



**DIETITIANS BOARD**  
Te Mana Mātanga Mātai Kai



**ANNUAL REPORT**  
2015/2016



In accordance with section 134 of the Health Practitioners Competence Assurance Act 2003 the Dietitians Board is pleased to submit this report of the operation of the Dietitians Board and its audited financial statements for the year ended 31 March 2016 to the Minister of Health.

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# Report from the Chair and Registrar

**Tēnā koe e te Minita, ngā mihi nui ki a koe.**

We are pleased to present the annual report and financial statements for the year ending 31 March 2016.

Last year the Board reported it would continue working towards ensuring that its regulatory work is reflective of its continued focus on protecting the public. This meant there would be more work done on developing robust standards and policies to make certain they were current and fit for purpose. It has been a busy and productive year.

**Registration Examination** – The Board's new Registration Examination was introduced in September 2015 and is proving very effective. The Registration Examination is, in the main, for all overseas trained dietitians applying to the Board for Registration, who have had their overseas qualifications recognised. It is also for dietitians who have been out of the dietetic workforce for more than 9 years. It can also be taken by registered dietitians with a condition on their practising certificate to only work in a clinical domain but wish to expand their working options.

The Registration Examination is a robust process which includes both a written and oral component. Following the successful assessment of their overseas qualifications the candidate is required to sit a written Multi Choice Question (MCQ) examination. This has been developed by the Dietitians Association of Australia (DAA) in conjunction with the Dietitians Board. The examination is administered by the DAA. After the successful completion of the MCQ examination the candidate sits an oral examination designed specifically to assess counselling, communication and cultural competencies. This is undertaken utilising a simulated case scenario of a patient (actor) and the practitioner candidate. The oral examination has been developed by the Board in collaboration with the three dietetic training programmes in New Zealand and is assessed by representatives from the Universities and the Board.

**Revision of Register** – The Board's office undertook a revision of the Register in 2015 to establish the practising status and location of every practitioner on the Register. As a result a significant number of

practitioners either identified their status as non-practising, and paid a non-practising fee, or requested removal from the Register. Those who did not respond to the various communications from the Board had their entry removed from the Register in accordance with s144 of the Health Practitioners Competence Assurance (HPCA) Act 2003. The Register now contains practitioners who either hold a current Annual Practising Certificate (APC) and practitioners who are Registered – Non-Practising. Health practitioners with an entry on the Dietitians Board Register are required to sign a declaration each year and pay a fee to ensure they meet their obligations under the HPCA Act 2003.

**Schedule of Fees Review** – In the 2015 Annual Report the Board advised that whilst conscious of regulatory costs there was a need to consider the financial implications relating to the investigation of practitioner complaints and issues of competence and fitness to practice. The Board's Office undertook a comprehensive fee review in September 2015 and as a result made adjustments to its fee schedule with an increase in some fees and an introduction of new fees for services to enable recovery of costs. The Board also introduced a Disciplinary Levy to mitigate risk and cover disciplinary costs. After consultation, and carefully considering submissions, the Board approved the introduction of a new fee schedule.

**Dietitian Prescribing Rights** – In 2012 the Board put a submission to the Ministry of Health requesting designated prescribing rights under the Medicines Act 1981 for dietitians to prescribe three prescription medicines used in the delivery of dietetic interventions for the nutritional management of medical conditions. The Board was very pleased to hear in August 2015 that after consideration the Social Policy Cabinet Committee recommended that designated prescribing rights be approved for dietitians. There are now three prescription medicines that dietitians can prescribe; zinc, high dose pancreatic enzymes and high dose vitamin D. This will enable specialist dietitians to

prescribe appropriate medication to patients at the point of care improving access, timeliness and quality of care. A significant amount of work has gone into this process and the Board appreciates the work of the dietitians who worked on this initiative.

**Regulatory Authorities Co-location** – In February 2016 the Dietitians Board co-located to share facilities and back-office services with 10 Regulatory Authorities following an agreement to enter into a shared service model made in June 2015. A great amount of effort went in to moving 10 different organisations from 4 different locations with varying financial and IT platforms; finally bringing them together under one roof. A significant amount of time was invested in operationalising the co-location and the Board would like to acknowledge the Nursing Council of New Zealand for project managing the venture. Corporate Services, a division within the Nursing Council of New Zealand, now provide back office functions to the Board which include finance, payroll, database and property & operations support. This co-location will in due course result in improved efficiencies, cost savings and strengthen regulation of health practitioners through collaboration and new opportunities.

**Information Technology** – In late 2015 the Board agreed to update its website, online Annual Practising Certificate (APC) renewal platform and the online continuing competency programme – MyCCP - reporting system. This was a significant financial investment but was necessary to manage the risks that came with an aging IT platform. The project commenced in February 2016 and is due for completion in November 2016. It will result in a more “user friendly” platform, the ability for practitioners to update their own contact details as they move around and increase the functionality of MyCCP. Supervisors and Audit assessors will be able to access practitioners learning ePortfolio’s directly and practitioners will be able to upload documentation.

**Board Membership** – By the end of the financial year there was substantial change in the membership of the Board. As reported last year Carol Wham and Eruera Maxted agreed to stay on for additional time whilst the Ministry of Health completed the appointments process.

In August Carol and Eruera were replaced by Louise Mainvil and Hiki Pihema whose contributions and

expertise is proving valuable. During the year the Board also farewelled Leasa Carlyon, a lay member, and was replaced by Jennifer Pelvin in November. Leasa was dedicated to her Board role and contributed significantly within her role on the Finance and Administration Committee. The Board, public, and profession, have been very fortunate to have had experienced and committed practitioner and lay Board members. The next year will also bring changes with tenures due to end for two more Board members.

**Strategic Plan** – With a number of governance and operational reviews completed throughout the year the Board were able to identify areas of focus within the Strategic Plan for the 2016-17 financial year. Priorities include a review of the registration competency requirements (RCRs), development of a communications strategy and a formalised evaluation of the performance of the Board. Going forward clear communications will be developed to ensure expectations and requirements around the standards for Registered Dietitians are understood, and mechanisms are in place to assist the profession to meet their obligations as registered health practitioners in the interests of public safety. This communication will extend to the public and other stakeholders and the new website will be a key platform for this initiative.

**Acknowledgements** – We very much appreciate the continued support and commitment to the regulation of the dietetic profession by many individuals. Various skills and expertise have been contributed by Board members, assessors, auditors, supervisors, and other contracted positions over the past year.

We look forward to working with the Board on key projects and new initiatives over the next year and the challenges and opportunities that lay ahead for dietitians in the developing health sector.

**Nō reira e te Minita, ngā mihi nui anō ki a koe, tēnā koe, tēnā koutou katoa.**



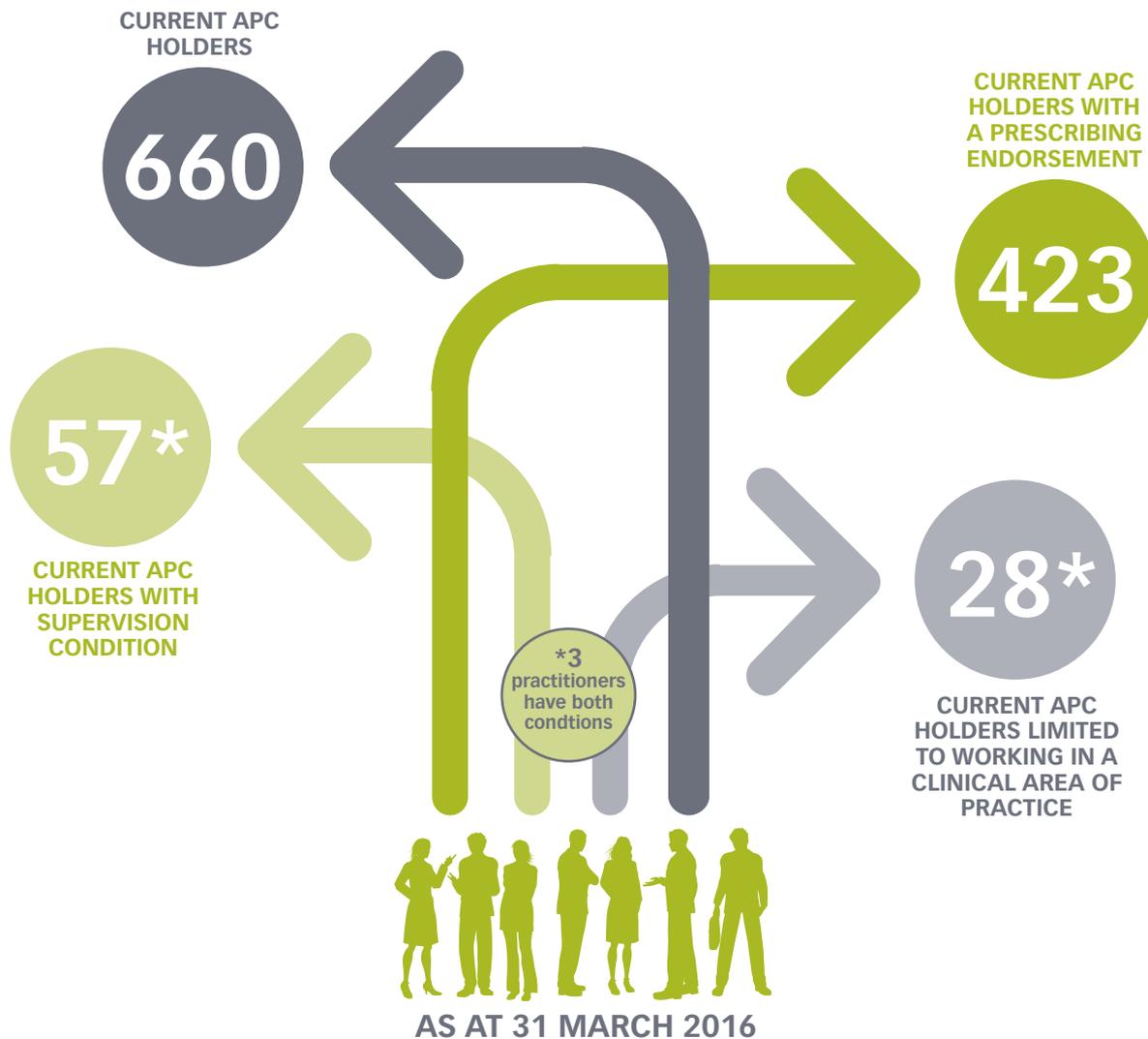
Sandy Clemett  
CHAIRPERSON



Sue Domanski  
REGISTRAR



## Statistics at a glance



\*At 31 March of each year



\*At 31 March of each year

# What we do

## Our Vision and Functions

**Our vision** is to promote and enhance the health of New Zealanders by ensuring that dietitians practise safely and competently.

The Dietitians Board is one of 16 Regulatory Authorities established under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) that enables self-regulation of various health professions – the principle purpose of the act being to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are qualified, competent and fit to practise their profession.

The Board's major roles are to:

- prescribe qualifications for scopes of practice by dietitians
- set standards
- accredit and monitor educational institutions and programmes
- grant registration of dietitians and issue annual practicing certificates
- review and promote the competence of dietitians
- deal with cases of dietitians who may be unable to perform professionally

**Our mission** is to ensure Dietitians are safe, effective and competent to practice

### Our Values:

- Responsible
- Integrity in all we do
- Culturally responsive

### Our Principles:

- Uncompromising commitment to public safety
- Consistent, fair, reasonable and transparent
- Accountable to the public, the Minister of Health, staff and the profession
- Effective, best practice governance

## Functions of the Board under Section 118 of the HPCA Act are to:

- Prescribe the qualifications required for scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies and programmes
- Authorise the registration of health practitioners under this Act, and to maintain registers
- Consider applications for annual practising certificates
- Review and promote the competence of health practitioners
- Recognise, accredit and set programmes to ensure the ongoing competence of health practitioners
- Receive and act on information from health practitioners, employers and the Health and Disability Commissioner about the competence of health practitioners
- Notify employers, 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
- Consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession
- Set standards of clinical competence and ethical conduct to be observed by health practitioners of the profession
- Liaise with other authorities under this Act about matters of common interest
- Promote education and training in the profession
- Promote public awareness of the role and responsibilities of the authority
- Exercise and perform any other functions, powers and duties that are conferred or imposed upon it by or under the Act or any other enactment.

## Strategic Plan

Each year the Board holds a half day strategic planning session to refocus their priorities, celebrate their achievements and plan for the year ahead.

This year the Board undertook a review of the goals and key performance indicators within the strategic plan. The Board consolidated the number of goals from six to four and believes the revised strategic plan provides more clarity for practitioners and the public about the Boards focus over the coming years. The Boards underlying principle of “right touch regulation” aims to protect public safety through fair and just regulation.

The Board’s strategic goals are:

- **Goal 1 – Competence and Fitness to Practice**  
Dietitians are competent, fit and safe to practise.
- **Goal 2 – Capability and Capacity**  
Accredited programmes meet the needs of current and future practice.
- **Goal 3 – Organisational Performance**  
The Board and its Secretariat is an effective and efficient organisation, aligned to its purpose and engaged with its stakeholders.
- **Goal 4 – Government Performance**  
Board governance is effective and efficient, aligned to its purpose.

The refined key performance indicators provide guidance on where efforts will be focussed and enable the Board to measure its progress and its effectiveness.

## GOAL 02

## GOAL 01

**COMPETENCE AND FITNESS TO PRACTICE**  
Dietitians are competent, fit and safe to practise



- 1.1 Standards ensure safe and effective dietitian practice.
- 1.2 Registration policies and processes are appropriate, current and effective.
- 1.3 Registration competency requirements are current and reviewed against the current trends in dietitian education and health regulation
- 1.4 Disclosures of Fitness to practice issues on registration are managed consistently.
- 1.5 Examination processes are validated and fit for purpose.
- 1.6 The Recertification and Return to work policy and procedure are effective, appropriate and fit for purpose.
- 1.7 Competence standards are current and reflect the expectations of the public and profession.
- 1.8 Competence and conduct processes are consistent, fair and effectively conducted in accordance with the HPCA Act.
- 1.9 New scopes of practice are considered to meet the needs of current and future practice.
- 1.10 Cultural competence standards are current and ensure culturally competent practice.
- 1.11 The Code of Ethics provides a contemporary guidance framework for dietitian practice.

# GOAL 03

**ORGANISATIONAL PERFORMANCE**  
**The Board and its Secretariat is an effective and efficient organisation, aligned to its purpose and engaged with its stakeholders.**

# GOAL 04

**GOVERNANCE PERFORMANCE**  
**Board governance is effective and efficient, aligned to its purpose.**

## CAPABILITY AND CAPACITY

**Accredited programmes meet the needs of current and future practice.**

- 2.1 Appropriate qualifications are prescribed for entry into the profession.
- 2.2 Dietetic training programmes are accredited to meet current and emerging trends in dietitian practice, including supporting and encouraging ethnic diversity.
- 2.3 Accreditation standards are current and reviewed against the current trends in dietitian education and health regulation.
- 2.4 The Board's Continuing Competence programme is fit for purpose.

- 3.1 There is an effective and efficient organisational structure to implement the HPCA Act.
- 3.2 Quality employee learning and growth is promoted.
- 3.3 Operational policies are effective and up to date.
- 3.4 Financial performance is managed effectively.
- 3.5 The Board develops and maintains positive relationships with stakeholders and has appropriate representation at national and international forums.
- 3.6 Dietitian workforce data is collected and a Register is maintained.
- 3.7 The national and international health regulatory environment is regularly monitored.
- 3.8 The Board's Communication Plan is effective and aids public and stakeholder understanding of the role of the Board.
- 3.9 Board publications and communications are timely, relevant and accessible.
- 3.10 The Board's Annual Report and financial outputs are available to all stakeholders.

- 4.1 The vision, mission, values and strategies reflect the Board's role under the HPCA Act.
- 4.2 Board decision making is in the best interests of public safety and follows principles of natural justice.
- 4.3 Governance performance is reviewed regularly; the future effectiveness of Board governance is assured through succession planning.
- 4.4 The Board is accountable for financial performance and risks are identified and managed effectively.

- 4.5 The Board delegations under the HPCA Act ensure public safety and are current.
- 4.6 Governance policies are effective and up to date.
- 4.7 Quality governance learning and growth is promoted.
- 4.8 The Board recognises indicators of change and is proactively involved in managing changes in the regulatory environment.

### Key projects for the Dietitians Board during the 2015/2016 year were:

- Agreement on an SLA with 9 other Regulatory Authorities for a shared service model and co-location
- Completion of the initiative to obtain Designated Prescribing Rights for three prescription medicines
- A revision of the Register (s144 HPCA Act 2003)
- Implementation of the new Board Registration oral and written examination and accompanying policy
- A comprehensive review of the schedule of fees
- Consultation on the new schedule of fees
- Consultation on the refined Prescribed Qualifications
- Review of the Boards website and online APC renewal process
- Review and expansion of the MyCCP programme and audit
- Consultation on Scope of Practice
- Commencement of the review of Registration Competence Requirements



## Who we are

### Board Membership

The Minister of Health appoints Board members for terms of up to three years in accordance with sections 120-122 of the HPCA Act.

The seven members of the Dietitians Board as at **31 March 2016** were:

**Sandy Clemett of Christchurch**

CHAIRPERSON

.....

**Vicky Campbell of Auckland**

DEPUTY CHAIRPERSON

.....

**Stella Friedlander of Auckland**

.....

**Hiki Pihema of Gisborne**

.....

**Dr. Louise Mainvil of Dunedin**

.....

**Bonnie Roger of Papamoa**

LAYPERSON

.....

**Jennifer Pelvin of Wellington**

LAYPERSON

.....

### The Board

Sandy Clemett is a New Zealand trained dietitian with over 25 years of clinical and managerial dietetic and allied health experience. She was the Clinical Manager of Nutrition Services, Christchurch Hospital 2006-2012 and has completed a Post Graduate Diploma in Health Management (University of Otago).

Over the last three years Sandy has been employed in the position of Allied Health, Change Architect and is responsible for leading and implementing organisational change across the Canterbury Health system for the Allied Health workforce as it relates to leadership, models of care and new facilities at Burwood and Christchurch Hospitals.

As a past president of Dietitians NZ (the Association) and an appointee to the Dietitians Board of New Zealand since August 2011, Sandy has an interest in leadership and governance within the health sector.

Sandy was born in Dunedin and grew up initially in the United Kingdom before moving to Christchurch. She now lives close to the Port Hills, where she and her family enjoy outdoor activities.

**Current term ends 23 May 2018**

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Vicky Campbell has enjoyed a diverse career within Dietetics working across all the domains of practice. Vicky has broad experience in clinical dietetics, Food Service Management and more recently public health.

Vicky has been a NZ registered dietitian since 1990 and enjoys being able to contribute to the Dietitians Board. She lives in Auckland with her husband and two school aged children and enjoys making the most of her holidays with family and friends.

**Current term ends 9 June 2016**

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**BOARD MEETINGS:** The Dietitians Board met four times during the 2015/2016 year and held six meetings by teleconference. The face-to-face meetings included two, two-day meetings and two, one-day meetings (totalling six days) during the 2015/2016 year. All Board meetings were held in Wellington. Other Board business was conducted by electronic communication.

**Stella Friedlander** has been a NZ registered dietitian since 1991. She has worked in a variety of clinical roles, and is currently a paediatric clinical dietitian at Starship Children's Health where she has been since 2003.

Stella's current role covers the nutritional management of children with renal disease, inpatient eating disorders and assisting with the training of student dietitians. She lives in Auckland with her 2 sons.

**Current term ends 8 May 2016**

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**Jennifer Pelvin** has worked in the not for profit environment and NGO sectors for over 30 years. She has a Masters of Business Administration (not for profit), is a Fellow of the Australian Institute of Company Directors and a member of the Australasian Society of Association Executives.

Jennifer is a Director of Butler Pelvin & Associates, an Association Management Company, providing governance, administration, management and leadership services with a particular focus on organisations with charitable or not for profit status.

Currently, she holds a number of positions including: chief executive roles for both PodiatryNZ and NZ Dental and Oral Health Therapists Association, and a board role on the Allied Health Aotearoa NZ.

**Current term ends 23 September 2018**

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**Bonnie Roger QSM, JP** has had thirty years plus of highly regarded management and organisational experience, having leadership responsibilities both as a business woman and as Chairperson/President of several established voluntary and community groups. She is experienced in all financial aspects of developing and running a business, having had several business ventures of her own in the horticulture and florist industry, as well as jointly with her husband as a consultant and in the field of research. She also worked in the Corporate sector as an Administration Manager and Credit Controller.

Bonnie has had extensive professional affiliations over the years. She was awarded the Queens Service Medal (QSM) in June 2010 for services to the community and the Horticultural Industry. She is an active Justice of the Peace.

She was born and grew up in Hawkes Bay and now lives in Papamoa (Tauranga), and has three adult sons. She is enjoying contributing constructively to the Dietitians Board.

**Current term ends 9 June 2016**

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**Hiki Pihema** lives in Gisborne and is from Te Whanau a Ruataupare, from Tokomaru Bay. She has been a registered Dietitian since 1976 and has worked in many areas of dietetic practice including food service, management, clinical and public health. She has worked in numerous settings including hospitals, GP clinics, schools, community and marae. Hiki has served on many national nutrition committees in an advisory capacity. She was a member of the Board of Food Standards Australia and New Zealand for 8 years.

Hiki is currently employed by Tairāwhiti DHB as a Dietitian, Team Leader. She is also employed by Otago University as a Professional Practice Fellow in the Interprofessional Education (IPE) programme, and a tutor for the Masters of Dietetics programme.

Hiki is a member of Te Kahui Manukura o Kai Ora, the Maori Dietitians Group of Dietitians NZ.

Hiki is a keen runner, enjoys kapa haka and spending time with her four mokopuna, and is planning to return to Tokomaru Bay to live.

**Current term ends 23 May 2018**

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**Dr Louise Mainvil** is an experienced public health dietitian who works for the University of Otago. Her research and teaching interests include exploring psychological, social, cultural, environmental and economic factors influencing food distribution and consumption.

Louise has been a NZ registered dietitian since 1996. She started her dietetics career in the USA working as a clinical dietitian (1989).

Louise lives in Dunedin with her husband and young son and enjoys family time exploring nature's beauty.

**Current term ends 23 May 2018**



## Board Committees

The Dietitians Board has committees to assist it to achieve its goals and fulfil its functions under the Health Practitioners Competence Assurance Act. Committees are reviewed every two years. At the August 2015 Board meeting the committees were reviewed and new Terms of Reference developed.

The Board committees between April 2015 and August 2015 were:

- Continuing Competence and Prescribing committee (*Sandy Clemett, Carol Wham and Stella Friedlander*)
- Education and Accreditation committee (*Eruera Maxted, Vicky Campbell, Sandy Clemett and Stella Friedlander*)

- Finance and Administration committee (*Leasa Carlyon, Bonnie Roger and Vicky Campbell*)
- Registration and Assessment committee (*Carol Wham, Eruera Maxted and Sandy Clemett*)

At the August Board meeting the Board reviewed the effectiveness of its committee work and how it aligns with the Boards Strategic Plan. This resulted in a consolidation of the focus and the work required and a move to three committees:

- Registration, Education and Accreditation Committee
- Competence, Fitness to Practise Committee
- Finance, Audit & Risk Committee

| Committees  | Members  | Functions  |
|---|--|--|
| <b>Registration, Assessment and Education Committee</b> | Sandy Clemett<br><i>(Convenor from 4 March 2016)</i><br>Louise Mainvil<br><i>(Convenor from 4 March 2016)</i><br>Vicky Campbell  | The main purpose of the Registration, Assessment & Education Committee is to establish policies and procedures for dietitians around registration, assessment and accreditation, and act in accordance within the governing legislation of the HPCA Act 2003.  |
| <b>Competence, Fitness to Practice Committee</b>        | Stella Friedlander <i>(Convenor)</i><br>Hiki Pihema<br>Jennifer Pelvin<br>Louise Mainvil<br><i>(co-opted until 4 March 2016)</i> | The main purpose of the Competence, Fitness to Practice Committee is to review the current protocol for the consideration and endorsement of Annual Practising Certificates (Recertification); determine standards of competence; how the continuing competency programme is run and what evidence must be provided to meet requirements. This Committee also establishes policies and procedures for prescribing dietitians. In addition the Committee will determine the framework around matters related to individual practitioner's competence issues and health concerns that may arise. |
| <b>Finance, Audit &amp; Risk Committee</b>              | Bonnie Roger <i>(Convenor)</i><br>Jennifer Pelvin<br>Vicky Campbell  | The main purpose of the Finance, Audit and Risk Committee is to support the Board in carrying out its duties in regard to financial reporting and financial legal compliance.  |

**Complaints** and disciplinary matters needing investigation are in the first instance addressed by the Competence, Fitness to Practice Committee after being received by the Registrar. The Board has statutory facility to establish a Professional Conduct Committee to deal with particular cases of complaints or disciplinary matters.

# Accreditation and Examination

## Accreditation and Dietetic Training

A major Board function (Sections 12(4) and 118(a) of the HPCA Act refer) is to prescribe the qualifications required for scopes of practice, and for that purpose to accredit and monitor educational institutions and degrees, courses of study or programmes.

At 31 March 2016 the University of Otago, Massey University and the University of Auckland all have full accreditation to provide dietetic training in New Zealand at a Masters' degree level. A re-accreditation process is due in 2018 for University of Otago and Massey University.

Regular communication with the training providers enables both parties to discuss progress and changes to the programme or staffing, as well as any issues that may have arisen. Annual reports are also required from each of the training providers.

### ***Currency of practice***

The Board monitors the lecturers and tutors involved in teaching dietetics at all three universities; requiring them to have currency of practice if registered with the Board, with the expectation that each works voluntarily in a hospital environment for a minimum of two weeks per year, without students, if they are not already working within a District Health Board (DHB) in a clinical role. Dietitians who teach students on placements also need to spend at least two weeks (per year) in that area, without students. It is a Board requirement that a minimum number of registered dietetic staff involved in the delivery of dietetic training hold an Annual Practising Certificate.

## Dietetic Qualifications and Training

### ***University of Otago***

The University of Otago's two-year Master of Dietetics degree has held full accreditation since June 2013. The programme includes innovations such as a Student Dietitian Clinic and the Tairāwhiti Inter-Professional Education (TIPE) Programme. To date 122 graduates have obtained Registration with this qualification since the commencement of the programme.

### ***Massey University***

Massey University's Institute of Food, Nutrition and Human Health provides a two-year Master of Science (Nutrition and Dietetics) degree, having full accreditation bestowed in June 2013. Since being accredited by the Board, registration has been obtained with this qualification by 31 graduates to date.

### ***University of Auckland***

The University of Auckland's Faculty of Medical and Health Science two-year Master of Health Sciences in Nutrition and Dietetics gained full accreditation in December 2015 after a period of provisional accreditation. To date 20 graduates have obtained Registration with this qualification since its inception.



# Scope of Practice, Registration and Practising Certificates

## Scope of Practice

The Board's defined Scope of Practice is: 'Dietitian'. A Scope of Practice may be described in any way that the Board thinks fit (section 11(2) HPCA Act). The current Scope of Practice has been unchanged since the HPCA Act came into force over 10 years ago.

In late 2015 the Board agreed to review the current Scope of Practice and consult with the profession and stakeholders on a revised Scope of Practice with the intention to refine it and provide greater clarity as to the range of dietetic practice, and to include the prescribing endorsement.

The Board considered that a more defined scope of practice would help the public, employers and practitioners understand what constitutes practising dietetics by a health practitioner on the Board's register and when an Annual Practising Certificate (APC) should be held.

Consultation began in March 2016 and it is hoped the process will be completed before the end of the year.

## Registration

The Registration of dietitians is one of the primary functions of the Dietitians Board. Dietitians wishing to practise dietetics in New Zealand (or be known as a dietitian) must, by law be registered with the Dietitians Board and must hold a current Annual Practising Certificate (APC). The same registration standards apply to all dietitians wherever they were trained.

To be registered under the Dietitians Board's scope of practice, applicants must:

- **Have a prescribed qualification or equivalent**
- **Be competent to practise in the scope of practice**
- **Be fit for registration**

Applicants who hold and satisfy all the qualifications, competence and fitness for registration requirements of the Health Practitioners Competence Assurance Act 2003 (HPCA Act) are likely to be eligible to apply for registration under the Dietitians Board's scope of practice.

Australian trained dietitians with full Accredited Practising Dietitian status (APD) credentialed by the Dietitians Association of Australia (DAA), are, through a Mutual Recognition Voluntary Relationship Charter eligible for registration in New Zealand.

For overseas trained dietitians an assessment of their qualifications is undertaken and, if their qualifications are recognised, they are deemed eligible to sit the Boards registration examination. On successful completion of both the written and oral examination they are then eligible for registration.

The Boards registration examination is also sat by New Zealand Registered Dietitians who have not worked as a dietitian for nine years or more and who wish to return to dietetic practice.

Additionally any Registered Dietitians who have a condition on their practising certificate to work only in a clinical area may sit the examination and on successfully passing the examination have the condition removed and be able to work across all domains of practice.

## Practising Certificates

Annual Practising Certificates provide assurance to the public that a practitioner is competent and fit to practise their profession.

There are a number of practitioners who have conditions on their APC's as outlined below.

### **Condition to work under supervision**

Practice Supervision is workplace related and compulsory for the following practitioners:

- all newly trained dietitians in their first year of practice
- all overseas trained dietitians for their first year of practising in NZ
- dietitians returning to work after a break of 3 years or more
- dietitians changing their area of practice (may be required)
- dietitians with identified competence deficits (or 'Professional Supervision' may be required)

As at 31 March 2016 the total number of Registered Dietitians in New Zealand holding a current Annual Practising Certificate for the practising year was 660.

## Applications for Registration

|                                     | HPCA Act Section | Number of Applications | Outcome    |                      |           |
|-------------------------------------|------------------|------------------------|------------|----------------------|-----------|
|                                     |                  |                        | Registered | Returned or declined | Withdrawn |
| NZ trained dietitians (PG Dip Diet) | 15 (1)           | –                      | –          | –                    | –         |
| NZ trained dietitians (Masters)     | 15 (1)           | 43                     | 43*        | –                    | –         |
| Australian trained                  | 5 (1), (2)       | 2                      | 2*#        | –                    | –         |
| Overseas trained                    | 15 (1), (2), (3) | 4                      | 4*         | –                    | –         |
| <b>Total</b>                        |                  | <b>49</b>              | <b>49*</b> | –                    | –         |

\* **Supervision** condition applies to all entry level dietitians for the first year of practice.

# Registration granted under the Board and DAAs 'Mutual Recognition Voluntary Relationship Charter'.

## Recognition of Qualifications & Registration Examination

|                             | Recognition of Qualification Assessment Applications | Outcome                                  |  |
|-----------------------------|--|--|--|
|                             |  | Eligible to sit Registration Examination | Ineligible to sit Registration Examination |
| Overseas trained dietitians | 4  | 4  | –  |

### Board Registration Examination Outcomes

|  | Sat & Passed Written Registration Examination | Sat & Failed Written Registration Examination | Sat & Passed Oral Registration Examination | Sat & Failed Oral Registration Examination |
|--|---|---|--|--|
| Overseas trained dietitians                        | 4*  | 2*  | 1  | –  |
| Removal of Condition to work only in clinical area | 1   | –   | 1  | –  |
| Returning to work after 9+ years dietitians        | –   | –   | –  | –  |
| <b>Total</b>                                       | <b>5*</b>                                     | <b>2*</b>                                     | <b>2</b>                                   | –  |

NB: The years of applying for recognition of qualifications, sitting the Boards registration examination and applying for registration can be different.

\* One candidate sat examination twice (September then March), passed on second attempt.



## Applications for an Annual Practising Certificate

|                          | HPCA Act Section | APCs issued in the period to 31 March 2016 | Outcomes |                      |  |
|--------------------------|------------------|--|----------|----------------------|--|
|                          |                  |  | APCs     | APCs with conditions | Comparative number of APCs issued in the period to 31 March 2015 |
| 2015/16 APC applications | 26               | 660  | 660      | 82*#                 | 611  |

\* limited to working in a clinical domain of practice (28)  
 # supervision (57) – 3 practitioners have both conditions

### Condition limiting practitioners to work in a clinical domain of practice

Up until April 2015 any United Kingdom (UK) trained and registered dietitian and overseas trained dietitian who in the past successfully sat the clinical part of the Overseas Candidate Registration Examination has a limitation to work only in a clinical domain of practice. Working in a clinical domain of practice provides the opportunity to work in hospitals, private institutions and clinics (i.e. not in public health, food industry or foodservice management). Should a practitioner with this condition on their APC wish to expand their domain of practice they are required to complete and pass the Boards Registration Examination.

Since April 2015 any overseas trained dietitian who passes the Registration Examination is able to work across all areas of dietetic practice.

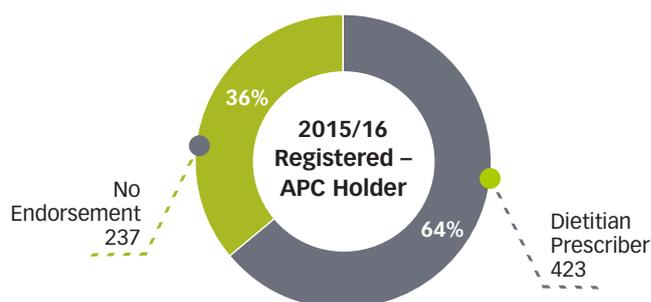
### Dietitian Prescribing

The Board endorses the Scope of Practice as **Dietitian Prescriber** for dietitians who have either passed a Dietitian Prescriber training course or are graduates from 2014 onwards.

For Dietitians who graduated prior to 2014 and overseas trained dietitians, the Board conduct a Dietitian Prescriber training course – this comprises an online course and a one-day face to face workshop. The combination of the online training course consisting of 15-20 hours of course work and the one-day workshop enables participants to develop a thorough understanding of the legal, ethical, administrative and technical issues related to the prescribing of special foods and vitamins and minerals, and to demonstrate competence in prescribing these for the purposes of

endorsing their Scope of Practice as a Dietitian Prescriber. Graduates from 2014 onwards have this prescribing content built into their Masters coursework.

Dietitian Prescribers are monitored and must have an approved supervisor. The Board receives quarterly reports on prescription transactions from the Ministry of Health. These are monitored by both the Registrar and a dietitian auditor, to ensure that only trained Dietitian Prescribers are prescribing, that the correct Special Foods and medications are being prescribed and safe practice is being undertaken. Dietitian Prescribers are also required to successfully complete an annual professional development course developed and monitored by the Board.



The Board acknowledges the following people with grateful thanks: Maree Jensen from the School of Pharmacy, Auckland University for her on-going assistance and for attending every Dietitian Prescribers' course as a presenter; the support of PHARMAC, who sends a representative to speak at Dietitian Prescribers' courses; and Stella Friedlander, who is the Board's prescribing coordinator who also presents at courses.

# Competence, Fitness to Practise and Recertification

Dietitians are required to meet and maintain the standards that have been set by the Board to protect the health and safety of the public.

Dietitians must possess the current knowledge and skills required to practice competently and safely at the time of Registration and every year declare they are competent in their scope of practice, remain fit to practice and meet the recertification requirements when applying for their APC.

The HPCA Act mandates recertification of practitioners and this allows the Board to decline an APC if it is not satisfied that a practitioner is fit to practise and competent in their scope of practice.

## Competence

Competence requires the appropriate application of current dietetic knowledge and skills. As an individual practitioner, dietitians are responsible for their own practice and professional behaviour and are required to demonstrate this by constantly reviewing practice principles, seeking and acquiring new knowledge, skills and attitudes and applying these in an environment that invites robust challenge, reflective practice, participation and openness.

The goal of competence is the delivery of best or evidence based practice to protect the health and safety of the general public at all times.

## Quality Assurance and Recertification

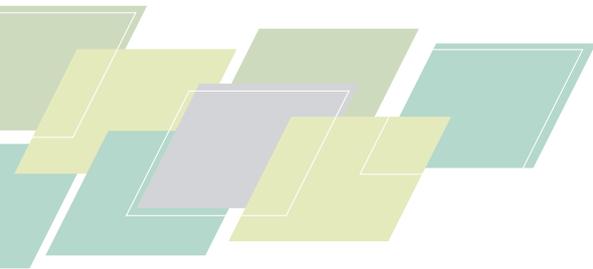
The Board operates a Continuing Competence Programme (CCP) under Section 40 (1) of the HPCA Act, to maintain, examine or improve the competence of dietitians to practise their profession. This was originally set up in consultation with Dietitians NZ Inc.

The CCP assists dietitians maintain and enhance their practice by:

- Ensuring involvement in a range of continuing education activities directed at enhancing practice standards throughout their professional careers, so that dietetic practice and client care is of the highest quality
- Demonstrating to clients, peers, government bodies and the community that they are committed to quality improvement in their work
- Developing an approach that supports improvement of professional performance by encouraging review, reflection and evaluation of practice
- Committing to lifelong learning

The programme is the responsibility of the Dietitians Board and is funded from Annual Practising Certificate revenue.

Registered Dietitians are accountable for undertaking continuing competency through the Boards programme MyCCP – it is a requirement for the issuing each year of an APC. Participating in MyCCP is compulsory for all registered practising dietitians, including those who work part time, full time, in a locum position and in paid or voluntary roles. If a practitioner does not complete the Dietitians Board's Continuing Competency requirements they will not be eligible for an Annual Practising Certificate and will no longer be able to practise as a dietitian or use the title dietitian.



The concept of a learner-centred approach and lifelong learning, where an individual either identifies gaps in their knowledge or skill set, or identifies a new area to upskill in and develops learning objectives to meet these is key to an effective competence programme.

The Competence, Fitness to Practice Committee continues to make modifications to MyCCP to assist practitioners in developing their professional development plans and maintain their competence for practising in the dietetic work place. Following the annual MyCCP Audit a review of the programme was undertaken and some improvements will be made going forward.

The Board strongly recommends that all practitioners work with a mentor to discuss their individual learning plans and goals, selected activities and supporting evidence.

## Continuing Competence Audit

Each year approximately 5-10% of the profession, and any practitioners who have identified issues of professional competence, are audited. The audit is not a form of performance appraisal or competency assessment; it is a regulatory requirement of the Board to assure them that Registered Dietitians are engaging appropriately in learning activities that maintain and enhance their dietetic practice.

It also provides guidance and support in its feedback to practitioners for future learning.

There is an expectation of professional rigour and robustness in the reporting process. Likewise, the audit process is rigorously applied to ensure the dietitians are

meeting their legal obligations under the HPCA Act in terms of safety of practice for the general public.

The Board this year increased the audit team and established a clear criterion for assessment between auditors. The ability to confer and cross check between audit team members ensured a consistent, robust and fair process.

The 2015/16 Audit assessed 49 portfolios and of these 41 met the audit requirements. Of those that met the requirements, 15 did not require advice for future improvement and 26 were given at least one recommendation to work on. Recommendations were such things as guidance around writing SMART<sup>1</sup> objectives and a reminder to clearly link goals, activities and evidence. The eight portfolios that were initially assessed as incomplete required further work or evidence for resubmission such as the revision and rewriting of goals to be SMART, inclusion of reflections of the activity undertaken, provision of appropriate evidence to match credits claimed. On resubmission all eight subsequently met the requirements. No practitioner failed to meet requirements or was assessed as below standard.

For the second year in a row there was a reduction in the number of practitioners who did not first meet audit requirements, were required to resubmit documentation and subsequently met audit requirements. This in part may be due to the Boards efforts to provide guidance in newsletters and on the website around professional development and reflective writing. In addition practitioners who were called for audit were given clear guidelines regarding the documentation they were to submit.

| Audit Period | Dietitians audited | Audit requirements completed with no recommendation | Audit requirements completed with recommendation | Audit requirements initially incomplete – subsequently met requirements |
|--------------|--------------------|---|--|---|
| 2012/2013    | 33                 | 15  | 9  | 9   |
| 2013/2014    | 34                 | 9   | 9  | 16  |
| 2014/2015    | 38                 | 10  | 17   | 11  |
| 2015/2016    | 49                 | 15  | 26   | 8   |

<sup>1</sup> SMART = Specific, Measurable, Achievable, Relevant, Timely

## Health and Fitness to Practise

The Board received no formal notifications under section 45 of the Act during the 2015-2016 year in relation to the health or fitness to practise of practising dietitians. However, the Board identified the need to investigate the health & fitness to practise of one practitioner as a result of a Notification of Competence. The Board made enquiries into this matter and determined that the practitioner was fit to practise and could be issued with a practising certificate.

## Notifications of Competence

During the 2015-2016 year the Board continued to complete competence referrals made in the previous year and monitor practitioners. There was one notification of competence received under section 34(3) and a competence review was put in place. This particular notification posed a health & fitness to practise issue which was addressed in the first instance. Once the Board were satisfied with their enquiries the competence review was put in place and is ongoing.

## Complaints and Discipline

The Board received 2 complaints during the 2015-2016 practising year. After making enquiries the Board sent an educational letter with regards one complaint. The Board took formal action on the second complaint and after enquiries the matter was referred to a Professional Conduct Committee (PCC).

The outcome of the complaint that was referred to the PCC was a recommendation to the Board that the practitioner should undergo counselling.

There were no other conduct matters for the Board to formally consider during the year but there were some practitioners who required a reminder as to when an APC should be held to ensure they were not in breach of the Act.

### Notifications of competence

| Source                           | HPCA Act Section | Outcomes        |        |        |
|----------------------------------|------------------|-----------------|--------|--------|
|                                  |                  | Number received | Closed | Active |
| Health Practitioner              | 34 (1)           |                 |        |        |
| Health & Disability Commissioner | 34 (2)           |                 |        |        |
| Employer                         | 34 (3)           | 1               |        | 2*     |
| Other                            | 34 (4)           |                 |        |        |

\* One still active from previous practising year

### Complaints

| Source                           | Outcomes        |        |        |
|----------------------------------|-----------------|--------|--------|
|                                  | Number received | Closed | Active |
| Consumer                         | –               | –      | –      |
| Employer                         | –               | –      | –      |
| Health & Disability Commissioner | –               | –      | –      |
| Courts                           | –               | –      | –      |
| Other                            | 2               | 1      | 1      |



## Linking with Stakeholders

The Board continues to liaise with its various stakeholders as required. In particular this past year seeking feedback on consultation such as:

- Proposed fee increase and introduction of a Disciplinary Levy
- Prescribed Qualifications
- Scope of Practice
- Registration Competency Requirements

The Board recognises the importance of consultation and communication and utilises a variety of channels: website, newsletters, attendance at conferences and workshops and meeting with stakeholder groups.

### Professional Bodies

#### ***Dietitians NZ***

The Board have been pleased to receive feedback and engagement with the professional association on a number of issues over the past year which serves to inform on decision making. A regular reciprocal invitation has been set up between the two organisations to attend each other's meetings at certain times of the year. The Board presented at the Dietitians NZ National Meeting in September 2015 on Dietitian Prescribing. Having Board members and the Registrar present at such events enables practitioners to ask questions and demystify regulatory matters.

#### ***Dietitians Association of Australia (DAA)***

Throughout 2015 the Board collaborated with the DAA a number of times as well as maintained professional oversight on the reciprocal ratification of practitioners moving between the two countries to work.

A strong regulatory relationship has developed between the two organisations which strengthens the standards and requirements of the dietetic profession.

The Board continues to have representation on the written examination expert advisory group to ensure the examination is fair and consistent and most importantly relevant to working in dietetics on both sides of the Tasman.

#### ***International Dietetic Regulatory Authorities and Associations***

The Board is always grateful for the prompt responses of many international authorities and associations when seeking information regarding practitioners or consulting on policy and practice.

In particular the British Dietitians Association (BDA) continues to assist the Board by ratifying that the education and training of UK trained and registered dietitians is appropriate, as part of the Boards verification process.

Likewise the Health and Care Professions Council (HCPC) in the UK provides verification on practitioners as we do to them.

### Universities

This past year the Board have collaborated with the three training providers on the development of the oral component of the Boards Registration Examination which has resulted in a robust and effective assessment process.

### HRANZ Collaborations

The Board is required under the HPCA Act S 118(j) *'to liaise with other authorities appointed under this Act about matters of common interest'*.

Health Regulatory Authorities New Zealand (HRANZ) is a collaborative forum that enables the sharing of Best Practice around health practitioner regulation. It collectively discusses matters of common interest that supports public safety according to the HPCA Act 2003

The Chairperson and Registrar both attended the Health Regulatory Authorities NZ (HRANZ) Strategic meetings, and the Registrar also regularly attended the HRANZ Operational meetings. The meetings have included guest speakers such as the Director General of Health, ACC, Chief Coroner, Ministry of Justice and a workshop on Good Governance.

**INDEPENDENT AUDITOR'S REPORT  
TO THE READERS OF  
DIETITIANS BOARD  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2016**

The Auditor-General is the auditor of the Dietitians Board (the Board). The Auditor-General has appointed me, Robert Elms, using the staff and resources of Staples Rodway Wellington, to carry out the audit of the performance report of the Board on her behalf.

We have audited the performance report of the Board on pages 21 to 28 that comprise the statement of financial position as at 31 March 2016, the statement of financial performance, statement of movement in equity and statement of cash flows for the year ended on that date and the notes to the performance report that includes accounting policies and other explanatory information.

**Opinion**

In our opinion the performance report of the Board on pages 21 to 28:

- fairly reflect the Board's:
  - entity information for the year then ended;
  - financial position as at 31 March 2016; and
  - financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 8 August 2016. This is the date at which our opinion is expressed.

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

**Basis of opinion**

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

Material misstatements are differences or omissions of amounts and disclosures that, in our judgement, are likely to influence readers' overall understanding of the performance report. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

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

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Board;
- the adequacy of all disclosures in the performance report; and
- the overall presentation of the performance report.

We did not examine every transaction, nor do we guarantee complete accuracy of the performance report. Also we did not evaluate the security and controls over the electronic publication of the performance report.

We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

#### **Responsibilities of the Board**

The Board is responsible for preparing a performance report that:

- complies with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's entity information, financial position, financial performance and cash flows.

The Board is also responsible for such internal control as it determines is necessary to enable the preparation of a performance report that is free from material misstatement, whether due to fraud or error. The Board is also responsible for the publication of the performance report, whether in printed or electronic form.

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

#### **Responsibilities of the Auditor**

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

#### **Independence**

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the External Reporting Board.

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



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

DIETITIANS BOARD

## Entity Information

*For the Year ended  
31st March 2016*

*“Who are we?”  
and “Why do  
we exist?”*

### **Legal Name of Entity:**

**DIETITIANS BOARD**

### **Type of entity and Legal Basis:**

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

### **Entity’s Purpose or Mission:**

“The Dietitians Board is established under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) that enables self-regulation of various health professions - the principle purpose of the act being to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are qualified, competent and fit to practise their profession.

The Board’s major roles are to:

1. Prescribe qualifications for scopes of practice by dietitians
2. Set standards
3. Accredite and monitor educational institutions and programmes
4. Grant registration of dietitians and issue annual practicing certificates
5. Review and promote the competence of dietitians
6. Deal with cases of dietitians who may be unable to perform professionally”

### **Entity Structure:**

The Board has seven (7) members. Five (5) dietitians and two (2) lay members to represent public interests. Board Members are appointed by the Minister of Health.

### **Main Sources of the entity’s cash and resources:**

The Board has received its main income from Annual Practice Certificates fees paid by registered dietitians.

### **Additional information:**

To protect the public, the Board is also responsible for making sure that dietitians keep high standards of practice by continuing to maintain their competence once they have entered the workforce.

### **General Description of the Entity’s Outputs:**

Our vision is to promote and enhance the health of New Zealanders by ensuring that dietitians practise safely and competently.

### **Contact details:**

**Physical Address:** Level 5, 22 Willeston Street, Wellington 6011

**Phone:** 04 - 474 0746

**Email:** [administration@dietitiansboard.org.nz](mailto:administration@dietitiansboard.org.nz)

**Website:** [www.dietitiansboard.org.nz](http://www.dietitiansboard.org.nz)

DIETITIANS BOARD

# Statement of Financial Performance

For the Year ended  
31st March 2016

*“How was it  
funded?” and  
“What did it  
cost?”*

*To be read in conjunction  
with the Notes to the  
Financial Statements*

|   | Note | 2016<br>\$       | 2015<br>\$        |
|---|------|------------------|-------------------|
| <b>REVENUE</b>  |      |                  |                   |
| Practising Certificates                                   |      | 301,628          | 288,861           |
| Registration  |      | 11,791           | 13,304            |
| Equivalency Assessment Fees                               |      | 6,023            | 3,755             |
| Examination Fees  |      | 2,405            | 6,257             |
| Interest Income   |      | 10,325           | 10,135            |
| Accreditation Fees  |      | –                | 16,958            |
| Other Income  |      | 4,575            | 1,451             |
| Prescribing Rights Training Fees                          |      | 6,104            | 4,357             |
| <b>Total Income</b>                                       |      | <b>\$342,851</b> | <b>\$345,078</b>  |
| <b>Less Expenses</b>                                      |      |                  |                   |
| Accident Compensation Levy                                |      | 505              | 237               |
| Accountancy   |      | 12,709           | 9,975             |
| Accreditation Expenses                                    |      | –                | 9,972             |
| Assessors Fees  |      | 3,400            | 1,359             |
| Audit Fees  |      | 5,700            | 5,477             |
| Bank Charges  |      | 5,346            | 4,845             |
| Board Expenses  |      | 3,403            | 10,754            |
| Board Member Fees   |      | 20,490           | 23,430            |
| Board Professional Development                            |      | 4,845            | 1,688             |
| Board Travel & Accommodation                              |      | 12,396           | 25,085            |
| Chair Fees  |      | 23,028           | 28,750            |
| Cleaning  |      | 1,201            | 535               |
| Committee Fees  |      | 8,678            | 2,385             |
| Communications  |      | 1,622            | 2,107             |
| Conferences & Seminars                                    |      | 174              | 2,289             |
| Consultants   |      | –                | 3,713             |
| Continuing Competence Audit                               |      | 7,442            | 3,785             |
| Electricity   |      | 823              | 625               |
| Examination Costs   |      | 6,114            | 4,622             |
| Filing Costs  |      | 1,517            | 2,028             |
| General Expenses  |      | 4,210            | 4,601             |
| Information Technology                                    |      | 9,238            | 7,092             |
| Legal Expenses  |      | 12,927           | 10,957            |
| Postage   |      | 3,051            | 2,016             |
| Printing & Stationery                                     |      | 1,937            | 6,040             |
| Prescribing costs   |      | 3,742            | 2,922             |
| PCC Expenses  |      | 20,581           | –                 |
| Projects  |      | 24,509           | 28,918            |
| Registration Costs  |      | 585              | 930               |
| Rent  |      | 14,378           | 12,555            |
| Salaries & Staff Costs                                    | 4    | 111,117          | 103,098           |
| Secretariat Operating Costs                               |      | 1,302            | 27,379            |
| Staff Travel  |      | 723              | –                 |
| Telephone   |      | 444              | 1,998             |
| Website Expenses  |      | 5,071            | 5,853             |
| <b>Total Expenses</b>                                     |      | <b>\$333,207</b> | <b>\$358,019</b>  |
| <b>Net Surplus Before Depreciation &amp; Amortisation</b> |      | <b>9,644</b>     | <b>(12,941)</b>   |
| Depreciation  |      | 1,169            | 1,179             |
| Amortisation  |      | 0                | 29                |
| <b>NET SURPLUS/(DEFICIT)</b>                              |      | <b>\$8,475</b>   | <b>(\$14,149)</b> |

DIETITIANS BOARD

## Statement of Movements in Equity

*For the Year ended  
31st March 2016*

|                                  | 2016<br>\$       | 2015<br>\$       |
|----------------------------------|------------------|------------------|
| <b>EQUITY AT START OF PERIOD</b> | 112,305          | 126,454          |
| Net Surplus for the year         | 8,475            | (14,149)         |
| <b>EQUITY AT END OF PERIOD</b>   | <b>\$120,780</b> | <b>\$112,305</b> |

*To be read in conjunction  
with the Notes to the  
Financial Statements*



DIETITIANS BOARD

# Statement of Financial Position

As at 31st March 2016

*“What the entity owns?” and “What the entity owes?”*

|   | Note | 2016<br>\$       | 2015<br>\$       |
|---|------|------------------|------------------|
| <b>CURRENT ASSETS</b>                                       |      |                  |                  |
| Westpac Cheque Account                                      |      | 135,736          | 297,505          |
| Westpac Savings Account                                     |      | 62,770           | 44,921           |
| Westpac Term Deposits                                       |      | 300,000          | 100,000          |
| Petty Cash  |      | 1                | 200              |
| Accounts Receivable   |      | 239              | 0                |
| Accrued Income  |      | 2,908            | 60               |
| Prepayments   |      | 6,167            | 0                |
| <b>Total Current Assets</b>                                 |      | <b>507,822</b>   | <b>442,686</b>   |
| <b>NON-CURRENT ASSETS</b>                                   |      |                  |                  |
| Fixed Assets  | 5    | 19,494           | 1,223            |
| Website   | 6    | –                | 0                |
| Investment in Health Regulatory Authorities Secretariat Ltd | 3    | 20               | 20               |
| Loan to Health Regulatory Authorities Secretariat Ltd       | 4    | 6,528            | 6,528            |
| <b>Total Non-Current Assets</b>                             |      | <b>26,042</b>    | <b>7,771</b>     |
| <b>TOTAL ASSETS</b>   |      | <b>\$533,864</b> | <b>\$450,457</b> |
| <b>CURRENT LIABILITIES</b>                                  |      |                  |                  |
| GST due for payment   | 1(e) | 41,709           | 35,012           |
| Accounts Payable  | 7    | 43,994           | 32,793           |
| Credit Cards  |      | 1,097            | 342              |
| Income in Advance   |      | 312,974          | 265,410          |
| Employee Benefits Payable                                   |      | 13,309           | 4,595            |
| <b>Total Current Liabilities</b>                            |      | <b>413,083</b>   | <b>338,152</b>   |
| <b>TOTAL LIABILITIES</b>                                    |      | <b>413,083</b>   | <b>338,152</b>   |
| <b>NET ASSETS</b>   |      | <b>\$120,781</b> | <b>\$112,305</b> |
| <b>EQUITY</b>   |      |                  |                  |
| Retained Earnings   |      | <b>120,780</b>   | <b>112,305</b>   |
| <b>TOTAL EQUITY</b>   |      | <b>\$120,780</b> | <b>\$112,305</b> |

Chairperson: 

Registrar: 

Date: 3 August 2016

*To be read in conjunction with the Notes to the Financial Statements*

DIETITIANS BOARD

## Statement of Cash Flows

For the Year ended  
31st March 2016

*“How the entity has received and used cash”*

|   | 2016<br>\$         | 2015<br>\$       |
|---|--------------------|------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>                   |                    |                  |
| <b>Cash was received from:</b>                                |                    |                  |
| Statutory fees and levies                                     | 349,192            | 297,471          |
| Registration income   | 11,791             | 13,304           |
| Other fees  | 18,868             | 32,893           |
| Interest Revenue  | 7,475              | 10,900           |
| <b>Cash was applied to:</b>                                   |                    |                  |
| Payments to Suppliers and employees                           | (311,508)          | (362,806)        |
| <b>Net cash flows from operating activities</b>               | <b>\$75,818</b>    | <b>(\$8,238)</b> |
| <b>CASH FLOWS FROM INVESTING AND FINANCING ACTIVITIES</b>     |                    |                  |
| <b>Cash was received from:</b>                                |                    |                  |
| Short-term investments  | 200,000            | 270,000          |
| <b>Cash was applied to:</b>                                   |                    |                  |
| Purchase of fixed Assets                                      | (19,938)           |                  |
| Short-term investments  | (400,000)          | (230,000)        |
| <b>Net Cash Flows from Investing and Financing Activities</b> | <b>(\$219,938)</b> | <b>\$40,000</b>  |
| <b>NET NET INCREASE / (DECREASE) IN CASH</b>                  | <b>(144,120)</b>   | <b>31,762</b>    |
| Opening Cash Brought Forward                                  | 342,626            | 310,864          |
| <b>CLOSING CASH CARRIED FORWARD</b>                           | <b>\$198,506</b>   | <b>\$342,626</b> |
| <b>Represented by:</b>  |                    |                  |
| Cash and cash equivalents                                     | <b>\$198,506</b>   | <b>\$342,626</b> |



DIETITIANS BOARD

## Statement of Accounting Policies

For the Year ended 31st March 2016

### *“How did we do our accounting?”*

#### **BASIS OF PREPARATION**

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

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

The Board has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting - Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

#### **1. SPECIFIC ACCOUNTING POLICIES**

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

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

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

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

##### **(c) Fixed Assets & Depreciation**

Fixed Assets are shown at original cost less accumulated depreciation. Depreciation has been calculated over the expected useful life of the assets on a straight line basis, at the following rates

|                     |         |
|---------------------|---------|
| Computer Equipment  | 3 years |
| Fixtures & Fittings | 4 years |
| Office Refit        | 5 years |

##### **(d) Intangible Assets & Amortisation**

Websites have a finite useful life. Websites are capitalised and amortised over their currently estimated useful life of 3 years on a straight line basis.

Costs associated with maintaining websites are recognised as expenses when incurred.

##### **(e) Goods & Services Tax**

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

##### **(f) Income Tax**

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

##### **(g) Investments**

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

## Notes to the Financial Statements

For the Year ended 31st March 2016

### 2. CONTINGENT LIABILITIES AND COMMITMENTS

The Board entered into a sub lease for premises at Boulcott Street for a period of three years which runs from 1 April 2014 to 01 April 2017. As the Board has now moved premises to 22 Willeston Street, the cost of the outstanding rent at Boulcott Street has been accrued in this financial year. Current portion is \$12,054.

Dietitians Board has entered into a Service Level Agreement with the Nursing Council of New Zealand for the provision of back office corporate services. This SLA is for an initial term of 5 years. The future estimated commitments based on the expected costs included in this agreement as at 31 Mar 2016 are: Property \$9,958, Corporate Services \$25,126, Total \$35,084.

|              | 2016<br>\$       | 2015<br>\$      |
|--------------|------------------|-----------------|
| Current      | 35,084           | 10,242          |
| Non-current  | 140,336          | 0               |
| <b>Total</b> | <b>\$175,420</b> | <b>\$10,242</b> |

At balance date there are no known contingent liabilities. There are no capital or other commitments at balance date (2015 \$0).

### 3. INVESTMENT

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

### 4. RELATED PARTIES

HRAS for a period of time during 2015 provided administrative services to the Board on a non-profit cost recovery basis. The cost of those services for the year was \$1,302 (2015 \$ 27,379). The services provided are on an arms length basis.

The five shareholding Boards in HRAS have each advanced \$6,528 to that company to provide it with

working capital. The loan is repayable upon dissolution of HRAS, or if the Board decide to leave the HRAS Group.

HRAS is currently being wound down and no longer provides services to the Board. The services it used to provide are now provided by NCNZ through the service level agreement.

### 5. FIXED ASSETS

|                                | 2016<br>\$      | 2015<br>\$     |
|--------------------------------|-----------------|----------------|
| <b>Office Equipment</b>        |                 |                |
| At Cost                        | 4,783           | 10,966         |
| Less Accumulated Depreciation  | 3,190           | 9,901          |
|                                | <b>1,592</b>    | <b>1,065</b>   |
| <b>Fixtures &amp; Fittings</b> |                 |                |
| At Cost                        | 7,451           | 1,606          |
| Less Accumulated Depreciation  | 962             | 1,448          |
|                                | <b>6,488</b>    | <b>158</b>     |
| <b>Office refit</b>            |                 |                |
| At Cost                        | 11,606          |                |
| Less Accumulated Depreciation  | 193             |                |
|                                | <b>11,413</b>   | <b>0</b>       |
| <b>Total</b>                   | <b>\$19,494</b> | <b>\$1,223</b> |

### 6. INTANGIBLE ASSETS

|                               | 2016<br>\$ | 2015<br>\$ |
|-------------------------------|------------|------------|
| <b>Website</b>                |            |            |
| At Cost                       | 28,823     | 28,823     |
| Less Accumulated Amortisation | 28,823     | 28,823     |
| <b>Total</b>                  | <b>\$0</b> | <b>\$0</b> |

### 7. ACCOUNTS PAYABLE AND PROVISIONS

|                  | 2016<br>\$      | 2015<br>\$      |
|------------------|-----------------|-----------------|
| Accounts payable | 26,030          | 24,566          |
| Accrued expenses | 5,911           | 8,227           |
| Lease liability  | 12,053          | 0               |
| <b>Total</b>     | <b>\$43,994</b> | <b>\$32,793</b> |



## DIETITIANS BOARD

# Notes to the Financial Statements

For the Year ended 31st March 2016

### 8. CREDIT FACILITY

The Board has a Business Mastercard facility of \$4,500.

### 9. FINANCIAL MANAGEMENT AGREEMENT

Health Regulatory Authorities Secretariat Limited (HRAS) was established to provide business management support to the Dietitians Board of New Zealand, New Zealand Chiropractic Board, the Podiatrists Board of New Zealand, the Optometrists and Dispensing Opticians Board and the Osteopathic Council of New Zealand (collectively 'the entities').

HRAS has in the past provided financial management support according to a number of conditions:

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

At 31st March 2016 the HRAS Statement of Financial Position showed net assets of \$100.

The entity is winding up and not longer provides business management support.

### 10. CHANGE IN RELATIONSHIP WITH HRAS

The Podiatrists Board and the Osteopathic Council withdrew from the arrangement, effective from the

1st April 2011, although certain limited services were provided by HRAS until mid July 2011. The shareholding held by the two withdrawing entities will be transferred in equal proportions to the remaining entities.

### 11. RECLASSIFICATION OF EXPENDITURE

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

### 12. ASSETS HELD ON BEHALF OF OTHERS

There were no assets held on behalf of others during the financial year. (2015: \$Nil)

### 13. EVENTS AFTER BALANCE DATE

There were no events that have occurred after balance date that would have a material impact on the Performance Report. (2015: \$Nil)

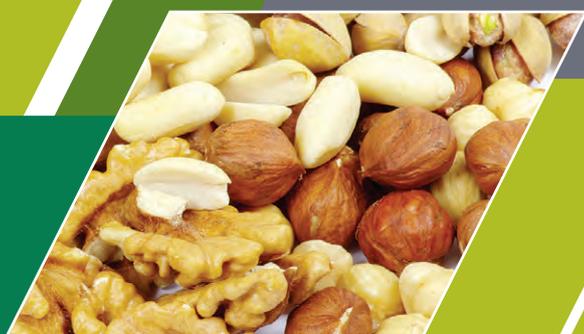
### 14. CORRECTION OF ERRORS

There were no Correction of Errors at balance date. (2015: \$Nil)

### 15. SHARED SERVICES

In 2015/16, Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Chiropractic Board, Psychologist Board, and Optometrists & Dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by Nursing council of New Zealand) is for six years taking effect from 1st February 2016 and expiring on 1st February 2022.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate supports, the ten RAs entered into an agreement for the provision of corporate services.



**CONTACT DETAILS** | SUE DOMANSKI REGISTRAR | LUCY MOULAND REGISTRY ADMINISTRATOR | TEL (04) 474 0746  
**EMAIL** | [dietitians@dietitiansboard.org.nz](mailto:dietitians@dietitiansboard.org.nz) | [administration@dietitiansboard.org.nz](mailto:administration@dietitiansboard.org.nz)  
**COURIER/PHYSICAL ADDRESS** | LEVEL 5, 22 WILLESTON STREET | WELLINGTON 6141  
**MAILING ADDRESS** | THE REGISTRAR | DIETITIANS BOARD | PO BOX 9644 | WELLINGTON 6141  
**WEBSITE** | [www.dietitiansboard.org.nz](http://www.dietitiansboard.org.nz)