Services Tax		342,217	326,345
Accounts Payable	11	393,610	374,274
Lease incentive liability		-	47,782
Provision for onerous Lease	12	38,407	-
Income in Advance from non exchange transaction	13A	2,426,328	2,285,762
Income in Advance from exchange transaction	13B	56,765	65,530
<b>Total Current Liabilities</b>		<b>3,257,327</b>	<b>3,099,693</b>
<b>Non-Current Liabilities</b>			
Provision for onerous Lease	12	215,154	-
<b>Total Non-Current Liabilities</b>		<b>215,154</b>	<b>-</b>
<b>Total Liabilities</b>		<b>3,472,481</b>	<b>3,099,693</b>
<b>Net Assets</b>		<b>1,658,912</b>	<b>1,418,486</b>
<b>Equity</b>			
General Reserve		1,211,225	925,393
Disciplinary Reserve		447,687	493,093
<b>Total Equity</b>		<b>1,658,912</b>	<b>1,418,486</b>

For and behalf of the Board



**Janice Mueller**  
Board Chair  
Dated: 12 July 2019



**Jeanette Woltman-Black**  
Chief Executive  
Dated: 12 July 2019

## Financial Statements

## Statement of Cash Flow

For the Year Ended 31 March 2019

SUMMARY STATEMENT OF CASHFLOW	2019 \$	2018 \$
<b>Operating Activities</b>		
<i>Cash was provided from:</i>		
APC and Disciplinary Levies	2,659,155	2,433,910
Other Income received	638,652	505,080
Interest Received	83,749	69,643
Funds held on behalf of HRANZ	7,423	7,261
<i>Cash was applied to:</i>		
Payments to Suppliers and Others	(1,574,218)	(1,246,568)
Payment to IRD (GST)	(15,871)	(52,940)
Payments to Employees	(1,072,293)	(1,114,131)
<b>Net Cash Inflow/(Outflow) From Operating Activities</b>	<b>726,597</b>	<b>602,255</b>
<b>Investing Activities</b>		
<i>Cash was provided from:</i>		
Sale of Property, Plant & Equipment	-	255
Term Deposit	752,030	335,492
<i>Cash was applied to:</i>		
Purchase of Intangible Assets	(26,550)	(16,004)
Purchase of Property, Plant & Equipment	(13,295)	(15,757)
Term Deposits	(752,030)	(335,492)
<b>Net Cash Inflow/(Outflow) From Investing Activities</b>	<b>(39,845)</b>	<b>(31,506)</b>
<b>Net Increase in Cash Held</b>	<b>686,752</b>	<b>570,749</b>
Cash at beginning of year	4,212,992	3,642,242
<b>Closing Bank Balance</b>	<b>4,899,744</b>	<b>4,212,991</b>
<i>Represented By:</i>		
Cash and Cash Equivalents	3,151,774	1,712,992
Investment – Term Deposits	1,747,970	2,500,000
<b>Closing bank balance</b>	<b>4,899,744</b>	<b>4,212,992</b>

## Financial Statements

# Statement of Accounting Policies

For the Year Ended 31 March 2019

## 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 generally accepted accounting practice in New Zealand (NZ GAAP). They comply with public benefit entity international public sector accounting standards (PBE IPSAS) and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for public sector entities. For the Purpose of complying with NZ GAAP, the board is a public benefit public sector entity and is eligible to Tier 2 public sector PBE IPSAS 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 advantage of all applicable reduced disclosure regime (RDR) disclosure concessions.

## 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 2019.

### 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:

<b>Office furniture &amp; equipment</b>	7.5% - 39.60% diminishing value
<b>Computer equipment</b>	40% - 50% diminishing value
<b>Office fitout</b>	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
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### 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.

### 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

### 1. Other Revenue

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. The Board has received the payment from insurance in the financial year 2018-19. The Board has received \$19,530 from ACC and PNZ as a contribution for the Physiotherapy Board's Standard Roadshow.

	NOTE	2019 \$	2018 \$
<b>2. Board and Governance</b>			
Fees		97,838	124,218
Meeting expenses & travel		121,073	126,225
Other costs		1,800	6,284
		<b>220,711</b>	<b>256,727</b>
<b>3. Assessors and Projects</b>			
Fees		107,297	142,180
Meeting expenses & travel		6,209	9,743
Legal fees		-	2,738
Māori Leadership Scholarship		12,000	-
Scope of Practice Project		14,330	7,063
Recertification Project		4,598	-
Code of Ethics Project-Implementation		-	1,391
Standards Project		32,696	25,789
Information Technology Project		-	45,069
Board's Waiata		1,700	
Workforce Study		3,500	
School Accreditation		9,084	4,607
		<b>191,414</b>	<b>238,580</b>

	NOTE	2019 \$	2018 \$
<b>4. Discipline</b>			
Fees		242,704	130,592
Meeting expenses & travel		62,705	15,280
Legal fees		284,829	231,916
Other Cost		58,880	43,913
		<b>649,118</b>	<b>421,701</b>
<b>5. Secretariat</b>			
Audit fees		9,985	6,871
Bank Fee		25,983	23,331
Depreciation & amortisation	9 and 10	55,721	60,898
Information Technology		66,425	59,458
Insurance		10,290	7,452
Loss on disposal of property, plant & equipment		1,158	375
Loss on onerous contract – Lease 80TT		354,672	-
Lease costs		-	2,027
Legal fees		9,829	14,149
Telephone, postage & courier		26,669	24,661
Occupancy costs		262,702	279,393
Other costs		14,023	39,140
Personnel		1,124,919	1,129,620
Printing and stationery		11,091	10,398
Professional fees		7,800	9,645
Publications (includes Project Publications)		13,639	24,877
Recertification		1,362	10,383
		<b>1,996,268</b>	<b>1,702,678</b>

## 6. Cash and Cash Equivalents

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

## 7. Investments

Investments are two bank term deposits which have maturity date in July 2019.

## 8. Provision for Doubtful Debts

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

## 9. Property, Plant & Equipment

	COST \$	ACCUMULATED DEPRECIATION \$	BOOK VALUE \$
<b>At 31 March 2018</b>			
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
	<b>271,754</b>	<b>119,026</b>	<b>152,728</b>

<b>At 31 March 2019</b>			
Office furniture & equipment	44,893	23,318	21,575
Computer equipment	69,974	53,506	16,468
	<b>114,867</b>	<b>76,824</b>	<b>38,043</b>

	OPENING BALANCE APRIL 2018 \$	ADDITIONS \$	DISPOSALS \$	DEPRECIATION \$	BOOK VALUE MARCH 2019 \$
<b>At 31 March 2019</b>					
Office furniture & equipment	23,487	1,765	-	3,677	21,575
Computer equipment	16,898	11,528	1,158	10,800	16,468
Office fitout	112,343	-	101,110	11,233	-
	<b>152,728</b>	<b>13,293</b>	<b>102,268</b>	<b>25,710</b>	<b>38,043</b>

As per note 12 the value of office fit-out assets that are associated with the lease at 80 the Terrace has been impaired to nil as at 31 March 2019.

## 10. Intangible Assets

	COST \$	ACCUMULATED AMORTISATION \$	BOOK VALUE \$
<b>At 31 March 2018</b>			
Database software/website	436,137	367,872	68,265
<b>At 31 March 2019</b>			
Database software/website	462,686	397,883	64,803

	OPENING BALANCE APRIL 2018 \$	ADDITIONS \$	DISPOSALS \$	DEPRECIATION \$	BOOK VALUE MARCH 2019 \$
<b>At 31 March 2019</b>					
Database software/website	68,265	26,549	-	30,011	64,803
	<b>68,265</b>	<b>26,549</b>	<b>-</b>	<b>30,011</b>	<b>64,803</b>

## 11. Accounts Payable

	2019 \$	2018 \$
Accounts payable	180,600	141,109
Accruals	96,672	138,724
Employee entitlements	89,897	75,423
HRANZ	26,441	19,018
	<b>393,610</b>	<b>374,274</b>

## 12. Provision For Onerous Lease

At the reporting date, the Board has recognised the following provision.

	2019 \$	2018 \$
Opening balance	-	-
Additional provision made in this financial year	253,562	-
Amounts incurred and charged against the provision	-	-
Reversal of unused amounts	-	-
	<b>253,562</b>	<b>-</b>

As per note 15 and 16, the Board is jointly and severally liable for the lease of 80 The Terrace with the Dental Council of New Zealand, Medical Sciences Council of New Zealand, New Zealand Medical Radiation Technologists Board and the Pharmacy Council of New Zealand. As the Board continues to meet the lease commitment for 80 The Terrace but is unable to occupy the premises, the lease commitment is considered to be onerous.

The Board anticipates sub-letting the premises for at least part of the remaining lease term.

The provision has been calculated as the minimum amount payable under the contract, less expected recoveries from sub-letting. As per note 9, the value of office fit-out assets that are associated with the lease has been impaired to nil as at 31 March 2019.

**13A. Income in Advance From Exchange Transaction**

Fees received relating to 2018/2019 & 2019/2020 year Annual practice fees	1,878,209	1,691,875
Discipline levy	548,119	593,887
	<b>2,426,328</b>	<b>2,285,762</b>

**13B. Income in Advance From Non-Exchange Transaction**

Non-practising register maintenance fee	56,765	65,530
	<b>56,765</b>	<b>65,530</b>

**14. Depreciation and Amortisation**

	2019 \$	2018 \$
<b>Depreciation of property, plant &amp; equipment</b>		
Office furniture & equipment	3,677	3,866
Computer equipment	10,800	15,283
Office fitout	11,233	12,483
<b>Amortisation of intangible assets</b>		
Database software/Website	30,011	29,265
	<b>55,721</b>	<b>60,897</b>

**15. Leases – Building and Equipment**

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

	2019 \$	2018 \$
<b>Not later than one year</b>		
80 The Terrace, Wellington	116,118	107,256
10 Customhouse Quay	97,731	83,256
	<b>213,849</b>	<b>190,512</b>
<b>Later than one year</b>		
80 The Terrace Wellington	445,120	518,404
	<b>445,120</b>	<b>518,404</b>

The lease agreement at 80 the Terrace (commencement date 1 November 2014) 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.

## 16. Leases – Building (five responsible authorities)

	2019 \$	2018 \$
<b>Not later than one year</b>		
80 The Terrace, Wellington	489,016	450,240
	<b>489,016</b>	<b>450,240</b>
<b>Later than one year</b>		
80 The Terrace, Wellington	1,874,561	2,176,205
	<b>1,874,561</b>	<b>2,176,205</b>

There are no commitments for capital expenditure at balance date. (2018 Nil).

## 17. Categories of Financial Assets and Liabilities

The carrying amounts of financial instruments presented in the statement of Financial Position relate to the following categories of assets and liabilities.

	2019 \$	2018 \$
<b>Financial Assets</b>		
Cash and Cash equivalents	3,151,774	1,712,992
Receivable from non-exchange transactions	30,067	2,200
Investments	1,747,971	2,500,000
	<b>4,929,812</b>	<b>4,215,192</b>
<b>Financial Liabilities</b>		
Accounts payable	180,600	141,109
Employee entitlements	89,897	75,423
	<b>270,497</b>	<b>216,532</b>

## 18. HRANZ Funds

Current asset and current Liabilities includes \$26,441 held on behalf of HRANZ as per the MOU and the Board provides administrative services for this joint organization. The balance of 2017-2018 was \$19,018.

## 19. Westpac Business Mastercard

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

## 20. 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.

## 21. 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.

	2019 \$	2018 \$
<b>Board Members</b>		
Janice Mueller (Chair)	42,093	52,921
Maarama Davis (Deputy Chair)	11,912	16,620
Sandra Ferdinand	9,386	15,046
Cameron McIver	11,872	12,360
John Sandston	5,875	9,837
David Baxter	9,750	11,550
Scott Thomson	11,255	16,088
<b>Total</b>	<b>102,143</b>	<b>134,422</b>

### 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.

	2019 \$	2018 \$
Total remuneration	377,633	360,000
Number of persons	2	2

## 22. 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 2019**

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

### Opinion

We have audited the financial statements of The Physiotherapy Board of New Zealand that comprise the statement of financial position as at 31 March 2019, 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 of New Zealand present fairly, in all material respects:

- its financial position as at 31 March 2019; and
- its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Reduced Disclosure Regime

Our audit was completed on 12 July 2019. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of The Physiotherapy Board of New Zealand 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 of New Zealand for assessing The Physiotherapy Board of New Zealand'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 of New Zealand 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 Physiotherapy Board of New Zealand'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 Physiotherapy Board of New Zealand 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 blue ink, appearing to read 'Chrissie Murray'.

Chrissie Murray  
Baker Tilly Staples Rodway Audit Limited  
On behalf of the Auditor-General  
Wellington, New Zealand

12 July 2019

