



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



# ANNUAL REPORT TO THE MINISTER OF HEALTH

For the Year 1 April 2012 to 31 March 2013

# 2013



Hon Tony Ryall  
Minister of Health  
Parliament Buildings  
Wellington

Dear Minister

In accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003 I am pleased to provide the Psychologists Board's Annual Report for the year ending 31 March 2013.

On behalf of the Board,

Ann Connell,  
Chairperson



### ***Acronyms used in this Report***

<b>APC</b>	Annual Practising Certificate
<b>CCP</b>	Continuing Competence Programme
<b>CUAP</b>	Committee on University Academic Programmes
<b>CRC</b>	Competence Review Committee
<b>HDC</b>	Health and Disability Commissioner
<b>HPCA</b>	Health Practitioners Competence Assurance Act 2003
<b>HPDT</b>	Health Practitioners Disciplinary Tribunal
<b>HRANZ</b>	Health Regulatory Authorities New Zealand
<b>HRRT</b>	Human Rights Review Tribunal
<b>HWNZ</b>	Health Workforce New Zealand
<b>NRAS</b>	National Registration and Accreditation Scheme
<b>NZCCP</b>	New Zealand College of Clinical Psychologists
<b>NZPsS</b>	New Zealand Psychological Society
<b>OAG</b>	Office of the Auditor General
<b>PsyBA</b>	Psychologists Board of Australia
<b>PCC</b>	Professional Conduct Committee
<b>RA</b>	Responsible Authority
<b>TTMRA</b>	Trans-Tasman Mutual Recognition Act 1997

## **Contacting the Board**

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## Board Structure

The Psychologists Board operates very efficiently under the Policy Governance® model with just one governance (Board) committee and three operational (Secretariat) committees.

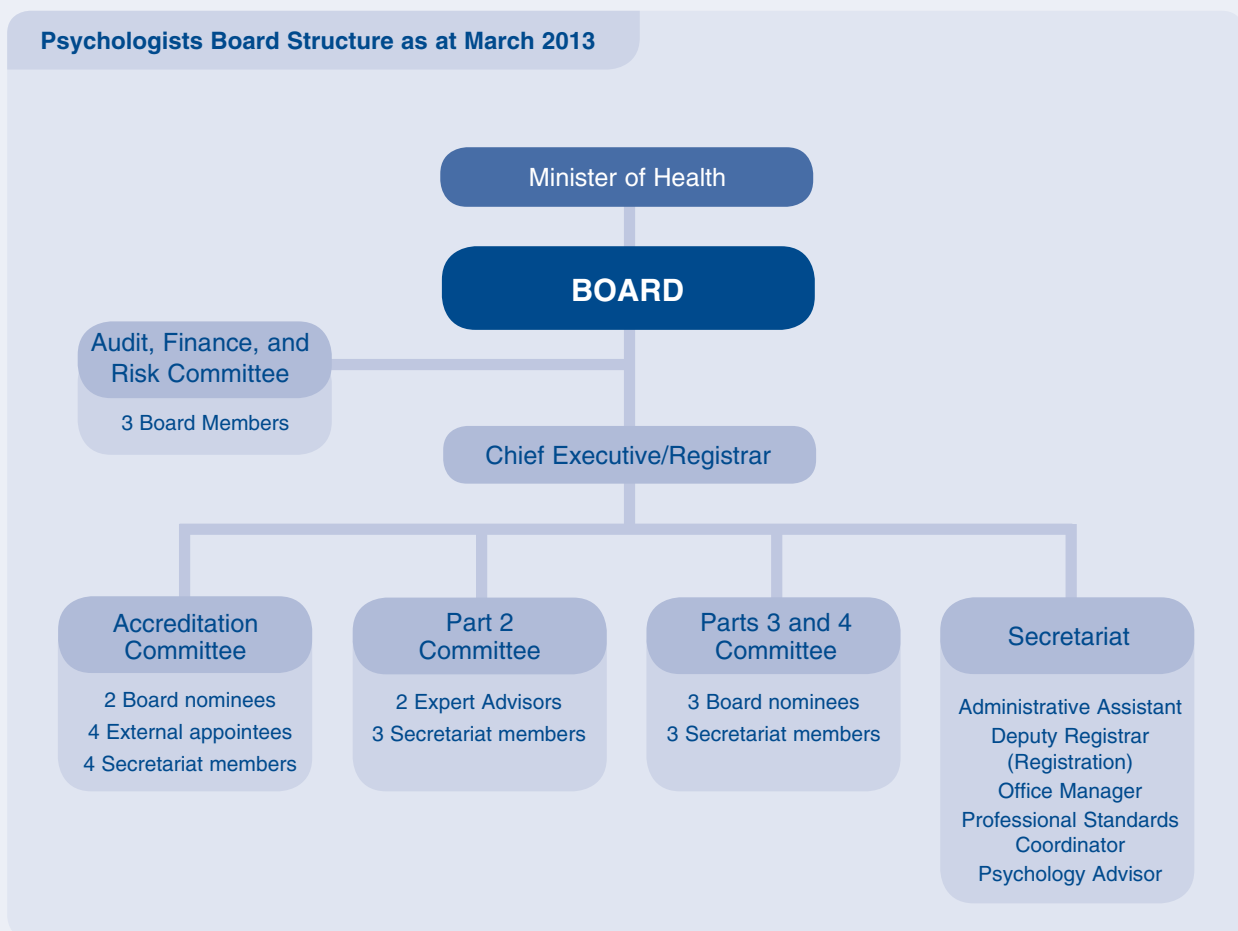


Figure 1: Psychologists Board structure



## Audit, Finance, and Risk Committee (Governance)

(Refer section 118 – HPCA Act 2003)

Ms Ann Connell  
(Member and Committee Chair from February 22 2013)  
Dr Ian Miller  
(Member and Committee Chair to February 21 2013)  
Mrs Beverley Burns  
Dr Monique Faleafa  
Mr Steve Osborne (CE/Registrar) (non-voting)

This advisory committee closely monitors financial and non-financial risks, organisational achievement of Ends policy, and the Chief Executive's adherence to Executive Limitations policy. It meets monthly by teleconference (approx. 30 minutes) and reports to the full Board at each Board meeting.

## Accreditation Committee (Operational)

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

Ms Ann Connell (Board nominee)  
Mrs Anne Culver (Deputy Registrar – Registration)  
Dr Doug Elliffe (External stakeholder nominee)  
Dr Monique Faleafa (Board nominee to 25 September 2012)  
Dr Karyn France (External stakeholder nominee)  
Mr Jhan Gavala (Board nominee from 25 September 2012)  
Ms Stathia Golding (Professional Standards Coordinator)  
Ms Anne Goodhead (Psychology Advisor)  
Mr Steve Osborne (Committee Chair, CE/Registrar)  
Associate Professor Devon Polaschek  
(External stakeholder nominee)  
Dr Neville Robertson (External stakeholder nominee)

This decision-making committee works under delegation to review, consider, and determine the accreditation of those 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 Act. 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-programmes2>.

## “Part 2” Committee (Operational)

(Refer section 118 – (b)(c) – HPCA Act 2003)

Mrs Anne Culver (Deputy Registrar – Registration)  
Ms Anne Goodhead (Psychology Advisor)  
Mr Steve Osborne (Committee Chair, CE/Registrar)  
Ms Sue O'Shea (Board-nominated expert adviser)  
Professor Fred Seymour (Board-nominated expert adviser)

This advisory committee assists with administration of Part 2 of the HPCA Act by, for example, considering and making recommendations to the Registrar regarding complex applications for registration and/or practising certificates. It conducts its business very efficiently, almost entirely by mail and email.

## “Parts 3 & 4” Committee (Operational)

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

Mrs Beverley Burns (Board nominee)  
Mrs Beverley Clark (Board nominee)  
Ms Ann Connell (Board nominee)  
Ms Stathia Golding (Professional Standards Coordinator)  
Ms Anne Goodhead (Psychology Advisor)  
Mr Steve Osborne (Committee Chair, CE/Registrar)

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



### From the Chairperson

This is the Board's thirteenth Annual Report to the Minister and my first as Chairperson. The Psychologists Board has enjoyed a collegial and collaborative working relationship with the other 15 health-related Responsible Authorities (RAs) over the year, finding commonalities despite disparities in the sizes and practice of the health practitioner groups we regulate. It is right and proper to question if current arrangements could be strengthened in order to improve regulatory processes and ultimately to better protect the public. We have appreciated the support given by Health Workforce New Zealand in exploring mechanisms that could achieve this.

The Psychologists Board considers that while our current operating model and secretariat staff work effectively and efficiently to carry out the tasks required to meet HPCA mandated requirements, we are open to collaborating on sharing aspects of "back office" functions. We continue to hold the view that the very direct relationship between Board members and the secretariat staff carrying out regulatory functions should be maintained. The three main principles that continue to guide our work are:

1. That each RA will be permitted (if they so choose) to directly employ and control any and all specialist 'regulatory' staff (i.e., those staff carrying out specialist functions under Parts 2, 3, and/or 4 of the Act). A corollary of this is that each RA will determine for itself who its specialist regulatory staff will be and how many it will employ at any given time.
2. In regard to regulatory functions, that each RA's current instruction and accountability chain will not be lengthened.
3. That each RA's regulatory decisions will all be made by either the Board/Council or its delegate(s) (in order to ensure the on-going direct involvement of relevant practitioner experts in these decisions).

The Psychologists Board has continued to value the active involvement of stakeholder groups in our work. This year the Board, the NZ Psychological Society, and the NZ College of Clinical Psychologists collaborated to translate the jointly owned Code of Ethics for Psychologists Working in Aotearoa/New Zealand into te Reo. This work prompted the Board to also formally adopt the Māori translation of our name; Te Poari Kaimātai Hinengaro o Aotearoa.

The Psychologists Board has had one change in membership over this year. David Stephens, a lay member first appointed to the Board September 2009, resigned in September 2012 and Monica Davis was appointed in his place. The Board also elected me as their new Chairperson after Ian Miller stepped down due to other commitments.

I would like to thank all existing and retired Board members for their contribution to the work of the Board. With only seven members to carry out the work, all have a vital role to play in ensuring there is the necessary debate and sharing of views in reaching decisions. Despite the advice from the Ministry of Health that a membership of seven is appropriate, this number at times has come close to being too small when the conflicts of interest that are inherent in a small population challenge our capacity to reach quorum. I also thank the Chief Executive and his staff who continue to deliver work of the highest quality, efficiency, and integrity.



## Board members



L to R: Beverley Clark, Monique Faleafa, Monica Davis, Ian Miller, Ann Connell, Beverley Burns, Jhan Gavala. As at 31 March 2013.

### **Mrs Beverley Burns**

- First appointed July 2008, current term expires July 2014.
- BEd (Waikato) MSocSci(Hons) (Waikato)  
PGDipClinPsych (Waikato).
- Registered in the Psychologist scope of practice.
- Fellow of the New Zealand Psychological Society.
- Member of NZPpS Institute of Clinical Psychology.
- Eighteen years' experience in mental health and education settings.
- Currently private consultancy specialising in training and development and professional supervision.
- Governance experience includes independent schools and not for profit arenas.

### **Mrs Beverley Clark** (*Layperson*)

- First appointed September 2009, current term expires November 2015.
- Consumer representative – College of GPs Division of Rural Hospital Medicine.
- Past Chairperson and Member of the Royal College of General Practitioner's Consumer Liaison Committee.
- Served for eight years as a Board member for Central Otago Health Services Limited (Chairperson for five years).
- Ten years' experience on Regional and National Ethics Committees.
- Past governance experience includes a Director role on the Health Funding Authority for New Zealand (HFA) and the Southern Regional Health Authority (SRHA).
- Registered Marriage and Civil Union Celebrant.

### **Ms Ann Connell** (*Chairperson from 22 February 2013*)

- First appointed July 2011, current term expires July 2014.
- MSc (Otago), PGDipClinPsych (Otago).
- Registered in the Clinical Psychologist scope of practice.
- Fellow of the NZ College of Clinical Psychologists.
- Twenty-eight years' experience in public mental health settings.
- Management and senior leadership experience.

### **Ms Monica Davis** (*Layperson*) (*from 8 November 2012*)

- First appointed November 2012, current term expires November 2015.
- BA/LLB (Auckland).
- Chair Birthright Christchurch, supporting children of single parents/caregivers.
- Deputy Chair Avonside Girls High School.
- 15 years' Executive experience in retail and transportation/infrastructure.

### **Dr Monique Faleafa** (*Deputy Chairperson*)

- First appointed September 2009, current term expires November 2015.
- Doctorate in Clinical Psychology, BA (Hons), University of Auckland.
- Registered in the Clinical Psychologist scope of practice.
- Member of the New Zealand Psychological Society.
- Member of Pasifikology (Pacific psychologists' network).



- Fifteen years' experience in non-government organisations and Pacific communities.
- Member of the Pacific Advisory Panel to the Auckland City Council.
- Member of the New Zealand Rugby League Medical Council.
- Senior management, leadership, and research experience.

#### **Mr Jhan Gavala**

- First appointed February 2012, current term expires February 2015.
- PGDipEdPsych, Massey University.
- Registered in the Psychologist scope of practice.
- Lecturer at Massey University's School of Psychology in Auckland, where he teaches Bicultural Perspectives in Psychology and Experimental Social Psychology.
- Fourteen years' experience working in the mental health sector as a practitioner and academic.
- Provides consultant supervision work for the Department of Corrections Rehabilitation and Reintegration Services.
- Member of the Massey University Ethics Committee, Te Rau Puawai Board, and the NZPsS National Standing Committee on Bicultural Issues.
- Past executive member of the New Zealand Psychological Society.

#### **Dr Ian Miller** (*Chairperson to 21 February 2013*)

- First appointed September 2009, current term expires November 2015.
- PhD (Psychology), BSc Hons (Canterbury).
- Registered in the Psychologist scope of practice.
- Member of the Alcohol Advisory Council.
- Executive Member of Independent Forensic Practitioners Institute.
- Consultant Psychologist with thirty-five years' professional experience.
- Previously worked as Manager: Police Psychological Services and in Department of Justice Psychological Services.
- Specialist areas: behavioural risk mitigation, psycho-trauma, and forensic issues.

#### **Dr David Stephens** (*Layperson*)(*to 19 September 2012*)

- First appointed September 2009, resigned effective 19 September 2012.
- PhD (Canterbury), MSc (Hons)(Waikato), LLB (Hons) (Auckland).
- Background in law, biological science, and iwi affairs.
- Interest in critically reflective governance.
- Appointed to the (now) Medical Sciences Council June 2010.
- Ministry of Economic Development Policy Committee member (appointed September 2009).
- Private Consultant – business management, environmental management.
- Past Biosecurity Project Manager, Waikato Regional Council.
- Past Senior Solicitor (Investigations) Department of Inland Revenue Northern Region.
- Member NZ Biosecurity Institute, Auckland Botanical Society, and Auckland Museum Institute.

### **Board meetings**

Agendas and supporting documents are prepared for each Board meeting and minutes record all formal proceedings. A quorum of four members, including at least one layperson, is required for the Board to transact business. 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. The Board normally meets just four times in each financial year, though brief teleconferences can be held where an urgent matter arises between meetings.

#### **Board meeting dates during the 2012/2013 reporting period**

- 9 & 10 May 2012 (2 days)
- 25 May 2012 (Teleconference)
- 17 June 2012 (Teleconference)
- 21 & 22 August 2012 (1.5 days)
- 7 & 8 November 2012 (2 days)
- 20 & 21 February 2013 (1.5 days)

#### **Fees paid to Board Members**

The Board Chairperson is paid \$120.00 per hour, while Board members receive \$100.00 per hour. These rates have remained unchanged since 2002.



## » Operations

### From the Chief Executive and Registrar

This has been another extraordinarily demanding year for the Board's Secretariat. As noted by the Board Chair, we continue to work with the other RAs to develop a robust, flexible, and sustainable model for a shared secretariat that reflects our key principles and that will provide significant cost savings and value-for-money. We steadfastly believe that this can and will be accomplished within current budgets and without significant disruption or risk. We look forward to finalising and implementing plans for colocation and shared corporate services over the coming financial year.

#### Major accomplishments:

In the 2012/2013 financial year we published two more sets of 'best practice' guidelines and initiated broad-based consultation on another. The guidelines on "*The Practice of Telepsychology*" are particularly timely, and touch on issues now challenging health profession regulators around the globe. They will no doubt require frequent updating over the coming years, as this mode of practice becomes more wide-spread and the related case law develops. Our proposed guidelines on "*Maintaining Professionalism When Using Social Media Networking*" are also at the leading edge, and we hope they will assist those psychologists who choose to explore this ground-breaking way of working with clients.

As the 2012/2013 year came to a close our first round of accreditation assessments was nearing completion. This work is heavily dependent on the contributions and commitment of the training programmes, Accreditation Committee volunteers, and Assessment Team members. The Board look forward to working with all interested parties to complete a robust review of our accreditation standards and procedures over the coming year. The review is a core aspect of our accountability loop, and we are confident that the process and results will make our (already effective and efficient) procedures even better.

Finally, I am pleased to report that our continued efforts have put us in a position to reduce APC application fees (by 8%) for the coming (2013/2014) financial year. The disciplinary levy will also be held at 'zero' for the second consecutive year.

#### Conclusion:

In closing I would like to offer my sincere thanks to the Board and to my staff for their unwavering support over the past year.

*He ora te whakapiri.*

### Secretariat Staff



L to R:  
Lesley Hanson,  
Steve Osborne,  
Anne Goodhead,  
Lynda Young,  
Stathia Golding,  
Anne Culver.

## The Secretariat

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 discipline matters, accreditation processes, registration and practising certificate applications, supervision requirements, professional liaison, communications, and website maintenance. The (governance) Board has delegated these functions (and the requisite authority to carry them out) to the Registrar, the Accreditation Committee, or the Parts 3 & 4 Committee. This greatly facilitates robust, consistent, timely, and efficient decision-making processes in regard to registration, competence, health, and disciplinary matters.

The Psychologists Board is currently supported by six staff (5.75 FTE):

- Mrs Anne Culver is our Deputy Registrar – Registration.
- Ms Stathia Golding is our Professional Standards Coordinator.
- Ms Anne Goodhead (BSc Hon (Canterbury), MAAppClinCommPsy (Victoria), MPubPol (Victoria), Clinical Psychologist) is our Psychology Advisor.
- Ms Lesley Hanson is our Administrative Assistant.
- Mr Steve Osborne (BSc, BEd (Distinction), MSc (Calgary), MIPGA, MASPPB, Clinical Psychologist) is our Chief Executive and Registrar.
- Ms Lynda Young is our Office Manager.

## 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 “Psychologist” scope, which includes the foundational, core competencies common to all branches of the profession. The Board has also established “vocational” scopes, but only where they are clearly required for public protection. In this way a psychologist is free to practise in any area in which he or she is personally competent, but the public are also able to readily identify those practitioners who have completed specialised training in Clinical, Counselling, or Educational Psychology. In accordance with section 11 of the HPCA Act, 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.



### “Trainee Psychologist” or “Intern 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.

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

- who have completed formal academic qualifications that have provided the trainee or intern psychologist with the foundation competencies required for safe practice in the approved 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>1</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.

<sup>1</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.

## Accreditation of training programmes

The HPCA Act requires the Board to prescribe the qualifications required for each scope of practice within the profession (see above) and, for that purpose, to accredit and monitor educational organisations and courses of studies. The Board, working in collaboration with the relevant university Heads of Departments, the New Zealand College of Clinical Psychologists, the New Zealand Psychological Society, and representatives of the “supervision-to-registration” schemes has therefore developed a comprehensive set of standards and procedures for accreditation of qualifications leading to registration as a psychologist. These standards (which are due for a major review in 2013/2014) ensure that, in accordance with the Board’s Global Ends policy, the training and practice of psychologists in Aotearoa/New Zealand reflect the paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. Furthermore, in keeping with our obligations under the Treaty (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 both Treaty partners.

The Board wishes to foster the continuing growth and vitality of psychology as a science, as 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, and while attending carefully to the competencies required for the safe and ethical practice of psychology. The Board conducts its accreditation processes collaboratively with the training programmes in order to minimise duplication and redundancy with other review processes (e.g., CUAP). Further, accreditation review processes are conducted in a positive and constructive manner.

As at 31 March 2013, the Board have assessed and accredited (fully, provisionally, or conditionally) sixteen of the training programmes that can lead to registration as a psychologist in New Zealand. Another four are currently undergoing assessment. It was expected that all twenty-two training programmes would have had their first assessment by the end of 2013, but two programmes have deferred their applications – one temporarily, and one (which is not currently admitting students) indefinitely.

The Board wishes to thank the following members of the profession who have served on one or more Assessment Teams or who have volunteered their time as a member of the Board’s Accreditation Committee.

Clive Banks	Devon Polaschek
Erana Cooper	Neville Robertson
Doug Elliffe	Julia Rucklidge
Stewart Forsyth	Karen Salmon
Karyn France	Elizabeth Schaughency
Shane Harvey	Fred Seymour
Averil Herbert	Lois Surgenor
Michael O’Driscoll	Tony Ward





Figure 2: Current status of courses of study monitored by the Psychologists Board

Educational organisation / Course of study	Status at 31/03/2013	Next assessment due
<b>AUT</b>		
Postgraduate Diploma in Counselling Psychology (PGDipCounsPsych)	Accredited	2014
<b>Massey University</b>		
Doctor of Clinical Psychology (DClinPsych)	Deemed to be Accredited	In progress
Postgraduate Diploma in Clinical Psychology (PGDipClinPsych)	Discontinued	n/a
Postgraduate Diploma in Educational Psychology (PGDipEdPsych)	Deemed to be Accredited	2013
Postgraduate Diploma in Industrial/Organisational Psychology (PGDipl/OPsych)	Accredited	2013
Postgraduate Diploma in Psychological Practice (PGDipPsychPrac)	Not currently Accredited	2013
<b>University of Auckland</b>		
Doctor of Clinical Psychology (DClinPsych)	Accredited	2018
Postgraduate Diploma in Applied Psychology (Applied Behaviour Analysis) (PGDipAppPsych(ABA))	Accredited	2018
Postgraduate Diploma in Applied Psychology (Industrial, Work and Organisational) (PGDipAppPsych(IWO))	Accredited	2017
Postgraduate Diploma in Clinical Psychology (PGDipClinPsych)	Accredited	2018
Postgraduate Diploma in Health Psychology (PGDipHlthPsych)	Accredited	2013
<b>University of Canterbury</b>		
Postgraduate Diploma in Child and Family Psychology (PGDipChFamPsych)	Accredited	2014
Postgraduate Diploma in Clinical Psychology (PGDipClinPsych)	Deemed to be Accredited	In progress
Postgraduate Diploma in Industrial and Organisational Psychology (PGDipIndOrgPsyc)	Deemed to be Accredited	Indefinitely deferred
<b>University of Otago</b>		
Postgraduate Diploma in Clinical Psychology (PGDipClinPsych)	Deemed to be Accredited	In progress
<b>University of Waikato</b>		
Postgraduate Diploma in Psychology (Clinical) (PGDipPsych(Clin))	Accredited	2013
Postgraduate Diploma in the Practice of Psychology (Applied Behaviour Analysis) (PGDipPracPsych(ABA))	Accredited	2018
Postgraduate Diploma in the Practice of Psychology (Community) (PGDipPracPsych(Comm))	Accredited	2013
Postgraduate Diploma in the Practice of Psychology (Organisational) (PGDipPracPsych(Org))	Accredited	2017
<b>Victoria University of Wellington</b>		
Postgraduate Diploma in Clinical Psychology (PGDipClinPsych)	Accredited	2018
Postgraduate Diploma in Educational Psychology Practice (PGDipEdPsychPrac)	Provisionally Accredited	In progress

Figure 3: Current status of “Supervision-to-registration” programmes monitored by the Psychologists Board

Supervision-to-Registration Agency	Status at 31/03/2013	Next assessment due
New Zealand Department of Corrections	Accredited	2014
New Zealand Defence Force	Accredited	2019

## Registration

### Registration process

The Psychologists Board does not require applicants to sit any special assessment or examination beyond those completed as part of their academic qualifications. The consideration of applications is done by the Registrar under delegation and as a result the application process is very quick, efficient, and consistent. 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. However, even where such mechanisms do not come into play, overseas applications are normally

fully processed within one or two weeks of receipt. (Note: TTMRA applications and applications from New Zealand graduates are consistently processed within two days). Close monitoring has shown that our registration processes are effective, efficient, timely, and fair, and they have also proven to be very robust in the face of (infrequent) legal challenges.

The Board writes to new registrants to encourage them to undertake training in the Treaty of Waitangi and bi-cultural relations. They are also provided with a copy of the “Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002]” and copies of the most recent Board Newsletter and Annual Report.

Table 1: Applications for registration

	HPCAA Section	Number	Outcomes		
			Registered without conditions	Registered with conditions	Application declined
Total number of applications	s 15	196	59	132*	5**
<b>Reasons for declining an application</b>					
Does not have prescribed qualifications	s 15(1)(b)	4	0	0	4
Is not competent to practise within scope	s 15(1)(c)	0	–	–	–
Does not meet communication (including English language) requirements	s 16 (a,b)	0	–	–	–
Conviction by any court for 3 months or longer	s 16 (c)	0	–	–	–
Mental or physical condition	s 16 (d)	0	–	–	–
Professional disciplinary procedure in NZ or overseas, otherwise under investigation	s 16 (e,f,g)	0	–	–	–
Other – danger to health and safety	s 16 (h)	0	–	–	–

\* 130 were standard conditions for Interns/Trainees. Two were for overseas practitioners.

\*\* Includes one application that was withdrawn before a decision was made.



The Board registered 192 new practitioners in 2012/2013, including 63 overseas-trained practitioners (14 via the TTMRA) and 129 NZ-trained practitioners.

By scope:

Psychologist = 22  
Clinical Psychologist = 34  
Counselling Psychologist = 1  
Educational Psychologist = 6  
Intern Psychologist = 124  
Trainee Psychologist = 5

### The Psychologists Board of Australia (PsyBA) and Trans-Tasman Registrations

Since the Australian National Registration and Accreditation Scheme (NRAS) came into force on 1 July 2010 representatives of the New Zealand Psychologists Board have met (in person or by teleconference) with the Psychology Board of Australia (PsyBA) at least annually. These joint meetings provide a forum for the boards to discuss matters of common interest and to identify opportunities for collaboration, the alignment of standards, and the safe facilitation of inter-jurisdictional practice. Two of these meetings have been held in conjunction with the annual NRAS Combined Meeting, which were excellent learning and networking opportunities for our representatives.

The Board registered 14 practitioners via the Trans-Tasman Mutual Recognition Act 1997 this year, which is just under the long-term average of 16. Australia has yet to fully implement their national examination for registration, which we remain concerned could lead to significant numbers of overseas applicants using New Zealand as a 'back door' to that jurisdiction. We continue to monitor the situation and will work to minimise any risk to the public and to ensure that our systems are not overburdened.

### Annual practising certificates

In order to lawfully practise as a psychologist in New Zealand, a practitioner must be registered with the Psychologists Board and must hold a current practising certificate. Further, all psychologists on the Register must hold a current practising certificate at any and all times they are practising within the scope of psychology, even if they are practising under some other title. [Refer sections 7 & 8 of the HPCA Act 2003].

The Board offers practitioners the option of renewing their APC and updating their details online via our website. It is intended that this will become the primary route for renewals, thereby further reducing costs while increasing efficiency.

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

	HPCAA Section	Number	Outcomes			
			APC with no conditions	APC with conditions	Interim	Application declined
Total number of applications		2294	2280	14*	2	1
<b>Reasons for declining an application</b>						
Competence	s 27(1)(a)	0	–	–	–	–
Failed to comply with a condition	s 27(1)(b)	0	–	–	–	–
Not completed required competence programme satisfactorily	s 27(1)(c)	0	–	–	–	–
Recency of practice	s 27(1)(d)	1	0	0	0	1
Mental or physical condition	s 27(1)(e)	0	–	–	–	–
Not lawfully practising within 3 years	s 27(1)(f)	0	–	–	–	–
False or misleading application	s 27(3)	0	–	–	–	–

\*Includes 3 Trainees with standard conditions.

## 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 Act to its “Parts 3&4” Committee. The Committee subsequently provides efficient screening, consideration, and determination of complaint, competence, and fitness matters, in accordance with Administrative Law, legislative requirements, and Board policy.

### Performance

The HPCA Act 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 competence concerns as outlined in section 34 of the Act. A possible outcome of a competence review is that the psychologist may be required to undertake a competence programme for a specified period of time. For example, there may be a requirement to practise under Board-approved supervision or to practise only in a specified setting. In the 2012/2013 year, the Board handled the following competence related matters:

Three new notifications were received under section 34 of the Act. Initial enquiries were made in each case about the practitioner’s professional activities to discern whether immediate action should be taken to manage any potential risk to the public. The subject of one notification had resigned from employment and was currently inactive. The second notification was deemed to signal significant potential risk to the public and therefore an interim condition requiring oversight supervision was ordered in accordance with section 39(2). The third notification concerned a psychologist who was in employment with well-established oversight already in place. All three notifications were referred for competence reviews and three Competence Review Committees (CRCs) were appointed to undertake these reviews. In two cases the psychologist was found to not meet the required

standards of competence and Competence Programmes ensued. The third CRC had not yet completed their review by 31 March 2013.

The Parts 3 and 4 Committee (acting under proper delegation from the Board) accepted the recommendations of four Professional Conduct Committees (PCCs) made under section 80(2)(a) to review the competence of four psychologists who had been the subject of complaints. In two cases the psychologist to be reviewed announced that they were retiring from practice, so the review was placed on indefinite hold pending any future APC application. Following the other two reviews one practitioner was found to meet the required standard of competence and one did not. In the latter case a period of remedial assistance was ordered (under section 38(1)(d)).

The Parts 3 and 4 Committee also ordered that two psychologists be referred for competence reviews under section 36(4) due to complaint allegations raising competence concerns. A CRC found one of these psychologists did meet the required standard. In the second case the psychologist halted the review at an early phase by choosing to retire and withdraw from active practice. As noted above this means the review is postponed indefinitely unless the psychologist opts to return to active practice.

At 1 April 2012, three competence reviews and one competence programme which had been ordered in an earlier reporting period were underway. Two of these reviews found the psychologists concerned did not meet required standards of competence and competence programmes of one year’s duration were ordered in each case. One other review found the psychologist did meet required standards and therefore no further action was taken. The competence programme that was already underway at 1 April was of two years duration and has continued throughout this reporting period with regular reports made to the Board on the progress against the prescribed terms of reference.

**Table 3: Competence referrals**

Source	HPCAA Section	Number
Health Practitioner	s 34(1)	2
Health and Disability Commissioner	s 34(2)	0
Employer	s 34(3)	1
Other – Parts 3 and 4 Committee	s 36(4)	2
Other – Professional Conduct Committee	s 80(2)	4
<b>Total</b>		<b>9</b>



**Table 4: Outcomes of competence referrals**

Outcomes	HPCAA Section	Number			
		Existing	New	Closed	Still active
No further action		1	2	3	0
Notification of possible risk of harm to public	s 35	0	2	1	1
Orders concerning competence	s 38	1	4	0	5
Interim suspension/conditions	s 39	0	1	1	0
Competence programme	s 40	0	1	0	1
Recertification programme	s 41	0	0	0	0
Unsatisfactory results of competence or recertification programme	s 43	0	0	0	0
On hold		1	3	n/a	4
Still in process		0	1	n/a	1

## Continuing competence

Consistent with the principal purpose of the HPCA Act, to “protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions”, the Psychologists Board must be satisfied that practitioners are 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 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. With the exception of Intern and Trainee Psychologists and newly qualified psychologists in their first year of practice, all actively practising psychologists are required to participate in the CCP and to declare they have done so when renewing 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. The Board has begun some basic research into the effectiveness of the programme, which will eventually inform further improvements. The CCP audits will have done one full cycle in early 2014, at which time a robust review of the programme will be conducted.

## Fitness to practise

### **Fitness concerns: Inability to perform required functions**

Four fitness notifications were acted on by the Board in the year 1 April 2012 to 31 March 2013. One of these notifications was in relation to renewed and ongoing concerns about a psychologist who was the subject of an earlier notification and who has been involved in an extended support and monitoring process. For the purposes of reporting, this notification has been reflected as an existing case in the information provided in Table 5. Two other notifications were made in the previous reporting period and were still in process at 1 April 2012. These are also referred to as “existing” notifications in Table 5. Both of these psychologists were also monitored and rehabilitation assistance mobilised. One new notification was received, regarding a psychologist in training. That person was removed from the training programme, and subsequently also came off the Register.

Table 6 records the actions taken in regard to pre-existing and new fitness notifications over this reporting period.



**Table 5: Source and number of notifications of inability to perform required functions due to mental or physical condition**

Source	HPCAA Section	Numbers			
		Existing	New	Closed	Still active
Health service	s 45(1)(a)	0	0	0	0
Health practitioner	s 45(1)(b)	1	0	0	1
Employer	s 45(1)(c)	2	0	2	0
Medical Officer of Health	s 45(1)(d)	0	0	0	0
Any other person	s 45(3)	0	0	0	0
Person involved with education	s 45(5)	0	1	1	0

**Table 6: Outcomes of fitness notifications**

Outcomes	HPCAA Section	Number of practitioners
No further action	–	0
Order medical examination	s 49	0
Interim suspension	s 48	0
Conditions	s 48	2
Restrictions imposed	s 50	1



## Part 4 of the HPCA Act: Complaints and discipline

### Overview

A significant decrease in new complaints was noted this year (35 new cases compared to 46 the previous year). In this reporting period a total of seven complaints were referred to PCCs for further investigation. Complaints against report writers for third parties continue to dominate the statistics (refer Table 8 for a breakdown of new complaints within practice settings).

### Complaints

#### Board decisions on complaints considered in 2012/2013

The outcome section of Table 7 refers to complaints that have been considered by the Board's Parts 3 and 4 Committee. Complaints are typically considered after the matter has been assessed by the Health and Disability Commissioner (where appropriate) and, in the case of a complaint against a Family Court Specialist Report Writer (in accordance with the Family Court's Practice Note for Specialist Report Writers<sup>3</sup>), the Family Court.

The Board managed a total of sixty-five complaints between 1 April 2012 and 31 March 2013, compared

to sixty-three in the previous year. Thirty-five of these were new complaints received in the reporting period, while thirty were complaints received previously but which were still active at the beginning of the period. Twenty-four of the thirty had still to be considered at the beginning of the 2012/2013 year and feature in the table above. Of the remaining six, five were closed during the year and one remains open as at 31 March 2013. Of the five that were closed, two were complaints that were heard before the Health Practitioners Disciplinary Tribunal (see full reports below). During the year, twelve complaints were formally referred back to the Board under s 34(1)(a) of the HDC Act 1994.

#### Complaints by practice setting

Table 8 shows the representation of new complaints within the most common practice settings. As indicated above, the majority of complaints are against practitioners preparing reports for third parties, especially in the Family Court. It should be noted however that most of these typically result in no further action. This year only one such new complaint (from those considered by the Parts 3 and 4 Committee within the reporting period) resulted in the matter being referred to a PCC.

**Table 7: Complaints – sources and outcomes**

Source	Total Number	Referred to HDC (new cases only)	Not yet considered as at 31 March 2013	Outcome			
				Withdrawn	No further action	Referred to PCC	Referred to CRC
Received prior to, but not yet considered, as at 1 April 2012	24	na	2	0	16	5	1
New complaints: Consumers	6	6	3	0	3	0	0
New complaints: Subject of or in reference to a specialist report for a third party <sup>2</sup>	21	21	9	0	11	1	0
New complaints: Other	8	6	3	1	2	1	1

**Table 8: New complaints by practice setting**

Setting	New complaints	% of total
Private Practice	8	23
Family Court	12	34
ACC	5	14
Department of Corrections	4	11
DHB	1	3
Other	5	14

<sup>2</sup> Third-party in this context means the Family Court, Dept. of Corrections, or ACC.

<sup>3</sup> Sets out the requirements and recommended procedures agreed for specialist report writers to the Family Court. (Revised version formally came into operation on 24 March 2013).

**Table 9: Professional Conduct Committee cases**

Nature of issue	Source	Number	Outcome
Concerns about standards of practice	Subject of or in reference to a specialist report for third party	2	Recommendation for a Competence Review (2)
Conduct	Subject of or in reference to a specialist report for third party	3	Recommendation that the Board counsel the psychologist (1) Still in progress (2)
	Other	2	No further action (2)
Concerns about standards of practice and conduct	Subject of or in reference to a specialist report for third party	1	Still in progress (1)
	Other	2	Recommendation for a Competence Review (1) Still in progress (1)

## Professional Conduct Committees

Table 9 shows all PCCs that were in operation at various stages during the 2012/2013 year. Seven were PCCs which were appointed within the period and three were carried over from the previous year.

The Board would like to thank the following psychologists and laypersons who assisted the Board by serving on PCCs in the 2012/2013 year:

### Psychologists

Ruth Arcus  
Tamatea Armon  
Margaret Beekhuis  
Suzanne Blackwell  
Tanya Breen  
Susan Calvert  
Helen Colhoun  
Kay Cunningham  
Hamish Dixon  
Nigel Fairley  
Hugh Kent  
Sue O'Shea  
Gillian Pow  
Fred Seymour  
Deborah Snell  
Rachael Stott  
Lois Surgenor  
Irena Tojic  
April Trenberth  
Wendy Tuck

### Laypersons

Sarah Anderson  
Bernadette Cassidy  
Ruth Helms  
Victoria Hinson  
John Horwood  
Sarah McNaughtan  
Marjorie Noble  
Pat Oettli  
Mate Webb

## Health Practitioners Disciplinary Tribunal

Two psychologists were the subject of charges heard by the HPDT in this reporting period. In both cases the psychologists were the recipients of complaints and the subsequent investigation resulted in the PCCs determining that the matter should be referred to the HPDT. A summary of each of these cases is provided below.

### Summary of the HPDT hearing of charges against Mr Leslie Gray, Psychologist of Whangarei

This hearing (9 August 2012) arose from charges laid by a PCC which had investigated a complaint from one of Mr Gray's former clients. Mr Gray had interviewed his former client as part of a Family Court assessment concerning a relative of the former client. The complainant had given only limited consent to be interviewed, as she was motivated by her desire to assure Mr Gray that her relative (who was a party to a custody dispute) was telling the truth, but she feared for her own safety if other family members knew she was giving information to Mr Gray. The complainant denied that Mr Gray warned her that he would need to give the Court information if he was cross-examined. Mr Gray claimed that the complainant only withdrew her consent at the end of the interview.

The Tribunal upheld the allegations that (during the Family Court cross-examination process that ensued) Mr Gray, in divulging that he had interviewed the complainant, gave information about the contents of that



interview and disclosed that the complainant had been a previous client of his and that she had seen him for a trauma she had experienced. Mr Gray submitted that his obligation to give straight information to the Judge overrode his obligation to protect the confidentiality of the complainant and that he was taken by surprise by some direct questions about this interview. The prosecutor, acting on behalf of the PCC, submitted that Mr Gray made substantial and significant disclosures which were needless in the proceedings.

The Tribunal considered that the upheld charges together amounted to professional misconduct. An allegation that Mr Gray said that it was inappropriate for him to talk about his former client's "mental state" was not established, as it was considered a statement that a psychologist may say without implying any particular meaning.

In considering the penalties that should apply the Tribunal took into account that Mr Gray has now stopped practising and has no immediate plans to return to practice. It also considered other decisions involving a comparable breach of privacy. With regard to the application for name suppression, the Tribunal considered the need for disciplinary processes to be as open as possible for the purposes of public confidence, the accountability of the disciplinary process, the public interest in knowing the identity of a health practitioner charged with a disciplinary offence, and the importance of freedom of speech.

The Tribunal subsequently ordered that:

- Mr Gray be censured.
- If he resumes practice, Mr Gray must undertake intensive supervision (applicable for three years from the date of return to practice) from a senior practitioner in the field of intended practice and that a learning plan is developed to address the issues that arose in this proceeding. In this circumstance, Mr Gray must also complete a competence review previously ordered but halted when he retired from practice.
- Mr Gray pay 25% of the costs of the investigation, prosecution, and hearing by the Tribunal.
- Mr Gray pay a fine of \$4,000.00.
- Mr Gray's application for permanent name suppression be declined.
- A copy of the decision and a summary of the hearing be published.

### **Summary of HPDT hearing of charges against Mr Nicholas Drury, Psychologist of Hawkes Bay**

Charges against Mr Nicholas (Nick) Drury brought by a PCC were heard by the HPDT on 28 November 2012 in Napier. The PCC brought a charge of professional misconduct against Mr Drury after the committee investigated a complaint alleging various breaches of ethical and professional standards within a DHB mental health facility over a two-and-one-half year period. The allegations concerned inappropriate interactions with and comments made to clients and caregivers, a failure to comply with a policy to promptly complete comprehensive written assessments, a failure to properly report or enquire about the contrast between a client's presenting condition and the terms of referral, handing a client who was in crisis over to a duty worker without proper briefing and/or ability to be contacted, making critical and derogatory comments to social workers, and adopting an unhelpful and sarcastic attitude in a meeting of members of his team.

The charges were amended by agreement between the PCC and Mr Drury, with both parties agreeing to a statement of facts. Mr Drury admitted the conduct charged and also admitted that he was guilty of professional misconduct because the acts charged cumulatively brought, or were likely to bring, discredit to the profession of psychology (in accordance with s100(1)(b) of the HPCA Act). The PCC submitted that Mr Drury's professional conduct had breached the Code of Ethics, with reference to principle 1.1 (respect for the dignity of persons with whom he relates in his work), principle 1.5 (responsibility to promote the welfare and best interests of children/young persons), principle 2.1 (the obligation to act to the benefit of society and to not do harm), principle 3.1 (acting with honesty and integrity) and principle 4.1 (to promote the welfare of society).

The Tribunal accepted that the Code of Ethics was relevant to the particulars of the charges which had been laid. They considered each particular in order to reach its conclusions. The Tribunal established that:

1. Mr Drury had behaved inappropriately and/or used inappropriate language when he laughed and made a flippant remark in response to a mother's question why a relative may have sexually abused her daughter, and secondly by using profane language in an interview with a young client and his mother.

## » Appeals and reviews

2. Mr Drury had failed to complete comprehensive assessment forms for three of his clients as required by the DHB's operational policies. The Tribunal acknowledged the importance of having this key relevant information available to other team members should the client present again in crisis.
3. Mr Drury had failed to prepare an adequate written assessment or explore the discrepant reports from different professionals about a young client.
4. Mr Drury handed over the care of a client to a duty worker without appropriate briefing or ensuring his availability to consult.
5. Mr Drury spoke inappropriately to other providers of care on two occasions by expressing criticism causing distress and calling some social workers child abusers or as having the potential for child abuse.
6. Mr Drury made an inappropriate statement within a team meeting.

The Tribunal considered that cumulatively the six particulars brought harm and discredit to the profession of psychology. The Tribunal also noted that discipline was warranted because the established particulars involved a range of clients and colleagues, involved a range of acts and omissions, and that the charges concerned eleven matters of concern over a two-and-one-half year period.

The Tribunal subsequently ordered that:

- Mr Drury be censured.
- For a period of eighteen months, Mr Drury must only practise under Board-approved supervision (at his own expense).
- The terms of the supervision are to be agreed between the Board and Mr Drury.
- The supervisor will be requested to report to the Board at three-month intervals.
- Mr Drury pay \$10,000 towards the costs of the PCC and the Tribunal hearing.

The Tribunal rejected an application for name suppression and ordered that a summary of their decision be published in the Board's Annual Report and the newsletters of the NZ Psychological Society and the NZ College of Clinical Psychologists.

### Overview

In the 2012/2013 year the Board was involved with just one appeal to the District Court. It had been adjourned (by mutual consent) in the previous year pending the results of an HPDT hearing in 2012/2013. Following that hearing the appeal was discontinued.

As reported last year, Mr Geary (former psychologist of Timaru) appealed an HRRT decision to the High Court where all but one of his claims were dismissed. Mr Geary subsequently applied for special leave to appeal the High Court's decision, and leave was granted. (Note: The appeal was scheduled in the Court of Appeal for May 2013, but the parties achieved a preemptive settlement to end all disharmony between them. The terms of the settlement are confidential to the parties.)

During the year the Board considered (in accordance with section 18 of Schedule 3 of the Act) four requests for reviews of decisions made under delegation by the Registrar. In each case the Board confirmed its delegate's decision.

## » Linking with stakeholders

### Overview

In 2012/2013 the Board continued to guide the profession through its newsletters and the development of "Best Practice Guidelines". Six sets of guidelines have now been published on our website:

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

One other guideline is currently in development:

Maintaining Professionalism when using Social Media Networking.





## Psychology workforce

Workforce development continues to be a major strategic focus for the Board, and we have invested a significant amount of time in meeting with key stakeholders and considering policy options in this regard. We continue to facilitate the entry to the workforce of applicants who have adequate academic qualifications but who lack the necessary practical training experience. Through the “supervision to registration” scheme two government employers (the Defence Force and the Department of Corrections) employ “Trainee Psychologists” and support them to complete the necessary practical training to become fully registered.

## Linking with owners and stakeholders

The Psychologists Board regularly communicates with the public and with members of the profession via our website, twice-yearly newsletters, the Annual Report, and meetings with stakeholder groups.

The Board’s website is 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 substantial information on accredited training programmes, the CCP, and returning to practice. It also provides information for current practitioners on current consultations, recent news and developments, Board processes, and upcoming events (e.g., public meetings). Feedback on the website continues to be very positive.

The Board sends a copy of its Annual Report to the NZPSS, the NZCCP, the HDC, various government departments/agencies, other RAs, District Health Boards, universities, all financially current psychologists, and the Psychology Board of Australia. The most recent report is also supplied to all new registrants at the time of registration.

Psychologists Board representatives routinely attend the annual conferences of the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists to inform and consult with practitioners regarding topical issues such as the translation of the Code of Ethics, the development of best practice guidelines, the possible amalgamation

of secretariats, the review of the HPCA Act, the CCP, and lessons to be learned from recent competence and complaint notifications. The Board also meets at least quarterly with representatives of the NZPSS, the NZCCP, and the Heads of Department of the various psychology training programmes to provide a forum for discussion of matters of mutual concern (e.g., workforce development).

The Board continues to place particular emphasis on linking with stakeholders and owners, and toward that end has met this year with representatives from the Ministry of Health (Mental Health Service Improvement Team and Mental Health Division), the DHB Professional Advisors (Psychology), HWNZ Regional Training Hub Directors, and the Programme Leaders of the New Zealand-based training programmes.

The Board maintains its close relationship with the Psychology Board of Australia and has also built solid links to regulators in North America, Europe, and in the Asia-Pacific region. These relationships help to inform our policies and practices and to enhance our understanding of international standards and trends in accreditation, regulation, and workforce matters that can improve our systems and (especially) our consideration of overseas applications for registration. We look forward to further developing these relationships in the years ahead.

## HRANZ collaborations

### Overview

The Psychologists Board continues to take a very active role in the Health Regulatory Authorities New Zealand collective and has been particularly active on the various working groups advancing efforts to develop a model for a shared Secretariat. The Board’s Secretariat continues to serve as the HRANZ Secretariat (on a cost-recovery basis).

## Prescribed Fees and Levies

In 2012/2013 a “Register Maintenance” fee was introduced to more fairly apportion the Board’s costs for those practitioners who wish to remain on the Register and continue to receive Board communications without holding an APC. As previously reported, due to a decrease in discipline-

related activity in previous years the Board was able to “zero” the annual Discipline Levy for the 2012/2013 financial year. We continue to make good progress on bringing our operational buffer (including discipline reserves) into line with policy limits, and toward that end all APC fees will be reduced and the levy will be kept at zero for the 2013/2014 year.

**Table 10: Psychologists Board Fees**

Fee Payable (NZ\$, incl GST)	As at 31/03/12	2012/2013	Change	2013/2014	Change
Application for registration by a practitioner trained in New Zealand	441.50	441.50	–	441.50	–
Application for registration under the Trans-Tasman Mutual Recognition Act	441.50	441.50	–	441.50	–
Application for registration by a practitioner trained overseas	764.50	764.50	–	764.50	–
Application for (optional) non-binding assessment of qualifications for registration	102.00	102.00	–	102.00	–
Application by a registered psychologist for a current practising certificate	409.00	409.00	–	375.00	-8%
Application by a registered psychologist applying prior to 1 April for a practising certificate for the subsequent financial year	409.00	409.00	–	375.00	-8%
Application by a registered psychologist who held a practising certificate in the previous financial year, who has continued to practise, and who is applying for a practising certificate for the current financial year after 1 April	511.00	511.00	–	477.00	-7%
Application by a registered psychologist for a practising certificate for a period of three months (or less) and who has not been practising at any other time during that financial year	204.50	204.50	–	187.50	-8%
Disciplinary Levy (Payable each financial year by all registered psychologists except: – those who have not held and will not hold a current practising certificate at any time during that financial year, and – those who have not held and will not hold a current practising certificate at any time during that financial year, and – practitioners currently registered in the Intern Psychologist scope of practice	305.00	0.00	-100%	0.00	–
Annual maintenance of registration and communication for non-practising registrants	–	45.00	(new)	45.00	–
Certificate of registration (optional)	87.00	87.00	–	87.00	–
The supply to any psychologist of any documents, other than a certificate of registration, required for the purpose of seeking registration overseas (optional)	51.00	51.00	–	51.00	–
Copy of the Register of Psychologists (optional)	53.00	53.00	–	53.00	–
Fee for conducting an accreditation review of a degree, course of study, or programme leading to registration as a psychologist in New Zealand	9,140.00	9,140.00	–	9,140.00	–

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## INDEPENDENT AUDITOR'S REPORT TO THE READERS OF NEW ZEALAND PSYCHOLOGISTS BOARD'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2013

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

We have audited the financial statements of the Board on pages 27 to 32, that comprise the statement of financial position as at 31 March 2013, 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 27 to 32:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's:
  - financial position as at 31 March 2013; and
  - financial performance for the year ended on that date.

### *Uncertainty about the delivery of office functions in future*

Without modifying our opinion, we draw your attention to the disclosure in note 15 on page 32 regarding a proposal for combining the secretariat and office functions of the Board with other health-related regulatory authorities. We considered the disclosure to be adequate.

Our audit was completed on 2 September 2013. 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, in our judgement, are likely to influence readers' 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 preparation of the Board's 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.

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. Also we did not evaluate the security and controls over the electronic publication 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 is also responsible for the publication of the financial statements, whether in printed or electronic form.

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

### **Responsibilities of the Auditor**

We are responsible for expressing an independent opinion on the 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 External Reporting Board.

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



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



## NZ PSYCHOLOGISTS BOARD

## STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 31 MARCH 2013

	Note	2013 \$	2012 \$
<b>REVENUE</b>			
Annual Practising Certificates Fees		811,179	764,967
Disciplinary Levy		–	573,934
Registration Fees		94,790	96,716
Non-Practising Fees		16,591	20,739
Accreditation fees		31,617	19,189
Discipline recoveries		54,915	–
Doubtful debt recoveries		17,778	18,243
Other Revenue		15,141	19,315
Interest		69,432	84,911
<b>Total Revenue</b>		<b>1,111,443</b>	<b>1,598,014</b>
<b>EXPENDITURE</b>			
Governance	1	131,912	137,269
Operations	2	421,982	345,880
Secretariat administration	3	806,509	820,804
<b>Total Expenditure</b>		<b>1,360,403</b>	<b>1,303,953</b>
<b>NET SURPLUS/(DEFICIT)</b>		<b>(248,960)</b>	<b>294,061</b>

## NZ PSYCHOLOGISTS BOARD

## STATEMENT OF MOVEMENTS IN EQUITY

FOR THE YEAR ENDED 31 MARCH 2013

	2013 \$	2012 \$
Equity at beginning of period	1,327,710	1,033,649
Net surplus / (deficit) for the period	(248,960)	294,061
Total recognised Revenues and Expenses for the period	(248,960)	294,061
<b>EQUITY AT END OF PERIOD</b>	<b>1,078,750</b>	<b>1,327,710</b>

The accompanying notes form part of these financial statements

NZ PSYCHOLOGISTS BOARD  
STATEMENT OF FINANCIAL POSITION

AS AT 31 MARCH 2013

	Note	2013 \$	2012 \$
<b>EQUITY</b>	4	<b>1,078,750</b>	<b>1,327,710</b>
<b>CURRENT ASSETS</b>			
Cash, Bank & Bank deposits		1,823,442	2,172,430
Accounts Receivable		95,396	36,339
Prepayments		17,019	11,743
<b>Total Current Assets</b>		<b>1,935,857</b>	<b>2,220,512</b>
<b>NON-CURRENT ASSETS</b>			
Accounts Receivable		1,252	8,444
Property, plant & equipment	5	57,591	57,233
Intangible assets	6	18,961	26,880
<b>Total Non-Current Assets</b>		<b>77,804</b>	<b>92,557</b>
<b>TOTAL ASSETS</b>		<b>2,013,661</b>	<b>2,313,069</b>
<b>CURRENT LIABILITIES</b>			
Goods and Services Tax		92,616	73,985
Accounts payable and provisions	7	155,726	218,616
Income in Advance	8	686,569	692,758
<b>Total Current Liabilities</b>		<b>934,911</b>	<b>985,359</b>
<b>TOTAL LIABILITIES</b>		<b>934,911</b>	<b>985,359</b>
<b>NET ASSETS</b>		<b>1,078,750</b>	<b>1,327,710</b>

For and on behalf of the Board.



Ann Connell  
Board Chair  
Dated: 02/09/13



Steve Osborne  
CEO/Registrar  
Dated: 02/09/13

The accompanying notes form part of these financial statements





## NZ PSYCHOLOGISTS BOARD

## STATEMENT OF ACCOUNTING POLICIES

FOR THE YEAR ENDED 31 MARCH 2013

**BASIS OF PREPARATION**

The NZ Psychologists Board is a body corporate established by the Health Practitioners Competence Assurance Act 2003 and is an 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 is an entity qualifying for differential reporting exemptions as it is not publicly accountable as defined by the Framework for Differential Reporting and is not large. The Board has taken advantage of all differential reporting exemptions.

**SPECIFIC ACCOUNTING POLICIES****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.

**Depreciation**

Depreciation of property, plant & equipment is charged at rates permitted under the Income Tax Act 2007. The following rates have been used:

<i>Office furniture &amp; equipment</i>	<i>18%–31%</i>
	<i>Diminishing value</i>
<i>Computer equipment</i>	<i>48%</i>
	<i>Diminishing value</i>

Alterations to leasehold premises are written off over the period of the lease as follows:

<i>Leasehold alterations</i>	<i>16.7%</i>	<i>Straight line</i>
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**Intangible Assets**

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

**Amortisation**

Intangible assets are amortised over the period of benefit to the Board at the following rate:

<i>Website/Database</i>	<i>5 years</i>	<i>Straight line</i>
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**Leases**

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

**Employee entitlements**

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

**Taxation**

The Board is exempt from income tax.

**Income recognition**

Fees received for the issue of annual practising certificates and the provision of services are recognised in the year to which the fees relate or the service performed. All other fees are recognised on receipt.

**Goods & Services Tax**

All amounts are stated exclusive of Goods & Services Tax (GST), except for receivables and payables that are stated inclusive of GST.

**CHANGES IN ACCOUNTING POLICIES**

There have been no changes in accounting policies. All policies have been applied on a consistent basis with those of the previous period.

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

	Note	2013 \$	2012 \$
<b>1. GOVERNANCE</b>			
Costs relating to Board meetings & other activities			
Fees		69,780	67,070
Meeting expenses, conferences & travel		50,597	40,264
Legal		11,535	29,935
		<u>131,912</u>	<u>137,269</u>
<b>2. OPERATIONS</b>			
Costs relating to registration, competence & professional conduct			
Fees		176,735	194,153
Meeting expenses & travel		53,077	16,218
Legal		166,967	114,758
Publications		25,203	20,751
		<u>421,982</u>	<u>345,880</u>
<b>3. SECRETARIAT</b>			
Administration of the Board Secretariat			
Audit fees		6,997	5,430
Depreciation & amortisation	9	37,024	35,738
Loss on disposal of property, plant & equipment		876	–
Telephone, Postage & courier		16,063	19,402
Occupancy costs		79,912	79,506
Other costs		83,660	62,669
Personnel		512,726	483,417
Printing and Stationery		17,897	13,730
Provision for doubtful debts		51,354	120,912
		<u>806,509</u>	<u>820,804</u>
<b>4. EQUITY</b>			
<b>General Reserve</b>			
Balance at 1 April		1,327,710	1,033,649
Surplus for year		96,391	294,061
Transfer to Discipline Reserve		(1,000,000)	–
Balance at 31 March		<u>424,101</u>	<u>1,327,710</u>
<b>Disciplinary Reserve</b>			
Balance at 1 April		–	–
Discipline costs		(345,351)	–
Transfer from General Reserve		1,000,000	–
Balance at 31 March		<u>654,649</u>	<u>–</u>
Total Reserves		<u>1,078,750</u>	<u>1,327,710</u>



## NZ PSYCHOLOGISTS BOARD

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

	COST	ACCUMULATED DEPRECIATION	BOOK VALUE
<b>5. PROPERTY, PLANT &amp; EQUIPMENT</b>			
<b>At 31 March 2013</b>			
Office furniture & equipment	83,278	60,836	22,442
Computer equipment	47,489	25,247	22,243
Leasehold alterations	77,421	64,515	12,906
	208,188	150,598	57,591
<b>At 31 March 2012</b>			
Office furniture & equipment	83,277	55,369	27,908
Computer equipment	48,643	45,127	3,516
Leasehold alterations	77,417	51,608	25,809
	209,337	152,104	57,233
<b>6. INTANGIBLE ASSETS</b>			
<b>At 31 March 2013</b>			
Website/Database	116,674	97,713	18,961
	116,674	97,713	18,961
<b>At 31 March 2012</b>			
Website/Database	116,676	89,796	26,880
	116,676	89,796	26,880
		<b>2013</b>	<b>2012</b>
		<b>\$</b>	<b>\$</b>
<b>7. ACCOUNTS PAYABLE &amp; PROVISIONS</b>			
Accounts payable		52,501	111,600
Accruals & provisions		47,151	57,154
Employee benefits		56,074	49,862
		155,726	218,616
<b>8. INCOME IN ADVANCE</b>			
Annual Practising fees received relating to 2013/2014 year		662,726	677,037
Fees received from education providers for course accreditation		23,843	15,721
		686,569	692,758

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

	2013	2012
	\$	\$
<b>9. DEPRECIATION &amp; AMORTISATION</b>		
Depreciation has charged against fixed assets as follows		
Office furniture & equipment	5,466	6,489
Computer equipment	10,735	2,629
Leasehold alterations	12,903	12,903
	<u>29,104</u>	<u>22,021</u>
Amortisation of intangible assets		
Software	7,921	13,717
	<u>37,025</u>	<u>35,738</u>

**10. COMMITMENTS**

Contractual commitments for operating leases of premises and equipment.

Not Later than one year	67,594	71,084
Later than one year	8,839	63,729
	<u>76,433</u>	<u>134,813</u>

**11. CAPITAL COMMITMENTS**

There are no commitments for capital expenditure at balance date. (2012 \$Nil)

**12. CONTINGENT LIABILITIES**

There are no contingent liabilities at balance date. (2012 \$Nil)

**13. RELATED PARTY TRANSACTIONS**

There were no transactions involving related parties during the year.

**14. EVENTS AFTER BALANCE DATE**

There were no events that have occurred after balance date that would have a material impact on these financial statements.

**15. UNCERTAINTY OF OFFICE FUNCTIONS**

In February 2011, Health Workforce New Zealand, on behalf of the Minister of Health, issued a consultation document proposing a single shared secretariat and office function for all 16 health-related responsible authorities.

In late 2012 HWNZ funded a detailed business case for the establishment of a shared secretariat organisation. This is being considered by each of the 16 health regulatory authorities.

The proposals, should they proceed, would likely have a significant effect on the Board but the possible effect has not been quantified.

Until a decision is made, there is uncertainty about the form in which the Board's office functions will be delivered in future.