



# NEWSLETTER



## A View from the Chair ...

### Mā te whiritahi, ka whakatutuki ai ngā pūmanawa ā tāngata.

*Together weaving the realisation of  
potential.*

**Changes to Board membership:** In November, the Minister of Health appointed three new Board members – Tania Cargo (clinical psychologist), Brad Watson and Lisa Lawrence (lay members). We look forward to working with them as we face the challenges and opportunities of the future – and we look forward to the Minister’s appointment of one more Board member.

The terms of appointment for Monique Faleafa, Ian Miller, Monica Davis and Jo Talbot have all ended and we thank them for the mahi, the integrity, good humour and caring they brought to this role.

**Changing times:** The Board has come through a period of major structural change in the last year, resulting in new ways of working more collaboratively, efficiently and effectively.

*How did all this change come about?* Last year the Board undertook a Governance Review that led to changes in both the Board structure and processes and evaluating the strengths and weaknesses of its own and other governance models to find the best fit for our health regulatory role. The Board concluded that while the “Policy-Governance” framework it had operated under for some time had strengths and benefits, on balance a change to a portfolio-driven model where Board members work more closely with the Secretariat would be a better fit with its functions and responsibilities.

Consequently, Board members now collaborate more closely with the Secretariat staff within a series of “portfolios”, each with a Board committee responsible for an area of the Board’s work. The five portfolios are:

- Registration;



John Bushnell

- Complaints, Conduct and Fitness (CCF);
- Accreditation;
- Audit, Finance and Risk; and
- Communication and Public Relations.

Excepting CCF, much of the Committees’ work is either advisory to the Registrar, or an escalation avenue for non-routine case management delegated to the Registrar. However, the closer working relationship between Board and Secretariat means that the Board is informed much earlier about problematic issues and is better able to monitor trends.

The new way in which the Board conducts its business also led to careful examination of the resources needed and allocation of duties in the Secretariat. Those changes are also now being put into effect. With our new Registrar/General Manager Frances Hamilton capably leading the Secretariat, the team has been complemented by recent appointments, and the huge workload carried by a small team for many months has begun to ease. Having said that, further changes are ahead with the impending retirement of our very able Psychology Advisor Anne Goodhead – you’ll read more on that in this newsletter.

**Project work underway:** Since 2015 we have seen work completed and changes implemented in relation to the Continuing Competence Programme, and the Accreditation Standards. A review of the pathways to registration was also undertaken in 2016/17 and

DECEMBER 2019

## In this issue

- p1 [A View from the Chair ...](#)
- p3 [Farewell Anne](#)
- p4 [General Manager/ Registrar’s Report](#)
- p4 [Thank You](#)
- p5 [Farewell from the Psychology Advisor, Anne Goodhead](#)
- p6 [Lessons to be learnt from recent complaints](#)
- p6 [Intern Registrations](#)
- p7 [Accreditation Update](#)
- p7 [Family Court Specialist Report Writers](#)
- p8 [Changes to the Health Practitioners Competence Assurance Act \(HPCAA\)](#)
- p8 [Expressions of Interest](#)
- p8 [Did you know....?](#)
- p8 [Learning Resource: Understanding Bias in Health Care](#)
- p8 [Office Closure](#)



*Continued ...*

work on the recommendations coming out of that review is underway.

The first element is the strengthening of provisions to ensure Māori cultural competence. The Board has conducted a cultural audit of its governance and organisational practices, policies and processes with assistance from its tikanga advisors, Iris and Racki (Wereta) Pahau. They have worked for many years in health services, with DHBs, governmental and NGO agencies and other Regulatory Authorities. Iris and Racki specialise in Tikanga Māori advice and helping organisations develop Māori models of practice and build responsiveness to the Tiriti o Waitangi/Treaty of Waitangi.

This work is helping the Board to:

- build capability and capacity within the organisation;
- develop and assist in the implementation of Māori models of practice;
- assist in the redevelopment of policies and procedures which weaves both Tangata Whenua and Tangata Tiriti practices together.

Further recommendations of the Registration Review relating to Māori cultural competence include:

- defining more clearly what is needed to ensure that psychologists are competent to undertake their role with Māori;
- identifying strategies for assessment of Māori cultural competence that could be applied to overseas trained applicants for registration. This may include (for example) some form of workplace-based assessment of cultural competence;
- considering how the accreditation process might be used to assist accredited training programmes to further develop Māori cultural competence both in terms of what is taught, how it is taught and by whom, and how it is assessed;
- identifying strategies to support Māori cultural competency development for individual psychologists as well as for the discipline of psychology, including developing Best Practice Guidelines.
- Establishing relationships to enable the Board to reflect on its role in providing leadership to the profession in the area of Māori workforce development and in the development of a Kaupapa Māori scope of practice.

In order to make progress with these broad-ranging recommendations for change, the Board has formed a partnership with a roopu of senior Māori psychologists. This group has been named Tūmāia Kaiārahi. Members Waikaremoana Waitoki, Suze Pitama; Sonja Macfarlane, Simon Bennet and Maynard Gilgen will work closely with Ainsleigh Cribb-Su'a, Ann Connell and Frances Hamilton to help the Board refine and implement changes.

Although addressing Māori cultural competence has been given priority for action, work is also underway on other registration-related issues. These initiatives include strengthening initial registration systems to assure the Board that overseas-trained applicants for registration are technically competent to practise and are supported into practice in the New Zealand context. The Board will consult on these issues in due course.

**Scopes of Practice:** The Board has had applications for two new scopes of practice in recent months – an application for a Child and Adolescent Clinical Psychology scope, and an application for a Health Psychology scope. Both were declined. It became clear that understanding about the nature and purpose of a scope of practice and the criteria which the Board must apply in considering such an application need to be enhanced. When considering whether a scope of practice is necessary, the Board's primary interest is whether there is benefit to the public in setting that scope.

Applications for a new scope need to focus clearly upon presenting evidence on that issue, including persuading the Board that the same work cannot be done safely within any of the existing scopes of practice. In particular, the Board is conscious that using a scope of practice to identify small groups of psychologists with specialty or subspecialty expertise may create an impression of offering choice to the public, but there is also a risk that defining too many sub-scopes will reduce continuity of care for the public.

For example, the neuropsychology scope of practice identifies a group of practitioners with a high level of expertise in the assessment, formulation, and rehabilitation of people who have sustained brain injuries or have other neurological conditions. With this relatively new group of experts identifiable in the workforce, we may already be seeing a tendency for clinical psychologists to devalue their own expertise and avoid assessing whether brain dysfunction is playing a role in clinical situations where brain injury or neurological conditions are relevant factors. Brain dysfunction due to injury and disease is common in the general population, and with an ageing population, is becoming more common.

With only 120 registered neuropsychologists in the entire country, clinical psychologists will continue to be the sector of our profession most often in a position to recognise the link between thoughts, feeling and behaviour, and dysfunction of the brain. It remains as important as ever that they incorporate a basic cognitive assessment whenever the clinical situation demands it. The Board may need to spell out processes that help psychologists practise safely when they are working in the area where one scope of practice overlaps with another.

For the avoidance of doubt – it is within a clinical psychologist’s scope of practice to undertake basic cognitive assessments, and this is part of their training.

**Trans-Tasman Mutual Recognition issues:** The Board has regular contact with the Psychology Board of Australia (PBA) and has had extensive discussions during the last 18 months about the operation of the Trans-Tasman Mutual Recognition Act (TTMRA). The PBA is required to register in Australia any applicant holding registration with the NZ Psychologists Board in the equivalent scope of practice, and vice versa. In 2013 the PBA introduced the National Psychology Examination, which must be successfully completed by overseas applicants before general registration. Applicants applying through the TTMRA do not have to sit the National Psychology Examination. Since 2013, the PBA has seen a number of TTMRA applications for registration in Australia from applicants who appear to have gained registration in NZ for the sole purpose of submitting an application to the PBA via TTMRA, thus avoiding the Australian National Psychology Examination. Our Board is acutely aware of the need to close that loophole.

**Changes to the HPCA Act (2003):** Changes to the Act came into force this year, some of which will have significant impacts. Some of these are outlined elsewhere in this newsletter however I will mention two specifically. First, for practitioners, and for courses leading to registration as a psychologist, there is an important change to s118(i). This subsection section of the Act now emphasises more clearly that the Board must set standards for cultural competence that will enable effective and respectful interaction with Māori. The work already under way as part of the Registration Review will lead to more explicit standards in relation to cultural competence, and that will have implications for the accreditation of courses, which will be required to meet these standards.

Second, the Board itself is now subject to a process of external audit of its performance in carrying out its functions, to support transparency and accountability.

**Moving on:** Whilst most routine activities of the Board have been carried out smoothly and effectively through the months in which the Secretariat has been significantly understaffed, the smooth sailing has been achieved only at the cost of a great deal of paddling very fast just beneath the surface, and some delays in processes for accrediting courses leading to registration have occurred. As we return to a fuller complement of staff, the backlog is clearing, deferred work on projects such as the Registration Review will move into higher gear, and the Board looks forward to dialogue with the profession about better ways in which it can fulfil its role.

**John Bushnell**

## » Farewell Anne

*Many of you will know that Anne Goodhead is retiring after 13 years as the Board’s Psychology Advisor.*

In that time she has been involved in every aspect of the Board’s work and a key player in shaping many mechanisms that now support psychologists’ safe and competent practice, and enhance public protection. From guideline development to setting and reviewing policies and processes in all areas of our work, to operationalising these through her opinions on applications for accreditation and registration, and shepherding complaints, competence and fitness notifications through to conclusion. In that last role she has been an advocate for therapeutic jurisprudence and scaffolding good practice through psychologists “taking what learnings can be had” from notifications and complaints wherever possible. Anne also played a key role in developing and implementing the Continuing Competence Programme and CCP audit frameworks.

She’s been a calm, empathetic and thoughtful resource for numerous psychologists and members of the public by phone and email over the years, and has helped bring complex and distressing matters through to an appropriate conclusion. Her advice has been highly valued by the Board in its various iterations. The secretariat has drawn repeatedly on the breadth and depth of Anne’s professional relationships and networks to find the right people for the roles the Board needs to fill from time to time.

For the two and a half years we’ve been colleagues I’ve been slightly in awe of her wealth of knowledge and experience (acquired in her role here and from earlier in her career as a Clinical Psychologist and public policy professional), and her impressive intellect. She has a clear vision, good judgement, and shows real empathy while being “straight forward” in her dealings with others. Anne’s been a generous listener and advisor for me and the team, and always values the opinions of others. To complete the package, she’s an excellent morning coffee companion and she’s a laugh!

Is there is a word to describe that mix of joy for a person who is moving on in life and looking forward to new adventures, and that bittersweet sense that they are no longer on one’s team? That is the word the Board, the team and I need for this column.

Anne reflects on her time with the Board and her plans for the next phase of life later in this newsletter. Go well Anne, thank you and don’t be a stranger.

**Frances Hamilton**

## » General Manager/Registrar's Report

As John has noted, the year has been extremely busy for both the Board and the secretariat with challenges, opportunities, and lots of changes. Among those were changes to the team, the Board and amendments to the Health Practitioners Competence Assurance Act (2003) which came into force in April. More on that elsewhere in the newsletter.

First and foremost I want to express my appreciation for the hard work of the team here. They have been absolutely professional while we've been under-resourced but keen to do their jobs well and get on with projects that are in the pipeline. A special thanks for their good humour and grace.

**Introducing new team members:** It's a been pleasure to welcome two new permanent team members this year: Registration and Standards Coordinator Ciara Zack and Psychology Advisor Lisa Cheung. Ciara joined the team in May, having returned to NZ after a few years travelling the world. She's case managing a mix of registration applications and complaints at present, and will be picking up the administrative aspects of some competence and fitness notifications in time. Lisa Cheung joined us as a part-time Psychology Advisor in October; you'll typically find her here on Mondays and Wednesdays. In her work outside the Board Lisa is a Clinical Psychologist in private practice which keeps her

grounded in the realities of life for practitioners. She is looking forward to meeting many of you in 2020.

In an even more recent development, Clinical Psychologist Nikki Reynolds has also bolstered the Psychology Advisor FTE, working with us a day or so a week, for the next few months.

### ...And seeking a Psychology Advisor:

We are seeking a Psychology Advisor, to join the Board's Wellington-based secretariat team. This role would suit an experienced psychologist looking for an opportunity to use their skills and knowledge in a different way, and play a key role in shaping the direction of the profession in Aotearoa. If you are interested in a permanent role (full time or substantial part-time FTE preferred) or would like more information please contact me on 04 381 9047 or email [frances.hamilton@nzpb.org.nz](mailto:frances.hamilton@nzpb.org.nz). The job description is also available on our website.

**IT Review:** Refreshing the look and feel of our website is a priority and a web developer has been contracted to work with us on this. The site will also be moving to a new hosting platform. Developing a complaints, competence and fitness case management module for our existing registration database is the next project for 2020.

**Electronic APCs:** Your next APC will be electronic rather than a paper document. This means there will be no delay in delivery but please make sure we have your current email address so that your APC reaches you as intended. And let your employer know to expect the new format.

**Consulting on APC fees:** The Board is consulting on APC fees for 2020. The proposal is to remove the Disciplinary Levy and to increase the general application fee by 15% in all categories of APCs. The net impact will be a reduction in the price of an APC from mid-February 2020. Please read the [consultation document](#) to understand the rationale for the component parts of the proposal, and for how to provide feedback by email or post (by 13 January 2020).

**Board appointments processes:** As John noted three new members recently joined the Board. A further vacancy was advertised last month, and there will be two appointments happening in mid- 2020 which the Ministry of Health has advertised at the same time. Thank you to all who put themselves forward for either round. We rely on the Ministry's management of the appointments process, and understand all applicants have been updated on progress. Please let me know if you have any questions or concerns.

**Frances Hamilton**  
GM/Registrar

# Thank You

The Board would like to thank everyone who has worked with us throughout the year including Tikanga Advisors Iris and Wereta Pahau, members of the reference group on Māori cultural competencies Tūmāia Kaiārahi, and those who have assisted as members of Professional Conduct Committees, Competence Review Panels, accreditation Assessment teams, those who worked on the development of the new guideline "Working with Sex, Sexuality, and Gender Diverse Clients" and the external members of our CCF and Accreditation Committees.

*Your contributions to our mahi are – as always – greatly valued and appreciated.*

## » Farewell from the Psychology Advisor, Anne Goodhead

*This is my last newsletter column as I am retiring from my job at Christmas time, after 13 years working with the Board.*

Having got my Gold card, I want to pick up some of my other interests while I still have good health and vitality. We have some travel plans in the New Year, the garden beckons, there are various voluntary contributions to society that I am interested in, I want to have time to get back to some interests that I have set aside from lack of time and there are some new endeavours to pursue... I am excited about having an opportunity to review and refresh directions.

When I joined the Secretariat at the end of 2006, the Board was in the early stages of implementing the reforms introduced by the Health Practitioners Competence Assurance Act. Regulation was introduced to the profession via the Psychologists Act 1981, leading to the requirement to register, the protection of title and the formation of the Register. The Code of Ethics (published 2002) and the Core Competencies (initially published 2006) had been developed by joint working parties with the NZ Psychological Society and the NZCCP.

Although there were already established systems of processing complaints and registrations, when I joined the Secretariat, the options and pathways to encourage remediation of practice were relatively undeveloped. The HPCA Act provided the legislative scaffolding to allow the Board to order competence reviews and remedial programmes. The prescribed roles of the Board included the setting of programmes to ensure the ongoing competence of health practitioners via ongoing learning which was implemented through the Continuing Competence Programme. Formal accreditation of training programmes needed to be established. The development of the Board's best practice guidelines has largely occurred during my time at the Board. I feel a sense of pride and satisfaction at my participation in establishing the good foundations on which the Board's regulation of the profession is based.

I have particularly enjoyed the daily interaction with psychologists and members of the public with wide-ranging queries. My role placed me at the interface of the profession, the Board, the members of the public and the organisations that have a stakeholder interest. Although attending to notifications (complaints, competence and fitness) takes the bulk of the time, I have always thought that our role is to be there to guide and work with the 98.5% of psychologists who do not attract any notifications in a year. I have great admiration for the dedication and care that psychologists take to work with complex situations and diligently pick their way through ethical dilemmas to deliver the best quality service that they can.

I am very grateful to the willing contributions of so many who have stepped up to populate Professional Conduct

Committees, Competence Review Panels, accreditation Assessment Teams, Board appointed supervisors on competence reviews and Return to Practice supervision orders. The development of best practice guidelines has often proceeded on the efforts of small volunteer working groups. It would not have been possible to do the work of the Board without these many contributions. These senior members give leadership and demonstrate that the high standards of the profession are owned by all.

The Board is in a maelstrom of change at the moment, of which my departure is only one of a number of moving parts: changing Board members, changing staff on the Secretariat, a drive to reform bicultural practice to push towards equity of opportunity for all, a compelling case for major reform of mental health delivery made out by the Mental Health and Addictions Report; a push for workforce growth to meet the insatiable demands for well-trained psychologists; and an expression of keenness from Family Court Judges to alter the processing of complaints against Family Court assessors. The necessity of dealing with all the changes will drive new ways of doing things. The existing members of the Board (who are not swept aside by the "changing of the guard") and my colleagues at the Secretariat are competent and dedicated and will find a way through.

New colleagues Lisa Cheung (two days a week) and Nikki Reynolds (two days a week as a temporary appointment) are the new Psychology Advisors and will pick up some of my role. They will bring fresh vitality and inspiration to the role. There remains an unfilled, full-time Psychology Advisor role which is a great job opportunity for anybody with an interest in regulating the profession at a very significant time for psychologists. Of all my time since qualifying 40 plus years ago, I cannot recall such a time of opportunity for Psychologists to be valued for the hope they offer to transform mental health services.

I conclude with my favourite whakatauki:

*Te tiro atu tō kanohi ki tairawhiti ana tērā whiti te rā ki te ataatu ka hinga ki muri ki a koe.*

This translates to "Turn your face to the sun and the shadows fall behind you".

This encapsulates the everyday aspirational goal of striving to live our ethical standards. It also speaks of living your truth. I wish you all the best for your future, both professionally and in your personal life. Thank you for all your contributions and support over the years, I have really appreciated it.

**Anne Goodhead**



## LESSONS TO BE LEARNT FROM RECENT COMPLAINTS

### *Complaints closed between 1 December 2018 and 30 November 2019*

Over the year 45 complaints were considered and closed. However, this includes 4 that were re-opened for Board Review and 6 that were withdrawn prior to reaching the Conduct, Competence and Fitness Committee triaging phase. A further one was closed because the psychologist became seriously unwell to an extent that she was unable to participate in the complaint investigation (unrelated to the complaint process).

Family Court contracted assessments continue to feature prominently, with a third of complaints arising from that sphere of professional activity. A further ten concerned reports prepared for third parties (ACC and for the Justice system) which equates to approximately a quarter of all complaints.

Four complaints arose from the psychologists' personal life (one from the dual role created by the psychologist taking on a second job, one from the choices made by a parent during a custody dispute, one from an extended

family dispute, and one alleging the psychologist used her professional role in a commercial dispute). The remainder arose from various counselling interventions with a range of allegations, including concerns about confidentiality breaches, treatment decisions or that the requested treatment was not delivered, a dispute over payment and a concern about the adequacy of a risk assessment.

What lessons are to be learnt from these complaints?

- The foundations of good practice are respectful and ethical relationships encompassing honesty, attention to consent processes and enabling participation. Treating clients as you would wish to be treated yourself or that you would wish for a family member is often a good guiding principle along with your own moral compass.
- Preparing reports for third parties is a higher risk area of practice where there are often strongly diverse opinions and/or high stakes for those involved. Some of that risk can be mitigated by carefully triangulating observations

## » Intern Registrations

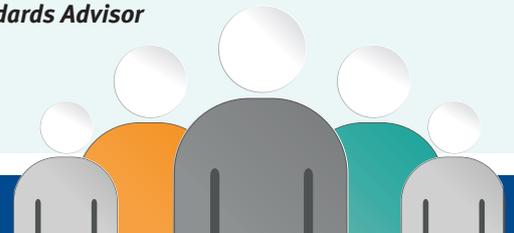
Congratulations to all the newly registered interns and trainees beginning their careers in psychology in 2020. For those who are yet to make the necessary application please do so as soon as possible. Remember that some of our team take extra leave at this time of the year and our office will be closed for the holiday period. Delays can occur when requesting police vetting information. If not received promptly some applications may not be processed in time to begin the Intern year.

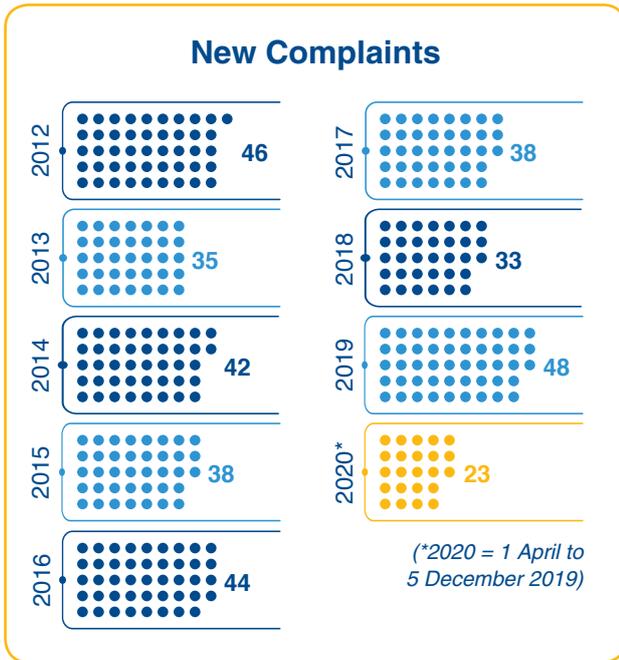
A reminder too to all interns/trainees applying for your upgrade once you qualify, you must complete the appropriate form, and we need confirmation from the

Programme Director/Co-ordinator that you have met all the course requirements before we can process your application. You can email your applications to [registration@nzpb.org.nz](mailto:registration@nzpb.org.nz).

We recommend you allow at least 20 working days for processing. Once approved you will need to apply online for a practising certificate if you intend to practise.

**Gina Giannios**  
*Regulation & Standards Advisor*





to draw conclusions and being mindful of relevant information to include. It should be transparent what is observational evidence, what is theory based on research (with references cited) and what is professional opinion.

- Issues around boundaries and dual relationships continue to occur in myriad forms. Dual roles may cause conflicting and confusing obligations and loyalties which can lead to confidentiality breaches, so should be avoided where possible. Some chosen employment activity (where the psychologist chooses to take on a second career) simply do not mix well with being a psychologist.
- The role of Psychologist brings privileges but with that, there are responsibilities. Members of the public may well judge a psychologist's behavior by more exacting standards than the average person. There continues to be a small trickle of complaints that arise from domains that are nothing to do with the psychologists' professional activities. The commitment to uphold the Code of Ethics applies to all aspects of life.
- Do not use the Psychologist title and skills as a weapon against others, to justify or to express a personal attack.
- Clients' sensitivities and vulnerabilities present in many forms. Where possible practice should bend to enable an individual to retain his or her dignity and support that person's needs.

None of these "learnings to be gleaned" are rocket science. Most of the time, psychologists routinely apply these principles. However, where any one of these is overlooked, the risk of attracting a complaint is increased. The far more important motivation though for applying these "rules" is simply that it is the right way to behave, to uphold the standards of the profession for the public good and for the reputation of the profession.

**Anne Goodhead**

## Accreditation Update

As John signalled, the Board is refining and developing its stance on how best to ensure future psychologists are safe to work in culturally appropriate and effective ways, in particular with Māori. I encourage you to seek out and read the [Waitangi Tribunal Psychology in Aotearoa Claim Wai 2725](#), that sets out clearly the concerns about psychological institutions, psychology practice and the impacts of these on Māori.

The accreditation process is a key mechanism through which the Board can fulfil its responsibilities – now mandated under s.118(i) of the HPCA Act – to ensure psychologists have the requisite competencies in this area. However, these accreditation mechanisms move slowly. We will be consulting about changes but are not ready to do this yet. In the meantime, we encourage you to reflect on how any training programme you have an association with, can begin to move in this direction.

To that end, with all accreditation processes currently underway the Board will be highlighting that now and in the future it will be requiring accreditation applications and periodic reports to address how the programme is assessing and evaluating that all students have the cultural competencies that will enable effective and respectful interaction with Māori. This will become a routine part of reporting, and we will be asking accreditation Assessment Teams to ensure they consider this point when evaluating performance against Standard 3.1.4. In your reporting it would also be timely to offer commentary on how programmes are supporting and growing the pool of Māori psychology students and interns.

We know that many programmes are actively reflecting on how to turn their positive intentions into action. We support you in that and look forward to hearing about your progress.

**Ann Connell**  
**Chair, Accreditation Committee**

## Family Court Specialist Report Writers

A gentle reminder to all Family Court Specialist Report Writers: under clause 13.4 (b) of the *Family Court Practice Note – Specialist Report Writers* (July 2018) you must advise the Court if you are the subject of a complaint to the Board, the HDC or a professional body. You should also let the Court know the outcome of any such complaint.



## Expressions of Interest

From time-to-time the Board appoints experienced members of the profession to Professional Conduct Committees (PCCs, investigating complaints and conduct matters), Competence Review Panels (CRPs, assessing competence), and accreditation Assessment Teams (ATs, evaluating whether training programmes meet the Board's Standards for Accreditation). We are keen to hear from psychologists with a current APC who are interested in these occasional and ad hoc roles.

Please contact GM/Registrar Frances Hamilton for more information on 04 381 9047 or [frances.hamilton@nzpb.org.nz](mailto:frances.hamilton@nzpb.org.nz), or send your expression of interest with "PCC Pool", "CRP Pool" or "AT Pool" in the subject line, along with a brief CV, to [info@nzpb.org.nz](mailto:info@nzpb.org.nz).

## Learning Resource: Understanding Bias in Health Care

The Health Quality and Safety Commission has developed a set of three learning modules on understanding bias in health care. You can access them [here](#).

## Did you know....?

When applying for an APC, you confirm that you are fit and competent to practise and have completed your CCP requirements. These are a set of statutory declarations which deserve your full attention. [Section 172 of the HPCA Act](#) makes it an offence to make false or misleading declarations.



## Office Closure

Our office will be closed from Tuesday 24th December at 12.30pm and will reopen on Monday 6th January 2020.

*We wish you all a happy, healthy and restorative holiday season.*



# Changes to the Health Practitioners Competence Assurance Act (HPCAA)

*In April, the HPCAA was amended. Some key points are that the changes:*

- Require health practitioners to provide an up to date email address to their registration authority. Please make sure you check your email address next time you access your account!
- Require the Board to collect workforce data and share this with the Ministry of Health to inform workforce development and planning.
- Will improve public confidence by requiring the Board to issue a naming policy that sets out the situations in which health practitioners will be named when orders are made in disciplinary or other processes. The Board's draft naming policy has been developed in accordance with section 157B of the HPCAA and is out to consultation with the Ministry of Health, the HDC and the Office of the Privacy Commissioner. We will also be consulting the profession as soon as any necessary amendments have been made resulting from that process.
- Amend one of the functions of the Board (s.118(i)), to set standards of clinical competence, cultural competence and ethical conduct) by making it explicit that the Board must ensure its standards for cultural competence include "competencies that will enable effective and respectful interaction with Māori". This is an important change and one that the Board is treating with the upmost priority.
- Make the Board subject to periodic performance reviews, with outcomes to be reported in our annual report and on our website. The first round of reviews must be completed by 2022.
- Provide discretion for the Board to treat psychologists with minor convictions as having a health issue, if appropriate, rather than referring them to a Professional Conduct Committee.
- Clarify that the Board can receive and act on conduct, competence and fitness notifications from members of the public.
- Improve information flows to employers and others when orders are made about a psychologist, and to inform about progress of complaints and notifications.
- Allow health assessments of psychologists who may be unable to perform their role safely due to health condition, to be carried out by an appropriate "health practitioner". Previously this had to be a medical practitioner.

There are other changes ranging from administrative "fixes", increasing transparency and clarifying the intentions of the Act, through to promoting interdisciplinary collaboration in the delivery of health services. The Board is working to incorporate these changes where necessary into our policy and guidance documents.

