



# Annual Report

1 April 2018 – 31 March 2019



New Zealand  
**PSYCHOLOGISTS BOARD**  
Te Poari Kaimātai Hinengaro  
o Aotearoa



# NEW ZEALAND PSYCHOLOGISTS BOARD ANNUAL REPORT 2018-2019

In accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003 the Psychologists Board is pleased to present its Annual Report to the Minister of Health for the year ending 31 March 2019.

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# Key numbers at a glance

## Acronyms used in this Report

- APC** Annual Practising Certificate
- CCP** Continuing Competence Programme
- HDC** Health and Disability Commissioner
- HPCA** Health Practitioners Competence Assurance Act 2003
- HPDT** Health Practitioners Disciplinary Tribunal
- PCC** Professional Conduct Committee
- RA** Regulatory Authority

## Contacting the Board

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# 3945

**Psychologists on the Register**



# 2895

**APC Holders**

+ 256 intern Psychologists<sup>1</sup>

#### **APC holders by scope**

*(may hold more than 1 scope)*

- Psychologist **888**
- Clinical Psychologist **1667**
- Educational Psychologist **242**
- Counselling Psychologist **113**
- Neuropsychologist **107**
- Trainee **7**



# 290

**New Registrations**

- 128 Overseas trained (fully qualified)
- 162 NZ trained

#### **By scope of practice<sup>2</sup>**

- Psychologist **15**
- Clinical Psychologist **86**
- Counselling Psychologist **13**
- Educational Psychologist **14**
- Neuropsychologist **6**
- Intern Psychologist **157**
- Trainee Psychologist **4**



# 21

**Board-accredited training programmes accepting enrolments**

- 19 University-based programmes
- 2 Supervision to Registration programmes

*11 were active in an accreditation process during the year.*

<sup>1</sup> Interns who graduated from a Board-approved training programme but had not yet registered in their intended scope of practice are included in this figure.

<sup>2</sup> Five hold more than one scope.



## From the Chairperson and General Manager/Registrar

We are pleased to present the Psychologists Board Annual Report and financial statements for the year ending 31 March 2019.

### **Governance and Operational Frameworks**

As signalled in the 2018 report, after operating under a Policy Governance® model for about 10 years, the Board began a review of its governance model, evaluating whether Policy Governance remained the best way to fulfil its responsibilities. It was decided to transition to a new governance framework based on the ‘Four Pillars’/Flicks® Frameworks, which reflected the legislated responsibilities of Board members, and to foster a better flow of information through closer working relationships between Board members and Secretariat staff. This will include adding two new committees with oversight of work in two key areas: registration and communications and public relations.

With two senior staff leaving the small secretariat team during the 2018/19, it was also timely to consider whether resourcing and internal processes were still the best fit for the Board’s needs, including in supporting the revised governance model. A capability review was also undertaken in late-2018. Structures and key roles were identified that, once firmly established, will allow the Board to focus on strategic objectives while fulfilling its full range of governance responsibilities, supported by high-quality, bidirectional information flow and a sustainable, efficient and appropriately resourced secretariat team.

With improvements in technology, less resource-intensive processes were able to be put in place to manage annual practising certificate renewals. We have continued looking for ways to improve our data capture to aid efficiency and enhance reporting.

As the reporting year ended, work was well underway on the proposed governance structure and governance processes were being agreed. Changes at secretariat level were just beginning with the appointment of a new General Manager and Registrar.

During this time of change there was, coincidentally, a higher than average number of both complaints and accreditation assessments underway for Board-approved training programmes. Both contributed to a very busy and dynamic year. Thanks go to the Secretariat team for their good faith and hard work to help our operations run as smoothly as possible and ensure that the safety of the public remained its key priority.

### **Linking with stakeholders**

This was a year of looking inward for the Board, with the priority being on maintaining core regulatory work while structures, processes and personnel began to change. Strong relationships were maintained with different sectors of the psychology profession in New Zealand and links maintained with our counterparts in Australia, however the Board stepped back from engaging in some international projects and forums. Locally, work with professional association colleagues and the Ministry of Health continued as the sector strived to help formulate an action plan to prepare for and facilitate implementation of the work being undertaken by the Inquiry into Mental Health and Addictions.





## Scopes of Practice

Two new scopes of practice were proposed, with one declined and one still under consideration at the end of the reporting year. Fully qualified psychologists may now apply for registration in any of five scopes of practice – one general and four vocational scopes.

The Board has become concerned that a tendency to drift towards a “proliferation of scopes” may, for a relatively small profession, have the unintended consequence of undermining rather than enhancing protection of the public or making psychological services more accessible. The Board therefore sought to promote understanding about the nature and purpose of a scope of practice – as a tool for protecting the public – and emphasised that the key question is whether there is benefit to the public, rather than to the profession.

## Looking ahead

The Board’s key priorities include working with an expert advisory group on mechanisms for developing and maintaining psychologists’ ability to work safely, respectfully and effectively with Māori. Work is also underway to comply with the legislative changes in force from April 2019 with the passing of the Health Practitioners Competence Assurance Amendment Act 2019.

The Board also anticipates orienting a number of new board members and staff. Continuing with the changes required to embed the Board’s revised governance and operational frameworks will be an area of focus.

John Bushnell  
Chairperson

Frances Hamilton  
General Manager/Registrar

## Governance

### Board membership

The Psychologists Board is a nine-member Board comprised of six health practitioner members and three lay members.

In accordance with sections 120-122 of the HPCA, the Minister of Health appoints Board members for terms of up to three years. Members may be reappointed, for up to nine consecutive years. Any member whose term expires normally continues in office until they are either reappointed by the Minister (if eligible) or they are advised by the Minister that they have not been reappointed. Calls for expressions of interest in Board member positions was initiated by the Ministry of Health in November 2018. New appointments and/or reappointments were anticipated as at year-end.

Eight appointments or reappointments were anticipated at the end of the reporting period.

- Six members completed a first or second term between May-December 2018
- Two members completed a third term (nine years of service) in September 2018.



## Member Profiles

### **Dr Elliot Bell BCA (Victoria); MA (Victoria); PGDipClinPsych (Victoria); PhD (Otago)**

Elliot was appointed to the Board in August 2015. He is registered in the Clinical Psychologist scope of practice. After completing his clinical psychology training at Victoria University of Wellington, later completing a PhD at the University of Otago. He worked for ten years in Capital and Coast District Health Board's regional Forensic, Rehabilitation, and Intellectual Disability Service, and has many years' experience in private practice. Since 2006 he has worked as an academic at the University of Otago Wellington, undertaking research, clinical teaching, and supervision of PhD students. He is a Fellow of the New Zealand College of Clinical Psychologists and has been a member of the College Executive. He has been an advisor to the Mental Health Commission and has had involvement with the National Depression Initiative and related public mental health projects.

### **Professor John Bushnell (Board Chairperson) BA, MA(Hons), PGDipClinPsych (Canterbury), PhD (Otago)**

John was appointed to the Board in June 2015 and elected as Chairperson in February 2018. He is a Clinical Psychologist, who worked for the majority of his 38 year professional career in academic, research, and clinical roles in medical settings with the University of Otago, before moving to Australia in 2005 to lead the establishment of a new rural medical school at the University of Wollongong. He has held numerous advisory roles to health and government agencies, and previously served a term on the Psychologists Board from 2003-2005. He was a founding member and is a Fellow of the New Zealand College of Clinical Psychologists. His research interests have focused on the epidemiology of mental disorders and management of psychological issues in primary care, and he has supervised many doctoral students completing their research and practical training in clinical psychology. He recently retired from academic life and returned to New Zealand but retains a Professorial appointment at the University of Wollongong. He is a member of the Board of Directors of CASA, a not-for-profit company delivering suicide prevention programmes throughout New Zealand, and also has a part-time consultancy specialising in supervision, research, and evaluation.

### **Ms Ann Connell MSc (Otago), PGDipClinPsych (Otago)**

Ann was first appointed to the Board in July 2011 and served as Chairperson from February 2013 until February 2018. She is registered in the Clinical Psychologist scope of practice and is Director of Allied Mental Health for the three Wellington area District Health Boards. She completed her clinical psychology training at the University of Otago and began work as a new graduate at the Hawkes Bay Area Health Board before taking up a position at Porirua Hospital in 1987. Since then she has worked in clinical and management roles in a number of adult mental health settings and currently works in the Regional Personality Disorder Service. Ann has held executive positions in the New Zealand College of Clinical Psychologists and in this capacity has been a member and convenor of the Allied Health Professional Association Forum.

### **Dr Ainsleigh Crib-Su'a (Ngāti Maniapoto, Ngāti Tamaterā, Ngāti Kauwhata) BSc Hons (Clinical), DClin Psych (Auckland)**

Ainsleigh is a Clinical Psychologist who joined the board in August 2017. She has worked extensively in Child and Adolescent Mental Health both clinically and in leadership roles including operational management. She has worked in governance across academia and the NGO sector. Whilst being a Doctoral graduate of The University of Auckland, Ainsleigh is now an Academic Fellow of research units at Canterbury University and AUT University. Her continued research interests relate to child and adolescent mental health interventions and e-therapies as well as children's rights and resilience. Ainsleigh is a member of the New Zealand Psychological Society and a participating member of the National Standing Committee for Bicultural Issues.

### **Ms Monica Davis BA/LLB Auckland)**

Monica was first appointed to the Board in 2012, Monica has 30 years' experience in employment relations and human resources, and 15 years' executive experience in retail, transport and infrastructure industries. She served as the Chair of the Avonside Girls High School Board of Trustees from 2016-2019 and was appointed to the board of Aviva (formerly Christchurch Women's Refuge) in 2017.



As at 31 March 2019: **L to R:** Monica Davis, Ainsleigh Cribb-Su'a, Ian Miller, John Bushnell, Nalini Meyer, Elliot Bell, Ann Connell. **Absent:** Monique Faleafa Joanne Talbot.

**Dr Monique Faleafa, MNZM PhD (Clinical Psychology (Auckland), BA (Hons) (Auckland)**

Monique is registered in the Clinical Psychologist scope of practice, and has served on the Board for nine years. She is the founding Chief Executive of Le Va, the national non-government organisation that specialises in Pacific workforce development, organisational development, and national coordination in the health, disability and social service sectors. She has over 20 years' experience in the not-for-profit sector, Pasifika communities, mental health, research and social services. Her governance roles include serving on two crown agencies as Deputy Chair of the Health Promotion Agency, and the Health Research Council of New Zealand. She contributes to Ministry of Health psychology advice and is a founding member of Pasifikology – New Zealand's national Pasifika psychology network.

**Ms Nalini Meyer (Deputy Chairperson) LLB/ BA (Canterbury)**

Nalini was appointed as a lay member of the Board in August 2015 and was elected Deputy Chairperson in February 2018. Residing in Christchurch, she is an enrolled Barrister and Solicitor of the High Court of New Zealand. Nalini practised law for 17 years working with a variety of private and commercial clients in property, commercial and trust law. She now sits on a number of boards including the Christchurch City Mission. Her consumer advocacy interest arises from first-hand experience of the public health system, and a strong sense of social justice together with her legal and governance experience.

**Dr Ian Miller PhD (Psychology) (Canterbury), BSc Hons (Canterbury).**

Ian has served for nine years on the Board, including as Board Chair from 2011-2013. He is registered in the Psychologist scope of practice.

Ian's specialist areas are behavioural regulatory change, behavioural risk mitigation, psycho-trauma, and forensic behavioural issues. He has extensive experience working with regulatory agencies including the Police Psychological Services, Department of Justice Psychological Services and Inland Revenue. He has also served as a past Member of the Alcohol Advisory Council.

**Ms Joanne Talbot BA (Hons) (Bristol), PGDipPH (Massey)**

Joanne (Jo) was appointed to the Board as a lay member in 2015. She has many years of experience in the health and social development sectors in the UK, New Zealand and Australia, in government and non-government organisations. From 2013-15 she lived in Tonga where she was Vice-President of the Tonga Red Cross Society.





## Board meetings

During 2018/19 the Board held four 2-day meetings and two 1-day meetings to advance the governance model review and deal with urgent matters.

### Meeting dates

- 23 & 24 May 2018
- 10 August 2018
- 22 & 23 August 2018
- 19 October 2018
- 28 & 29 November 2018
- 27 & 28 February 2019

### Fees paid to Board Members

The Board Chairperson is paid \$140 per hour, the Deputy Chairperson \$130 per hour, and Board members \$120 per hour. These rates have been unchanged since 1 April 2015.

### Conflicts of Interest

All members are required during meetings to declare any conflicts of interest with agenda items, and a Declaration of Interests Register is maintained for all Board members and senior staff.

## Committees

In 2018/19 the Board had in place three long established committees to support its work to fulfil its responsibilities under the HPCA. Two committees (Accreditation, and Conduct, Competence and Fitness) include external members, and all include members from within the secretariat team (non-voting in some cases). As noted, plans are in place to add two further Board committees as soon as practicable.

### Accreditation Committee

*(Refer section 118 – (a) (e) (k) – HPCA Act 2003)*

This decision-making committee works under delegation to review, consider, and determine the accreditation of university and agency training programmes that lead to registration as a psychologist in New Zealand. It also monitors New Zealand educational institutions, qualifications, courses of study, and programmes under the HPCA. It meets on an ad hoc basis at least three or four times per year, either by teleconference or face-to-face, and also conducts some business by email. A full list of Board-accredited training programmes and their current status can be viewed at <http://www.psychologistsboard.org.nz/accredited-training-programmes>.

### Members:

Professor Janet Carter  
(External stakeholder nominee)  
Ms Ann Connell  
(Board nominee; Committee Chair, from November 2018)  
Ms Gina Giannios  
(Professional Standards Coordinator)  
Ms Anne Goodhead  
(Psychology Advisor)  
Ms Frances Hamilton  
(Deputy CE & Deputy Registrar;  
Committee Chair until November 2018)  
Dr Richard Linscott  
(External stakeholder nominee)  
Dr Bridgette Masters-Awatere  
(External stakeholder nominee)  
Dr Ian Miller  
(Board nominee)  
Professor Devon Polaschek  
(External stakeholder nominee)  
Ms Lynette Marchant  
(External stakeholder nominee)



### **Audit, Finance and Risk Committee**

*(Refer section 118 – HPCA Act 2003)*

This advisory committee provides oversight and monitoring of financial and non-financial risks and internal controls and ensures integrity of financial reporting. During 2018-19 met bi-monthly, and reported to each full Board meeting, held in the alternate months.

#### **Members:**

Ms Monica Davis  
(Committee Chair)

Professor John Bushnell

Ms Nalini Meyer

Mr Steve Osborne

(CE & Registrar; non-voting member, until July 2018)

Ms Frances Hamilton

(Deputy CE & Deputy Registrar (Acting CE/Registrar from July 2018); non-voting)

### **Conduct Competence and Complaints Committee (Formerly “Parts 3 & 4” Committee)**

*(Refer section 118 – (d)(f)(g)(h)(k) – HPCA Act 2003)*

This decision-making committee works under delegation to provide efficient screening, consideration, and determination of conduct, competence, and fitness matters in accordance with legislative requirements (especially Parts 3 and 4 of the HPCA), and Board policy. It conducts most of its business by email and meets by teleconference or face-to-face only as and when needed.

#### **Members:**

Dr Elliot Bell  
(Board nominee, Committee Chair  
from November 2018)

Ms Dianne Cameron  
(External expert)

Dr Ainsleigh Cribb-Su’a  
(Board nominee)

Ms Gina Giannios  
(Professional Standards Coordinator)

Ms Anne Goodhead  
(Psychology Advisor)

Ms Frances Hamilton  
(Deputy (later Acting) CE & Deputy Registrar;  
Committee Chair until November 2018)

Ms Nalini Meyer  
(Board nominee)



### **Operations**

The Secretariat assists the Board by carrying out its day-to-day operational responsibilities including financial management, the organisation and oversight of competence reviews and programmes, the Continuing Competence Programme, health and fitness matters, complaints and disciplinary matters, accreditation processes, registration and practising certificate applications, supervision requirements, professional liaison, communications, and website maintenance.

The Board delegated these functions (and the requisite authority to carry them out) to the CE and Registrar<sup>3</sup>, the Accreditation Committee, and the Conduct Competence and Fitness Committee.

The Board is co-located with nine other Regulatory Authorities, which enhances sharing of ideas and resources. Payroll services, facilities management, lease, IT, and related services have been provided by the Nursing Council under a Service Level Agreement (SLA) since 2016.

<sup>3</sup> General Manager/Registrar, from March 2019.



## Part 2 of the HPCA Act: Registration and practising certificates

### Scopes of practice

The Board has taken a very broad, flexible approach to defining scopes of practice for the profession, thereby minimising any workforce impediments. All psychologists hold the foundational, core competencies common to all branches of the profession. The Board has established a “Psychologist” scope and number of “vocational” scopes, but only where they are clearly required for public protection. In accordance with section 11 of the HPCA, the Psychologists Board has prescribed the following scopes of practice and associated qualifications:

**“Psychologist”** – A psychologist within a general scope is defined as rendering or offering to render to individuals, groups, organisations, or the public any psychological service involving the application of psychological knowledge, principles, methods, and procedures of understanding, predicting, ameliorating, or influencing behaviour, affect, or cognition. Such practice is undertaken within an individual’s area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

*The following qualifications are prescribed for registration as a Psychologist in the general scope of practice;*

A minimum of a Masters degree in Psychology from an accredited educational organisation, or an equivalent qualification. Eligibility for a general scope of practice requires a Board approved practicum or internship involving 1500 hours of supervised practice.

**“Intern Psychologist”** – An intern psychologist within a special purpose scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting, ameliorating or influencing behaviour, affect or cognition. Such

practice is undertaken within an individual’s area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

*An Intern Psychologist scope of practice may be granted to applicants:*

Who have completed formal academic studies that have provided them with the foundation competencies required for safe practice in a supervised internship setting and who are enrolled in a Board-accredited post graduate diploma or doctoral course of studies.

**“Trainee Psychologist”** – A trainee psychologist within a special purpose scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting, ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual’s area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

*A Trainee Psychologist scope of practice may be granted to applicants:*

Who have completed formal academic qualifications that have provided the foundation competencies required for safe practice in a supervised setting and who are entering board-approved supervised practice for the purpose of achieving full registration.

**“Clinical Psychologist”** – Clinical Psychologists apply psychological knowledge and theory derived from research to the area of mental health and development, to assist children, young persons, adults and their families with emotional, mental, developmental or behavioural problems by using psychological assessment, formulation and diagnosis based on biological, social and psychological factors, and applying therapeutic interventions using a

scientist-practitioner approach. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

*The following qualifications have been prescribed for registration as a Psychologist in the Clinical Psychologist scope of practice;*

A minimum of a Masters degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Clinical Psychology, or equivalent qualification. Eligibility for the Clinical Psychologist scope of practice shall require a Board approved practicum or internship involving 1500 hours of supervised practice.

**“Counselling Psychologist”** – Counselling Psychologists apply psychological knowledge and theory derived from research to the area of client empowerment and enhancement, to assist children, young persons, adults and their families with personal, social, educational, and vocational functioning by using psychological assessments and interventions, and preventative approaches that acknowledge ecological, developmental and phenomenological dimensions. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

*The following qualifications have been prescribed for registration as a Psychologist in the Counselling Psychologist scope of practice;*

A minimum of a Masters degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Counselling Psychology, or equivalent qualification. Eligibility for the Counselling Psychologist scope of practice shall require a Board approved practicum or internship involving 1500 hours of supervised practice.

**“Educational Psychologist”** – Educational Psychologists apply psychological knowledge and theory derived from research to the area of learning and development, to assist children, young persons, adults and their families regarding their learning, academic performance, behavioural, social and emotional development, by using psychological and educational assessments and applying interventions using systemic, ecological and developmental approaches. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

*The following qualifications have been prescribed for registration as a Psychologist in the Educational Psychologist scope of practice;*

A minimum of a Masters degree in Psychology<sup>4</sup> from an accredited educational organisation and an accredited Postgraduate Diploma in Educational Psychology, or equivalent qualification. Eligibility for the Educational Psychologist scope of practice shall require a Board approved practicum or internship involving 1500 hours of supervised practice.

**“Neuropsychologist”** – Neuropsychologists apply scientific understanding of the relationship between the brain and neuropsychological function within applied clinical contexts. This approach forms the basis for the assessment, formulation, and rehabilitation of people who have sustained brain injuries or other neurological conditions. Neuropsychologists work with people of all ages who have neurological problems such as traumatic brain injury, stroke, epilepsy, toxic and metabolic disorders, brain tumours, and neurodegenerative

<sup>4</sup> A Masters degree in Education may be considered equivalent to a Masters degree in Psychology where its content is sufficiently educational psychology in nature.



diseases. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

*The following qualifications have been prescribed for registration as a Psychologist in the Neuropsychologist scope of practice;*

A minimum of a Masters degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in neuropsychology, or equivalent qualification. Eligibility for the Neuropsychologist scope of practice shall require a Board-approved practicum or internship involving no less than 1500 hours of supervised practice.

### **Accreditation of training programmes**

The HPCA requires the Board to prescribe the qualifications required for each scope of practice within the profession, and to accredit and monitor educational organisations and courses of studies. Therefore, working in collaboration with the relevant university Heads of Department, the New Zealand College of Clinical Psychologists, the New Zealand Psychological Society, and representatives of the "supervision-to-registration" schemes, the Board developed a comprehensive set of standards and procedures for accreditation of qualifications leading to registration as a psychologist. These were first adopted in 2006 and a comprehensive review undertaken in 2015.

These standards ensure that the training and practice of psychologists in Aotearoa New Zealand reflect the paradigms and worldviews of both partners to Te Tiriti o Waitangi. In keeping with our obligations under Te Tiriti (which are also reflected in the Code of Ethics for Psychologists Working in Aotearoa New Zealand 2002), the accreditation standards and procedures require consideration of the adequacy of training programmes for meeting the needs and aspirations of Māori.

The Board wishes to foster the continuing growth and vitality of psychology as a science, an academic discipline, and as a key component of New Zealand's workforce. We therefore strive to implement the requirements of the HPCA Act without impeding the strength and diversity in the discipline, while

attending carefully to the competencies required for the safe and ethical practice of psychology. It conducts its accreditation processes collaboratively with the training programmes in order to minimise duplication and redundancy with other review processes and in a positive and constructive manner.

The accreditation process begins with the programme submitting an application at least six months before the expiry of the accreditation period. An Accreditation Assessment Team is appointed to assess the application and conduct a site visit (normally two days). Its report and recommendations are tabled to the Accreditation Committee for moderation before the programme is invited to review the report and correct any errors of fact. A final report is resubmitted to the Accreditation Committee, which makes a proposed decision on accreditation for up to a maximum of seven years, detailing any areas where the required standards have been assessed as not met to the Committee's satisfaction. The Committee considers any comments from the programme before a final decision is made. Regular routine reports must be submitted by all accredited programmes between accreditation cycles, and additional reporting requirements may be directed.

During the year, 11 of the Board's 21 operational programmes were actively involved in some stage of an accreditation assessment process, with further programmes required to submit routine reports. The Accreditation Committee met four times during the reporting period and made final decisions to re-accredit two programmes. As at 31 March 2019 six programmes due for accreditation during the 2018 calendar year either had an accreditation assessment team in progress or were awaiting a decision following submission of a report by an Accreditation Assessment Team.

The Board wishes to thank all the members of the profession who have served on Assessment Teams or served on the Board's Accreditation Committee over the reporting period.



**Table 1. Status of courses of study monitored by the Psychologists Board as at 31 March 2019**

<b>EDUCATIONAL ORGANISATION / COURSE OF STUDY</b>	<b>CURRENT STATUS</b>	<b>NEXT ASSESSMENT DUE</b>
<b>AUT</b>		
Postgraduate Diploma in Counselling Psychology <b>PGDipCounsPsych</b>	Accredited	2020
Postgraduate Diploma in Rehabilitation Psychology	Provisionally Accredited	2020
<b>Massey University</b>		
Doctor of Clinical Psychology <b>DClinPsych</b>	Accredited	2021
Masters in Clinical Psychology <b>MClinPsych</b>	Provisionally Accredited	2019
Postgraduate Diploma in Educational and Developmental Psychology <b>PGDipEdDevPsych</b>	Accredited	2019
Postgraduate Diploma in Industrial/Organisational Psychology <b>PGDipl/OPsych</b>	Accredited	2025
Postgraduate Diploma in Psychological Practice <b>PGDipPsychPrac</b>	Accredited	2020
<b>University of Auckland</b>		
Doctor of Clinical Psychology <b>DClinPsych</b>	Assessment in progress	2018
Postgraduate Diploma in Applied Psychology (Applied Behaviour Analysis) <b>PGDipAppPsych (ABA)</b>	Accredited	2025
Postgraduate Diploma in Applied Psychology (Industrial, Work and Organisational) <b>PGDipAppPsych (IWO)</b>	Not accepting enrolments	Deferred indefinitely
Postgraduate Diploma in Clinical Psychology <b>PGDipClinPsych</b>	Assessment in progress	2018
Postgraduate Diploma in Health Psychology <b>PGDipHlthPsych</b>	Assessment in progress	2018
<b>University of Canterbury</b>		
Postgraduate Diploma in Child and Family Psychology <b>PGDipChFamPsych</b>	Accredited	2020
Postgraduate Diploma in Clinical Psychology <b>PGDipClinPsyc</b>	Accredited	2021
Postgraduate Diploma in Industrial and Organisational Psychology <b>PGDiplIndOrgPsyc</b>	Not accepting enrolments	Deferred indefinitely
<b>University of Otago</b>		
Postgraduate Diploma in Clinical Psychology <b>PGDipCIPs</b>	Accredited	2020
<b>University of Waikato</b>		
Postgraduate Diploma in Psychology (Clinical) <b>PGDipPsych (Clin)</b>	Assessment in progress	2017
Postgraduate Diploma in the Practice of Psychology (Applied Behaviour Analysis) <b>PGDipPracPsych (ABA)</b>	Assessment in Progress	2018
Postgraduate Diploma in the Practice of Psychology (Community) <b>PGDipPracPsych (Comm)</b>	Accredited	2021
Postgraduate Diploma in the Practice of Psychology (Organisational) <b>PGDipPracPsych (Org)</b>	Not accepting enrolments	Deferred indefinitely
<b>Victoria University</b>		
Postgraduate Diploma in Clinical Psychology <b>PGDipClinPsych</b>	Assessment in progress	2018
Postgraduate Diploma in Educational Psychology Practice <b>PGDipEPP</b>	Accredited	2021



**Table 2: Current status of “Supervision-to-registration” programmes monitored by the Psychologists Board**

SUPERVISION-TO-REGISTRATION AGENCY	CURRENT STATUS	NEXT ASSESSMENT DUE
New Zealand Department of Correction	Accredited	2019
New Zealand Defence Force	Accredited	2019

## Registration

### *The Register of Psychologists*

There were 3945 registered psychologists on 31 March 2019. This includes 256 Intern Psychologists and seven Trainee Psychologists, and psychologists who were non-practising.

### *New Registrations in 2018/2019*

The Psychologists Board does not require applicants to sit any special assessment or examination beyond those completed as part of their academic (including practical) qualifications. Applications are considered by the Registrar under delegation. The Board has prescribed and published a set of decision-making guidelines to facilitate the Registrar’s processing of applications for registration. These guidelines include mechanisms that further facilitate the assessment process for overseas applicants who have previously been registered by a competent authority recognised by the Board.

The Board considered 310 applications for registration. Eight were declined because the overseas-trained applicants did not have the required qualifications and/or internship required for registration. Twelve had been issued with a proposal to decline registration on the same basis.

Of the 290 individuals who were registered, 162 were New Zealand-trained and 128 overseas-trained practitioners. Five registered in more than one scope of practice.

New applications for registrations by scope<sup>6,7</sup>:

Psychologist	15
Clinical Psychologist	86
Counselling Psychologist	13
Educational Psychologist	14
Neuropsychologist	6 <sup>8</sup>
Intern Psychologist	157
Trainee Psychologist	4

**Table 3: New Applications for Registration**

	SECTION	NO	OUTCOMES			
			<i>Registered without conditions</i>	<i>Registered with conditions</i>	<i>Application declined</i>	<i>Propose to decline</i>
<b>NZ trained applicants</b> (includes 161 applicants for Intern and Trainee scopes of practice)	s.15(1) HPCA Act	162	1	161	0	0
<b>Overseas trained-applicants</b>	s.15(2) HPCA Act	131	109	2	8	12 <sup>5</sup>
<b>Trans-Tasman Mutual recognition Applicants</b>	s.17(1) TTMR Act	17	17	0	0	0
<b>Total Applications considered</b>		<b>310</b>	<b>127</b>	<b>163</b>	<b>8</b>	<b>12</b>

<sup>5</sup> These applicants were awaiting consideration of further submissions at the end of the reporting period.

<sup>6</sup> Intern Psychologists became eligible to apply for registration in their intended scope of practice upon graduation from a Board accredited training programme. They are not counted as new registrations at that time.

<sup>7</sup> Excludes applications that were declined.

<sup>8</sup> Excludes grandparenting applications from psychologists already registered in another scope.



### *Neuropsychologist Scope of Practice*

The Board introduced a new scope of practice in 2017, with a grandparenting pathway available for psychologists already registered who have particular formal education and experience in this area. Twenty-eight psychologists had attained the neuropsychologist scope by 31 March 2018, mostly via the grandparenting pathway.

Overall, there were 108 practitioners registered in the Neuropsychologist scope of practice by 31 March 2019 (includes via grandparenting, and those with specified qualifications attained overseas).

There is not as yet, a Board-accredited university training programme in neuropsychology available in New Zealand.

### **Annual Practising Certificates (APCs)**

In order to lawfully practise as a psychologist in New Zealand, a practitioner must be both registered with the Psychologists Board and hold a current practising certificate.

**Table 4: Applications for an annual practising certificate<sup>9</sup>**

	<b>HPCAA SECTION</b>	<b>NO</b>	<b>APC issued without conditions</b>	<b>APC issued with conditions</b>	<b>Application declined</b>	<b>Total APCs 2018/19</b>
Applications	26	2898	2883	15 <sup>10</sup>	0	2898

<sup>9</sup> Excludes 203 Intern Psychologists actively engaged in an accredited university training programme.

<sup>10</sup> Includes standard conditions for 6 Trainee Psychologists in accredited Supervision to Registration programmes.



## Part 3 of the HPCA Act: Competence and fitness to practise

### Overview

The Board has delegated almost all decision-making under Parts 3 and 4 of the HPCA to its “Conduct Competence and Fitness Committee (“**the Committee**”, “**CCF**”); formerly the Part 3 and 4 Committee). The Committee provides efficient screening, consideration, and determination of complaints, competence, and fitness matters, in accordance with administrative law, legislative requirements, and Board policy. Its membership is up to three Board members, three members of the Secretariat, and one external member. Most of the Committee’s business is conducted by email, but a teleconference or face-to-face discussion may be held when necessary.

### Competence

The HPCA enables the Board to review the competence of a psychologist when there is reason to believe that the psychologist’s competence may be deficient and/or if the Board receives a notice of concerns as outlined in section 34 of the HPCA. In such circumstances the CCF appoints two respected senior psychologists to review the psychologist’s competence. Should this ‘Competence Review Panel’ find that the psychologist is not meeting the required standards of competence, then that information is considered by the CCF. Possible outcomes of a competence review include orders for a competence programme, conditions on the practitioner’s scope of practice, an examination or assessment, or that the practitioner be counselled. For example, there may be a requirement that the practitioner practise only under Board-approved supervision or only in a specified setting.

**Table 5: Source of competence referrals received or in progress in 2018/2019**

	HPCAA SECTION	REFERRALS		
		Received before 1 April 2018	Received in 2018/19	Total
Health Practitioner	s 34(1)	2	3	5
Health and Disability Commissioner	s 34(2)	0	0	0
Employer	s 34(3)	0	2	2
Conduct Competence and Fitness Committee	s 36(4)	1	4	5
Professional Conduct Committee	s 80(2)	1	0	1
Board Review	S36(4)	0	0	0
Health Practitioners Disciplinary Tribunal	S101(1)(c)	1 <sup>11</sup>		1
<b>Total</b>				<b>14</b>

<sup>11</sup> This psychologist was ordered to complete 18 months supervision.

The Board also receives competence notifications from Professional Conduct Committees (**PCCs**) after a complaint is investigated, through a section 8o(2)(e) pathway and orders for oversight supervision from the Health Practitioners Disciplinary Tribunal, through section 1o1(1)(c).

Three of the competence reviews conducted resulted in the psychologist being found to meet the required standard of competence and were closed with no further orders being made. Five competence reviews

were in progress or the report was yet to be assessed at the end of the reporting period. One competence review was on hold, pending the outcome of a fitness assessment.

No further orders were made pertaining to competence however four competence programmes were in place during the period. Two were concluded and two remained ongoing as at 31 March 2019.

**Table 6: Outcomes of competence notifications received or in progress in 2018/2019**

OUTCOMES	HPCAA SECTION	REFERRAL NUMBERS		STATUS AS AT 31 MARCH 2019	
		<i>Received before 1/04/2018</i>	<i>Received in 2018/19</i>	<i>Closed</i>	<i>Still Active</i>
Notification received, yet to be assessed	s. 34		1		1
Notification of possible risk of harm to public	s 35	0	0	0	0
Notification assessed, no further action	s 36(1)	0	0	0	0
Competence reviews ordered or already in progress	s 37	1	8	3	6 <sup>12</sup>
Orders concerning competence	s 38	0	0	0	0
Interim suspension/conditions	s 39	0	0	0	0
Competence programmes ordered or already in progress	s 40	4	0	2	2
Unsatisfactory results of competence or recertification programme	s 43	0	0	0	0

The Board would like to thank all those psychologists who assisted the Board by serving on Competence Review Panels or acting as Board-appointed supervisors on competence programmes in the 2018/2019 year.

<sup>12</sup> One s.37 order was on hold pending completion of a s.49 fitness assessment.





## Continuing competence

Consistent with the principal purpose of the HPCA, to “protect the health and safety of members of the public by providing for mechanisms to ensure that health professionals are competent and fit to practise their profession”, the Psychologists Board must be satisfied that a practitioner is competent to practise in New Zealand before being registered and, in accordance with sections 26 and 27, that he or she has maintained the required standard of competence before being issued an APC. Since 2009 the Board has prescribed a Continuing Competence Programme (CCP) as part of its endeavours to meet its obligations under the Act.

The dual objectives of the CCP are to provide a framework to assist individual practitioners to address the ongoing challenge of maintaining competence, while also giving the Board a mechanism to support and ensure that practitioners maintain competence. All actively practising psychologists are required to participate in the CCP

and to declare they have done so when applying to renew their APC each year.

A random audit of 20% of all APC applications is completed each year and has (to date) demonstrated high levels of compliance with the CCP.

## Fitness to practise

### *Fitness concerns: Inability to perform required functions due to mental or physical condition*

One new fitness notifications was received by the Board in the period covered by this report.

Two psychologists who were being monitored due to fitness notifications and assessments in previous periods had those conditions lifted in the reporting period. One psychologist who was required to undertake a period of treatment and monitoring before an APC could be issued remained non-practising. One psychologist completed a fitness assessment, with further decisions pending.

**Table 7: Source and number of fitness notifications received or fitness matters in progress**

SOURCE	HPCAA SECTION	NUMBER OF NOTIFICATIONS		STATUS AS AT 31 MARCH 2019	
		Received before 1/04/2018	Received in 2018/19	Closed	Active
Health service	s 45(1)(a)	1	0	0	1
Health practitioner	s 45(1)(b)	0	0	0	1
Employer	s 45(1)(c)	1	0	1	0
Medical Officer of Health	s 45(1)(d)	0	0	0	0
Any other person	s 45(3)	0	1	0	1
Person involved with education	s 45(5)	0	0	0	0
PCC	s80(2)(b)	1	0	1	
Self-report		0	0	0	0

# Part 4 of the HPCA Act: Complaints and Discipline

## Overview

The Board has delegated the management and consideration of complaints to the Conduct Competence and Fitness Committee, “CCF”. There were 26 complaints in progress and 51 new complaints received during the reporting period. The CCF considered 32 complaints during this reporting period.

## Complaints process

Psychologists are always informed immediately when a complaint about them is received. The matter is then referred to the Health and Disability Commissioner (HDC) if a health consumer is involved, and if relevant to the Family Court. Once these agencies have considered the complaint, the Board’s process ensues.

The psychologist is asked to respond to the complaint; this response is then forwarded to the complainant for further comment. This submission is usually forwarded in full, but the psychologist may make a case to justify withholding information, in accordance with the Privacy Act and Health Information Privacy Code. The complainant is then invited to make further comments in light of the psychologist’s response. Where a complaint relates to a report prepared for a third party such as the Family Court or ACC, a copy of the report may be requested.

The complaint and all relevant materials are then considered by the CCF. Possible outcomes include

referral to a PCC for investigation, refer to a competence review, refer to another agency, or to take no further action with or without issuing an advisory letter. A complaint is considered closed when the CCF decides to take no further action, when it becomes a competence matter, or when a PCC report is received and actioned.

## Decisions on complaints considered in 2018/2019

In Table 8 “outcome” refers to complaints that have been considered by the CCF. In the event that the complaint is referred to a PCC for investigation, the complaint remains open pending the outcome of the PCC process and any consideration of any PCC recommendations.

Three PCCs in progress on 1 April 2018 concluded and the complaints were closed. One PCC determined to take no further action, one recommended that that psychologist be counselled, and one recommended that the psychologist be referred to a competence review. Both recommendations were accepted by the CCF. In the case where the recommendation was to refer the psychologist to a competence review, the matter was closed when the psychologist chose to be removed from the register of psychologists.

Of the two PCCs established prior to 1 April 2018 1 remained in progress and one PCC report had yet to be considered by 31 March 2019.

**Table 8: Outcome of complaints received or processed in 2018/2019**

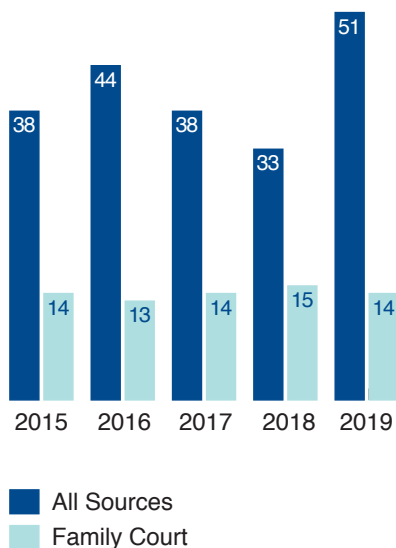
RECEIVED PRIOR TO 1 APRIL 2018 STILL OPEN	RECEIVED 2018/19	REFERRED TO HDC (NEW CASES)	OUTCOME CLOSED BY 31 MARCH 2019					IN PROGRESS 31 MARCH 2019
			NFA	Advisory letter	Refer to PCC	Refer to Comp review	Withdrawn	
26	51	47	13	10	2	4	3	45



**Table 9: Source of new complaints**

<b>PRACTICE SETTING OR PSYCHOLOGIST'S ROLE</b>	<b>RECEIVED 1 APRIL 2018 TO 31 MARCH 2019</b>
Family Court reports	14
Department of Corrections reports	3
ACC reports	4
Private practice	16
DHB	2
Other	12
<b>Total</b>	<b>51</b>

**Figure 1: Source of complaints over the past 5 years**



### Source of new complaints

Complaints about psychologists undertaking third party reports continued to dominate, with 21 of 51 new complaints in that category. This includes reports written for the Family Court, the Parole Board and ACC. Third party reports may also be involved in the private practice and other categories, for example when a report is prepared for a disability sector agency.

Complaints against Family Court report writers continue to feature prominently in the statistics. Complaints arising from the preparation of reports for the Family Court or under other Family Court contracts also tend to have a long duration, primarily because the Court and the Board have a policy agreement that the Board will only consider the complaint after the Court processes have been completed, or are at a stage where the Court considers it appropriate to proceed. This policy aims to discourage potential complainants from attempting to use the Board's complaint processes as a way of unfairly influencing the Court's process. More information about the management of these complaints can be found in the Family Court's *Practice Note for Specialist Report Writers*<sup>13</sup>

Complaints from other sources are varied, reflecting allegations about ethical breaches and competence concerns.

The Board would like to thank all those who assisted by serving on Professional Conduct Committees in the 2018/2019 year.

<sup>13</sup> Revised, the relevant version for the reporting year being as at 9 July 2018.

## Health Practitioners Disciplinary Tribunal (HPDT)

In 2018/19 one matter was decided by the HPDT and later appealed.

### *HPDT Reference: (961/Psy17/397P)*

The HPDT issued a decision on a charge of professional misconduct against a psychologist laid by a Professional Conduct Committee.

The HPDT found the charge was established under section 100(1)(a) of the HPCA Act 2003 in a majority of particulars. The HPDT censured the psychologist, ordered them to undertake a course of training on ethics and professional boundaries, and directed the psychologist to pay an amount in costs. The psychologist was declined permanent name suppression. The Board was directed to arrange publication of the decision.

### **On Appeal**

The psychologist appealed the decision to the High Court against the Tribunal's findings, the decision to decline permanent name suppression and the direction as to publication of the decision. By Order by Consent the High Court upheld the appeal. The Tribunal's decision on liability was set aside and the consequential decisions as to penalty and costs were quashed. The practitioner's name and any identifying details were permanently suppressed and the direction for publication was varied.



## Board Reviews

During the year the Board received and considered (in accordance with section 18 of Schedule 3 of the Act) four applications to review decisions made under delegation by its Parts 3 and 4 Committee (now CCF Committee).

- In the case of two applications the Board confirmed its delegate's decision to take no further action against a psychologist (two related complaints having been made against one practitioner).
- In two sequential decisions in respect of one complaint against a psychologist, the Board revoked the first decision to take no further action and referred the psychologist to a competence review. The Board confirmed a second decision not to refer the matter to a PCC for investigation.
- In a final case the Board confirmed its delegate's decision to refer a psychologist to a competence review.

The Board also undertook a review of a Registrar's decision made under delegation to decline registration. The Board upheld its delegate's decision in that case.



## Linking with stakeholders

### Psychology workforce

Workforce development continues to be a major strategic focus for the Board. We continue to meet with key stakeholders, including quarterly with the Psychology Workforce Group and with the Ministry of Health’s “Psychology Workforce Task Force”.

### Linking with owners and stakeholders

The Board actively maintained its website, and published newsletters, which routinely includes a section on lessons learned from complaints. It held regular meetings with various stakeholder groups.

The Board’s website remains the first port of call for both New Zealand and overseas-trained practitioners seeking information about registering as a psychologist in New Zealand, and includes information on accredited training programmes, the Board’s CCP, and returning to practice. It also provides information for practitioners on current consultations, recent news and developments, Board processes, and upcoming events (e.g., public meetings).

The Board routinely attends the annual conferences of the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists, to inform and consult with practitioners on issues such as the development of best practice guidelines, amendments to the HPCA, requirements of the Board’s CCP, and lessons to be learned from recent competence and complaint notifications.

Secretariat staff are always available to talk with students and intern psychologists from Board-accredited training programmes about the Board’s role and functions, and the responsibilities of psychologists.

The Board also meets at least quarterly with representatives of the New Zealand Psychological

Society, the New Zealand College of Clinical Psychologists, Heads of Department of the various psychology training programmes, DHB Professional Leaders and others in the sector to provide a forum for discussion of matters of mutual concern, including workforce development.

### *Best Practice Guidelines*

The Board continued to guide the profession through its newsletters and the development of “Best Practice Guidelines”. Nine guidelines had been published on our website prior to the reporting period:

*Guidelines on Unprofessional Behaviour and its Management in the Workplace*  
*Supervision Guidelines*  
*What to do when you have Concerns about another Psychologist*  
*Keeping Records of Psychological Services*  
*The Practice of Telepsychology*  
*The Use of Psychometric Tests*  
*Maintaining professionalism when using social media networking*  
*Guidelines on Informed Consent*  
*Coping with a Client Suicide*

### Collaborations with other Health Responsible Authorities

The Health Regulatory Authorities New Zealand (**HRANZ**) collective continues to work collaboratively. Also, the new grouping of “RA Partners” worked together consistently, enhanced by our colocation to offices on Willeston Street.

### Trans-Tasman connection

This year the Board’s priority was renewal, review and redevelopment, leaving little capacity to contribute to international regulatory projects or psychology forums. However, it continued and strengthened its close and mutually beneficial relationship with the Psychology Board of Australia.



# Finance

## Prescribed fees and levies

There were no changes to the Board's prescribed fees or levies in 2018/19.

**Table 10: Psychologists Board Fees**

FEES (GST INCLUSIVE)	2018/2019 FEE (\$)	CHANGE FROM PREVIOUS YEAR
Application for registration by a practitioner trained in New Zealand	185	nil
Application for registration under the Trans-Tasman Mutual Recognition Act 1997	190	nil
Application for registration by a practitioner trained overseas in a prescribed country	595	nil
Application for registration by a practitioner trained overseas in a non-prescribed country	850	nil
Application for a vocational scope of practice by a practitioner trained in New Zealand or a prescribed country	412	nil
Application for a vocational scope of practice by a practitioner trained in a non-prescribed country	553	nil
Application to renew a current practising certificate for the subsequent financial year (APC application + Disciplinary Levy where applicable)	655 (479 + 176)	nil
Application for a new practising certificate for a period of 12 months (or less) (APC application + Disciplinary Levy)	729 (553+ 176)	nil
Application by a new graduate for his or her first (12-month) practising certificate (APC application + Disciplinary Levy)	575 (399 + 170)	nil
Application for a new practising certificate valid for a period of 3 months (or less) by a practitioner who has not been practising at any other time during that financial year (APC application + Disciplinary Levy)	186.50 (142.50 + 44)	nil
Application for a new practising certificate valid for a period of 1 month (or less) by a practitioner who has not been practising at any other time during that financial year (APC application + Disciplinary Levy)	84.50 (69.50+15)	2018
Application to return to practice from a practitioner who has not held a practising certificate within the 3 years immediately preceding the date of the application	230	nil
Annual Maintenance of registration and communication for non-practising registrants	48	nil
Certificate of Registration	98.50	nil
Replacement of a printed practising certificate	47.50	nil
The supply of any documents (other than a certificate of registration) required for the purpose of seeking registration overseas	143.50	nil
Inspection of the Register or other records (search fee)	220	nil
Copy of the Register of Psychologists	105	nil
Application for the Board to review a delegate's decision	300	nil
Fee for conducting an accreditation review of a degree, course of study, or programme leading to registration as a psychologist in New Zealand	12,170	nil
Board review fee	300	nil



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**INDEPENDENT AUDITOR'S REPORT  
TO THE READERS OF  
NEW ZEALAND PSYCHOLOGISTS BOARD  
PERFORMANCE REPORT  
FOR THE YEAR ENDED 31 MARCH 2019**

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

**Opinion**

We have audited the performance report of the New Zealand Psychologists Board, that comprise the entity information, the statement of financial position as at 31 March 2019, the statement of financial performance, the statement of movements in equity and statement of cash flows for the year ended on that date and the notes to the performance report that include accounting policies and other explanatory information.

In our opinion the performance report of the New Zealand Psychologists Board, present fairly, in all material respects:

- the entity information,
- its financial position as at 31 March 2019; and
- its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 8 November 2019. This is the date at which our opinion is expressed.

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

**Basis of opinion**

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

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

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

**Responsibilities of the Board for the performance report**

The Board is responsible for preparing the performance report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

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

Baker Tilly Staples Rodway Audit Limited, incorporating the audit practices of Christchurch, Hawkes Bay, Taranaki, Tauranga, Waikato and Wellington.

Baker Tilly Staples Rodway Audit Limited is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities.

In preparing the performance report, the Board is responsible on behalf of the New Zealand Psychologists Board for assessing the Board's ability to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the New Zealand Psychologists Board or to cease operations, or there is no realistic alternative but to do so.

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

#### **Responsibilities of the auditor for the audit of the performance report**

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

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

We did not evaluate the security and controls over the electronic publication of the performance report.

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

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

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibility arises from the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.



### **Independence**

We are independent of the New Zealand Psychologists Board in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1 (Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

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

A handwritten signature in blue ink, appearing to read "CMurray".

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

## Entity Information

For the year ended 31 March 2019

<b>Legal Name of Entity:</b>	<b>NEW ZEALAND PSYCHOLOGISTS BOARD</b>
<b>Type of Entity and Legal Basis:</b>	The New Zealand Psychologists Board (the Board) is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and is a Responsible Authority under the HPCA Act.
<b>Entity's Purpose or Mission:</b>	<p>The Board is established under the HPCA Act that enables self-regulation of various health professions – the principle purpose of the HPCA Act being to protect the health and safety of members of the public through an effective framework of regulation that ensure Psychologists are competent and fit to practise their profession.</p> <p>The functions of the Board are to:</p> <ol style="list-style-type: none"> <li>1. Prescribe the qualifications required for scopes of practice within the professions, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes:</li> <li>2. Authorise the registration of Psychologists under the HPCA Act, and to maintain registers:</li> <li>3. Consider applications for annual practising certificates (APCs):</li> <li>4. Review and promote the competence of Psychologists:</li> <li>5. Recognise, accredit, and set programmes to ensure the ongoing competence of Psychologists:</li> <li>6. Receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of Psychologists:</li> <li>7. Notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a Psychologist may pose a risk of harm to the public:</li> <li>8. Consider the case of Psychologists who may be unable to perform the functions required for the practice of their profession:</li> <li>9. Set standards of clinical competence, cultural competence, and ethical conduct to be observed by Psychologists:</li> <li>10. Liaise with other authorities appointed under the HPCA Act about matters of common interest:</li> <li>11. Promote education and training in the profession:</li> <li>12. Promote public awareness of the responsibilities of the authority:</li> <li>13. Exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under the HPCA Act or any other enactment.</li> </ol>
<b>Entity Structure:</b>	The Board has nine (9) members; Six (6) Psychologists and three (3) lay members. Board Members are appointed by the Minister of Health.
<b>Main Sources of the Entity's Cash and Resources:</b>	The Board has received its main income from Annual Practising fees paid by registered Psychologists.
<b>General Description of the Entity's Outputs:</b>	Safe and effective Psychological care for all members of the public.
<b>Contact Details:</b>	<p><b>Physical Address:</b> Level 5, 22 Willeston Street, Wellington 6011</p> <p><b>Postal Address:</b> PO Box 9644, Wellington 6141</p> <p><b>Phone:</b> 04 - 471 4580</p> <p><b>Email:</b> info@nzpb.org.nz</p> <p><b>Website:</b> <a href="http://www.psychologistsboard.org.nz">http://www.psychologistsboard.org.nz</a></p>





NEW ZEALAND PSYCHOLOGISTS BOARD

## Statement of Financial Performance

For the year ended 31 March 2019

	<i>Note</i>	<b>2019</b> \$	<b>2018</b> \$
<b>REVENUE</b>			
APC fees		1,229,400	1,166,955
Education Income		63,496	10,583
Registration fees		116,483	89,852
Non-Practising fees		27,590	24,167
Other income and cost recoveries		55,609	56,321
Interest		68,627	60,354
Disciplinary Levy		449,232	428,322
<b>Total Revenue</b>		<b>2,010,435</b>	<b>1,836,555</b>
<b>EXPENDITURE</b>			
Board & committees	<i>1</i>	299,566	259,548
Secretariat	<i>2</i>	1,170,234	1,142,347
Disciplinary expenses	<i>3</i>	119,382	79,738
<b>Total Expenditure</b>		<b>1,589,182</b>	<b>1,481,633</b>
<b>NET SURPLUS/(DEFICIT)</b>		<b>421,253</b>	<b>354,922</b>

NEW ZEALAND PSYCHOLOGISTS BOARD

## Statement of Movements in Equity

For the year ended 31 March 2019

	<b>2019</b> \$	<b>2018</b> \$
Accumulated funds at the beginning of period	1,110,295	755,373
Net surplus/(deficit) for the period	421,253	354,922
<b>ACCUMULATED FUNDS AT THE END OF PERIOD</b>	<b>1,531,548</b>	<b>1,110,295</b>

The accompanying notes form part of these financial statements.

## Statement of Financial Position

As at 31 March 2019

	Note	2019 \$	2018 \$
<b>EQUITY</b>	7	<b>1,531,548</b>	<b>1,110,295</b>
<b>CURRENT ASSETS</b>			
Cash and cash equivalents		683,213	433,963
Investments		2,782,978	2,508,793
Accounts receivable	5	8,642	34,901
Prepayments		11,561	37,352
Other assets		19,125	18,442
<b>Total Current Assets</b>		<b>3,505,518</b>	<b>3,033,451</b>
<b>NON-CURRENT ASSETS</b>			
Fixed assets	4	59,180	76,037
Intangible assets	4	50,919	68,276
<b>Total Assets</b>		<b>3,615,618</b>	<b>3,177,764</b>
<b>CURRENT LIABILITIES</b>			
Accounts payable and provisions	8	100,310	107,621
Employee costs payable	9	52,168	86,607
Income in advance	6	1,679,552	1,632,530
Goods and services tax		239,536	220,920
WHT payable		12,502	19,792
<b>Total Current Liabilities</b>		<b>2,084,070</b>	<b>2,067,469</b>
<b>Total Liabilities</b>		<b>2,084,070</b>	<b>2,067,469</b>
<b>NET ASSETS</b>		<b>1,531,548</b>	<b>1,110,295</b>

For and on behalf of the Board.

Board Chair



Dated: 18/11/2019

Registrar



Dated: 18/11/2019

The accompanying notes form part of these financial statements.



NEW ZEALAND PSYCHOLOGISTS BOARD

## Statement of Cash Flows

For the year ended 31 March 2019

	2019 \$	2018 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<i>Cash was received from:</i>		
Statutory fees	1,718,348	1,806,325
Registration income	189,771	115,506
Other fees	106,971	33,537
Interest revenue	67,943	46,932
<i>Cash was applied to:</i>		
Payments to suppliers & employees	(1,568,564)	(1,503,577)
Payment/(refund) IRD for GST	18,616	24,674
<b>Net cash flows from operating activities</b>	<b>533,086</b>	<b>523,397</b>
<b>CASH FLOWS FROM INVESTING AND FINANCING ACTIVITIES</b>		
<i>Cash was received from:</i>		
Short-term investments	1,697,810	1,054,659
Sale of fixed assets	2,216	657
<i>Cash was applied to:</i>		
Purchase of fixed assets	(11,868)	(67,111)
Short-term investments	(1,971,995)	(1,582,043)
<b>Net Cash Flows from Investing and Financing Activities</b>	<b>(283,837)</b>	<b>(593,838)</b>
<b>NET INCREASE / (DECREASE) IN CASH</b>	<b>249,249</b>	<b>(70,441)</b>
Opening Cash Brought Forward	433,963	504,404
<b>CLOSING CASH CARRIED FORWARD</b>	<b>683,212</b>	<b>433,963</b>
<i>Represented by:</i>		
<b>Cash and cash equivalents</b>	<b>683,213</b>	<b>433,963</b>

The accompanying notes form part of these financial statements.

# Statement of Accounting Policies

For the year ended 31 March 2019

## BASIS OF PREPARATION

The Board is a body corporate established by the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act. The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

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

## SPECIFIC ACCOUNTING POLICIES

### Income recognition

Fees received for the issue of APCs and register maintenance are recognised in the year to which the fees relate. All other fees are recognised on receipt.

### Receivables

Receivables are stated at estimated realisable values.

### Property, plant & equipment

Initially stated at cost and depreciated as outlined below. Initial cost includes the purchase consideration plus any costs directly attributable to bringing the asset to the location and condition required for its intended use.

Assets are written down immediately if any impairment in the value of the asset causes its recoverable amount to fall below its carrying value.

### Intangible Assets

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

### 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:

<i>Office Furniture</i>	18.0% Diminishing value
<i>Office Equipment</i>	31.2% - 40.0% Diminishing value
<i>Computer Equipment</i>	48.0% Diminishing value
<i>Leasehold Alterations</i>	5 years Straight line

### Amortisation

Websites and Databases have a finite useful life. The Website and Database are capitalised and amortised over their currently estimated useful life of 5 years on a straight line basis.

*Database & Website* 5 years Straight line

### Taxation

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

### Investments

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

### Goods & Services Tax

The board is registered for Goods & Services Tax (GST), and all amounts are stated exclusive of GST, except for receivables and payables that are stated inclusive of GST.

### Leases

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

### Cash and cash equivalents

Cash and cash equivalents includes petty cash, cheque account and saving account with banks.

### Employee entitlements

Provision is made in respect of the Board's liability for annual leave at balance date. Annual leave has been calculated on an actual entitlement basis at current rates of pay. No provision is made for sick leave entitlement as this does not accumulate.

### Changes in accounting policies

All other policies have been applied on a consistent basis with those used in previous years.



NEW ZEALAND PSYCHOLOGISTS BOARD

## Notes to the Financial Statements

For the year ended 31 March 2019

	<i>Note</i>	2019 \$	2018 \$
<b>1. BOARD &amp; COMMITTEES</b>			
Conferences		2,111	2,862
Fees		183,964	178,752
Meeting expenses, training, travel & others		113,491	77,934
		<b>299,566</b>	<b>259,548</b>
<b>2. SECRETARIAT</b>			
Audit fees		7,918	8,215
Depreciation & amortisation	4	43,873	42,673
Legal costs		29,681	15,629
Occupancy costs		50,942	49,133
Other costs		118,493	173,390
Personnel costs		739,429	706,270
Professional fees		158,732	115,220
Telephone, Postage & Printing and Stationery		21,167	31,818
		<b>1,170,234</b>	<b>1,142,347</b>
<b>3. DISCIPLINARY EXPENSES</b>			
PCC Investigation expense		83,832	31,706
HPDT Hearing expense		35,550	48,032
		<b>119,382</b>	<b>79,738</b>



## Notes to the Financial Statements

For the year ended 31 March 2019

## 4. PROPERTY, PLANT &amp; EQUIPMENT AND INTANGIBLE ASSETS

	Opening carrying value	Current year additions	Current year disposals/sales	Current year depreciation amortisation & impairment	Closing carrying value
<b>AT 31 MARCH 2019</b>					
Furniture & fittings	15,567	–	–	(2,802)	12,765
Office equipment	2,800	–	(378)	(1,117)	1,304
Computer equipment	9,816	10,076	(1,838)	(7,110)	10,944
Office refit	47,854	–	–	(13,688)	34,166
	<b>76,037</b>	<b>10,076</b>	<b>(2,216)</b>	<b>(24,717)</b>	<b>59,180</b>
Database & Website software	68,276	1,800	–	(19,156)	50,919
	<b>68,276</b>	<b>1,800</b>	<b>–</b>	<b>(19,156)</b>	<b>50,919</b>

	Opening carrying value	Current year additions	Current year disposals/sales	Current year depreciation amortisation & impairment	Closing carrying value
<b>AT 31 MARCH 2018</b>					
Furniture & fittings	18,478	690	(211)	(3,389)	15,567
Office equipment	3,753	1,217	(294)	(1,876)	2,800
Computer equipment	14,765	3,929	(504)	(8,373)	9,816
Office refit	32,245	28,388	0	(12,779)	47,854
	<b>69,241</b>	<b>34,223</b>	<b>(1,009)</b>	<b>(26,418)</b>	<b>76,037</b>
Database & Website software	51,643	32,888	–	(16,255)	68,276
	<b>51,643</b>	<b>32,888</b>	<b>–</b>	<b>(16,255)</b>	<b>68,276</b>



NEW ZEALAND PSYCHOLOGISTS BOARD

## Notes to the Financial Statements

For the year ended 31 March 2019

	2019 \$	2018 \$
<b>5. ACCOUNTS RECEIVABLE</b>		
Accounts receivable	14,530	49,431
Less provision for doubtful debts	(14,530)	(14,530)
Accrued income	8,642	–
	<b>8,642</b>	<b>34,901</b>
<b>6. INCOME IN ADVANCE</b>		
<i>Fees received relating to next year</i>		
APC fees	1,196,399	1,131,857
Disciplinary levy	442,732	415,666
Non-Practising fee	29,838	21,511
Accreditation fees in advance	10,583	63,496
	<b>1,679,552</b>	<b>1,632,530</b>
<b>7. EQUITY</b>		
<b>GENERAL RESERVE</b>		
<i>Accumulated surpluses with unrestricted use</i>		
Balance at 1 April	236,422	230,085
Surplus/(deficit) for year	91,403	6,337
Balance at 31 March	327,825	236,422
<b>DISCIPLINE RESERVE</b>		
Opening Balance	873,872	525,288
Levies received	449,232	428,322
Discipline Costs	(119,382)	(79,738)
<b>Balance at 31 March</b>	<b>1,203,723</b>	<b>873,872</b>
<b>TOTAL RESERVES</b>	<b>1,531,548</b>	<b>1,110,294</b>

General reserve is used for operating expenses;  
Discipline reserve is used for the Professional Conduct Committees  
and Health Practitioners Disciplinary Tribunal costs.

# Notes to the Financial Statements

For the year ended 31 March 2019

	2019 \$	2018 \$
<b>8. ACCOUNTS PAYABLE &amp; PROVISIONS</b>		
Accounts payable	69,735	93,038
Accrued expenses	30,575	14,583
	<b>100,310</b>	<b>107,621</b>

## 9. EMPLOYEE COSTS PAYABLE

PAYE owing	12,846	19,115
Holiday pay accrual	36,164	61,347
Kiwisaver contributions owing	3,125	6,144
Student loan owing	33	–
	<b>52,168</b>	<b>86,607</b>

## 10. COMMITMENTS

The Board has entered into a Service Level Agreement (SLA) with the Nursing Council of New Zealand for the provision of back office corporate services. This SLA is for an initial term of 5 years. The future estimated commitments based on the expected costs included in this agreement as at 31 March 2019 are:

Property \$31,663, Corporate Services \$56,771, Total \$88,435.

	2019 \$	2018 \$
Due in 1 year	88,345	95,191
Due between 1-2 years	88,435	95,191
Due between 2-5 years	–	95,191
	<b>176,780</b>	<b>285,573</b>

The lease agreement is in the name of Nursing Council of New Zealand.

## 11. CREDIT CARD FACILITY

A MasterCard credit card with a limit of \$30,000 is held with Westpac.

## 12. RELATED PARTY TRANSACTIONS

There were no transactions involving related parties during the year. (2018 \$Nil)



NEW ZEALAND PSYCHOLOGISTS BOARD

## Notes to the Financial Statements

For the year ended 31 March 2019

### 13. CONTINGENT LIABILITIES

There are no contingent liabilities at balance date. (2018 \$Nil)

### 14. CAPITAL COMMITMENTS

	2019 \$	2018 \$
Mecury IT – new website	10,200	1,800
	<b>10,200</b>	<b>1,800</b>

### 15. ASSETS HELD ON BEHALF OF OTHERS

There were no assets held on behalf of others during the financial year. (2018: \$Nil)

### 16. EVENTS AFTER BALANCE DATE

There were no events that have occurred after the balance date that would have a material impact on the Performance Report. (2018: \$Nil).

### 17. CORRECTION OF ERRORS

There were no correction of errors at balance date. (2018: \$Nil)

### 18. 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.

### 19. SHARED SERVICES

In 2015/16, Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Chiropractic Board, Psychologist Board, and Optometrists & Dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by Nursing Council of New Zealand) is for five years taking effect from 1st February 2016 and expiring on 1st February 2021.

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