



New Zealand
PSYCHOLOGISTS BOARD
Te Poari Kaimātai Hinengaro
o Aotearoa



ANNUAL REPORT TO THE MINISTER OF HEALTH

For the Year 1 April 2016 to 31 March 2017

2017



Hon Dr David Clark
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 2017.

On behalf of the Board,

Ann Connell,
Chairperson



Acronyms used in this Report

APC	Annual Practising Certificate
CCP	Continuing Competence Programme
CE	Chief Executive
CRC	Competence Review Committee
HDC	Health and Disability Commissioner
HPCA	Health Practitioners Competence Assurance Act 2003
HPDT	Health Practitioners Disciplinary Tribunal
HWNZ	Health Workforce New Zealand
IAAP	International Association of Applied Psychology
IPCP	International Project on Competence in Psychology
IUPsyS	International Union of Psychological Science
NZCCP	New Zealand College of Clinical Psychologists
NZPsS	New Zealand Psychological Society
PsyBA	Psychologists Board of Australia
PCC	Professional Conduct Committee
RA	Regulatory Authority
SLA	Service Level Agreement
TTMRA	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 one governance (Board) committee and three operational (Secretariat) committees. Working Parties are also established on a time-limited, as needed basis.

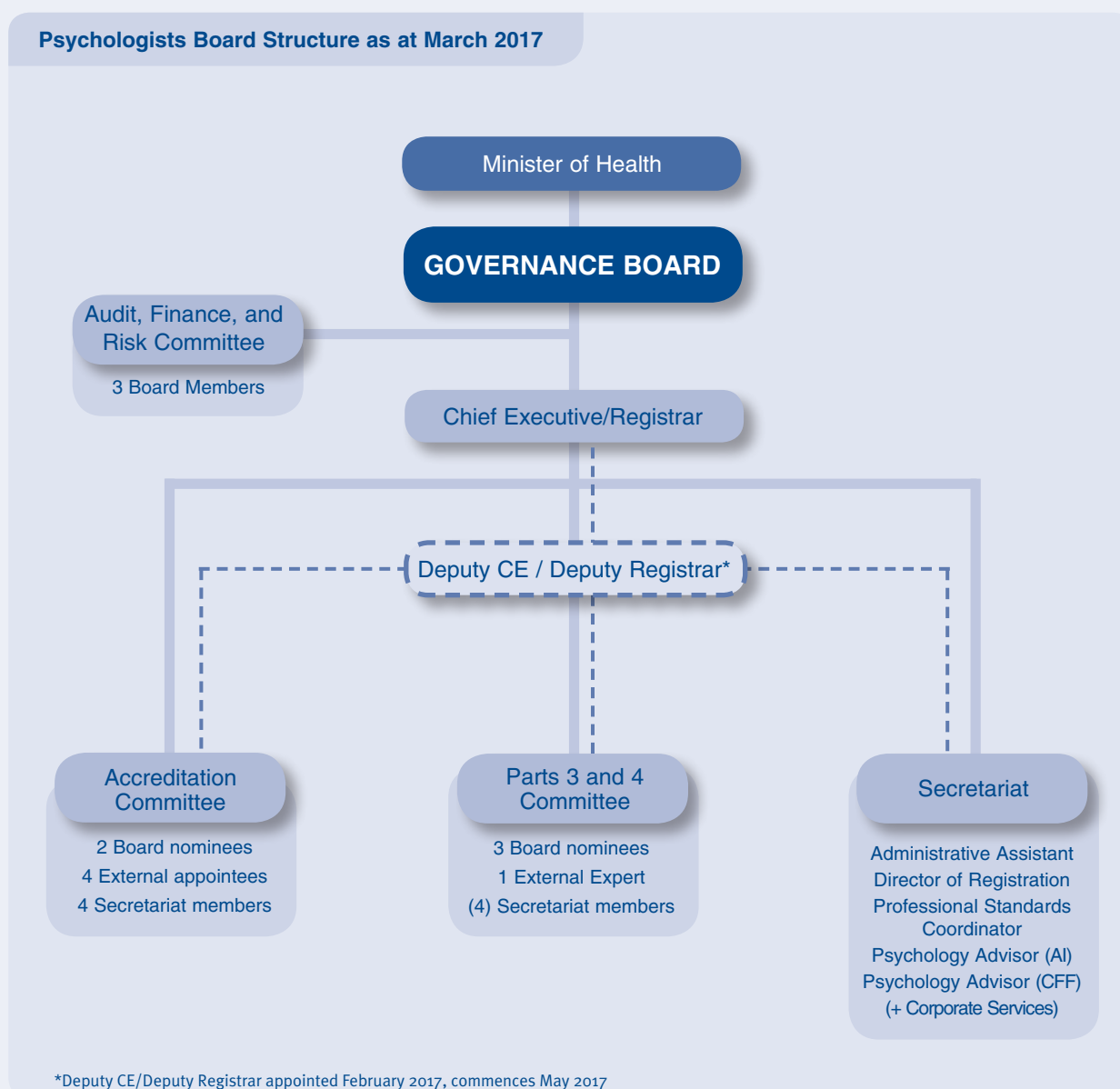


Figure 1: Psychologists Board structure as at 31 March 2017 (refer to page 10 for information on the recent establishment of the Deputy Chief Executive and Deputy Registrar role)



Audit, Finance, and Risk Committee (Governance)

(Refer section 118 – HPCA Act 2003)

Ms Ann Connell (*Committee Chair*)

Ms Monica Davis

Dr Monique Faleafa

Mr Steve Osborne (*Chief Executive and Registrar: non-voting*)

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

Accreditation Committee (Operational)

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

Professor John Bushnell (*Board nominee*)

Dr Janet Carter (*External stakeholder nominee; from June 2016*)

Mrs Anne Culver (*Deputy Registrar [Registration]*)

Associate Professor Karyn France

(*External stakeholder nominee; to May 2016*)

Ms Gina Giannios (*Professional Standards Coordinator*)

Ms Anne Goodhead (*Psychology Advisor/Competence, Conduct and Fitness*)

Dr Richard Linscott (*External stakeholder nominee*)

Commander Lynette Marchant

(*External stakeholder nominee; from July 2016*)

Dr Ian Miller (*Board nominee*)

Mr Steve Osborne (*Committee Chair, CE and Registrar*)

Professor Devon Polaschek (*External stakeholder nominee*)

Associate Professor Karen Salmon

(*External stakeholder nominee; to June 2016*)

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 Health Practitioners Competence Assurance Act (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>.

“Part 2” Committee (Operational)

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

Mrs Anne Culver (*Deputy Registrar [Registration]*)

Ms Anne Goodhead (*Psychology Advisor/Competence, Conduct and Fitness*)

Mr Steve Osborne (*CE and Registrar; Committee Chair*)

This advisory committee assists with administration of Part 2 of the HPCA by, for example, considering and making recommendations to the Registrar regarding complex applications for registration and/or practising certificates. The committee is rarely used now that the secretariat has developed its own, internal expertise, and the Board will consider disestablishing it as part of the current review of registration standards and procedures.

“Parts 3 and 4” Committee (Operational)

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

Dr Elliot Bell (*Board nominee*)

Mrs Beverley Burns (*Board nominee*)

Ms Gina Giannios (*Professional Standards Coordinator*)

Ms Anne Goodhead (*Psychology Advisor/Competence, Conduct and Fitness*)

Mr Steve Osborne (*Committee Chair, CE and Registrar*)

Ms Nalini Meyer (*Board nominee*)

Ms Dianne Cameron (*External expert*)

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), and Board policy. It conducts most of its business by email, and meets by teleconference or face-to-face only as and when needed.

Governance

From the Chairperson

This is the Board's seventeenth Annual Report to the Minister and my fifth as Chairperson.

In the year covered by this report the Board has been working on a comprehensive review of the Decision Guidelines relating to Part 2 of the HPCA Act, led by Board members Bev Burns and John Bushnell. The guidelines we have been working with to date were made with the best knowledge available at the time and reflect aspects of both local and international training and practice that have since moved in sometimes minor and sometimes substantial ways. We have the opportunity to consider how the guidelines relate to international developments both in regulation and in core competencies as defined by the International Project on Competence in Psychology. We are confident that the end result of this work will be an elegant and easy to follow set of processes and procedures.

Statistics continue to show steady growth in the number of psychologists, but our ethnicity data shows that we are under-represented in Māori and Pasifika psychologists. This has been a matter of concern for the Psychology Workforce Task Force, chaired by Dr John Crawshaw, Director and Chief Advisor of Mental Health at the Ministry of Health. The Board is represented on this group by the Chair and Deputy Chair. Along with representatives from the two

professional associations (New Zealand Psychological Society, New Zealand College of Clinical Psychologists), the training programmes, and major employers of psychologists, we are working to understand future workforce needs and plan to address the predicted gap due to increasing demand for psychology services.

The substantial growth in the number of our Annual Practising Certificate holders (a 70% increase from 2006, when we established our Secretariat) has resulted in a steady increase in both the amount and the complexity of workload for our staff. A careful consideration of current work and planned projects led to the conclusion that additional resource was needed and a new Deputy Chief Executive and Deputy Registrar role was created and will soon be appointed to, supporting all aspects of the Board's work.

There have been no changes of membership of the Board during this reporting period, resulting in a Board that is well consolidated and able to work very well together. The CE and his staff have maintained their work ethic and professionalism in what was at times a challenging year. The planning done by both the Board and Secretariat staff on business continuity meant that essential tasks were able to be done despite the disruption of the November 2016 Kaikoura earthquake and dislocation from their usual workplace.

Ann Connell



L to R: Ann Connell, John Bushnell, Ian Miller, Nalini Meyer, Elliot Bell, Beverley Burns, Monica Davis. Missing: Monique Faleafa, Joanne Talbot. As at 31 March 2017.

Board members

Dr Elliot Bell

- First appointed August 2015, current term expires August 2018.
- BCA (Victoria); MA (Victoria); PGDipClinPsych (Victoria); PhD (Otago).
- Registered in the Clinical Scope of practice.
- Fellow of the New Zealand College of Clinical Psychologists.
- Twenty years' experience in public and private mental health services.
- Ten years' experience in university teaching and research.
- Past service contributions within the NZCCP, University of Otago, Ministry of Health, and Mental Health Commission.

Mrs Beverley Burns

- First appointed July 2008, current term expires August 2017.
- BEd (Waikato), MSocSci(Hons) (Waikato), PGDipPsych(Clin)(Waikato).
- Registered in the Psychologist scope of practice.
- Fellow of the New Zealand Psychological Society.
- Member of NZPsS 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.

Professor John Bushnell

- First appointed May 2015, current term expires May 2018.
- BA, MA(Hons), PGDipClinPsych (Canterbury), PhD (Otago).
- Registered in the Clinical Psychologist scope of practice.
- Fellow of the NZ College of Clinical Psychologists.
- Thirty-eight years' experience in academic and medical settings encompassing teaching, research, and clinical practice.
- Senior academic leadership, organisational development, and management experience, including Associate Dean Medical Education at Otago University, Foundation Director of Graduate (Rural) Medical Program, and Professor of Medical Education at University of Wollongong NSW, Australia.
- Member of Board of Directors of Clinical Advisory Services Aotearoa (CASA), a national not-for-profit company delivering suicide prevention and mental health promotion programmes throughout Aotearoa.

Ms Ann Connell

- First appointed July 2011, current term expires May 2018.
- MSc (Otago), PGDipClinPsych (Otago).
- Registered in the Clinical Psychologist scope of practice.
- Fellow of the NZ College of Clinical Psychologists.
- Over thirty years' experience in public mental health settings.
- Management and senior leadership experience.

Ms Monica Davis (*Layperson*)

- First appointed November 2012, current term expires December 2018.
- BA/LLB (Auckland).
- Chair Avonside Girls High School Board of Trustees.
- Fifteen years' executive experience in retail and transportation/infrastructure industries.

Dr Monique Faleafa, MNZM (*Deputy Chairperson*)

- First appointed September 2009, current term expires September 2018.
- Doctorate in Clinical Psychology (Auckland), BA (Hons) (Auckland).
- Registered in the Clinical Psychologist scope of practice.
- CEO of Le Va, a national Pasifika non-government organisation.
- Member of the New Zealand Order of Merit.
- Eighteen years' experience in non-government organisations and Pacific communities.
- Board Member, Health Promotion Agency.
- Member of the Westpac External Stakeholder Panel.
- Board Member Health Research Council of New Zealand.
- Founding member of Pasifikology (Pacific psychologists' network).

Ms Nalini Meyer (*Layperson*)

- First appointed August 2015, current term expires August 2018.
- LLB/ BA (Canterbury).
- Admitted as a Barrister and Solicitor of the High Court of New Zealand.
- Senior Associate at Harmans Lawyers, Christchurch.
- Board Member of the Christchurch City Mission.
- Trustee of the City Mission Foundation.

Dr Ian Miller

- First appointed September 2009, current term expires September 2018.
- Served as Board Chair 2011-2013.
- PhD (Psychology) (Canterbury), BSc Hons (Canterbury).
- Registered in the Psychologist scope of practice.
- Former Member of the Alcohol Advisory Council.

- Previously Manager of Police Psychological Services and Regional Senior Psychologist for Department of Justice Psychological Services.
- Specialist areas: behavioural regulatory change, behavioural risk mitigation, psycho-trauma, and forensic behavioural issues.

Ms Joanne Talbot (*Layperson*)

- First appointed December 2015, current term expires December 2018.
- PGDipPH (Wellington)
- Executive Officer, Barnados New Zealand
- 18 years' experience in health and social development.

Board meetings

Agendas and supporting documents are prepared for each Board meeting and minutes record all formal proceedings. A quorum of five 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 four times in each financial year, though brief teleconferences can be held where an urgent matter arises between meetings.

Board meeting dates during the 2016/2017 reporting period

- 25 & 26 May 2016
- 24 & 25 August 2016
- 19 & 23 November and 22 December 2016¹
- 22 & 23 February 2017

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.

¹ The Board met via teleconferences in November and December, in lieu of the scheduled face-to-face November meeting, which was cancelled due to the impacts of earthquakes at that time.



» Operations

From the Chief Executive and Registrar

The 2016/2017 year provided some remarkable challenges for the Board and its Secretariat. Our ability to successfully manage them all was certainly enhanced by our recent colocation with nine other Regulatory Authorities (as reported last year). The new set up has also posed its own challenges, but overall our first full year together has been a genuine success. I look forward to many more years of close collaboration.

The Board invested a great deal of time and resources this year into improving our database and IT systems, including the development of an online APC renewal system. Although we experienced a few teething problems, overall this has been a big step forward for us and we anticipate that – once the final few bugs have been eliminated – our investment will pay real dividends in terms of cost and time savings and improved reliability of the data we hold. In the coming year we will be making further improvements, including the integration of an annual workforce survey from which we will funnel data to Health Workforce New Zealand.

With these enhancements to our systems, and with parallel improvements to many of our policies and procedures, the Board are well prepared to implement and to benefit from the anticipated changes to the HPCA Act arising from the reviews conducted in 2008 and 2012. We look forward to working with the Ministry on these developments in due course.

The Board has also continued its efforts to build and deepen its networks in the community and in the profession. Of particular note this year was the establishment of an informal “Cultural Advice Reference Group”, the appointment of Tikanga Advisors, and our participation in the Asia-Pacific Leadership Forum (which has since developed into an ongoing Asia-Pacific Psychology Alliance).

Finally, the Board continues to develop a suite of “Best Practice Guidelines” as one mechanism for promoting and ensuring competent and safe practice. We have now published eight guidelines, and have a ninth almost ready for publication. Feedback from practitioners and from the training programmes indicate that these guidelines are well utilised, and greatly valued.

In closing I would like to sincerely thank my staff, colleagues, and most of all the generous volunteers who have served on our various committees, panels, teams, and working groups over the past year. Their support and contributions are core to all that we are able to do, and particularly to our efforts to protect the public and guide the profession.

Nāku, nā
Steve Osborne

Secretariat Staff



*L to R:
Gina Giannios,
Jo Pugh,
Lois Surgenor,
Steve Osborne,
Anne Culver,
Anne Goodhead.*

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

In 2015 a review of the Secretariat structure led to the creation of a Deputy Chief Executive and Deputy Registrar role. Recruitment to the new position was completed in the 2016/17 year, with the appointee to commence on 1 May 2017.

Since February 2016 the Secretariat has been colocated with nine other Regulatory Authorities. From that time the Board's facilities management, lease, IT, and

governance support services have been provided by the Nursing Council under a Service Level Agreement (SLA). From 1 April 2016 the Board's main financial and payroll services will also be provided under the SLA.

The Psychologists Board is currently supported by six staff (4.95 FTE):

- Anne Culver is our Deputy Registrar (Registration).
- Ms Gina Giannios is our Professional Standards Coordinator.
- Ms Anne Goodhead (BSc Hon (Canterbury), MAAppClinCommPsy (Victoria), MPubPol (Victoria), Clinical Psychologist) is our Psychology Advisor (Complaints, Competence, and Fitness).
- Mr Steve Osborne (BSc, BEd (Distinction), MSc (Calgary), MIPGA, MASPPB, Clinical Psychologist) is our CE and Registrar.
- Ms Jo Pugh is our Administrative Assistant.
- Associate Professor Lois Surgenor (MA DipClinPsych (Cant) PhD (Otago) FNZCCPsych) is our Psychology Advisor (Accreditation and Investigations).



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, 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 Master’s 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 Psychology² 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.

² 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, and to accredit and monitor educational organisations and courses of studies. Therefore, 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, the Board has developed a comprehensive set of standards and procedures for accreditation of qualifications leading to registration as a psychologist.

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. Furthermore and 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, 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. The Board 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.

During the year to 31 March 2017, the Board assessed and accredited one university training programme. A further two university training programmes were in the process of being assessed.

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

Clive Banks	Richard Linscott
Ione Wooles	John Bushnell
Elizabeth Jones	Janet Carter
Joanne Walker	Lynette Marchant
Jack Austin	Karyn France
Jhan Gavala	Karen Salmon
Kerry Gibson	Devon Polaschek
Ian Miller	Peter Stanley

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

Educational organisation / Course of study	Current status	Next assessment due
AUT		
Postgraduate Diploma in Counselling Psychology PGDipCounsPsych	Accredited	2017
Massey University		
Doctor of Clinical Psychology DClinPsych	Accredited	2021
Masters in Clinical Psychology MClinPsych	Provisionally Accredited	2019
Postgraduate Diploma in Educational and Developmental Psychology PGDipEdDevPsych	Accredited	2019
Postgraduate Diploma in Industrial/Organisational Psychology PGDipl/OPsych	Accredited	2018
Postgraduate Diploma in Psychological Practice PGDipPsychPrac	Accredited	2017
University of Auckland		
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)	Not accepting enrolments	Deferred indefinitely
Postgraduate Diploma in Clinical Psychology PGDipClinPsych	Accredited	2018
Postgraduate Diploma in Health Psychology PGDipHlthPsych	Accredited	2018
University of Canterbury		
Postgraduate Diploma in Child and Family Psychology PGDipChFamPsych	Accredited	2020
Postgraduate Diploma in Clinical Psychology PGDipClinPsyc	Accredited	2021
Postgraduate Diploma in Industrial and Organisational Psychology PGDipIndOrgPsyc	Not accepting enrolments	Deferred indefinitely
University of Otago		
Postgraduate Diploma in Clinical Psychology PGDipCLPs	Accredited	2020
University of Waikato		
Postgraduate Diploma in Psychology (Clinical) PGDipPsych(Clin)	Accredited	2017
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	2021
Postgraduate Diploma in the Practice of Psychology (Organisational) PGDipPracPsych(Org)	Not accepting enrolments	Deferred indefinitely
Victoria University		
Postgraduate Diploma in Clinical Psychology PGDipClinPsych	Accredited	2018
Postgraduate Diploma in Educational Psychology Practice PGDipEPP	Accredited	2021



Figure 3: 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 Corrections	Accredited	2019
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 (including practical) 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. Trans-Tasman Mutual Recognition Act (TMRA) 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 bilingual “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	245	100	139*	6
Reasons for declining an application					
Does not have prescribed qualifications	s 15 (1)(b)	6	0	0	6
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	–	–	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	–	–	–

*All were standard conditions for Interns/Trainees.

The Board registered 239 new practitioners in 2016/2017, including 100 overseas trained practitioners (22 via the Trans-Tasman Mutual Recognition Act 1997 (TTMRA) and 139 NZ trained practitioners.

Applications for registrations by scope³:

Psychologist	18
Clinical Psychologist	73
Counselling Psychologist	1
Educational Psychologist	8
Intern Psychologist	134
Trainee Psychologist	5

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 asks that practitioners renew their Annual Practising Certificate (**APC**) and update their details online via our website. This is the primary route for renewals, which helps reduce costs and increases efficiency.

Table 2: Applications for an annual practising certificate

	HPCAA Section	Number	Outcomes			
			APC with no conditions	APC with conditions	Interim PC	Application declined
Total number of applications		2757	2752	5*	0	0
Reasons for declining an application						
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)	0	–	–	–	–
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	–	–	–	–

*All trainees with standard conditions.

³ Excludes applications that were declined.



» 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 “Parts 3 & 4” Committee (“**the 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 includes 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 decision-making is challenging.

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 concerns as outlined in section 34 of the Act. In such circumstances the Board appoints two 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 Committee. 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.

In the 2016/2017 year, the Board received seven new competence related matters:

Three new notifications were received under section 34 of the HPCA Act. Two notifications were received from ACC clinicians, who were concerned about what was perceived as poor quality reporting by psychologists fulfilling contracts for that organisation. A third was received from DHB colleagues expressing concerns about a psychologist who left the DHB after relationship disputes. After initial enquiries were made (in accordance with section 36 of the HPCA Act) the Committee issued section 37 notices to order a competence review for each of these notifications. One review is still in process whereas the two that were

concluded both upheld the competence concern that the practitioner was not practising at the required standard. Although competence programmes (in accordance with sections 38 and 40) were ordered for both of these psychologists, one programme did not proceed as that psychologist left the country and removed himself from the Register.

Professional Conduct Committees (**PCCs**) made two recommendations to undertake competence reviews under s80(2)(a) of the HPCA Act, which the Parts 3 & 4 Committee accepted. One competence review evaluated the psychologist as not meeting required standards; the Committee ordered a remedial competence programme. The second review arising after a PCC investigation found that the practitioner was competent in other areas of practice, so that the poor practice observed in the complaint matter was not general to other areas of her practice.

The Committee ordered two recipients of complaints to undergo competence reviews (in accordance with s36(4)). In each case the complaint allegations raised concerns about the competence of the psychologists. One review did not proceed because the concerns were circumscribed to the preparation of specialist reports for the Family Court and the psychologist removed himself from that area of practice. The second review resulted in the Competence Review Panel upholding competence concerns and a remedial programme was ordered.

As noted in the 2015/16 Annual Report, an historic competence review (from 2007) had found that the psychologist did not meet required standards of competence. The practitioner chose to remove herself from the Register at that time but during the previous reporting period made application to be reinstated to the Register. The Registrar (acting under delegated authority) issued an Annual Practising Certificate with a condition that she must only practise under Board-approved supervision, in accordance with section 38(1)(b). The supervisor was requested to report on the psychologist’s current competence, to give an updated assessment, while also ensuring oversight to safeguard public safety. This modified competence programme/ review was still in process at the beginning of this current reporting period. However shortly into the year, that practitioner decided to again remove herself from the Register.

At 1 April 2016, one competence review was underway which had been ordered in an earlier reporting period. The review resulted in “No further action” as the Competence Review Panel found that the psychologist did meet required standards of competence.

In addition, at 1 April 2016, four competence programmes (in accordance with section 40 of the HPCA) were in process. Three of these closed during the reporting period after oversight supervisors reported

that the individual practitioners were now practising at required levels of competence. The fourth was placed on hold, initially due to ill health; the psychologist then asked to be removed from the Register (under s 144(3)).

All psychologists who are required to undertake a competence programme have a condition requiring them to only practise under Board-approved supervision, which has both oversight and educational functions.

Table 3: Source of new competence referrals received in 2016/2017

Source	HPCAA Section	Number
Health Practitioner	s 34(1)	3
Health and Disability Commissioner	s 34(2)	0
Employer	s 34(3)	0
Other – Parts 3 and 4 Committee	s 36(4)	2
Other – Professional Conduct Committee	s 80(2)	2
Total		7

Table 4: Outcomes of competence referrals processed in 2016/17

Outcomes	HPCAA Section	Referral Numbers		Status as at 31 March 2017	
		Received before 1 April 2016	Received in 2016/17	Closed	Still active
No further action		1	1	2	0
Notification of possible risk of harm to public	s 35	2	1	2	1
Orders concerning competence	s 38	4	3	6	1
Interim suspension/conditions	s 39	0	0	0	0
Competence programme	s 40	4	1	3	2
Recertification programme	s 41	0	0	0	0
Unsatisfactory results of competence or recertification programme	s 43	0	0	0	0
Reviews still in process		0	1	0	1



The Board would like to thank the following psychologists who assisted the Board by serving on Competence Review Panels and/or acting as supervisors on Competence Programmes in the 2016/2017 year:

Quentin Abraham	Debbie Newlove
Clive Banks	Fiona Malcolm
Marijke Batenburg	Paul Merrick
Mike Butcher	Llewelyn Richards-West
Amanda Christian	Dave Robinson
Joanne Clarkson	Robyn Stead
Kris Garstang	Dougal Sutherland
Rachel Irwin	Eileen Swan
Ingo Lambrecht	Marleen Verhoeven
Malcolm Stewart	Renuka Wali
Fred Seymour	

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 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. After consulting with the profession during 2015, the recording requirements were adjusted to reduce the administrative time required, with the objectives of reducing compliance costs while assisting practitioners

to direct their learning to proactively maintain competence. These changes were implemented at the end of this reporting period, to take effect in the CCP cycle starting 1 April 2016. The Board’s actions in reforming this programme were to achieve greater consistency with the “right touch” approach to regulation that the Board aspires to; that is, keeping the required intervention and compliance costs proportionate to perceived risk, while maintaining incentives for the self-regulation appropriate to the profession of psychology.

Fitness to practise

Fitness concerns:

Inability to perform required functions

Five fitness notifications were received by the Board in the year 1 April 2016 to 31 March 2017: three from employers, one self-notification and one arising from a PCC investigation. In addition two psychologists returned to practice after a break for fitness reasons which arose in the previous reporting period.

Three notifications were prompted by employers becoming aware of acute mental health crises for the psychologist, all of which necessitated urgent medical intervention. Two practitioners voluntarily suspended themselves from practising, were supported by their employers to receive treatment and then returned to duties once recovered. The third psychologist was placed under interim suspension and a psychiatric assessment was ordered. The psychiatrist assessor concluded that the psychologist was fit to practise as long as he adhered to a treatment regime. He was also to be monitored by the employer’s occupational physician. Despite this regime, he became acutely unwell again, whereupon he decided to return to his country of origin.

A psychologist self-disclosed that she suffered a medical episode two years previously which may have had an enduring impact on her ability to practise. She raised this as a concern with the Board because her ability to carry out the functions of her role had been questioned by some colleagues. The Board ordered a medical assessment which declared her fit to practise.

A fitness notification was received as a recommendation from a PCC after a complaint concerning a professional conduct matter. The Committee ordered a psychiatric review. The reporting

doctor advised that the psychologist was fit to practise conditional upon supervision and treatment. Those supports have been put in place as an ongoing support and monitoring regime.

A psychologist who had self-disclosed that he was currently unfit during the previous reporting period successfully applied for an APC part way through the year after his treating clinician confirmed that there

were no current issues or concerns that may prevent him being fit to practise.

A psychologist who did not hold an APC due to fitness issues as at 1 April 2016 was referred for a re-assessment by a psychiatrist part-way through the year. The doctor assessed the psychologist as fit to resume working, conditional upon Board approved supervision, supplemented by monitoring by her doctor.

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

Source	HPCAA Section	Number of Notifications		Status as at 31 March 2017	
		Received before 1 April 2016	Received in 2016/17	Closed	Active
Health service	s 45(1)(a)	0	0	0	0
Health practitioner	s 45(1)(b)	1	1	1	1
Employer	s 45(1)(c)	0	2	1	1
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	0	0	0
PCC	s80(2)(b)	0	1	0	1
Self report		1	1	2	0

Table 6 records the actions taken in regard to fitness notifications over this reporting period. Please note that several notifications resulted in more than one applicable outcome.

Table 6: Outcomes of fitness notifications

Outcomes	HPCAA Section	Number of practitioners
No further action	–	2
Order medical examination	s 49	4
Interim suspension	s 48	2
Conditions on scope of practice	s 48	2
Restrictions imposed	s 50	0



» Part 4 of the HPCA Act: Complaints and discipline

Overview

As noted, the Board has delegated the management and consideration of complaints to the Parts 3 and 4 Committee, “the Committee”. There have been a total of 69 complaints that were considered during this reporting period, including 31 still in process from the previous reporting period and 38 new complaints received.

Complaints against Family Court report writers continue to feature prominently in the statistics (please refer to Table 8 for the details on the source of complaints). Complaints arising from Family Court contracts also tend to have a long duration, due to the agreed policy between the Court and the Board, to only consider the complaint after the Court processes have been completed. This policy was introduced by the Principal Family Court Judge to discourage potential complainants from attempting to use the Board’s complaint processes as a way of unfairly influencing the Court’s process.

In this reporting period a total of 13 PCC investigations were either initiated or managed. Four new PCCs were initiated.

Complaints

Complaints Process

The psychologist subject of the complaint is always informed immediately a complaint against them is received. The matter is then referred to the Health and Disability Commissioner (HDC) and Family Court (if relevant). 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 Health Information Privacy Code. The complainant is then invited to make further comments in light of the psychologist’s response. The complaint is then considered by the Committee.

The Committee considers all information received to reach its decision. The options considered by the Committee are to refer to a PCC for investigation, refer to

a competence review, refer to another agency, or to take no further action. For the purposes of this report, the complaint is considered closed when the PCC report is received and actioned, when it becomes a competence matter, or when the Committee decides to take no further action.

Board decisions on complaints considered in 2016/2017

The outcome section of Table 7 refers to complaints that have been considered by the 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*⁴), the Family Court.

Thirty six complaints were closed during the reporting period. Twenty-two complaints were considered to not meet the threshold for further investigation and therefore a “No further action” (NFA) decision was reached. However in nine of these NFA cases, the Committee issued an advisory letter to encourage the psychologist to examine the complaint within supervision in order to glean whatever learning could be obtained from the complaint process. Two complaints raised concerns about the competence of the psychologist and were referred to a competence review. Three complaints were concluded after PCC investigations, and a further four after the matter had proceeded through the Health Practitioners Disciplinary Tribunal (HPDT). Additionally one psychologist complaint was referred directly to the HPDT by the Health and Disability Commissioner.

Three complaints were withdrawn and two were discontinued. One PCC, arising after a conviction, was discontinued after the psychologist died⁵. Another was discontinued as it concerned academics in dispute about intellectual property which was deemed outside the jurisdiction of the Board.

⁴ Sets out the requirements and recommended procedures agreed for specialist report writers to the Family Court. (Revised version formally came into operation on 6 October 2016).

⁵ Please note the practitioner died of natural causes.

Table 7: Complaints – sources and outcomes

Source	Number	Referred to HDC (New cases)	Outcome as at 31 March 2017				
			Not yet considered	Withdrawn	No further action	Referred to PCC	Referred to a Competence Review Committee
Received prior to, but not yet considered by P3&4, as at 1 April 2016	31	1 (for prosecution)	9	3	12	6	1
New complaints: Consumers	11	11	7	0	3	1	0
New complaints: Subject of or in reference to a specialist report for a third party ⁶	16	16	10	1	4	0	1
New complaints: Other	11	8	7	1	3	0	0
Total	69	36	33	5	22	7	2

Complaints by practice setting

Table 8 below shows the source of new complaints from the most common practice settings. As indicated above, a high proportion of complaints are against practitioners preparing reports for the Family Court, which continues to be an area of practice which carries high risk for the practitioner of attracting a complaint. It should be noted,

however, that most Family Court related complaints are assessed to require no further action. Of the fifteen Family Court-related complaints closed during this reporting period, one was referred to a competence review and two were investigated by a PCC.

Table 8: New complaints by practice setting

Setting	New complaints	% of total
Private Practice	11	29
Family Court	14	37
ACC	1	3
Department of Corrections	3	8
DHB	2	5
Other	7	18
Total	38	100

⁶ Third-party in this context means the Family Court, Dept. of Corrections, or ACC.



Professional Conduct Committees

Twelve PCCs were in process during the reporting period. One PCC investigated three complaints against the same practitioner and another investigated two complaints against the practitioner.

Seven PCCs were carried over from the previous period and five were appointed during the year. One was discontinued after the psychologist subject died suddenly. Table 9 shows all PCCs that were in operation at various stages during the 2016/2017 year.

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	0	N/A
Conduct	Subject of or in reference to a specialist report for third party	1	In progress
	Other	8	Three are still in process, one was discontinued, one recommended a competence review, one recommended the psychologist is counselled, one determined NFA, and one determined charges be laid at the HPDT.
Concerns about standards of practice and conduct	Subject of or in reference to a specialist report for third party	1	Recommended a competence review and determined charges to be laid at HPDT.
	Other	2	One recommended competence review and the other recommended the psychologist be counselled.

The Board would like to thank all those who assisted the Board by serving on PCCs in the 2016/2017 year:

Psychologists

Hamish Dixon
Dianne Cameron
Tanya Breen
Carolyn Cavana
Margaret Beekhuis
Sue Sidey
Margaret McConnell
Pamela O'Hara
David Semp
Suzanne Blackwell
Fred Seymour
Armon Tamatea

Laypersons

Ruth Helms
Sarah McNaughtan
John Horwood
Pat Oettli
Mate Webb
Glenda Lorimer
Marjorie Noble

Health Practitioners Disciplinary Tribunal

Four psychologists were subject to charges heard by the HPDT in 2016/2017. Three psychologists were subjects of complaints where investigation resulted in the PCCs' determining that the matter should be referred to the HPDT. One complaint matter was referred directly to the HPDT by the HDC.

One psychologist who was referred to the Tribunal for a hearing on disciplinary charges negotiated with the PCC to accept an alternative pathway of a competence programme; thus the hearing was diverted.

The three complaints that were heard by the Tribunal all upheld the substantive charges and the three psychologists were censured and fined. One psychologist had removed herself from the Register prior to the hearing. Should she apply to be reinstated, she will be required to undertake a fitness examination. The other two were subject to conditions requiring them to only practise under oversight supervision.

A further case had been heard by the HPDT in an earlier period. While the findings of guilt were accepted, the practitioner appealed some of the penalties. On appeal the High Court upheld some of the penalties but cancelled a three month suspension of APC order, a restriction preventing her practising from her home and requiring an essay. The punitive orders that were upheld were a supervision order for 18 months, restrictions on the type of referral that she can accept and a requirement to undertake an education session on ethical practice.

Summary of Decisions of the Health Practitioners Disciplinary Tribunal for Publication

Full decisions of the Tribunal can be viewed at www.hpdt.org.nz, using the relevant reference number in the search field.

Ms Dianne Farrell, Ref: Psy16/342P

Charge: On 14 June 2016 the Health Practitioners Disciplinary Tribunal considered a charge laid by the Professional Conduct Committee against Ms Dianne Farrell, Psychologist of Hamilton.

The charge alleged that the Psychologist engaged in therapy with a child without the consent of the child's mother and that she adopted roles in relation to the child's therapy that were inappropriate or in conflict with her primary role as the child's therapist.

The hearing proceeded on an agreed summary of facts basis.

Finding: The Tribunal was satisfied that the charges were made out and professional misconduct had been established in this case that warranted disciplinary sanction.

Penalty: The Tribunal censured the Psychologist, imposed a fine of \$3,000 and costs of up to 25% and imposed a period of supervision of 12 months.

The Tribunal directed publication of the decision and a summary.

Ms E, Ref: Psy15/336D

Charge: On 5 April 2016 the Health Practitioners Disciplinary Tribunal considered a charge of professional misconduct laid by the Director of Proceedings against Ms E a Psychologist (the psychologist).

The charge alleged that the Psychologist failed to set and/or maintain appropriate professional boundaries with a former patient and that the Psychologist engaged in sexual and/or intimate encounters with her former patient.

The hearing proceeded on the basis of an agreed summary of facts and the Psychologist accepted that her actions amounted to professional misconduct and warranted disciplinary sanction.

Finding: The Tribunal found that the charge was upheld and was a serious departure from professional standards, coupled with the Psychologist's dishonesty in attempting to cover her tracks and that the conduct constituted both malpractice and conduct likely to bring discredit to the psychologist's profession.

Penalty: The Psychologist, soon after the events in question, voluntarily relinquished her registration and the Tribunal noted that it was to her credit she recognised that her departure from the standards which the public and profession are entitled to expect of her were simply too significant for her to be able to contemplate retaining her registration.

The Tribunal stated that although it did not finally decide on this, had the Psychologist remained in practice there was a very real prospect that the Tribunal's penalty order would have included cancellation.

The Tribunal ordered that the Psychologist be censured and that she pay 30% of both the Tribunal and the Director of Proceedings' costs. Conditions were also



imposed that are to be completed before the Psychologist applies for re-registration if she chooses to do so.

Permanent orders of suppression were granted for the name of the Psychologist and any information that may lead to her identification or that of her former patient.

The Tribunal directed publication of its decision and a summary, subject to the suppression orders.

Ms Jeanne Le Roux Psy15/313P

Charge: At a hearing on 4 to 7 August and 8 October 2015, the Health Practitioners Disciplinary Tribunal (the Tribunal) considered two charges of professional misconduct laid by a Professional Conduct Committee appointed by the Psychologists Board of New Zealand against Ms Jeanne Le Roux of Auckland, registered psychologist (the Psychologist).

The first charge alleged misconduct in terms of section 100(1)(a) of the Health Practitioners Competence Assurance Act 2003 (the Act). The second charge was a repeat of the first charge but alleged misconduct in terms of section 100(1)(b) of the Act.

Both charges had the same 12 Particulars. The Particulars as summarised below alleged that the Psychologist:

- a. Used language in her communications with her client that was unprofessional and/or disrespectful and/or potentially harmful to the client.
- b. Failed during the course of the therapeutic relationship to maintain appropriate professional boundaries.
- c. Used excessive email communications with the client which were also professionally inappropriate in their content.
- d. Disclosed confidential health and personal information to the client about some other clients.
- e. Left files at various places in her home when her client stayed there.
- f. Provided psychological services to other people at her home while her client was staying there.
- g. Provided certain advice to her client which was inappropriate.
- h. Failed to provide documentation to the Health and Disability Commissioner within deadline contrary to an undertaking.
- i. Failed to provide documentation to the ACC within deadline contrary to an undertaking.

- j. Failed to provide a written confirmation declining treatment both to ACC and to the client.
- k. Failed to contact the Police concerning safety from abuse concerns; and
- l. Failed to listen to, heed or take steps to address, adequately or at all, concerns expressed regarding her client.

Finding: The Psychologist entered into a therapeutic relationship with her client in August 2011. The client had been variously diagnosed as having Post Traumatic Stress Disorder, an eating disorder, a personality disorder that was suggested in earlier reports and Dissociative Identity Disorder. The therapeutic relationship ended in December 2013 and the complaint was made in February 2014.

The Tribunal found that none of the sub-particulars of Particular a. were made out in fact, or if they had been made out in fact, they would not warrant disciplinary sanction.

The Tribunal found that the Psychologist did fail to maintain appropriate boundaries as alleged in Particular b and upheld three of the eleven sub-particulars of that Particular.

In respect of Particular c. the Tribunal found that the numbers and content of the emails were in excess of what was properly required. They were inappropriate and more likely to do harm in the therapy process than good.

Particular d. was not made out on the facts as misconduct and even if it were, the Tribunal indicated it would not warrant disciplinary sanction.

Particulars e, f, g, h, i, j, k and l were found not to be made out.

The situation for the patient was one of complexity and difficulty. The Tribunal found that some decisions that were made by the Psychologist were bad ones and that the Psychologist became far too involved in the life of her client. However, the Tribunal also found no evidence to suggest that the Psychologist was motivated by anything but a desire to help her client in her complex psychological and personal circumstances.

Penalty: The Tribunal censured the Psychologist and suspended her registration on 16 May 2016 for a period of three months. Conditions were imposed on the Psychologist's practice for a period of between 12 months and three years following resumption of practice.

The Tribunal also ordered that the Psychologist make a contribution of \$40,000 toward the hearing and prosecution and directed publication of its decision and a summary thereof.

The Psychologist appealed to the High Court against the penalty decision of the Tribunal. A Stay of the decision was granted by the Court, pending the outcome of that appeal.

The appeal was successful and the Court varied the penalty order by cancelling the order suspending Ms Le Roux from practice for 3 months, cancelling the condition requiring her to prepare and provide a self-assessment of the case and cancelled the condition stipulating that Ms Le Roux must for a period of 18 months, practice out of a clinic and not from her own home (*Jeanne Le Roux v Professional Conduct Committee* [2016] NZHC 3180).

Ms S, Ref: Psy16/347P

Charge: A Professional Conduct Committee (PCC) laid two charges against Ms S (the Psychologist) which alleged she was guilty of professional misconduct.

The charges alleged:

1. she failed to engage in safe and reflective practice via critical and self-reflection and via external supervision in relation to her conviction for drink driving in 2013 and her formal caution by the police for shoplifting in 2014; and
2. she brought discredit to the profession when she shoplifted an item.

Finding: The Tribunal found both the charges established. The Tribunal found Charge 1 was professional misconduct that amounted to negligence and required disciplinary sanction. The Tribunal found charge 2 was misconduct that brought discredit to the psychology profession and also required disciplinary sanction.

Background: The Tribunal heard the charges with reference to an agreed statement of facts.

The Psychologist acknowledged that she did not at any time: disclose to any of her employers; discuss in either internal or external supervision with her supervisor and her peer support group; or engage in self-evaluation and self-reflection on the implications

for her practice and/or for her patients of:

- her conviction for drink driving in April 2013;
- her earlier shoplifting episodes (when she was not caught); and
- her caution for shoplifting on 10 November 2014.

Penalty: The Tribunal ordered the Psychologist:

- be censured;
- practise under various conditions for a period of up to three years; and
- pay \$10,000 costs.

It further directed publication of its decision and a summary.

» Appeals and reviews

Overview

As noted in the HPDT section above, one psychologist who was the subject of punitive orders from the Tribunal appealed to the High Court resulting in some modification of the outcome.

During the year the Board received and considered (in accordance with section 18 of Schedule 3 of the Act) six applications to review decisions made under delegation. In four cases the Board confirmed its delegate's decision. With regard to one complaint decision made by the Parts 3 and 4 Committee, the Board confirmed that no further action would be taken to investigate the complaint but added an advisory letter. In another complaint process, the Board reserved its decision while it requested further information.

All three appealed decisions made under delegation to decline registration were upheld by the Board.



» Linking with stakeholders

Overview

In 2016/2017 the Board continued to guide the profession through its newsletters and the development of “Best Practice Guidelines”. In total eight sets of guidelines have 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

Maintaining professionalism when using social media networking

Guidelines on Informed Consent

A further resource document “Coping with a client suicide” is in the process of development.

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, more recently, with the Ministry of Health’s “Psychology Workforce Task Force”.

Linking with owners and stakeholders

The Psychologists Board actively maintains an informative website, publishes twice-yearly newsletters, this Annual Report, and holds 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 substantial information on accredited training programmes, the Board’s Continuing Competence Programme, 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). Feedback on the website has consistently been very positive.

The Board sends a copy of its Annual Report to the New Zealand Psychological Society (**NZPsS**), the New Zealand College of Clinical Psychologists (**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 NZPsS and NZCCP to inform and consult with practitioners regarding topical issues such as the development of best practice guidelines, the colocation of secretariats and the development of shared business services, the (ongoing) 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, Heads of Department of the various psychology training programmes, and DHB Professional Leaders 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. In the reporting year it met with representatives from the HDC (Kevin Allan and Katie Elkin), the Ministry of Health and Health Workforce New Zealand. Victoria University of Wellington representatives also informed the Board of plans for a new Bachelor of Health Science programme.

Lawyer Paul Radich QC assisted the Board with its ongoing continued competence programme in respect of legal matters.

Promoting the safe practice of psychology in the Asia-Pacific and beyond

The Board continues its close and mutually beneficial relationships with the Psychology Board of Australia (**PsyBA**) and the (North American) Association of State and Provincial Psychology Boards (**ASPPB**), and continues to build and maintain stronger ties to regulators in Europe and in the Asia-Pacific region. These links help inform our policies and practices and 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.

Finance

Representatives of the NZPB and the PsyBA met once this year, and continue to operate under our longstanding Memorandum of Understanding (which aims to facilitate mutual recognition of the regulatory environments in Australia and New Zealand, promote communication and information exchange between our organisations, develop (where possible) common processes and standards, and thereby facilitate the movement of psychologists between our two countries).

The Board's Chief Executive and Registrar continued as a member of the Working Group for the International Project on Competence in Psychology (IPCP). The Working Group finalised the "International Declaration on Core Competences in Professional Psychology", which was subsequently adopted by the International Union of Psychological Science (IUPsyS) and the International Association of Applied Psychology (IAAP). The Declaration was formally launched in Yokohama in July 2016, and will now be used as a reference point to assist with matters such as the development and accreditation of training programmes, international workforce mobility, and fostering the safe growth of the profession in developing nations.

HRANZ collaborations

Overview

The Health Regulatory Authorities New Zealand (HRANZ) collective had a rather quiet year this year, although the Operational Group continued to meet. Also, the new grouping of "RA Partners" worked together consistently through the year, culminating in our colocation to offices on Willeston Street in February 2016. Efforts are being made to revitalise the "HRANZ Forum".

Prescribed Fees and Levies

As signalled in the previous Annual Report, a major fees review was conducted during 2016, ensuring that both the fees structure and current settings reflect demands, operational needs, and covered the cost of services provided. Overall the result was a structure that is more flexible for applicants, reduces cross subsidisation and accurately reflects operational costs to the Board. For example, it was apparent that applications for registration from overseas trained psychologists from some countries are typically more resource intensive than others because of similarities and differences in training, internship, scope and registration requirements, or complexities in verifying information provided. Hence, the Board moved to set fees for applicants from "prescribed" and "non-prescribed" countries to reflect these differences and ensure fees are more closely aligned, with the costs of processing registration applications. The Board also introduced greater flexibility for practitioners intending to practise for only part of the financial year, by providing for the issuing of one and three month practising certificates in certain circumstances. Several fee categories were either subsumed into new categories or deleted in the review process.

As a result of the review there have been both increases and decreases in fees paid by applicants, however the majority of new New Zealand trained registrants paid less than half of the fee charged the previous year. The costs of a standard 12 month APC has remained unchanged since 2014, and the 12-month disciplinary levy since 2015.



Table 10: Psychologists Board Fees

Fee Payable (NZ\$, incl GST)	2015/2016	Change from previous year	2016/2017	Change from previous year
APPLICATION FOR REGISTRATION BY A PRACTITIONER				
Trained in New Zealand	441.50	nil	185.00	-58%
Applying under the Trans-Tasman Mutual Recognition Act 1997	441.50	nil	190.00	-57%
Trained overseas in a prescribed country ⁷	764.50	nil	595.00	-22%
Trained overseas in a non-prescribed country	764.50	nil	850.00	+11%
Application for (optional) non-binding assessment of qualifications for registration	102.00	nil	Discontinued	–
Application to be restored to the Register of Psychologists			90.00	New
APPLICATION FOR A VOCATIONAL SCOPE OF PRACTICE BY A PRACTITIONER				
Trained in New Zealand or a prescribed country			412.00	New
Trained in a non-prescribed country			553.00	New
APPLICATION BY A REGISTERED PSYCHOLOGIST FOR A PRACTISING CERTIFICATE (PC)				
<i>All fees shown exclusive of compulsory disciplinary levy component</i>				
Renewal or a new PC for the subsequent financial year where application made prior to 1 April	375.00	nil	Discontinued	–
For a practitioner who held a PC and continued to practice beyond the PC period, applying for a PC for the current financial year after 1 April (late renewal)	477.00	nil	Discontinued	–
For a new PC for a period of 12 months or less	375.00	nil	485.00	+29%
For a new graduate applying for his or her first (12-month) PC	(375.00)	nil	350.00	-7%
To renew a current PC for the subsequent financial year	(375.00)	nil	420.00	+12%
For a PC for the period specified or less, where the practitioner has not practiced at any other time during that financial year				
– 3 months	187.50	nil	125.00	-33%
– 1 month			61.00	New

⁷ Prior to the fees review all overseas trained practitioner applications incurred the same fee. A current list of prescribed countries is maintained by the Board and published on its website.

Table 10: Psychologists Board Fees (continued)

Fee Payable (NZ\$, incl GST)	2015/2016	Change from previous year	2016/2017	Change from previous year
DISCIPLINARY LEVY				
<i>Payable each financial year by all registered psychologists in conjunction with fee for an application for a practising certificate for the specified period or less, except for those who have not held and will not hold a current practising certificate at any time during that financial year, and those currently registered in the Intern Psychologist scope of practice</i>				
– 12 month	170.00 ⁸		170.00	–
– 3 month			42.50	New
– 1 month			14.50	New
MISCELLANEOUS FEES				
Annual maintenance of registration and communication for non-practising registrants	45.00	nil	48.00	+7%
Certificate of registration (optional)	87.00	nil	98.50	+13%
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	nil	143.50	+181%
Copy of the Register of Psychologists	53.00	nil	105.00	+98%
Inspection of the Register or other records (search fee)			220.00	New
Replacement of a printed practising certificate			47.50	New
Application for the Board to review a delegate's decision			300.00	New
Fee for conducting an accreditation review of a degree, course of study, or programme leading to registration as a psychologist in New Zealand ⁹	9,140.00		12,170.00	+33%

⁸ Prior to 2016/17 all practitioners were charged a standard disciplinary levy regardless of PC period.

⁹ Fee will be adjusted (at the rate of \$100 per assessor hour) if the site visit exceeds three days and/or deficiencies are identified that require additional review.

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**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
NEW ZEALAND PSYCHOLOGISTS BOARD'S
PERFORMANCE REPORT
FOR THE YEAR ENDED 31 MARCH 2017**

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 Audit Limited, to carry out the audit of the performance report of the Board on his behalf.

Opinion

We have audited the performance report of the Board on pages 34 to 44, that comprise the entity information, statement of financial position as at 31 March 2017, the statement of financial performance, the statement of movements in equity and summary statement of cash flow 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 Board on pages 34 to 44, present fairly, in all material respects:

- its financial position as at 31 March 2017; 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 29 August 2017. 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 governing body 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 Governing Body for the performance report

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

The Governing Body 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.



In preparing the performance report, the Governing Body is responsible on behalf of the Board for assessing the Board's ability to continue as a going concern. The Governing Body are 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 Board or to cease operations, or there is no realistic alternative but to do so.

The Governing Body'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 governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the 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 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 Governing Body 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 section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

We are independent of the 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 Board.

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

NEW ZEALAND PSYCHOLOGISTS BOARD

ENTITY INFORMATION

FOR THE YEAR ENDED 31 MARCH 2017

LEGAL NAME OF ENTITY:	New Zealand Psychologists Board
TYPE OF ENTITY AND LEGAL BASIS:	The New Zealand Psychologists Board is a body corporate established by the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act.
ENTITY'S PURPOSE OR MISSION:	<p>The New Zealand Psychologists Board is established under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) that enables self-regulation of various health professions – the principle purpose of the Act being to protect the health and safety of members of the public 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"> 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: 2. Authorise the registration of Psychologists under the HPCA Act, and to maintain registers: 3. Consider applications for annual practising certificates: 4. Review and promote the competence of Psychologists: 5. Recognise, accredit, and set programmes to ensure the ongoing competence of Psychologists: 6. Receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of Psychologists: 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: 8. Consider the cases of Psychologists who may be unable to perform the functions required for the practice of their profession: 9. Set standards of clinical competence, cultural competence, and ethical conduct to be observed by Psychologists: 10. Liaise with other authorities appointed under the HPCA Act about matters of common interest: 11. Promote education and training in the profession: 12. Promote public awareness of the responsibilities of the authority: 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.
ENTITY STRUCTURE:	The Board has nine (9) members; Six (6) Psychologists and three (3) lay members. Board Members are appointed by the Minister of Health.
MAIN SOURCES OF THE ENTITY'S CASH AND RESOURCES:	The Board has received its main income from Annual Practising Certificate fees paid by registered Psychologists.
ADDITIONAL INFORMATION:	The main purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that Psychologists are competent and fit to practise their professions.
GENERAL DESCRIPTION OF THE ENTITY'S OUTPUTS:	Safe and effective psychological care for members of the public.
CONTACT DETAILS:	
Physical Address:	Level 5, 22 Willeston Street, Wellington 6011
Postal Address:	PO Box 9644, Marion Square, Wellington 6141
Phone:	(+64)(4) 471 4580
Email:	info@nzpb.org.nz
Website:	http://www.psychologistsboard.org.nz



NEW ZEALAND PSYCHOLOGISTS BOARD

STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 31 MARCH 2017

	2017 \$	2016 \$
REVENUE		
Practising Certificates	980,527	844,456
Registration	95,347	129,366
Interest Income	39,995	52,031
Disciplinary Levy	391,941	382,354
Disciplinary Orders	68,775	–
Education Income	35,984	–
Other Income	11,715	88,355
Receipts from providing services	1,624,284	1,496,562
LESS EXPENSES		
Accident Compensation Levy	1,206	1,777
Accountancy	56,035	21,475
Audit Fees	8,070	7,617
Board Member Fees	105,505	104,291
Bank Charges	29,551	19,449
Board Expenses	13,870	8,789
Board Professional Development	1,112	1,763
Board Travel & Accommodation	23,071	16,735
Cleaning	–	7,510
Committee Fees	78,185	34,444
Committee Travel & Accommodation	10,640	9,483
Communications	12,070	26,561
Competence reviews	88,632	67,263
Conferences	2,369	1,469
Consultants	10,388	5,406
Continuing Professional Development	–	9,525
Disciplinary costs	203,686	225,624
Electricity	341	3,021
Exam & Accreditation	12,812	4,372
Equipment Lease	–	3,771
Filing	7,177	13,186
Information Technology	25,889	25,418
Insurance	6,213	3,452
Legal expenses	13,715	14,192
Loss on Disposal of Fixed Assets	4,158	932
Medical Report costs	3,207	–
Postage	9,131	12,155
Printing & Stationery	10,187	17,787
Professional Conduct Committee costs	81,783	133,041

To be read in conjunction with the Notes to the Performance Report.

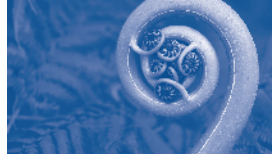
NEW ZEALAND PSYCHOLOGISTS BOARD

STATEMENT OF FINANCIAL PERFORMANCE / continued

FOR THE YEAR ENDED 31 MARCH 2017

	2017 \$	2016 \$
LESS EXPENSES		
Professional Membership	13,607	–
Provision for Doubtful Debts	14,530	–
Recruitment costs	–	1,244
Repairs & Maintenance	1,269	–
Rent	35,692	147,724
Relocation & transition	–	81,710
Salaries	540,149	510,153
Staff travel	27,898	22,978
Sundry	5,536	3,877
Telephone	8,359	6,989
Website expenses	3,370	3,700
Total Expenses	1,469,410	1,578,883
Net Surplus/(Deficit) Before Depreciation & Amortisation	154,874	(82,321)
Depreciation	25,217	17,642
Amortisation	8,484	–
NET SURPLUS / (DEFICIT)	121,173	(99,963)

To be read in conjunction with the Notes to the Performance Report.



NEW ZEALAND PSYCHOLOGISTS BOARD
STATEMENT OF MOVEMENT IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2017

	Note	2017 \$	2016 \$
Equity at start of the period		634,200	734,163
Net Suplus/(deficit) for the year		121,173	(99,963)
EQUITY AT END OF PERIOD	6	755,373	634,200
Receipts from providing services			

To be read in conjunction with the Notes to the Performance Report.

NEW ZEALAND PSYCHOLOGISTS BOARD
STATEMENT OF FINANCIAL POSITION

AS AT 31 MARCH 2017

	Note	2017 \$	2016 \$
CURRENT ASSETS			
Cash and cash equivalents		504,404	1,373,082
Investment	3	1,981,409	754,612
Accounts Receivable		40,000	14,006
Prepayments		30,650	6,108
Accrued Interest		5,019	4,023
Interest revenue		2,561,482	2,151,830
NON-CURRENT ASSETS			
Accounts Receivable		–	14,010
Fixed Assets	5	69,241	83,151
Intangible Asset	5	51,643	38,732
Total Non-Current Assets		120,884	135,893
TOTAL ASSETS		2,682,366	2,287,723
CURRENT LIABILITIES			
GST Due for Payment		196,131	149,401
Accounts Payable and Provisions	7	173,991	234,352
Income in Advance	9	1,461,854	1,189,513
Employee Benefits Payable		69,368	63,997
WHT Payable		25,649	16,260
Total Current Liabilities		1,926,992	1,653,523
TOTAL LIABILITIES		1,926,992	1,653,523
NET ASSETS		755,373	634,200
EQUITY			
Retained Earnings	6	755,373	634,200
TOTAL EQUITY		755,373	634,200

For and on behalf of the Board.



Ann Connell
Board Chair

Dated: 23/08/17



Steve Osborne
CEO/Registrar

Dated: 23/08/17

To be read in conjunction with the Notes to the Performance Report.



NEW ZEALAND PSYCHOLOGISTS BOARD
STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2017

	2017 \$	2016 \$
<i>Cash flows from Operating Activities</i>		
<i>Cash was received from:</i>		
Statutory fees and levies	1,673,617	1,453,091
Registration income	95,402	—
Providing services	61,129	106,276
Interest revenue	38,999	52,031
<i>Cash was applied to:</i>		
Payments to Suppliers and employees	(1,525,169)	(1,390,901)
Payment/(refund) IRD for GST	46,843	—
Net cash flows from operating activities	390,821	220,497
<i>Cash flows from Investing and Financing Activities</i>		
<i>Cash was received from:</i>		
Short-term investments	889,000	—
Sale of fixed assets	5,372	333
<i>Cash was applied to:</i>		
Purchase of fixed assets	(38,074)	(108,707)
Short-term investments	(2,115,797)	(18,724)
Net Cash Flows from Investing and Financing Activities	(1,259,499)	(127,098)
Net Increase/(Decrease) in Cash	(868,678)	93,399
Opening Cash Brought Forward	1,373,082	1,279,683
CLOSING CASH CARRIED FORWARD	504,404	1,373,082
<i>Represented by:</i>		
Cash and cash equivalents	504,404	1,373,082

To be read in conjunction with the Notes to the Performance Report.

STATEMENT OF ACCOUNTING POLICIES

FOR THE YEAR ENDED 31 MARCH 2017

BASIS OF PREPARATION

The New Zealand Psychologists 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

(a) Cash and cash equivalents

Cash and cash equivalents includes petty cash, deposits held with banks in cheque and savings accounts.

(b) Receivables

Receivables are recorded at their face value, less any provision for impairment.

(c) Annual Practising Certificate Income

Annual Practising Certificate Income is recorded only upon receipt. Receipts for Annual Practising Certificates issued for future years are shown as Income Received in Advance.

(d) Changes in Accounting Policies

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

(e) Fixed Assets & Depreciation

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

Office Furniture & Equipment

18.0%–67.0% Diminishing value

Computer Equipment

48.0% Diminishing value

Leasehold Alterations

5 years Straight line

Database & Website

5 years Straight line

(f) Intangible Assets & 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.

Costs associated with maintaining the website and database are recognised as expenses when incurred.

(g) Leases classification

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.

(h) Goods & Services Tax

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



NEW ZEALAND PSYCHOLOGISTS BOARD

NOTES TO THE PERFORMANCE REPORT

FOR THE YEAR ENDED 31 MARCH 2017

1. TAX STATUS*(a) Income Tax*

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

2. CONTINGENT LIABILITIES AND COMMITMENTS

On 22 February 2016 the Board entered into a Service Level Agreement with the Nursing Council of New Zealand for the provision of back office corporate services. This SLA is for an initial term of 5 years. The future estimated commitments based on the expected costs included in this agreement as at 31 March 2017 are: Lease & Utilities \$28,448, Corporate Services \$79,923, Total \$108,371.

	2017 \$	2016 \$
Current	108,371	249,724
Non-current	325,113	477,442
Total	433,484	727,166

The Board has a credit card facility of \$10,000 held with Westpac New Zealand Limited of which \$1,634 has been utilised as at 31 March 2017.

At balance date there are no contingent liabilities.

3. INVESTMENT

Investments represent bank term deposits with maturity dates within 1 year of balance date.

4. RELATED PARTIES

There were no transactions involving related parties during the year.

NEW ZEALAND PSYCHOLOGISTS BOARD

NOTES TO THE PERFORMANCE REPORT

FOR THE YEAR ENDED 31 MARCH 2017

5. FIXED ASSETS & INTANGIBLE ASSET

	OPENING CARRYING VALUE	CURRENT YEAR ADDITIONS	CURRENT YEAR DISPOSAL	NET DEPRECIATION, AMORTISATION & IMPAIRMENT	CLOSING CARRYING VALUE
At 31 March 2017					
Office furniture & equipment	25,055	7,379	(4,406)	(5,797)	22,231
Computer equipment	22,665	5,280	(960)	(12,220)	14,765
Leasehold alterations	35,430	4,020	0	(7,205)	32,245
	83,150	16,679	(5,367)	(25,222)	69,241
Database & Website software	38,732	21,395	0	(8,484)	51,643
	38,732	21,395	0	(8,484)	51,643
At 31 March 2016					
Office furniture & equipment	19,349	10,610	(1,073)	(3,831)	25,055
Computer equipment	6,414	20,565	(192)	(4,122)	22,665
Leasehold alterations	0	36,031	0	(601)	35,430
	25,763	67,206	(1,265)	(8,553)	83,151
Database & Website software	6,321	41,500	0	(9,088)	38,732
	6,321	41,500	0	(9,088)	38,732

	2017 \$	2016 \$
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6. EQUITY

General Reserve

Accumulated surpluses with unrestricted use

Balance at 1 April	269,629	293,887
Surplus for year	(39,431)	(24,258)
Balance at 31 March	230,085	269,629

Discipline Reserve

Opening Balance	364,571	440,276
Levies received	460,715	382,354
Discipline costs	(299,998)	(458,059)
Balance at 31 March	525,288	364,571

Total Reserves	755,373	\$634,200
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NEW ZEALAND PSYCHOLOGISTS BOARD

NOTES TO THE PERFORMANCE REPORT

FOR THE YEAR ENDED 31 MARCH 2017

	2017 \$	2016 \$
7. ACCOUNTS PAYABLE & PROVISIONS		
Accounts payable	135,888	154,807
Accrued Expenses	38,102	31,699
Lease liability	–	47,846
Total	173,991	234,352
8. ASSETS HELD ON BEHALF OF OTHERS		
There were no assets held on behalf of others during the financial year. (2017: \$Nil)		
9. INCOME IN ADVANCE		
Fees received for next year		
Annual Practicing Certificate (includes Discipline levy of \$393,322)	1,452,200	1,164,308
Short term Practicing Certificate (includes Discipline levy of \$963)	4,520	3,127
Non practicing	5,134	3,548
	1,461,854	1,170,982
Fees received from Accreditation & Monitoring	–	18,530
	1,461,854	1,189,512
10. CAPITAL COMMITMENTS		
Leasehold alterations	27,274	–
	27,274	–

NEW ZEALAND PSYCHOLOGISTS BOARD

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2017

11. EVENTS AFTER BALANCE DATE

There were no events that have occurred after balance date that would have a material impact on the Performance Report. (2017: \$Nil)

12. CORRECTION OF ERRORS

There were no Correction of Errors at balance date. (2017: \$Nil)

13. SHARED SERVICES

In 2015/16, the 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, Psychologists Board, and Optometrists & Dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington.

The lease agreement for 22 Willeston Street (signed solely by Nursing Council of New Zealand) is for six years taking effect from 1st February 2016 and expiring on 1st February 2022.

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

14. RE-CLASSIFICATION OF EXPENSES

There has been some re-classification of income and expenditure in the Statement of Financial Performance and the comparatives for the prior year have also been changed.

