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# Chairperson's Report to Parliament

Minister of Health  
Parliamentary Buildings  
Wellington

Dear Minister

The 2010-11 year has not only been eventful and interesting, but an extremely busy one for the Board. The Board and its Committees have worked tirelessly during the reporting period to ensure that the profession in New Zealand continues to grow and thrive.

Some of the projects the Board has been working on during the year include, but are by no means limited to:

- developing its relationship internationally in regulatory forums;
- continuing dedicated work on the formation of a continuing professional development program for chiropractors which will meet current and future professional and regulatory needs;
- revising its Code of Ethics and Standards of Practice;
- reviving its Policy on Advertising;
- finalising changes to its Registration Examination;
- restructuring its Committees and Working Parties;
- drafting detailed processes and procedures for complaint handling;
- developing a new Board website;
- presenting a free upskilling programme in communication and note taking.

Board members have worked diligently through some challenging issues and cases to fulfill its obligations to the public and profession. I would like to formally thank them for their dedication and commitment.

I am proud to announce that the Board expanded its presence internationally during the reporting period, ensuring that the New Zealand chiropractic profession remains at the forefront of developments both professionally and administratively. You can read more about this later on in this report.

The Board, apart from concentrating on the above mentioned issues, also held five (5) face to face meetings and several teleconferences as the need arose throughout the year. Each of the Board's Committees also held numerous teleconferences to progress their individual areas of responsibility. All in all it has been an extremely busy and productive 12 months for the Board.

The Board, during the reporting period, said farewell to Ms Sue Ineson. Ms Ineson was Chair of the Board's Complaints Committee and her expertise in this area will be sorely missed. The Board also welcomed its newly appointed consumer representative, Ms Cathrine Holland. Ms Holland has previously been a member of a Regulatory Authority Board in the health sector so her knowledge of regulatory issues will be of great assistance.

The Board acknowledges that it has again operated at a deficit this financial year. This was largely due to the costs involved, including Board members' time, with:

- revision of the Board's generic administrative setup, including the commissioning of an independent operational report and subsequent employment of a project manager to undertake a full business process review of, and develop a plan for, the HRAS office;
- increased disciplinary costs, including costs incurred for a case that was heard by the Health Practitioners Disciplinary Tribunal;
- increased legal fees in relation to complaints and for assistance with interpretation and implementation of aspects of the Health Practitioners Competence Assurance Act 2003 (the Act);
- attendances with Government bodies such as ACC and the Ministry of Health;
- representation at both national and international chiropractic events, conferences and meetings.


The Board agreed it was time to move forward with technology and update its website and branding and established a small working group to source and negotiate appropriate quotes. In April the Board approved a provider to build its new website. The Board has experienced some difficulties throughout the reporting period in relation to the website build however looks forward to its launch during the next reporting period.

The Board expects that the deficits incurred over recent years will decrease in coming years as it streamlines existing processes and procedures, most of which will be managed by staff.

The Board's Administration Committee has prepared a detailed explanation of this year's financial statements which you will find in the section 2 of this report.

As I have been privileged to serve nine (9) years on the Board, the last four (4) of those as Chairperson, I suspect that my tenure will not be renewed when my current term finishes in August 2011. The Act states that a Board member's term of office is three (3) years and they may only serve three (3) terms. In anticipation that this will be my last report, I would like to thank the various Health Ministers for allowing me the opportunity to serve this great profession. It has definitely been my privilege.

I would also like to take the time to thank my fellow Board members for having the faith in me to act as their Chairperson for the past four (4) years. I certainly had some big shoes to fill with the departure of Dr Julian White. I would like to thank Dr White for both his leadership and mentorship.



I count it a great honour to have worked so closely with such loyal and committed Board members over the past three (3) years in particular. We as a Board have accomplished a massive restructuring of systems, policies and functions which has taken many hours of selfless work. I am particularly indebted to Dr Sandy Bansal, my Deputy for his enormous contribution and support of me through some difficult times and decisions.

The Board would not have the level of function and efficiency we enjoy without the amazing skills and commitment to our profession that we have with our Registrar/Manager, Mrs Debby Ramsay. She has made my role so much easier with her functionality and anticipation. With the structures that we now have established, the work load on individual Board members should hopefully diminish over the next few years as she drives our Governance/Management split. She has recently had her skill set recognised on an international level, being specifically selected to participate on an international working party looking at portability. This committee consists of a representative from Australia, Canada, New Zealand, South Africa and the USA. I am so grateful for her support, encouragement and commitment since her move to New Zealand in January 2010.

My thanks also go to Mr Karl Bale, the previous Registrar for his loyalty and friendship during a difficult time in this profession's history.

My job as Chairperson would not have been so rewarding without the collegial relationships that have been built with the likes of the Association and College. In particular I would like to thank both Drs James Burt and Phil McMaster for their patience, support and friendship during my term of office as Chairperson.

Last but not least I would like to thank the profession as a whole for making my job as Chairperson both satisfying and worthwhile. We have a great profession here in New Zealand and I am sure that it will continue to grow and thrive.

Dr John Loveday, Chiropractor  
**Chairperson**

## 1. Governance

### 1.1 Membership of the Board

The Minister of Health is responsible for appointing members to the Board, after receiving advice from the Ministry of Health. Pursuant to section 120 of the *Health Practitioners Competence Assurance Act 2003* (the Act), membership of the Board during the reporting period to 31st March 2011 consisted of the following six (6) practitioners and two (2) laypersons:

- Dr John Loveday (Chairman, Nelson);
- Dr Sandeep Bansal (Deputy Chairman, Auckland);
- Dr Bruce Adam (Auckland);
- Ms Sue Ineson (Te Horo) to August 2010;
- Dr John O'Malley (Canterbury);
- Professor Stefan Pallister (Carterton);
- Mr Mark Saunders (Auckland);
- Dr Robin Taylor (Auckland).

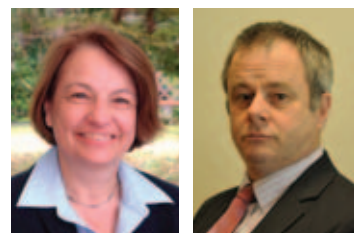
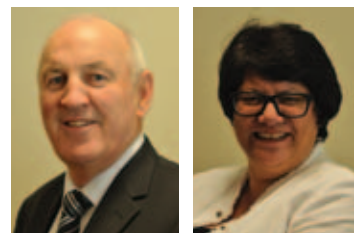
Ms Cathrine Holland (Hamilton) joined the Board from August 2010 to replace Ms Ineson.

#### Dr John Loveday

Dr Loveday graduated from Palmer College in December 1972. He has been in private practice for 37 years, 12 of those being in Queensland, Australia. Dr Loveday served on the CAA(Qld) Executive Committee from 1988 to 1997 and was Chairperson of the Chiropractors and Osteopaths Board of Queensland during 1998 and 1999. Dr Loveday left Queensland in 1999 to return to Nelson where he set up practice and continues there today. Dr Loveday was appointed to the New Zealand Chiropractic Board in 2003 and has presided as Chairperson since 2007.

#### Dr Sandeep Bansal

Dr Bansal is a registered chiropractor practising in South Auckland. Dr Bansal was the first graduate of the New Zealand College of Chiropractic and has previously been a lecturer and clinical tutor at the College. His business has, since its inception, won five (5) business excellence awards in a range of categories and he currently represents New Zealand on the Council on Chiropractic Education Australasia.



*From Top, L-R:  
John Loveday;  
Sandeep Bansal;  
Bruce Adam;  
Cathrine Holland;  
Sue Ineson;  
John O'Malley;  
Stefan Pallister;  
Mark Saunders;  
Robin Taylor.*

### **Dr Bruce Adam**

Dr Adam graduated from Palmer College in the USA in 1975. He has been in private practice in Auckland since 1975, currently practising at the Milford Chiropractic Clinic with three (3) other chiropractors, a massage therapist and an acupuncturist. In the 1980s he served on the NZ Chiropractor's Association Council for six (6) years, reaching the position of Vice President. He then served for six (6) years on the Chiropractic Board into the 1990s, the last two (2) years as Chairman. He was again appointed to the Chiropractic Board in 2008, and is currently Chairman of the Health Regulatory Authorities Secretariat, the body that provides administrative support to the Board.

### **Ms Cathrine Holland**

Cathrine Holland is currently Chief Executive of Parentline, an NGO based in Hamilton that works with children who have been traumatised by abuse and domestic violence. Prior to this appointment Cathy worked for fifteen years as a Business Consultant primarily in the health, social and education sectors and Maori development. Formally a Board member of the NZ Physiotherapy Board for nine (9) years, Cathy is currently a Board member of the Richmond NZ Trust and is also a member of a number of Maori and family Trusts. She is of Waikato Maniapoto, Ngati Toa and Ngai Tahu descent.

### **Ms Sue Ineson**

Ms Ineson was appointed to the Board as a lay member with specialist skills in governance and management. She lives in Te Horo and has wide experience in the health and regulatory sectors as a consultant.

### **Dr John O'Malley**

Dr O'Malley is a registered chiropractor who practises in Christchurch and holds a PhD. Dr O'Malley is a guest lecturer at the New Zealand College of Chiropractic and the University of Canterbury.

### **Professor Stefan Pallister**

Professor Pallister is a registered chiropractor who is currently in practice in Carterton. Professor Pallister was appointed foundation Head of School at Murdoch University in Perth on the establishment of the chiropractic programme at that institution. He brings specialist understanding of chiropractic education to the Board.

### **Mr Mark Saunders**

Mr Saunders was appointed to the Board as a lay member. He has been a trustee of the New Zealand Chiropractic Education Trust Board for over 11 years and brings legal, dispute resolution and commercial skills to the Board.

### Dr Robin Taylor

Dr Taylor is a registered chiropractor, in private practice on Auckland's North Shore. He is a member of the New Zealand Chiropractors' Association and served as President from 1993 to 2000. During his term in office he was involved in the creation and development of the New Zealand College of Chiropractic and served as its President from 2000 to 2002. He brings a vast knowledge and understanding of accreditation and chiropractic education to the Board.

## 1.2 Meetings of the Board

During the reporting period, the Board held five (5) face to face ordinary meetings and several teleconference meetings. The face to face meetings were held as follows:

- May – Nelson (in conjunction with the NZCA AGM);
- August – Rotorua (in conjunction with a “Meet the Profession” evening);
- November – Christchurch;
- February – Auckland; and
- February – Melbourne (incorporating meetings with representatives of the Australian Health Practitioner Regulatory Authority, the new Chiropractic Board of Australia and Council on Chiropractic Education Australasia to discuss issues of mutual interest and concern).

## 1.3 Board Committees

The Board, during the reporting period, reviewed its Committee structure and resolved to reduce its number of Committees to assist it to carry out its statutory functions to the following:

- Administration Committee;
- Complaints and Competence Committee;
- Education Committee; and
- Examination Committee.

Board Standing Committees undertake various functions, including advising the Board on issues that fall within their respective portfolio. Board Committees generally undertake their business via teleconference or other electronic means

## 1.4 Functions of the Board

The Board is a legal entity constituted under the provisions of the *Health Practitioners Competence Assurance Act 2003* (the Act). The functions of the Board, as set out within the Act, are:

- (a) *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;*
- (b) *to authorise the registration of health practitioners under this Act, and to maintain registers;*
- (c) *to consider applications for annual practising certificates;*
- (d) *to review and promote the competence of health practitioners;*
- (e) *to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners;*
- (f) *to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners;*
- (g) *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;*
- (h) *to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession;*
- (i) *to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession;*
- (j) *to liaise with other authorities appointed under this Act about matters of common interest;*
- (k) *to promote education and training in the profession;*
- (l) *to promote public awareness of the responsibilities of the authority;*
- (m) *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.*



## 2. Administration

### 2.1 Administrative Structure

The Board employs one (1) dedicated staff member, the Registrar. The Registrar is responsible for all day to day activities of the Board. The Board however is serviced by the Health Regulatory Authorities Secretariat (HRAS) which provides financial, information technology and other generic office management support for five (5) Health Regulatory Authorities.

The Board has been very active in working with the other five (5) Health Regulatory Authorities to improve the service and assistance provided by the HRAS for the overall benefit and efficiency of each of the five (5) authorities. This has included the commissioning of an independent business review report and subsequent employment of a project manager to formulate the most efficient and effective administrative support for the five (5) authorities.

### 2.2 Registrar Report

This year has seen the Board undertake a comprehensive review of its operations and activities which has resulted in increased workloads for some, if not all, Board members. This review has now finalised and the Board anticipates seeing significant service and operational improvements come to fruition over the next two (2) years. The Board undertook this review, as well as fulfilling its many obligations under the Act and other legislation with just one dedicated staff member.

Although competence and disciplinary matters have decreased this year, the ones that have been received have warranted more detailed attention requiring visits to practices. This has opened up a new area which has proven to be both interesting and challenging. The Board is continuing to develop its operational policies and processes to streamline this work and to provide clear information to practitioners about its systems.

The Board currently shares secretariat services and office space with four (4) other small regulatory authorities however this will see some changes in the coming year. Over the course of this year a review has been undertaken of that arrangement which has resulted in two (2) of the five (5) authorities deciding to leave to work with other entities from the beginning of the upcoming reporting year. This will also see a consequent reduction in office space. The three (3) remaining authorities are committed to working cooperatively together in the interests of cost containment and sharing of knowledge.

I would like to thank the Board members for their support during my transition and look forward to a productive 2011.

Debby Ramsay  
**Registrar**



Debby Ramsay

## 2.3 Administration Committee Report

Last year we received several queries from registrants in relation to some areas of our Financial Statements in the Annual Report. This year the Board decided to include an Administration Committee Report to accompany the Financial Statements to explain some variances from the previous year and provide a breakdown and explanation for some of the larger expenditures incurred.

The Committee has spent some time analysing the transaction details for those areas of largest expenditure, which are Board Member Fees, Committee Fees and Board Related Expenses.

### Board Related Expenses

Of most concern to the Committee was the reported figure of \$158,256. The Committee has identified that current HRAS categorisation of expenditure has seen the clustering of expenditure areas in to this heading. The Committee feels that this category needs to be broken down so that a more accurate guide as to the precise items of expenditure incurred as a Board is identifiable.

This figure of \$158, 256 should be broken down into the following three (3) categories:

- Travelling Expenses           \$116,703;
- Accommodation               \$15,760;
- Board Related Expenses       \$25,791.

The Committee has requested that HRAS ensures future reporting clearly identifies areas of expenditure rather than having a single entry as is currently reported.

Travel and accommodation costs during the year were greater than before given the significant increase in Board activity in its attempt to be more consultative, but also more proactive in a number of identified areas such as regulation, workforce mobility and best practice.

### *Board meetings:*

Five (5) Board meetings were held throughout the year including meeting with the profession.

### *Examinations:*

- August – Auckland;
- February – Auckland.

(This included flights and accommodation for convenor, actor, Registrar and examiners)

### *Discipline:*

Disciplinary actions have seen Board representatives travelling to Wellington, Auckland, Hamilton, Christchurch, Tauranga and Nelson.

### **Educational:**

The Board sees education as a major part of its regulatory responsibility. As noted in previous Annual Reports, the Board maintained its presence in the professional, regulatory and educational fields with attendance at both national and international forums and symposiums.

The Board has also fully funded two (2) continuing development roadshows for the profession, one (1) in Christchurch and one (1) in Wellington. These roadshows have been provided free of charge for registrants and have seen the Board cover all costs such as travel, accommodation and payment for presenters and catering for attendees. These were run as pilots in an attempt to decrease spiralling complaints in several key areas as identified by the Board and stakeholders.

### **Health Regulatory Authorities Secretariat (HRAS) meetings:**

As I was Chairperson of the HRAS during this reporting period, it has necessitated me attending six (6) HRAS meetings in Wellington as well as one (1) in Auckland.

I have also been required to attend a special Administration Committee meeting in Wellington and a dedicated HRAS meeting in Wellington to brief the new Project Manager.

Each of the five (5) HRAS authorities are responsible for covering their representative's travel and accommodation costs for attending meetings, whether or not their representative is Chair.

### **Health Regulatory Authorities NZ (HRANZ) meetings:**

- April – Wellington;
- October – Wellington;
- March – Wellington.

### **Board (Authority) Member Fees and Committee Fees**

All of the above activity contributed to the increase in fees. The figures for Board member and Committee Fees were \$107,180 and \$44,296 respectively.

The Board is aware that its fee expenditure has increased over recent years and attributes this to the increased workload associated with its legislative responsibilities and a transition from its previous model of operation. It is however working on strategies to decrease this cost and expects to see significant savings over the next few years.

### **General**

You will note that while we received approximately \$22,000 in additional income this year we did end the year with a substantial deficit of \$144,225, most of which was budgeted for. While the majority of Board expenditure remained fairly consistent with last year's totals, there were some notable exceptions which I have itemised on the following page:

### Education Fund Grants

This increased as the Board received more requests for funding during the period than the previous year. Some of the requests received and funded by the Board were from the NZCCSA for conference attendance, NZCC for seminars, the Hamblin Trust and NZCA for its AGM. The Board continues to budget for \$10,000 per year for education related grants.

### Subscriptions increase

The increase in subscriptions was due to the CCEA grants being reclassified into this line item. Previously, CCEA had its own sub-category under an unrelated category and was moved to subscriptions as this is a more appropriate category for it to be housed.

### Secretariat operating costs

The increase in secretariat operating costs was due to the Board's share of the independent administrative review report into the operations of HRAS, as well as the resultant employment of the HRAS project manager. The project manager was employed for a nine month term to review HRAS operations and provide viable solutions for efficiency and cost saving measures.

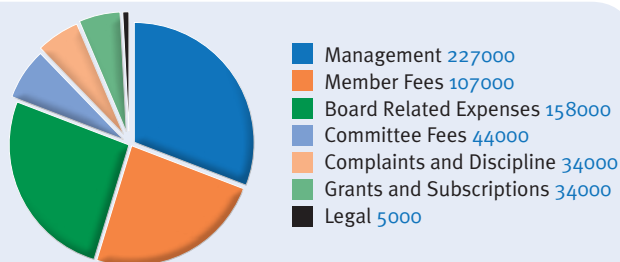
### Telephone and Teleconferencing

This item increased due to the necessity for the Board and its Committees to hold more teleconferences to ensure urgent Board and Committee business was dealt with efficiently. The Board also updated the telephone and information technology utilized by the Chairperson and Registrar.

### Conclusion

The Board is aware that the current level of expenditure is not sustainable without an increase in annual practising fees, a decision it is unwilling to take. As a consequence, it is continuing to explore administrative and legislative restructures to see it return to surplus in the next few years.

The following graph provides a reflection of overall expenditure for the period.



Bruce Adam  
Administration Committee Chairperson

## 3. Registration and Annual Practising Certificates

### 3.1 Scope of Practice for Chiropractors

Section 11(1) of the *Health Practitioners Competence Assurance Act 2003* requires the Board to describe the profession of chiropractic in one or more Scopes of Practice.

The Board has gazetted one (1) Scope of Practice which is “chiropractor”. A copy of this Scope of Practice can be found on the Board’s website: [www.chiropracticboard.org.nz](http://www.chiropracticboard.org.nz).

No amendments have been made to this Scope of Practice during the reporting period.

### 3.2 Prescribed Qualifications

One of the Board’s main functions is the prescription of 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. The Board has delegated the accreditation function to the Council on Chiropractic Education Australasia (CCEA), of which it is a member, however retains the right to either accept or reject its recommendations.

Pursuant to Section 12 of the *Health Practitioners Competence Assurance Act 2003*, the following qualifications are prescribed for registration as a Chiropractor:

1. Bachelor of Chiropractic from the New Zealand College of Chiropractic, Auckland; or
2. A pass in an examination set by the Chiropractic Board for chiropractors trained overseas in a chiropractic programme that has accreditation status as recognized by the Council on Chiropractic Education Australasia; or
3. Registration within Australia, which performs the function of registering Chiropractors under the provisions of the *Trans-Tasman Mutual Recognition Act 1997*.

During the reporting period, the Board received re-accreditation advice in relation to Macquarie University, The Royal Melbourne Institute of Technology University and Hanseo University.

### 3.3 The Register

The Board maintains a Public Register of chiropractors, pursuant to s136 of the Act. As at 31 March 2011 the Register contained 715 names of which 407 held current Annual Practising Certificates. This indicates a net decrease of seven (7) over the reporting period. This net decrease is the result of new registrants to, and removals from, the Public Register.

The Public Register is available for viewing on the Board’s website: [www.chiropracticboard.org.nz](http://www.chiropracticboard.org.nz).

### Applications for registration

During the reporting period the Board received a total of 38 new applications for registration.

**Table 1: Applications for Registration**

HPCAA Section	Number of Applications	Outcomes		
		Registered	Registered with conditions	Not registered
15	38	38	–	–

### 3.4 Annual Practising Certificates

The Board is pleased to report that it again decided not to raise the cost of Annual Practising Certificates for the 2010/2011 registration year. The current level of fees has remained the same since 2000.

The Board continues to monitor its level of income and ensures, to the best of its ability, that it operates within budgetary constraints. As a consequence, the Board anticipates that the cost of the Annual Practising Certificate will continue at its current level for at least the next financial year.

**Table 2: Applications for an annual practising certificate**

	HPCAA Section	Number	Outcomes			
			APC	APC with conditions	Interim	No APC
<b>Total applications</b>	<b>26</b>	<b>407</b>	<b>407</b>	–	–	–
<b>Reasons for non-issue</b>						
Competence	27 (1) a	–	–	–	–	–
Failed to comply with a condition	27 (1) b	–	–	–	–	–
Not completed required competence programme satisfactorily	27 (1) c	–	–	–	–	–
Recency of practice	27 (1) d	–	–	–	–	–
Mental or physical condition	27 (1) e	–	–	–	–	–
Not lawfully practising within 3 years	27 (1) f	–	–	–	–	–
False or misleading application	27 (3)	–	–	–	–	–

## 4. Competence, Fitness to Practise and Quality Assurance

### 4.1 Competence referrals

The Board, during the reporting period, received six (6) competence notifications. At the end of the reporting period the Board had three (3) of these complaints still open.

**Table 3: Competence referrals**

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	0
Health and Disability Commissioner	34 (2)	3
Employer	34 (3)	0
Other	36 (4)	3
<b>Total</b>		<b>6</b>

**Table 4: Outcomes of competence referrals**

Outcomes	HPCAA Section	Number			
		Existing	New	Closed	Still Active
No further action		Not applicable	2	Not applicable	Not applicable
(Total number) Initial inquiries	36	–	3	–	2
Notification of risk of harm to public	35	–	1	–	1
Orders concerning competence	38	–	–	–	–
Interim suspension/ conditions	39	–	–	–	–
Competence programme	40	–	–	–	–
Recertification programme	41	–	–	–	–
Unsatisfactory results of competence or recertification programme	43	–	–	–	–



## 4.2 Recertification and continuing competence

The Board, during the reporting period, continued its investigation of the most suitable avenues for practitioner recertification and continuing competence. The Board, during 2011, will be forming a stakeholder working party to further these issues.

## 4.3 Health/Fitness to practise

There have been no referrals to the Board under section 45 of the Act this year. The Board however, has begun considering the implementation of a Policy on Fitness to Practise which will outline how it deals with any concerns that a practitioner's health may be affecting their ability to practise.

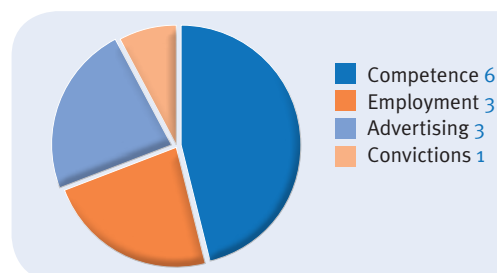


## 5. Complaints and Discipline

### 5.1 Complaints

During the reporting period the Board received a total of 13 new complaints. The natures of these complaints are as follows:

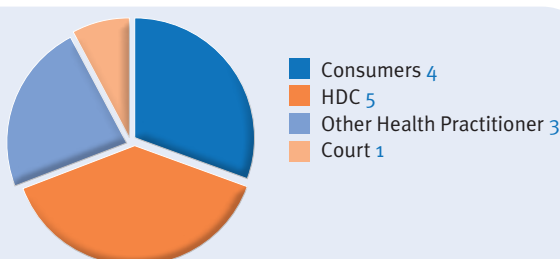
- six (6) relating to competence (reported above);
- three (3) relating to employment issues;
- three (3) relating to advertising; and
- one (1) relating to a Notice of Conviction.



At the end of the reporting period the Board had a total of six (6) complaints still open, three (3) being competence related, two (2) relating to advertising and one (1) Notice of Conviction. The Board also had one (1) carry over Notice of Conviction from the previous reporting period.

**Table 7: Complaints from various sources and outcomes**

Source	Number	Outcome		
		No further action	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	4	1	1	2
Health and Disability Commissioner	5	1	–	Not Applicable
Health Practitioner (Under RA)	–	–	–	–
Other Health Practitioner	3	3	–	–
Courts notice of conviction	1	–	1	–
Employer	–	–	–	–
Other	–	–	–	–



## 5.2 Professional Conduct Committees (PCCs)

The Board, at the end of the reporting period, had three (3) matters before PCCs. Two of these matters were new complaints received during the reporting period and one (1) was carried over from the previous reporting period. The natures of these complaints are as follows:

- two (2) relating to Notices of Conviction;
- one (1) relating to ongoing competence issues.

**Table 8: Professional Conduct Committee cases**

Nature of issue	Source	Number	Outcome
Fraudulent claiming	ACC	1	Still active
Concerns about standards of practice	Consumer	1	Still active
Notification of conviction	Board	1	Still active
Theft	–	–	–
Conduct	–	–	–
Practising outside scope	–	–	–
Practising without annual practising certificate	–	–	–
Other	–	–	–

## 5.3 Health Practitioners Disciplinary Tribunal

The Board had one (1) matter heard before the Tribunal during the reporting period which resulted in the practitioner having his registration suspended for a period 18 months and having to meet specific conditions before having his registration and Annual Practising Certificate reinstated.

The Board includes a copy of Board Hearing and Health Practitioners Disciplinary Tribunal outcomes on its website.

## 6. Appeals and Judicial Reviews

There have been no appeals or judicial reviews against decisions made by the Board during this reporting period.

## 7. Linking with Stakeholders

### 7.1 Memorandum of Understanding (MoU)

The Board is pleased to advise that the MoU continues to operate successfully with communications between itself, the New Zealand Chiropractors Association (NZCA) and the New Zealand College of Chiropractic (NZCC) continuing to grow positively.

Two (2) formal meetings were held during the reporting period as well as teleconferences and telephone conversations. The two main topics of discussion this year have been complaints and continuing professional development.

The Board would like to thank Dr Phil McMaster, President of the NZCC Board of Trustees and Dr James Burt, NZCA President, for their continued commitment to the MoU.

### 7.2 Chiropractic Board of Australia (CBA)

On 1 July 2010, major health regulatory regulation came into place in Australia, disestablishing State authorities and creating one national Board for each of the regulated professions. The Board travelled to Melbourne in February to hold its first formal meeting with the CBA. This meeting took the place of the previous annual ACCRB meetings and was undertaken to establish relationships and discuss matters of common interest and concern. This will likely become an annual event with the venue interchanging between New Zealand and Australia. Some of the issues discussed were:

#### *Registration*

- TTMRA;
- standardising requirements;
- future registration of NZCC graduates;
- NZ Board fielding queries regarding registration in Australia.

#### *Continuing Professional Development*

- current requirements;
- other initiatives.

#### *Discipline*

- advertising complaints;
- website complaints;
- pre-payment Plans/ WLP practices;
- record keeping;
- current trends.

#### *Accreditation*

- CCEA issues.

### ***Examination Standardisation***

- NZ format and proposed changes;
- CBA requirements/expectations.

### ***General Issues***

- Federation of Chiropractic Licensing Boards;
- CBA functionality and processes given the Health Workforce New Zealand suggestion to move all New Zealand Regulatory Authorities to a similar model;
- general regulatory issues.

## **7.3 World Federation of Chiropractic (WFC)**

The Board, for some time, has been an active member of the WFC. The Board's Chairperson, Deputy Chairperson and Registrar attended the WFC's Education Conference in Madrid in October. While attending this Conference, the Chairperson and Deputy Chairperson took the time to visit chiropractic schools in the region to make an initial assessment of the quality of the programs. This proved to be very beneficial with a lot of useful information and initiatives being gathered.

The Board's Deputy Chairperson and Registrar also left our shores at the end of March to attend the bi-annual WFC Conference in Brazil. During this Conference they will be attending a full day's workshop with other world chiropractic Regulatory Authorities where they will share and gather information regarding chiropractic regulation around the world. There are new chiropractic educational facilities and regulatory authorities emerging on the world stage and the profession is gaining a much more international focus. The Board feels it is important for it to be part of this evolution especially given that chiropractors are now looking at international mobility.

## **7.4 Federation of Chiropractic Licensing Boards (FCLB)**

During the reporting period the Board was admitted as a full member of the FCLB. The FCLB's mission is "to protect the public by promoting excellence in chiropractic regulation through service to its member boards". The Board's Chairperson and Registrar will be attending the FCLB Conference in Miami in April where the Board will be formally admitted as a member.

Some of the sessions that they will be attending during this Conference will be:

- overcoming barriers to mobility;
- chiropractic testing;
- scope of practice issues;
- sports mobility and treatments outside of the office;
- chiropractic accrediting standards;
- the developing Certified Clinical Chiropractic Assistants program;
- assessing a Board's effectiveness;

- chiropractors as primary care providers; and
- legal issues that puzzle Boards.

The Registrar will also be attending a full day workshop with other attending Registrars to discuss issues of administrative similarities, concerns and possible collaboration.

Once again, this organization and its development is taking on a much more international focus and the Board is strongly of the opinion that it is necessary for New Zealand to be an integral part of this forward momentum.

### 7.5 National Board of Chiropractic Examiners (NBCE)

It is also intended for the Registrar to visit NBCE headquarters in Greeley and observe the Part IV exams while in the United States. It is anticipated that these activities will assist the Board with future considerations for its Registration Examination.

### 7.6 Council on Chiropractic Education Australasia (CCEA)

The Board remains a full member of the CCEA with its nominated Councillor, Dr Bansal, attending two face to face meetings during the reporting period. Both of these meetings were held in Melbourne. The main focus of these meetings was ongoing accreditation issues with respect to the chiropractic programs offered by:

- Macquarie University, Sydney;
- Murdoch University, Perth;
- New Zealand College of Chiropractic, Auckland;
- Royal Melbourne Institute of Technology University, Melbourne;
- Hanseo University, Korea; and
- RMIT Japan.

The Board also met with representatives of the CCEA in February in Melbourne. This meeting was called by the Board to discuss issues of concern that the Board had regarding aspects of the organisation's operations in relation to accreditation. CCEA acknowledged the Board's concerns and assured the Board that it would have its Accreditation Committee look at the issues.

## 8. Health Regulatory Authorities New Zealand (HRANZ) Collaboration

HRANZ is a group made up of all the Health Regulatory Authorities (RAs) of New Zealand. It meets three (3) times a year to discuss matters of common interest, both at an operational and a strategic level. The Board is an active participant in HRANZ work and considers it an important vehicle for improving regulation across the health professions. One of HRANZ's key projects during the year was the development of an intranet so that RAs may share policies, general legal advice obtained and other helpful documents. The project was near completion at the end of the reporting period.

## 9. Other Board Activities

### 9.1 Registration Examinations

As reported last year, the Board's new Registration Examination had seen two rounds successfully held. As a result of relatively minor feedback received from invited independent moderators and observers, the Board made slight amendments to the process which has seen the inclusion of a written case and radiology/radiography section to satisfy Australian requirements, which were necessary for Trans-Tasman Mutual Recognition, as well as a slightly more detailed technique demonstration section.

The Board advertised during the reporting period for case writers, examiners and a convenor and was overwhelmed at the number of applications that were received. It has chosen what it considers to be the best team of personnel to further advance the examination and looks forward to seeing the fruits of everyone's dedication to the process. A review of the current process is to occur during 2012 – 2013.

### 9.2 Communication with the profession

The Board has continued to enhance its communication with the profession by:

- distributing regular emails to members of the profession;
- re-establishing continuing development programs around the country;
- involving chiropractors and laypersons on Board Committees.

#### Emails

The Registrar regularly communicates with the profession via email, advising of issues before the Board, seeking feedback in relation to consultation documents or just reminding registrants of their responsibility to update their contact details. This has worked extremely well. The Board now has contact email addresses for 95% of registrants where previously this was around 30%.

## Development Programs

The Board, after analysing received complaints, identified record keeping and communication as two (2) of the main areas where standards were lacking. As a consequence, the Board developed a travelling roadshow addressing these areas and invited all registrants in the localities visited to attend. The Board has held the roadshow in both Christchurch and Wellington and received both very good attendance and feedback. The Board will be taking the roadshow to both Hamilton and Auckland during late 2011 or early 2012.

These roadshows have been funded by the Board and been offered free of charge to registrants. The Board approached the Accident Compensation Corporation (ACC) to also gather information on areas for presentation and inclusion.

## 10. Fee Structure

The fees currently set by the Board are as follows:

<b>Fees Payable</b>	<b>\$ (GST inclusive)</b>
<b>Registration</b>	
Application for registration	153.00
Application for an initial Annual Practising Certificate between 1 April and 30 November	1,124.00
Application for an initial Annual Practising Certificate between 1 December and 31 March	408.00
Application for renewal of an Annual Practising Certificate between 1 February and 31 March	1,124.00
<b>Restoration</b>	
Application for renewal of an expired Annual Practising Certificate within 3 years of expiry	1,226.00
Application for renewal of an expired Annual Practising Certificate 3 or more years after expiry	1,277.00
<b>Examination</b>	
Application to sit the Board's Competence Examination	3,066.00
Application for administrative reconsidering of results	408.00
Application to discuss results/further examination with examiner	306.00
Application for administrative remarking of examination	408.00
Application for appeal of examination result	408.00
Application for and renewal of maintenance of registration for non-practising practitioners	150.00
<b>Other</b>	
Certificate of Registration	30.00
Certificate of Good Standing	50.00
Copy of Register	50.00

## 11. Board Office

The Board office is located on Level 3, Freemason House, 195-201 Willis Street, Wellington. The office is open between 9.00am and 4.00pm Monday to Friday, except Public Holidays. It is advisable to make an appointment if you want to visit the office to make sure that the Registrar is available to see you. Telephone contact hours are between 8.30am and 4.00pm Monday to Friday, except Public Holidays.

Board contact details are:

### Mailing address

PO Box 10-140  
Wellington 6143

### Phone

Within New Zealand: (04) 474 0703  
International: +64 4 474 0703

### Fax

Within New Zealand: (04) 474 0709  
International: +64 4 474 0709

### Email

registrar@chiropracticboard.org.nz  
*or* debby.ramsay@chiropracticboard.org.nz

### Website

[www.chiropracticboard.org.nz](http://www.chiropracticboard.org.nz)



New Zealand Chiropractic Board  
**Financial Statements 2010–2011**



PKF Martin Jarvie  
Chartered Accountants



## INDEPENDENT AUDITOR'S REPORT

### TO THE READERS OF NEW ZEALAND CHIROPRACTIC BOARD'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2011

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

We have audited the financial statements of the Board on pages 28 to 32, that comprise the statement of financial position as at 31 March 2011, the statement of financial performance and statement of movements in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

#### Opinion

In our opinion the financial statements of the Board on pages 28 to 32:

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

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

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

#### Basis of Opinion

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

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

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

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Email [info@pkfmj.co.nz](mailto:info@pkfmj.co.nz) | [www.pkfmartinjarvie.co.nz](http://www.pkfmartinjarvie.co.nz)

PKF Martin Jarvie is a member firm of PKF International Limited and PKF New Zealand Limited networks of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

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 financial statements; and
- the overall presentation of the financial statements.

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

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

The Board is responsible for preparing financial statements that:

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

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

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

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

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

#### **Independence**

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

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



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

#### **Matters relating to the electronic presentation of the audited financial statements**

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

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

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

NEW ZEALAND  
CHIROPRACTIC BOARD

## Statement of Financial Performance

for the Year Ended  
31 March 2011

<i>Note</i>	<b>2011</b> \$	<b>2010</b> \$
<b>REVENUE</b>		
Examination Fees	25,451	18,667
Interest Income	24,444	31,827
Other Income	2,119	1,087
Practising Certificates	410,468	380,304
Recoveries	93	444
Registration	6,207	6,800
<b>Total Income</b>	<b>468,782</b>	<b>439,129</b>
<b>Less Expenses</b>		
Accident Compensation Levy	831	690
Audit Fees	4,000	3,915
Authority Member Fees	107,180	108,739
Bank Charges	7,581	6,321
Board Related Expenses	158,256	129,294
Catering	5,004	292
Cleaning	1,266	870
Committee Fees	44,926	19,740
Committee Expenses	5,687	1,498
Computer Software & Support	4,712	3,406
Conferences & Seminars	7,463	20,578
Disciplinary Matters	27,294	0
Education Fund Grants	15,648	5,000
Employment Related Costs	78,805	101,322
Examination Costs	11,106	33,611
General Expenses	2,263	804
Hire of Plant & Equipment	2,580	2,217
Insurance	293	541
Legal Expenses	4,864	23,509
Office Equipment Expensed	6,634	987
Office Expenses	510	675
Postage	2,997	3,084
Printing & Stationery	9,564	7,762
Professional Fees	0	6,990
Rent	15,286	17,912
Repairs & Maintenance	80	454
Secretariat Operating Costs	43,404	28,647
Service Charges	0	8,954
Special Projects	815	16,495
Subscriptions	18,449	1,877
Telephone & Teleconferencing	9,242	3,426
Training	7,668	0
Utilities	386	476
Venue Hire	4,161	0
Website Expenses	954	628
<b>Total Expenses</b>	<b>609,912</b>	<b>560,714</b>
<b>Net Surplus/(Deficit) Before Depreciation</b>	<b>(141,130)</b>	<b>(121,585)</b>
Depreciation	3,095	5,574
<b>NET SURPLUS/(DEFICIT)</b>	<b>(\$144,225)</b>	<b>(\$127,159)</b>

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

NEW ZEALAND  
CHIROPRACTIC BOARD

**Statement  
of Movements  
in Equity**  
*for the Year Ended  
31 March 2011*

<i>Note</i>	<b>2011</b> \$	<b>2010</b> \$
<b>EQUITY AT START OF PERIOD</b>	479,422	606,581
Net Surplus/(Deficit) for the year	(144,225)	(127,159)
Total recognised revenues & expenses	(144,225)	(127,159)
<b>EQUITY AT END OF PERIOD</b>	<b>\$335,197</b>	<b>\$479,422</b>

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

NEW ZEALAND  
CHIROPRACTIC BOARD

## Statement of Financial Position

As at 31 March 2011

<i>Note</i>	<b>2011</b> \$	<b>2010</b> \$
<b>CURRENT ASSETS</b>		
Westpac Cheque Account	410,931	302,065
Westpac Term Deposits	322,673	637,757
Accounts Receivable and pre-paid expenses	37,407	0
Accrued Income	0	5,455
<b>Total Current Assets</b>	<b>771,011</b>	<b>945,277</b>
<b>NON-CURRENT ASSETS</b>		
Fixed Assets <span style="float: right;"><i>5</i></span>	5,318	2,737
Intangible Asset – Website <span style="float: right;"><i>6</i></span>	39,000	0
Loan to Health Regulatory Authorities Secretariat Ltd <span style="float: right;"><i>4</i></span>	5,000	5,000
<b>Investments</b>		
Investment in Health Regulatory Authorities Secretariat Ltd <span style="float: right;"><i>3</i></span>	20	20
<b>Total Non-Current Assets</b>	<b>49,338</b>	<b>7,757</b>
<b>TOTAL ASSETS</b>	<b>820,349</b>	<b>953,034</b>
<b>CURRENT LIABILITIES</b>		
GST due for payment <span style="float: right;"><i>1(e)</i></span>	47,373	34,733
Accounts Payable	35,286	65,888
Credit Cards	19,350	1,608
Income in Advance	372,838	352,001
KiwiSaver Deductions Payable	554	1,988
PAYE Payable	2,257	6,579
WHT Payable	7,494	10,815
<b>Total Current Liabilities</b>	<b>485,152</b>	<b>473,612</b>
<b>TOTAL LIABILITIES</b>	<b>485,152</b>	<b>473,612</b>
<b>NET ASSETS</b>	<b>\$335,197</b>	<b>\$479,422</b>
<b>EQUITY</b>		
Retained Earnings	335,197	479,422
<b>TOTAL EQUITY</b>	<b>\$335,197</b>	<b>\$479,422</b>

Acting Chairperson:



Date: 31/08/2011

Registrar:



Date: 31/08/2011

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

# Notes to the Financial Statements

for the Year Ended  
31 March 2011

## 1. STATEMENT OF ACCOUNTING POLICIES

### Reporting Entity

The New Zealand Chiropractic Board is constituted under the Health Practitioners Competency Assurance Act 2003. These financial statements have been prepared in accordance with the Financial Reporting Act 1993.

The Board qualifies for differential reporting as it is not publicly accountable and is not large. The Board has taken advantage of all differential reporting exemptions.

### General Accounting Policies

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

### Specific Accounting Policies

#### (a) Annual Practising Certificate Income

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

#### (b) Changes in Accounting Policies

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

#### (c) Fixed Assets & Depreciation

Fixed Assets are shown at original cost less accumulated depreciation. Depreciation has been calculated over the expected useful life of the assets at the following rates:

Office Equipment 20% – 48% Straight Line

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

#### (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.

## 2. CONTINGENT LIABILITIES AND COMMITMENTS

At balance date there are no known contingent liabilities.

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

## 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.

## Notes to the Financial Statements

for the Year Ended  
31 March 2011

#### 4. RELATED PARTIES

HRAS provides administrative services to the Board on a non-profit cost recovery basis. The cost of those services for the year was \$43,404 (2010 – \$28,647)

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

	2011 \$	2010 \$
<b>5. FIXED ASSETS</b>		
<b>Office Equipment</b>		
At cost	24,938	19,263
Less Accumulated Depreciation	19,620	16,526
<b>Total</b>	<b>5,318</b>	<b>2,737</b>

#### 6. INTANGIBLE ASSETS

<b>Website</b>		
At cost	39,000	0
Less Accumulated Depreciation	0	0
<b>Total</b>	<b>39,000</b>	<b>0</b>

The website is not yet operational so no amortisation has been recognised in these financial statements.

#### 7. CREDIT FACILITY

The Board has a Business Mastercard facility of \$30,000.

#### 8. FINANCIAL MANAGEMENT AGREEMENT

Health Regulatory Authorities Secretariat Limited (HRAS) has been established to provide business management support to the New Zealand Chiropractic Board, the Dietitians Board, the Podiatrists Board of New Zealand, the Optometrists and Dispensing Opticians Board and the Osteopathic Council of New Zealand (collectively 'the entities'). HRAS provides financial management support to each of the entities according to a number of conditions:

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

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

#### 9. 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.