

Responsible Authority Core Performance Standards Review Report

Authority Name	New Zealand Psychologist Board
Date of Review Report	December 2021
Name of reviewing Designated Auditing Agency	DAA Group

Executive Summary

Te Poari Kaimātai Hinengaro o Aotearoa (NZ Psychologist Board) has nine staff and 4437 registered professionals (3635 are currently practising).

The Psychologists Board (NZPB) was established under the Psychologists Act 1981 and subsequently appointed as an authority relating to the practice of psychology under the Health Practitioners Competence Assurance (HPCA) Act 2003.

The board's main purpose is to protect the health and safety of members of the public through the registration of psychologists and the management of matters related to competence, conduct, and fitness to practise. The board also reviews and promotes the competence of psychologists and sets standards for clinical and cultural competence and ethical conduct.

The board is a body corporate which has set up its own administrative and staffing arrangements. It has a service level agreement with another responsible authority to provide back-office functions including management of finances and support for information technology. The board is normally made up of nine members, two of whom are lay members. There has been a lengthy delay in ministerial appointments to the board, with it presently functioning with five members. Two vacancies are for greater than a year. Presently, board membership is 60% Māori. Two members are practitioners, and one is a lay person. Day-to-day operations are managed by a secretariat with nine employees. Accountability to the public includes an annual report and audited accounts provided to the Minister of Health.

Interviews were conducted with four of the five current board members. Information informing the review was readily available, freely given and included a self-assessment of a high standard. Both the board and secretariat independently expressed concerns about a perceived and fundamental conflict of interest between the NZPB and a staff member within the Ministry of Health. They were circumspect in their discussions with the review team.

The board has no formal relationship with either the New Zealand Psychological Society or the New Zealand College of Clinical Psychologists but works closely with them on matters of mutual interest, such as a Code of Ethics. These collegial bodies have a primary mandate to promote the interests of the profession, whereas the Board's clear mandate is to protect the interests of the public.

Board sub- committees operate and include:

- An accreditation committee
- Audit, finance, and risk (AFR) committee

- Conduct, competence, and fitness committee
- Tūmāia Kaiārahi (Māori Advisory Committee)

The board has identified Strategic Priorities (2021 – 2025) with a vision of ‘Hauora for all – transforming psychology in Aotearoa’. It has a strong focus on equitable access to psychology services and to culturally safe practice.

An ambitious mid to long term plan of work has been proposed as part of a wider regulatory practice review. To date, governance structures have been improved including comprehensive reporting from the secretariat to the board. The complaints process has been simplified, policies developed and/or updated, a review of the code of ethics has commenced, and a review of scopes of practice is underway. There is also a key focus on reviewing clinical and cultural standards for all psychologists that is being led by Tūmāia Kaiārahi in the first instance. This will be foundational work for other key parts of their work programme, including a review of the accreditation standards, scopes of practice and requirements of overseas candidates for registration.

This review confirms that the New Zealand Psychologist Board adequately performs all functions required under the Health Practitioners Competence Assurance (HPCA) Act 2003. The NZPB has fully achieved all the core performance standards.

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HCPA Act.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>The board has identified seven scopes of practice:</p> <ul style="list-style-type: none"> • Intern psychologist • Trainee psychologist • Psychologist • Clinical psychologist • Counselling psychologist • Educational psychologist • Neuropsychologist <p>Clinical psychology is the largest scope of practice, representing more than half the profession.</p> <p>Consultation in relation to the intern scope of practice has commenced, as the board considers that the combination of accreditation of educational programmes and registration of interns amounts to 'double-regulation' and is not proportionate to the risk presented by interns – who practise under on-site supervision.</p> <p>The first gazette notice of scopes and prescribed qualifications occurred in 2004.</p>	FA			

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1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>Standards and Procedures for the 'Accreditation of Programmes and Schemes Leading to Registration as a Psychologist in Aotearoa New Zealand (2016)'. Include:</p> <ul style="list-style-type: none"> - Procedures For the Accreditation of Educational Institutions - Procedures For the Accreditation of Supervision-To-Registration Schemes - Part 2c Procedures for the Accreditation of Training Programmes <p>There are a high number of accredited programmes, which run across NZ tertiary training institutions, as well as in approved organisations (supervision to work programmes). This is a high workload for the secretariat and consideration is being given to ways to increase efficiencies.</p> <p>These accredited programmes are provided by:</p> <ul style="list-style-type: none"> - Auckland University of Technology - University of Waikato - University of Auckland - Massey University (Palmerston North and Albany Campus) - Victoria University of Wellington - University of Otago - NZ Department of Corrections 	FA			

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		<p>- NZ Defence Force</p> <p>The latter two provide supervision to registration schemes. 'Supervision-to-Registration' (S2R) scheme/agencies are accredited by the board to provide closely supervised, structured, and formally evaluated practice for trainee psychologists.</p> <p>Programmes include doctorate, masters and post graduate programmes in a range of specialties and subspecialties. Presently, there is no New Zealand accredited programme for the neuropsychology scope of practice.</p> <p>The Board is considering options for registration pathways for this scope of practice, including the possibility of re-opening a grandparenting pathway that was closed earlier in 2021.</p>				
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are	<p>Timeframes for each of the programmes are specified – some through to 2026.</p> <p>An AUT programme for the post graduate diploma in rehabilitation psychology has been rolled over until December 2022, with an inability to complete a site visit due to the impact of Covid-19 in Auckland.</p> <p>The board reports that no current programmes are raising concerns. Opportunities to develop further programmes (e.g., 'Health Psychology') may be a useful</p>	FA			

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	competent to practise the relevant profession	opportunity to expand in the physical health (rather than mental health) space; however, there are no definite plans at present.				
1.4	the RA takes appropriate actions where concerns are identified	<p>The board considers that the combination of accreditation of programmes and registration of interns amounts to 'double-regulation' and is not proportionate to the risk presented by interns – who practise under on-site supervision. This will provide a lighter touch for this group. This is under review and further consultation is planned.</p> <p>The board is also considering options for the future including the use of annotations on scope of practice for some areas (e.g., neuropsychology and/or Family Court work).</p>	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
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2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The Board maintains an online register of psychologists which meets the requirements of section 138 of the Act. Conditions on scopes of practice are displayed for any practitioner to whom this applies.</p> <p>The 'back office' practitioner database and the public register were accessed to review the records of two practitioners who were removed from the register or had conditions placed on their APC. The NZPB followed all components of its processes to meet s118 (b and c).</p> <p>To maintain an up-to-date register, a section 144 registry process is run every year, usually commencing in May after APC renewal.</p> <p>Online registration for intern psychologists has been introduced and will be introduced to other scopes of practice over time.</p> <p>The website, desk files and check list processes were reviewed and meet 118 (a, b, c, and d).</p>	FA			
2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> Register applicants who 	<p>Processes are defined for:</p> <p><u>Registration</u></p> <p>The board has clear processes for the registration of both New Zealand and overseas-trained psychologists. In the year to 31 March 2020, the Board registered 324 new psychologists (146 overseas trained and 178 NZ trained). There is no registration/practising certificate</p>	FA			

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	<p>meet all statutory requirements for registration</p> <ul style="list-style-type: none"> • Issue practicing certificates to applicants in a timely manner • Manage any requests for reviews of decisions made under delegation 	<p>and recertification policy The Board had identified the need for this but decided to defer development pending completion of its review of its registration requirements and processes, as part of its project work.</p> <p><u>Restoration to the register</u></p> <p>Psychologists who have had their name cancelled from the register under section 143(3) or section 144(3) or (5) can be restored to the register on written application unless the person could not be registered in accordance with section 16 or is subject to pending disciplinary proceedings under Part 4 or to an order under section 101(1)(a).</p> <p><u>Issue of annual practising certificates</u></p> <p>Annual practising certificates (APCs) are renewed online - 1 April to 31 March is the practising year. When applying to renew, applicants must answer a range of questions about their current fitness and competence to practise and must declare that they are participating in supervision and continuing competence. 20% of the profession are audited each year with a selection process that cycles through all registrants over a five-year period; there are additional targeted audits for those who have failed or had difficulty with previous audit. No audit was undertaken in 2021 due to the overall pressures created by Covid-19 on the profession.</p>				

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		<p>A 'return to practice' policy outlines processes for psychologists returning to practise after a break of three years or more.</p> <p><u>Overseas applications for registration</u></p> <p>No overseas programme has been approved for registration in any scope of practice. This means that all overseas applications have their qualifications individually assessed under section 15(2) of the Act. The psychology advisors (PAs) conduct that assessment and advise the deputy registrar (who currently holds all the registrar's delegations) on their views of the equivalency or otherwise of the qualification. They also consider the individual applicant's fitness for registration (section 16 of the Act), and competence for registration (section 15(1)(c) of the Act). The PAs will confer with each other over grey areas before finalising any advice to the deputy registrar.</p> <p>The deputy registrar then conducts their own assessment of the application, having regard to the advice of the PAs. If necessary, the applicant may be asked for further information, or to clarify any questions. On occasion, applicants have also been asked to sit an assessment under s 19(5) of the Act. Once the deputy registrar has all the information needed, they will decide whether to register the applicant, or to</p>				

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		<p>propose to decline the applicant or register the applicant with conditions. An example was provided.</p> <p>Declined applicants may request a board review or appeal to the district court.</p> <p>There is a proposal to strengthen the cultural competency aspects for registration of overseas applicants, including Māori models of healthcare; Te Ao Māori and te reo Māori; and Te Tiriti o Waitangi.</p> <p>Six practitioner records were reviewed. Each record represented a different type of registration process.</p> <p>The registration / application processes reviewed were:</p> <ul style="list-style-type: none"> • Overseas practitioner • Interns • Practitioner completing annual APC requirements using the online registration database • Return to practice successful • Return to practice declined • Identified competency issues 				

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

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3.1	<p>The RA has proportionate, appropriate, transparent, and standards-based mechanisms to:</p> <ul style="list-style-type: none"> Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard Review a health practitioner's competence and practice against the required standard of competence Improve and remediate the competence of practitioners found to be below the required standard 	<p><u>Continuing competence</u></p> <p>This involves self-reflective practice against the core competencies which is supported by a supervisor. Learning objectives are established, and a self-directed learning plan developed to meet those objectives. A logbook is kept for the purpose of recording required details of key steps. The policy relating to this is in draft.</p> <p><u>Competence reviews</u></p> <p>The Conduct, Competence and Fitness Committee (CCF) is responsible for considering all notifications about psychologists and has delegated authorities from the board. If a decision is made by the CCF to refer the psychologist for a competence review (according to prescribed guidelines) the Board staff, led by the psychology advisors make the arrangements for the review. The review is completed by an independent Competence Review Panel (CRP) comprising two psychologists and one lay member who meet with the psychologist, review their practice, and provide a report to the board setting out their findings and recommendations. If standards of competence are not met, orders are made under section 38 of the Act. This usually requires completion of an individual competence programme under</p>	FA			

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	<ul style="list-style-type: none"> Promote the competence of health practitioners 	<p>section 40 of the Act focusing on the areas of deficiency, together with a condition of board approved supervision.</p> <p><u>Promoting competence</u> Policies are available to guide psychologists' practice (information available on the website).</p> <p>At the time of APC renewal, practitioners make a declaration stating they have:</p> <ul style="list-style-type: none"> - not been charged with or convicted of any offence. - read about applying for an APC - within the three years immediately preceding the date of the application, lawfully practised the profession of psychology - No physical conditions that impact on their ability to perform the functions required - no mental conditions or addictions that impact on their ability to perform the functions required for their profession - provided all relevant information <p>Systems to manage this include a 'hotlist' on the database to ensure that any registrant who is the subject of a current process, or has a condition on</p>				

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		<p>their practice, cannot receive a practising certificate until all checks are completed.</p> <p><u>Promoting education</u></p> <p>Regular newsletters, includes any emerging themes (e.g., Consent, information, and third-party referrals) is used to promote education to the profession.</p> <p>An example related to providing clarity about consent and what information would be disclosed to a third party.</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

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4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <p>Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner</p>	<p>The public and NZPB stakeholders can access the NZPB in five ways: the NZPB website; telephone; email; face to face; or paper-based communication, such as by fax or letter.</p> <p>The NZPB has recently contracted an external communications company to expand their communication pathways to strengthen public engagement and foster clinical and cultural rapport and consultation mechanisms with its practitioners, stakeholders, and the general public. This is particularly important as the board launches into undertaking significant changes to transform psychology in Aotearoa, Strategic Priorities 2021 -25.</p> <p>The board has identified several key communication priorities and a draft communications project plan has been developed.</p> <p>The NZPB website is easy to navigate, however the layout is due for a refresh. This is part of the communication strategy. The public have access to online information and links to resources to support them should they want to raise a concern or make a notification about a practitioner. The NZPB contact details are set out on the website's front page.</p>	FA			

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4.2	<ul style="list-style-type: none"> • Identifying and responding in a timely way to any complaint or notification about a health practitioner • Considering information related to a health practitioner's conduct or the safety of the practitioner's practice • Ensuring all parties to a complaint are supported to fully inform the authority's consideration process 	<p>A NZPB complaints policy needs to be written that is separate from the complaints desk file (processes). Currently there is a lack of separation between the complaints policy and complaints processes.</p> <p>However, the complaints desk file is detailed, thorough and comprehensive. The desk file adequately identifies timelines to respond to a complaint or notification as per the notification policy. Refer to 1.3.</p> <p>Both the complaints desk file processes and associated template letters require updating to reflect the new Section 67A of the Act.</p> <p>Letter templates and prescribed timelines to inform and support all appropriate parties were sighted and adequate.</p> <p>The board has delegated the initial consideration of notifications to its Competence and Fitness Committee (CCF) to triage. The CCF precis template meets the requirements of s65. CCF terms of reference (TOR) were reviewed and approved by the board in August 2021. The revised TOR will be implemented when the Minister of Health appoints new board members.</p>	FA			

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		<p>The CCF may refer complaints to a Professional Conduct Committee (PCC) when an investigation is required. The CCF may also consider whether interim orders under s39 or 69 are required to protect public safety until the investigation is completed. This is ultimately a Board decision. PCC TOR were sighted and appropriate.</p> <p>When compared to other RAs of a similar sized register, the NZPB reports it receives a higher number of complaints. The registrar believes this may be due to the nature of the profession and its client base (RA Review Self-Assessment 2021 p 20).</p> <p>Five complaint notifications and practitioner files were reviewed. This included a review of the utilisation of the complaints management process, involvement of the CCF, PCC, an External Advisory Group, (for one case), employers, practitioners' supervisors, psychology advisors, and legal advice when required.</p> <p>The board's decisions on all cases were well documented and sighted. All information gathered was secured in each practitioner's file. Refer 1.2, 1.3</p> <p>The outcome of one case was the naming of the practitioner on the public register (same sighted). The</p>				

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		NZPB is to be commended for following its policies, procedures and 118(f), and 118(g) requirements to reach their final decision.				
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	<p>The NZPB risk of harm policy is comprehensive, the strength of the policy is the depth of focus placed on public safety not the practitioner's safety. The policy includes a risk of harm test for the board to ascertain the level of risk of harm and actions to be taken.</p> <p>The NZPB website provides details of the processes to be taken should a practitioner be seen to pose a risk of harm to the public. The secretariat utilises the complaints desk file and related guidelines and policies to respond to practitioner self-reporting, and general public, employer, or stakeholder notifications. Refer 4.2</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.

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5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession Take appropriate, timely, and proportionate action to minimise risk 	<p>The NZPB has psychology advisors who take the lead in managing the fitness to practice notifications. The registrar reports that the board does not receive a high number of fitness notifications. NZPB believes this is due to the profession having good systems in place to manage work related stresses. It is a continuing competence requirement that all psychologists practice under professional supervision. Additionally, self-reflection is considered a 'cornerstone of supervision.'</p> <p>The NZPB'S fitness to practice (FTP) policy is exemplary. Voluntary conditions are only applied in the case of health-related issues and when the practitioner is unable to perform the functions required for them to practice in their profession. References to the Privacy Act in the FTP Policy require updating from 1993 to 2020.</p> <p>The NZPB published on its website its consultation on the FTP policy review (briefing paper) in April 2020.</p> <p>To minimise practitioner and general public risk and strengthen professional development of practitioner cultural competence in supervision, the supervision guidelines were revised January 2021. The guidelines outlined the different types of supervision used in different situations (e.g., interns, training, remedial (as a condition to practice), for CCP</p>	FA			

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		members, colleagues from other disciplines and video conferencing).				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

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6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	<p>The NZPB standards of cultural competence (2011), guidelines for cultural safety (2009) and ethical conduct (2012) are all under review.</p> <p>The NZPB have a timeline for completion of its reviews and standards into three stages through to March 2023. To date, competencies and the code of conduct are under development. Momentum in completing standards of clinical and cultural competence and ethical conduct will need to be maintained to achieve the ambitious timelines proposed.</p> <p>Tūmāia Kaiārahi is a formal committee of the Board. It was established to provide Māori input into Board work, and to hold the Board to account on equity issues. The TOR reflect the board's intention to be responsive to Māori and</p>	FA			

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		<p>maintain a cultural safety and equity lens over all its functions. The clinical and cultural competence standards are with the board's Tūmāia Kaiārahi Committee for review prior to public consultation. The Tūmāia Kaiārahi is made up of five members; psychologists, educators, researchers, and a board member, all of whom identify as Māori.</p> <p>The review work will be supported by the NZPB strategic priorities 2021 – 2025 <i>Hauora for all – transforming psychology in Aotearoa</i>. The RA currently functions under its existing standards, policies and procedures but anticipates changes will be needed.</p> <p>The NZPB's website is a major platform in keeping practitioners informed of the board's business and information relevant to their profession. A number of examples of feedback and consultation were provided, online surveys, attendance at workshops, seminars, and conferences. Group sessions have been adapted to meet Covid-19 restrictions such as the collaboration of other RAs in the utilisation of 'zoom' sessions and webinars. <i>Refer to 8.1</i></p> <p>The website provides practitioners access to NZPB newsletters, online resources, and topics of interest, examples are a <i>Tangata Whenua Reading List</i> and <i>Mauriora training</i>.</p>				
6.2	Developed in consultation with the	The board verified its commitment to consult with its practitioners and relevant stakeholders throughout the	FA			

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	profession and other stakeholders	extensive reviews of its standards, policies, and accreditation delivery. <i>Refer 6.1</i>				
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	<p>The revised supervision guidelines 2021, promotes the practitioner's awareness of their own culture and understanding cultural diversity to develop a lens of bicultural competence supporting Te Tiriti o Waitangi and engagement strategies in Te Ao Māori.</p> <p>Māori models of health are available to practitioners as cultural resources to support ongoing cultural competencies. The profession uses the Meihana model and its dimensions to inform their knowledge base and practice. The model uses the dimensions of a double hulled canoe <i>Waka Hourua</i> to encapsulate te whare tapa wha, taio (environmental risk factors) and iwi katoa (societal perceptions that impact on the wellbeing of client whanau).</p> <p>The Māori professional body He Paiaka – Tōtara (registered psychologists) and Tūtu (students and interns) is a new society. One of the intentions is to increase the critical mass of Māori practitioners to drive success within the profession.</p>	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>The NZPB has renewed a five-year Service Level Agreement (SLA) with the NZ Nursing Council commencing February 2021. It covers corporate service arrangements with partner regulatory authorities and includes service support for property, facilities management, IT, finance, and payroll.</p> <p>The NZPB engages with other responsible authorities with hui covering topics such as racism in the health system, Te Tiriti o Waitangi, Māori Health Strategy, common standards, multi-professional scopes, representative groups, cultural competency, data sharing, prevention of harm and generic training opportunities (e.g., governance etc).</p> <p>A monthly Partner Regulatory Group (PRG) meetings with eleven partner responsible authorities. This colocation of RAs provides a useful forum to share the mahi, policies and ideas.</p> <p>There is regular attendance at and support of the allied health sector meetings with Martin Chadwick, Chief Allied Health Professions Office at the Ministry of Health.</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>There are draft terms of reference for the Psychology Professional Advisory Forum (PPAF) which seeks to identify and implement strategies to resolve issues affecting the profession of psychology in New Zealand. This document needs to be ratified. It also seeks to maintain a positive and constructive relationship between the NZPB, professional bodies, and other interested parties within the profession.</p> <p>PPAF meets quarterly with representation from professional associations, DHB's, Corrections, Universities and Ministry of Education. The forum seeks to identify, implement strategies, and resolve issues affecting the profession, and to maintain relationships between the board, professional bodies, and other interested parties within the profession.</p> <p>The NZPB has collaborated with other responsible authorities in relation to Covid-19 alert levels and communications in relation to this.</p> <p>The board's registrar/general manager attends a range of sector meetings and meets regularly with counterparts in other responsible authorities seeking further opportunities for collaboration</p> <p>There is active participation in the Psychology Workforce Task Group (PWTG). This Ministry of Health group, chaired by the chief allied health professions officer, targets workforce issues in the psychology profession.</p>	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions 	<p>The NZPB's strategic vision is 'Hauora for all – transforming psychology in Aotearoa.' To protect the health and safety of the public, their vision statement is to ensure 'everybody can access safe and effective psychology, when they need it, in a way that works for them.' Their strategic priorities include 'a workforce that is fit and competent to practice.' These are documented in their annual report and on their website.</p> <p>The secretariat were knowledgeable of the primary purpose of the HPCA Act - to protect the health and safety of members of the public.</p> <p>The registration, recertification, complaints, and notification processes sighted showed that they are cognisant of their requirements under the HPCA Act. They use a range of actions should at any stage of a notification process, a risk of harm is perceived. Refer 4.2, 4.3</p> <p>A clearer separation between policy and processes for these key functions would strengthen governance and operational delivery.</p> <p>The NZPB is aware of its legislative obligations to publicise issues about practitioners as part of the practitioner's scope of practice.</p>	FA			
9.2	<ul style="list-style-type: none"> Provides clear, accurate, and publicly accessible 	<p>The NZPB website is comprehensive, easy to navigate and provides publicly available information and includes:</p> <ul style="list-style-type: none"> Raising a concern about a psychologist 	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
	information about its purpose, functions, and core regulatory processes	<ul style="list-style-type: none"> About the board Te Poari Kaimātai Hinengaro o Aotearoa – vision, purpose, and strategic priorities 20921 - 2025 Newsletters and annual reports Accredited training programs Finding a psychologist Register of psychologists with an Annual Practicing Certificate <p>To further promote public awareness of the board's responsibilities and revitalise its profile, the board has developed a draft communications strategy. It has recently appointed a communications contractor to deliver on its strategy. Two key areas are to inform the public and practitioners of the professions historical past and provide the public and the profession with a new focus and access to more support and resources. Refer 4.1, 4.3, 6.1</p>				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaau: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions 	<p>The NZPB has developed mechanisms of equity, te Tiriti o Waitangi principles and strategies that are reflective of Whakamaau. Examples are dispersed throughout the report, in summary:</p> <ul style="list-style-type: none"> The establishment of Tūmāia Kaiārahi Committee Support of He Paiaka – Tōtara and Tutu, Māori professional body Strategic Priorities 2021 -2025 2021 – 2023 Action plan to complete its accreditation standards, policy document reviews, code of conduct, clinical and cultural competency reviews <p>The board has an action plan to refresh its profile and website to better showcase Māori paradigms in psychology.</p>	FA			
10.2	<ul style="list-style-type: none"> Ensure the principles of Right-touch regulation are followed in the implementation of all its functions 	<p>The board has identified that it abides by the principles of right touch regulation. Its principles of consistency, transparency, proportionality, accountability, targeting and agility. Light Touch was noted in board minutes in 2019. Practical application of this relates to review of the intern scope of practice, by seeking ways to minimise/eliminate the 'double regulation' of this group. The present process for registration of interns is neither proportionate nor targeted to the risk – in that too much regulation is in place relevant to the level of risk presented.</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		A legal firm has provided training on 'Right Touch' principles.				
10.3	<ul style="list-style-type: none"> Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern 	<p>The board's Audit Finance and Risk Committee meet quarterly (more often when required) including review of the risk register.</p> <p>The risk register reviewed identifies potential risk to the board regarding financial, human resource or reputational risk and outlines mitigation strategies. The risk register framework has recently been simplified with fewer risks, but a greater capture of changes in risk is evident. It is suggested that the board considers inclusion of stakeholder relationships as an active risk on the register.</p>	FA			
10.4	<ul style="list-style-type: none"> Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners 	<p>In May 2021, as part of strategic planning, the board recognised that there was a need to further elevate the importance of the Māori advisory group (Tūmāia Kaiārahi). This resulted the development of terms of reference to establish Tūmāia as a formal committee of the board.</p> <p>Its objectives include:</p> <ul style="list-style-type: none"> providing advice, guidance and support to the board, and secretariat in developing and implementing the board's Māori responsiveness objectives; and holding the board to account on its policy and strategic decision-making, with reference to equity issues for Māori. 	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		The present priority is focussed on reviewing the clinical and cultural competencies for registered psychologists.				
10.5	<ul style="list-style-type: none"> Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment 	The general manager/registrar is the board's privacy officer. In early 2021, shortly after commencing in her role, she underwent one-to-one training with the board's legal advisors, on compliance with Privacy Act requirements. She, and the newly appointed senior psychology advisor, also completed a full-day training on the HPCA Act.	FA			