

Responsible Authority Core Performance Standards Review Report

Authority Name	Dietitians Board
Date of Review Report	4 November 2021
Name of reviewing Designated Auditing Agency	DAA Group Ltd

Executive Summary

The New Zealand Dietitians Board (Te Mana Mātanga Mātai Kai) (NZDB) has a total of two employed staff who oversee the registration of 987 registered health professionals. Only those practitioners registered by the NZDB can use the title of Dietitian.

The NZDB has experienced a period of disruption over the past year, with changes in registrar and administration responsibilities. Two temporary staff are filling these roles, while awaiting commencement of a new administration person (due late November). The board is still determining the hours necessary to fulfil the registrar role. Of the 987 registered dietitians, 827 hold current annual practising certificates. It is a female dominated profession.

Dietitians have been providing health services to New Zealanders since the 1940s. The NZDB is made up of both lay people and professional dietitians appointed by the Minister of Health. There are currently eight members who meet quarterly. Two members are retiring at the end of the year. The board has prioritised cultural safety, equity and competent practice and safety as its strategic priorities. Work is underway to implement Whakamaua: Māori Health Action Plan 2020-2025. Recent major developments include determining to become a Te Ao Māori informed regulator that is culturally capable and regulates a dietetic workforce that improves whānau wellbeing. This commitment is embedded in the 'Strategic Direction to 2024'. Of note is the mahi to apply an equity lens over all board policies and processes. This is in the early stages of development.

The NZDB offices are situated in central Wellington in a shared office space with other regulatory authorities. Although each works independently, there are opportunities to collaborate and share information. The board operates a website for members of the public to access information about practitioners (through a public register), policy and guidelines, news and publications and details about education providers and registration processes. There is a login to other functions for registered dietitians. Covid-19 guidance is provided to practitioners through the website.

This performance review was conducted under Section 122A of the HPCA Act (2003) on behalf of the Ministry of Health and considered the board's systems, processes and performance related to the core functions under Part 6, section 118 of the Act. It included review of the 2019 - 20 annual report, board meeting minutes, discussion with four board members including the board chair and two Māori members, an interview with the chair of the expert advisory group (EAG), and review of policies and processes. Examples reviewed of completed practitioner processes related to registration, supervision, prescribing, recertification and dealing with notifications was undertaken. Interviews were also conducted with the acting registrar and administrator.

The NZDB has clearly defined competencies and qualifications for one general scope of practice. The NZDB accredits and monitors academic institutions undertaking professional training requirements. There is an annual

renewal process and a competency framework for practitioners to meet continuing professional development requirements each year through the online MyCCP portal.

A very small number of complaint notifications are received by the board each year. The annual report 2020 details notification information for the period 30 April 2019 to June 2020 (n = 1) and a further two notifications have since been received.

A documented framework meets the legislative requirements for consideration of risk of harm posed by practitioners. Processes are in place to review practitioners from a health, conduct and/or competency perspective with notification to other stakeholders where required. A cultural competence-related concern was raised with the Ministry of Health in 2018. This has resulted in further development and recognition of cultural competencies.

There are nine key areas of performance that require improvement against the Act. These are risk rated and relate to:

- Updating the academic pathways to reflect recent changes
- Prescribing Expert Advisory Group linkages
- Complaints, notification processes and fitness to practice
- Quality processes following a notification
- Competence review and programme structures
- Stakeholder engagement
- Publishing the annual report 2020 – 21
- Risk register currency and relevance

There are additional but closely related underpinning processes which impact on the effective overall functioning of the authority that also need to be addressed to enhance its performance. This includes governance and implementation of a robust quality and risk management system. It is also noted that a significant number of key documents are overdue for review.

Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes.

Ref #	Related core performance standards	Reviewer's comments	Rating	Risk Level	Recommendation	Timeframe (months / date)
1.3	118a	The information provided in relation to the accredited programme needs to be updated to reflect the change in qualification pathways. The gazette notice also needs updating at the end of the current academic year.	PA	Low	Update the 'Qualifications Prescribed for Registration in the Scope of Practice' document to reflect the changes to the accredited academic qualifications i.e., discontinuation of the University of Otago course from Dec 2021 and also to updating the 2017 gazette notice.	180 days
3.1	118 e & k	The Prescribing EAG is established under Schedule 3 Sn 16 and is described as a 'board committee'. Their TOR includes review of prescriber training courses to ensure competence of dietitian prescribers and developing the annual recertification programme for dietitian's prescriber endorsement. However, there are no board members involved and there are no delegations.	PA	Medium	A board member (preferably with prescribing endorsement rather than a layperson) participates in the Prescribing EAG to establish clear linkages, including board reporting. Further consideration should be given to developing appropriate delegations of authority for the group.	90 days
4.1	118f	To maintain the standards of the HPCA Act and support transparent board decisions, the NZDB complaints policy needs to be reviewed. The document is not dated or referenced as part of the board document control process. For example, the policy should start with outlining an agreed set of principles, such as public safety being paramount, natural justice, privacy and disclosure of personal information, independent decision-making, accountability, trust,	PA	Medium	The NZDB complaints policy is reviewed and updated to meet all Section 118f requirements.	90 days

Ref #	Related core performance standards	Reviewer's comments	Rating	Risk Level	Recommendation	Timeframe (months / date)
		and consistency. Links to the professional conduct committee (PCC) and competence review / programme processes should be included. Notification guidelines, how the board manages the notification of convictions s67 (a) or anonymous complaints should also be included.				
4.2	118f	<p>The board determined that one notification be referred back to the employer, however there was no requirement to report the effectiveness of the employer's processes back to the board in a suitable timeframe or to verify that the practitioner's performance had improved. Together with the initial delays by the board in addressing the issues raised, the associated risks were not recognised or effectively managed.</p> <p>In another example, following a complaint of public safety risk of harm, the Health and Disability Commissioner (HDC) determined 'no further action required.' NZDB added further conditions to the practitioner's practise and there is no clarity why further conditions were added or the expected outcome from this action. There was no clarity about the outcome of this in the board's decisions.</p>	PA	Low - Medium	The board develops a robust process to address notifications made to them. In particular, where the board chooses not to manage the concern itself, that there are clear processes established for it to be kept informed of progress and to formally close out the notification in a suitable timeframe (i.e., complete the quality loop).	120 days
5.1	118h	The fitness to practice policy statements contains some inaccuracies and require review. For example, this section of the policy needs to start with the Sn 45 notification process, not Sn 49 (power to order a medical examination or test) as the policy currently indicates. It is suggested that the use of voluntary agreements e.g., (2.3b) is also reviewed. There is no reference to Sns 45, 46, 47, 50 or 51 in the policy statements	PA	Low - Medium	The fitness to practice policy is reviewed to incorporate all requirements, including the use of voluntary agreements.	120 days
6.3	118i	There is no formal structure for the competence reviews and/or competence programmes, and this needs to be developed.	PA	Low - Medium	A formal structure is developed for competence review and competence programmes, to clarify DBNZ expectations of what	120 days

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					constitutes clinical and cultural competence for practitioners.	
7.1	118j	Stakeholder relationships need further development and engagement. Limited processes and issues were noted following two letters of concern raised by Te Kahui (a rōpū created to gather Māori Dietitian New Zealand members to support each other as Māori, develop a practice framework, and 'grow' the Māori dietitian's workforce in Aotearoa). From a survey conducted, the board did not consider the comprehensive feedback they received from Māori dietitians, nor is their feedback showcased and ideas developed for the board to consider.	PA	Low - Medium	Stakeholder engagement is prioritised and actively promoted. This could include (for example) clearly identifying on the website and in the various public domains, and through practitioner communications, who are the DBNZ stakeholders and how the organisation is working effectively with them.	120 days
9.1	118l	The 2020 – 2021 annual report publication has been delayed but is now being prepared.	PA	Low	The NZDB annual report 2020 - 2021 is published before 31 December 2021 or a statement is provided to the public on the reasons for the delay.	180 days
10.3	118m	<p>The risk register was last revised 31 March 2021.</p> <p>Review of the risk register is not occurring effectively. The register does not include risks to stakeholder relationships, nor reflect the current risks for the organisation e.g., there is no consideration of workforce related risks. The register lacks relevance to the current situation and needs updating.</p> <p>Risk is categorised according to likelihood and consequence but does not consider residual risk.</p> <p>There was no record of discussions of organisational risk at every meeting.</p>	PA	Medium	The current risk management processes are reviewed and updated where necessary to ensure the register is current and reflects current risks. The risk register is reviewed at a frequency commensurate with the level of risk or changes in the risk (i.e., at every board meeting).	90 days

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HCPA Act.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>The NZDB has one general scope of practice which was updated via a gazette notice in March 2017. A designated prescriber status was originally gazetted in July 2015.</p> <p>A position statement was released in 2021 to support dietitians who chose to be Covid -19 vaccinators. The board has agreed that registered dietitians who hold a current APC can, following appropriate training and attainment of authorisation as a COVID19 vaccinator, become Authorised COVID19 vaccinators and can have this noted on their APC on the public website on request.</p> <p>The Professional Standards & Competencies for Dietitians consist of five integrated themes which collectively describe the characteristics of a competent registered dietitian and the abilities to be demonstrated in practice to meet requirements of Part 6, 118(i)</p>	FA			
1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>The following qualifications are prescribed for registration as a dietitian:</p> <ul style="list-style-type: none"> • Post Graduate Diploma in Dietetics • Master of Health Sciences in Nutrition and Dietetics (University of Auckland) • Master of Science Nutrition & Dietetics (Massey University) <p>AND/OR</p>	FA			

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		<ul style="list-style-type: none"> A qualification recognised by the NZDB and with a pass in the registration examination or any other assessment set by the board. <p>These institution-based programmes of education meet the accreditation requirements and the practitioner competencies of the dietitian board.</p> <p>Current accredited programmes are inclusive of prescribing competencies and all graduates are eligible to apply for prescribing endorsement.</p> <p>The University of Otago have replaced their Master of Dietetics programme with the Master of Applied Science in Advanced Nutrition Practice which is not recognised as a qualification by the board for the purposes of registration as a dietitian.</p> <p>A separate accreditation process applies to the Prescribing Training Course. The accreditation standards, together with the Dietitian Prescribing Course Application form and Application for Prescribing Endorsement form, set out the requirements for a dietitian prescriber.</p> <p>A post-entry Dietitian Prescriber Course is run jointly by Auckland University and Massey University for eligible dietitians.</p> <p>A prescribing endorsement policy enables the practitioner to prescribe special foods and approved nutrition related medicines. This is guided by policy.</p>				

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		<p>Some Restricted Activities noted for their ability to cause risk of harm to the public, were scheduled as Restricted Activities by the NZ Government under HPCA. For dietitians, this relates to the prescribing of enteral or parenteral nutrition where the feed is administered through a tube into the gut or central venous catheter.</p> <p>Professional standards and competencies for dietitians were fully consulted on and revised in 2020.</p> <p>The prescriber policy references are overdue for review.</p>				
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	<p>Two education institutions are presently fully accredited and monitored by the NZDB. This is a regular five-year accreditation process with the last review cycle occurring in 2019. The accreditation review team (ART) included one professional, two senior Australian dietetic academics and three senior dietetic practitioners, each offering a different lens (medical nutrition therapy, public health, and food service management). There was a dietitian board observer.</p> <p>Following the 2019 review and the inability of the Otago programme to satisfactorily meet all programme requirements, the university chose to disestablish the Master of Dietetic programme. It will not continue beyond the end of 2021, to ensure all enrolled students can complete their current course of study.</p>	PA	Low		180 days

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		<p>Both Massey and the University of Auckland have fully met all requirements for accreditation and completed the recommendations made from the review. The 'Qualifications Prescribed for Registration in the Scope of Practice' document requires updating to reflect the changes to the accredited academic qualifications i.e., discontinuation of the University of Otago course and also to updating the 2017 gazette notice.</p> <p>An annual report from each institution is provided to the NZDB for each programme.</p>			Update the 'Qualifications Prescribed for Registration in the Scope of Practice' document to reflect the changes to the accredited academic qualifications i.e., discontinuation of the University of Otago course and also to updating the 2017 gazette notice.	
1.4	the RA takes appropriate actions where concerns are identified	Any issues identified during monitoring are addressed including through ongoing reporting processes. Significant communication with the University of Otago followed the 2019 review, seeking a resolution to the academic issues identified within specified timeframes.	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.						
Section 118c) To consider applications for annual practicing certificates						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The NZDB's website contains a searchable public register of practitioners, which contains details of the status of each registered dietitian.</p> <p>Examples include:</p> <ul style="list-style-type: none"> - Registered practising (holding a current annual practising certificate (APC)) - Registered non- practising (does not hold an APC) - Registered Pending APC (New registrant awaiting issue of APC) - Registered – in default (Practitioner has not made a declaration for the current practising year and is in default of fees). <p>The administrator is responsible for maintaining an accurate database of practitioners and this is maintained on an ongoing basis.</p> <p>Annual practising certificates are issued to dietitians subject to the practitioner meeting annual competencies (i.e., MyCCP targets and fitness to practice requirements).</p>	FA			
2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> • Register applicants who meet all statutory 	<p>There is an online application form for registration for both New Zealand graduates and overseas registrants. This requires manual completion and posting of the hard copy to the board.</p> <p>A registration tab on the website contains information to guide the applicant on the registration requirements for:</p>	FA			

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	<p>requirements for registration</p> <ul style="list-style-type: none"> Issue practicing certificates to applicants in a timely manner <p>Manage any requests for reviews of decisions made under delegation</p>	<ul style="list-style-type: none"> New Zealand graduates NZ practitioners returning to practice after a practice absence of two or more years, who may also be required to sit the board examination. Overseas registered dietitians. The board examinations must be sat by overseas trained dietitians who have had their dietetic qualifications recognised. Registration of Australian dietitians via the Trans-Tasman Mutual Recognition Act 1997 (TTMR). English language requirements. <p>A fees and forms page on the website guides the applicant through the process. There is a cultural component for overseas applicants, including those from Australia, to complete as part of the process.</p> <p>The Competence and Fitness to Practice Committee is no longer functioning. A Prescribing Expert Advisory Committee oversees prescribing competencies, functions and activity, has been established in the past two years with terms of reference.</p> <p>It is suggested that the 'Requirement to Hold an APC' and the 'Late renewals' policy is updated to refer to the annual statutory declaration processes at APC renewal time and the current committee structure.</p>				

Function 3: Section 118d) To review and promote the competence of health practitioners.						
Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.						
Section 118k) To promote education and training in the profession						
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3.1	<p>The RA has proportionate, appropriate, transparent, and standards-based mechanisms to:</p> <ul style="list-style-type: none"> Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard Review a health practitioner's competence and practice against the required standard of competence Improve and remediate the competence of practitioners found to 	<p>Upon registration, all dietitians engage in the board's continuing competence programme, MyCCP. This programme was developed in the 1990s and continues to be reviewed and revised. Document 10 folder 3.1 includes the weblink to the programme which is wholly online.</p> <p>Under the Dietitian Prescriber Policy all dietitian prescribers have a prescribing supervisor and are required to complete an annual prescribing update course (Moodle based requiring a 90% pass score) and quiz.</p> <p>Two pathways are in place for the dietitian prescriber qualification:</p> <ol style="list-style-type: none"> Within the current accredited pre-entry education programmes; or A post entry course followed by practice-based learning. Application forms and a declaration for prescriber training course must include details of the person's supervisor and an application for the prescriber endorsement. <p>The Prescribing EAG is established under Schedule 3 Sn 16 and is described as a 'board committee'. Their TOR includes review of prescriber training courses to ensure</p>	PA	Medium	<p>A board member (preferably with prescribing endorsement rather than a layperson) participates in the Prescribing EAG to establish</p>	90 days

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	<p>be below the required standard</p> <ul style="list-style-type: none"> Promote the competence of health practitioners 	<p>competence of dietitian prescribers and developing the annual recertification programme for dietitian's prescriber endorsement.</p> <p>An ad hoc Board subcommittee was involved in Accreditation of the Prescribing Course. Documents confirming approval to deliver a Board-approved Dietitian Prescriber Training course for dietetic students and interested Registered Dietitians in 2020, and for seeking Board approval of the 2021 course at Massey University (Albany) and the University of Auckland.</p> <p>Education and training in the profession is promoted by:</p> <ul style="list-style-type: none"> - encouraging lifelong learning in registration competencies and MyCCP where learning plans are mandatory. - reflective practice in registration competencies and MyCCP is used as a tool for ongoing learning. - the establishment and oversight of the post-entry prescribing dietitian's course. - quality indicators in the pre-entry course Accreditation Standards and Processes. 			clear linkages, including board reporting. Further consideration should be given to developing appropriate delegations of authority for the group.	

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		<ul style="list-style-type: none"> - promotion of learning opportunities in monthly Panui to registered dietitians. - and an active presence during the professional association's annual conference. <p>Practice supervisor requirements are defined. The practice supervisor must be a New Zealand registered dietitian with:</p> <ul style="list-style-type: none"> • a current APC (and no condition 'to practise under supervision'), and • the equivalent of at least 3 years (full time) dietetic work experience, and • practice supervision training <p>It is noted that practice supervision is a board condition and is not professional supervision which should sit with the employer. The Act defines supervision under Sn 5(1) as 'the monitoring of, and reporting on, the performance of a health practitioner by a professional peer'. The board is encouraged to revisit practice supervision requirements for dietitians.</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) 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.

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4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <p>Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner</p>	<p>The public and NZDB stakeholders can access the NZDB via five mechanisms: the DBNZ website; telephone; email; face to face; or paper-based communication, such as by fax or letter.</p> <p>The NZDB has recently contracted an external communications company to expand their communication pathways to engage the public, for example, LinkedIn or similar.</p> <p>The NZDB website is easy to navigate. The public have access to online information and links to resources to support them should they want to raise a concern or make a notification about a practitioner. The NZDB contact details are set out on the website's front page.</p> <p>To maintain the standards of the HPCA Act and support transparent board decisions, the NZDB complaints policy needs to be reviewed. The document is not dated or referenced as part of the board document control process. For example, the policy should start with outlining an agreed set of principles, such as public safety being paramount, natural justice, privacy and disclosure of personal information, independent</p>	PA	Medium	<p>The NZDB complaints policy is reviewed and updated to meet all Section 118f requirements.</p>	90 days

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		decision-making, accountability, trust, and consistency. Links to the professional conduct committee (PCC) and competence review / programme processes should be included. Notification guidelines, how the board manages the notification of convictions s67 (a) or anonymous complaints should also be included.				
4.2	<ul style="list-style-type: none"> Identifying and responding in a timely way to any complaint or notification about a health practitioner Considering information related to a health practitioner's conduct or the safety of the practitioner's practice Ensuring all parties to a complaint are supported to fully inform the 	<p>During 2021, the NZDB has experienced significant operational workforce changes, and this has had an impact on the RA being able to respond in an appropriate and timely manner to manage concerns or notifications about health practitioners. The timeline delays were noted in the file audit of notifications, complaints received, and practitioner survey feedback received during 2021. NZDB July 2021 minutes were reviewed.</p> <p>A review of the administration processes put in place by the acting registrar and the registration officer to resolve the backlog of operational activity that developed during the period of staff resignations and appointments is highly commendable.</p>	PA	Medium		90 days

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	<p>authority's consideration process</p>	<p>Interviews with members of the board and acting registrar, and a review of the notifications and complaints register indicate that the NZDB receive very few complaints. During 2019 – 2020 one notification was received (as reported in the Annual Report, 2019 – 2020).</p> <p>The board received two separate complaints in November 2020.</p> <p>An audit of the two 2020 complaints was undertaken. One complaint was in relation to practitioner competence, and one was a notification of public safety/risk of harm.</p> <p>Practitioners' files, the practitioner register, the practitioner communication schedule/spreadsheet and the board's decision-making processes were reviewed.</p> <p>Time delays in the board completing its consideration processes were noted. In this case, the board determined to refer the issue back to the employer; however, there was no requirement to report the effectiveness of the employer's processes back to the board in a suitable timeframe or to verify that the</p>			<p>The board develops a robust process to address notifications made to them. In particular, where the board chooses not to manage the concern itself, that there are clear processes established for it to be kept informed of progress and to formally close out the notification in a suitable timeframe (i.e., complete the quality loop).</p>	

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		<p>practitioner's performance had improved (completing the 'quality loop'). Together with the initial delays by the board in addressing the issues raised, the associated risks were not recognised or effectively managed.</p> <p>In another example, following a complaint of public safety risk of harm, the Health and Disability Commissioner (HDC) determined 'no further action required.' NZDB added further conditions to the practitioner's practise. There is no clarity of the purpose of these conditions recorded or the expected outcome.</p> <p>Refer notifications register and 4.1 the current process of the complaints policy.</p> <p>One board member interviewed articulated that two complaints were two too many, and the complaints process the board uses is appropriate. Prior to 2018, the NZDB had never received a complaint.</p> <p>While there is a page on the DBNZ website outlining the obligations of dietitians, there is no mention of their obligations Sn 34 (1) or (3) relating to competence. It is suggested this is updated.</p>				

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Section 118g) 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.

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		<p>It is also suggested that the board review their understanding of the importance and value of complaints and notifications and the possible risks to NZDB and the management of practitioner best practice standards. This should be reviewed in relation to the risk register (Refer function 10.3)</p> <p>A review of practitioner files confirmed there are practitioner support mechanisms in place.</p> <p>The NZDB does not have a professional advisor role and it is suggested that this is reviewed to determine whether this would add value. A practising dietitian (with a prescriber endorsement lens) could support, for example:</p> <ul style="list-style-type: none"> - Secretariat staff with notifications and the triage process - Policy development - Relationship with EAG. - Clearly separating governance and management to avoid conflicts of interest arising when a notification is received and decisions made (e.g., triage and investigation). 				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) 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.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	<p>The NZDB has made no notifications under Sn 35. The NZDB's 'Risk of harm-Threshold' policy covers the requirements of a Sn 35 notification. The document expired in May 2019 and requires review.</p> <p>The NZDB has robust information and data base systems to manage the information they receive to ensure appropriate parties are informed in a timely manner. The current complaints policy has specified the timelines for informing all parties at the various stages of the investigation.</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession Take appropriate, timely, and proportionate action to minimise risk. 	<p>The NZDB's complaints policy includes processes to manage notifications about practitioners unable to perform the functions required to practice although this document is limited (see comments function #4).</p> <p>The fitness to practice policy statements contain some inaccuracies and require review. For example, this section of the policy needs to start with the Sn 45 notification process, not Sn 49 (power to order a medical examination or test) as the policy currently indicates. It is suggested that the used of voluntary agreements e.g., (2.3b) is also reviewed. There is no reference to Sns 45, 46, 47, 50 or 51 in the policy statements.</p> <p>The DBNZ has not received any notifications from educational programmes under Sns 45 (4) and (5) of the Act.</p> <p>The procedure for notifications is managed as an electronic desk file. Paper-based applications from NZ trained new graduates and overseas trained dietitians are scheduled to move online in the first half of 2022.</p> <p>While there is a page on the DBNZ website outlining the obligations of dietitians, there is no mention of</p>	PA	Low - Medium	<p>The fitness to practice policy is reviewed to incorporate all requirements, including the use of voluntary agreements.</p>	120 days

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>their reporting obligations under Sn 45 (fitness to practice). This should be included.</p> <p>A review of the DBNZ risk register (10 risks identified) lacks relevance to the NZDB's current situation. For example, the register does not include potential risks of general public harm or the risks to consumers and the profession if practitioners are unable to perform the functions of their profession. There is no process for risk rating concerns or categorising risks to the public. Refer 4.2 (Refer recommendation 10.3)</p>				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	<p>The DBNZ's strategic direction 2021 - 2024 has three priorities to operationalise s118. Priority one is cultural safety. The fourth objective is to 'Ensure structures and policies are in place that will lead to cultural safety in practitioners,' and provides guidance for dietitians in relation to achieving cultural competency.</p> <p>The NZDB has developed Professional Standards and Competencies for Dietitians (2017) (PSCD). These have been fully reviewed through an extensive consultation process. The criterion for each competency is detailed to guide a practitioner in achieving the competencies and outcomes.</p> <p>These include:</p> <ul style="list-style-type: none"> • Key sources of evidence that informed the development of the standards • A reference for the board in exercising its statutory functions • Upholding the profession's credibility to the public and its key stakeholders. • Availability on the NZDB website <p>A review of all clinical and cultural competence related documents and correspondence was undertaken.</p>	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<ul style="list-style-type: none"> • The board's Cultural Journey Timeline (2015 – 2021), outlines the journey toward becoming a Te Ao Māori informed RA. Progress is ongoing. • The Code of Ethics review received significant feedback from the sector. The Code of Ethics is available on the NZDB website. • PSCD document, 2017 which was widely consulted within the sector. • The board reviewed and updated the scope of practice for dietitians (2017). The revised scope clarifies the range of dietetic practice and prescribing endorsement. Two rounds of public consultation were undertaken (2016) to develop the final version, available on the website. • Cultural responsiveness - a collaborative approach Discussions between Dietitians NZ and the board, March 2019. Actions included professional development, in particular, equity training and a joint statement on 'cultural practice for dietitians.' This work is ongoing. • A clinical and cultural resource list was updated in December 2020. Its primary focus is to assist overseas practitioners to transition into New Zealand's diverse cultural environment. It is suggested that the resource list is made readily available to the wider profession to aid students and practitioners in their cultural journey. 				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<ul style="list-style-type: none"> The board maintains a cultural safety and equity actions spreadsheet with records dated from 2015 to 2021. Review of board meeting minutes during 2021 highlighted that outcomes or ongoing work has not been reported on or maintained. The spread sheet is valuable to showcase the board's cultural safety responsiveness to itself, the public, stakeholders, and practitioners. It is suggested that the spreadsheet is produced in a manner to show case the NZDB's commitment to all parties and Whakamaua. 				
6.2	Developed in consultation with the profession and other stakeholders	<p>Refer also to 6.1</p> <p>The NZDB has not clearly identified its stakeholders. This includes tangata whenua, other RA's, HDC, ACC, employers, the general public, dietitian networks, tertiary institutions, and overseas institutions, such as Australian Health Practitioner Regulation Agency (AHPRA) and Dietitians Australia (DA)</p> <p>The Professional Standards & Competencies for Dietitians PSCD, dietitian's scope of practice and code of ethics consultation reviews are summarised and available on the website under the heading 'panui' and reported in board meeting minutes.</p> <p>The NZDB accreditation standards for educational institutions is supported by the guideline (May 2019)</p>	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>accreditation framework, the HPCA Act and the dietitian scope of practice. There are four key documents that are referred to as the NZDB's 'pillars of accreditation.'</p> <ul style="list-style-type: none"> Professional standards and competencies for dietitians Accreditation standards for New Zealand dietetic education programmes Guidelines for accreditation of New Zealand dietetic education programmes Code of ethics and conduct for dietitians <p>The accreditation review teams (ART) reviewed the three tertiary institutions dietetic master's programmes in 2019. Communication between the board and the three tertiary institutions have been reviewed (The summary of findings against each accreditation standard, Accreditation Reports, November 2019 were reviewed in detail).</p> <p>(Refer also 1.1 – 1.4)</p>				
6.3	Inclusive of one or more competencies that enable practitioners to interact	<p>Dietetic students complete oral, multi-choice and written exams in readiness for registration.</p> <p>The two-hour oral exam for overseas trained dietician whose qualifications have been assessed as substantially equivalent undertake a simulated clinical consultation</p>	PA	Low - Medium		120 days

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
	effectively and respectfully with Māori	<p>and oral conversation style examination. It assesses cultural safety across clinical, food service and public health nutrition scenarios. The scenarios are approved by the programme facilitators. The NZDB registrar reports that educators consider the simulation a valuable mechanism to assess clinical competence.</p> <p>It is a suggestion that improvements to ascertain a student's cultural safety capability is assessed in the same manner.</p> <p>The ongoing cultural competencies for practitioners in MyCCP was expanded in 2021 during the NZDB cultural competency review.</p> <p>There is no formal structure for the competence review and competence programmes, and this needs to be developed.</p> <p>Explanations and guidelines have been provided to practitioners via the website MyCCP portal and reference to the cultural competencies expected of a registered dietitian have been provided.</p> <p>In summary, the practitioner must:</p> <ul style="list-style-type: none"> • Complete one, three credit activity each year • Log one goal into the cultural development domain using a 'SMART' approach to write their goal 			A formal structure is developed for competence review and competence programmes, to clarify DBNZ expectations of what constitutes clinical and cultural competence for practitioners.	

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<ul style="list-style-type: none"> • Submit signed evidence • Goals and activities need to be relevant to the population they are working with • Engage in a learning activity that incorporates cultural safety and Te Tiriti o Waitangi as per Whakamaua: Māori Health Action Plan 2020 -2025 <p>The board has provided cultural competence and cultural responsiveness guidelines for practitioners, this needs to be formalised into a policy and procedure to align to the board's strategic aspirations and Whakamaua action plan. (See Recommendation 6.3).</p> <p>The expanded cultural safety requirement is new, and evidence of practitioner cultural competency progress will be annually reviewed when the NZDB undertakes its randomised MyCCP audits.</p> <p>The NZDB has contracted a business to upgrade its communication strategy and make its public forums more culturally friendly (e.g., NZDB website). This is work in progress.</p>				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>Stakeholder relationships need further development and engagement. Limited processes and issues were noted following two letters of concern raised by Te Kahui (a rōpū created to gather Māori Dietitian New Zealand members to support each other as Māori, develop a practice framework, and 'grow' the Māori dietitian's workforce in Aotearoa). From a survey conducted, the board did not consider the comprehensive feedback they received from Māori dietitians, nor is their feedback showcased and ideas developed for the board to consider.</p> <p>To fully understand the environment in which it operates, NZDB could consider how to ensure there is a mechanism for feedback about stakeholder relationships, such as a set agenda item at board meetings.</p>	PA	Low - Medium	Stakeholder engagement is prioritised and promoted. This could include (for example) clearly identifying on the website and in the various public domains, and through practitioner communications, who are the DBNZ stakeholders and how the organisation is working effectively with them.	120 days

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>Dietitians have been early adopters of inter-disciplinary practice. As with reflective practice, early introduction of inter-disciplinary practice within pre-entry training led to incorporation in competence standards, accreditation evidence requirements, and the Code of Ethics.</p> <p>Professional Standards and Competencies for Dietitians standards incorporate:</p> <ul style="list-style-type: none"> • Food nutrition and health expertise competency • Communication and collaboration • Management and leadership competency • Scholarship competency <p>These standards also include clear definitions, such as cultural safety, health equity and evidence-based practice.</p> <p>Collaboration for dietitians includes working in partnership with nutrition, dietetic, interprofessional and/or intersectoral colleagues, clients (including family/whānau), and other stakeholders, to plan and deliver services.</p> <p>Accreditation Guidelines Core Evidence Requirements include curriculum mapping of learning outcomes to PSCD, and summative assessments were updated in 2018.</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		There has been inter responsible authority (RA) collaboration in relation to a prescribing competency involving several RAs with authorised prescribers, led by the Pharmacy Council. This work is continuing.				

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions 	<p>The NZDB has a naming policy which meets s157B and 118(l).</p> <p>The NZDB's most recent annual report available (2019 – 2020) contains a summary of the mechanisms to protect the health and safety of the public and to ensure practitioners are competent and fit to practice. Publication of the 2020 – 2021 annual report has been delayed but is now being prepared.</p>	PA	Low	The NZDB annual report 2020 -2021 is published before 31 December 2021 or a statement is provided to the public on the reasons for the delay.	180 days
9.2	<ul style="list-style-type: none"> Provides clear, accurate, and publicly accessible information about its purpose, functions, and core regulatory processes 	<p>The board's major functions are set out on the website 'The Board' page.</p> <p>There are linkages for the public to view the board's annual report refer 9.1. Access to newsletters, gazette notices and other publications to allow the public to examine board activities and annual financial performance is available.</p> <p>There is a dedicated webpage for the public with details on how to contact the board.</p>	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>The board is considering a proposal to use 'LinkedIn' as another public forum.</p> <p>The DBNZ website provides the public, employers and interested parties online access to the register of dietitians. The register shows a practitioner's practising status, conditions, and any scope(s) of practice.</p> <p>It is suggested that the Dietitians Obligations page on the website is updated to also including reporting requirements under Sns 34 (1), 34 (3) and 45 of the Act.</p>				

Function 10: Section 118m) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaau: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions 	<p>A review of the board's cultural and equity journey and interviews with board members was undertaken. Activities planned, implemented and ongoing reflect the board is working towards its aspirations of becoming a Te Ao informed board. The aim is to be culturally capable and regulate a workforce that improves whanau wellbeing, (May 2021 board minutes).</p> <p>Members of the board acknowledge stakeholder relationships are paramount (e.g., Te Kahui Manukura o Kai Ora). Refer 6.2</p> <p>The board is committed to applying a cultural safety lens to all its policies and processes (draft board paper, not dated). A NZDB Cultural Safety workshop minutes (May 2021) and Cultural Safety Wānanga has been held. Karakia have been introduced at board meetings.</p> <p>Through board consensus a draft definition of cultural safety as it pertains to dietitians, and the services they provide to the public was developed. Delays to finalising the draft have been noted as being due to board member workloads.</p> <p>Board meetings are recorded as opening and closing with karakia and include waiata. The board has</p>	FA			

Function 10: Section 118m) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		agreed a communications strategy to include the use of te reo Māori in its headings and use of whakataukī where appropriate, is emerging.				
10.2	<ul style="list-style-type: none"> Ensure the principles of Right-touch regulation are followed in the implementation of all its functions 	<p>A 'Right Touch' regulation approach was adopted by the board for the development and revision of all board policy and board minutes. Currently, policy review has not occurred due to disruptions in secretariat staffing over the last 17 months. Nevertheless, secretariat staff apply the six principles of Right Touch Regulation in their routine functions under the Act. This is evident in:</p> <ul style="list-style-type: none"> - consistency of approach - accountability by keeping records of decisions and proportionality in assessing risk - decision making frameworks in the form of policies, desk file notes, decision trees, email templates, support the implementation of a right touch approach <p>One example was reviewed in the Return to Practice policy. Noted are out of date references for the Privacy Policy.</p>	FA			

Function 10: Section 118m) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.3	<ul style="list-style-type: none"> Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern 	<p>Risk identification and management is evident in the annual Business Continuity Plan, the Board's Strategic Direction and associated Annual Work Plan. A 2021 Practitioner Survey, conducted in association with APC renewal, included an item on the board's strategic priorities, results, and informed understanding of current and future risks. The Audit and Risk subcommittee of the board has responsibility for reviewing financial and other risks. Committee Terms of Reference outline responsibilities to:</p> <ul style="list-style-type: none"> Monitor the board's risk management strategy and alert the board to significant variances in status. Review insurance cover to ensure appropriate cover and level. Review the Risk Register in conjunction with the Registrar, to ensure an effective risk management framework is in place to identify, treat and monitor key risks: The risk register was last revised 31 March 2021. <p>However, review of the risk register is not occurring effectively. The register does not include risks to stakeholder relationships, nor reflect the current risks for the organisation (e.g., there is no</p>	PA	Medium	<p>The current risk management processes are reviewed and updated where necessary to ensure the register is current</p>	90 days

Function 10: Section 118m) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>consideration of workforce related risks). The register lacks relevance to the current situation and needs updating.</p> <p>Risk is categorised according to likelihood and consequence but does not consider residual risk.</p> <p>There was no record of discussions of organisational risk at every board meeting.</p> <p>Board training on risk management would be of benefit.</p>			and reflects current risks. The risk register is reviewed at a frequency commensurate with the level of risk or changes in the risk (i.e., at every board meeting).	
10.4	<ul style="list-style-type: none"> Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners 	<p>The board and secretariat staff consults with board lawyers around legislation changes.</p> <p>The company provides the board and secretariat staff with training on application of revised legislation and application of aspects of the HPCA Act.</p>	FA			
10.5	<ul style="list-style-type: none"> Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment 	<p>In relation to other duties under the Act to protect the health and safety of members of the public, NZDB has ongoing dialogue with the Nutrition Society of New Zealand over the registration of nutritionists.</p>	FA			

Function 10: Section 118m) 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						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>This dialogue is similar to engagement Dietetic Regulatory Authorities have in other countries with their respective nutrition societies.</p> <p>Professional status of nutritionists is part of the 2021-2022 work plan.</p>				