Responsible Authority Core Performance Standards Review Report

Authority Name	**New Zealand Psychologist Board – Te Poari Kaimātai Hinengaro o Aotearoa.**
Date of Review Report	**20-21 May 2026**
Name of reviewing Designated Auditing Agency	**DAA Group Ltd**

Executive Summary

The Psychologists Board (Te Poari Kaimātai Hinengaro o Aotearoa) as of March 2025, employs fourteen staff and regulates 4,967 registered psychologists, of whom 4081 currently hold annual practising certificates. Established under the Psychologists Act 1981 and continuing as a responsible authority (RA) under the Health Practitioners Competence Assurance Act 2003, its primary purpose is to protect public health and safety through registration, and through the management of competence, conduct, and fitness to practise matters. The Board sets and promotes standards for clinical and cultural competence and ethical conduct. The Secretariat supports the work of the Board with 12.2 full time equivalent (FTE) staff (fourteen roles) and two contracted advisor roles for cultural support and lived experience/whānau/consumer. One 0.5FTE vacancy for a Psychology Specialist Māori liaison is unfilled.

Since the previous review, the Board has continued to progress two major initiatives already underway: the 2021–2025 strategic vision Hauora for All – transforming psychology in Aotearoa, which aims to strengthen the profession's contribution to public safety and equitable access to psychological services, and the multi-year Tūmāia Kaiārahi led review of core and additional vocational competencies. Both initiatives directly support the Board's statutory responsibilities under section 118 of the Health Practitioners Competence Assurance Act 2003, particularly ensuring competence, cultural safety, and fitness to practise across the wider profession.

A substantial programme of work has been advanced to ensure the Board continues to protect the health and safety of the public by providing mechanisms to ensure that psychologists are competent and fit to practise. This includes completing a review of the Code of Ethics and developing a new Code of Conduct, finalising a core competency standards review, and trialling Raka Maui, a cultural competency programme for newly registered overseas trained psychologists, with evaluation and approval scheduled for May 2026. These initiatives strengthen the Board's ability to set and monitor standards of clinical, ethical and cultural competence, and to ensure practitioners are equipped to deliver safe and effective care.

The Board is reviewing scopes of practice to ensure they remain accurate, contemporary and reflective of the sector's growth, supported by consultation with the profession and advisory groups to maintain transparency and two-way communication. A collaborative project with public institutions and non-government organisations (NGOs) is close to being finalised to introduce a new psychology related scope of practice for practitioners working with low to moderate risk needs, through establishment of a Psychology Assistant role. This aligns Board functions relating to prescribing scopes of practice, setting qualifications, and ensuring the workforce can safely provide improved access to meet population needs. Work is progressing to provisionally accredit academic organisations to begin delivering this programme in 2027.

The Board continues to engage with and support key stakeholders involved in the development of an apology as part of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), which acknowledges the harm caused. Several key guidelines have been reviewed and updated, including Informed Consent Guidelines and guidance for psychologists working with Rainbow+ communities. New policies, guidelines and procedures have been developed to support the Board's regulatory functions, alongside the creation of an Equity Lens Framework to ensure all decisions, policies and procedures are produced and assessed in ways that foster equity. A Cultural Safety Statement and a He Awa Hauora Māori Statement are also in development. These initiatives strengthen the Board's ability to promote culturally safe practice, support public confidence, and ensure that psychologists practise in ways that uphold the rights, needs and safety of diverse New Zealand communities.

Modernisation of regulatory infrastructure is progressing through the implementation of a new software platform to replace the outdated Register system, with the intention to improve performance, usability and scalability. The Board is also working with the Parliamentary Counsel Office to improve accessibility and usability of its secondary legislation, particularly the methods of publication. Complaints processes are being reviewed and streamlined to ensure timely, fair and transparent handling of concerns about conduct, competence and fitness to practise. Guidelines on the use of Artificial Intelligence in psychology have been introduced, and communications have been strengthened through bimonthly newsletters and sector notifications. A full review of the pathway for overseas trained psychologists seeking registration in Aotearoa New Zealand is also underway. These activities support the Board's statutory functions relating to registration, competence, conduct, notifications, and public information.

Two additional areas of focus reflect the evolving regulatory environment: these relate to the rapid emergence of technologies such as AI and their implications for psychological practice, and prudent financial management following an unexpected increase in disciplinary activity and litigation costs, with associated impacts on both practitioners and the organisation. A new deputy registrar and legal counsel role has recently been established. These actions support the Board to administer the Act responsibly and sustainably.

Governance stability has now been reestablished. The Board currently has eight of nine positions filled (five practitioner members and three lay members), with the Minister of Health progressing recruitment to address the existing vacancy and four upcoming term completions in June and August 2026. This follows an extended period of delayed appointments during which the Board operated with up to four vacancies. The Board meets six times per year. Four committees support a variety of Board functions – accreditation; audit finance and risk (AFR); conduct, competence and fitness (CCF); and Tūmaia Kaiārahi.

The Secretariat is functioning effectively, with appropriate delegations in place to support efficient and timely delivery of regulatory responsibilities. This stability strengthens the Board's ability to maintain effective oversight of the profession.

Stakeholders interviewed described a positive, collegial relationship with the Board and a shared commitment to public safety, high-quality practice, and Te Tiriti-informed regulation. The Board's competency frameworks and recent guidance were seen as strong national foundations. They noted ongoing work to strengthen representation and responsiveness for Māori and Pacific communities, supported by a formalised Te Tiriti statement and culturally responsive Practice Guides. Improved internal communication was identified as a priority.

Operational feedback highlighted timing issues affecting intern Practising Certificates and the need for clearer support for the new Psychology Assistant pathway. Stakeholders also reported systemic gaps in cultural competence within training pathways, with Māori content often ad-hoc and Māori leadership under-recognised.

Two system-level concerns were emphasised; uncertainty about future scopes of practice and registration pathways, and delays with limited communication in for completed accreditation

processes. However, overall, stakeholders expressed confidence in the Board's direction and valued the constructive relationship.

During the one-and-a-half-day onsite review, interviews were undertaken with the Chief Executive Officer, Deputy Registrar/Legal Counsel (new role), Board Chairperson, registration and standards coordinators, Psychologist specialist liaisons, the contracted cultural advisor, and stakeholder groups.

This review confirms that the Psychologists Board is adequately performing all functions required under the HPCA Act 2003 and has fully achieved all core performance standards. The on-site review team comprised Christine Dean (Lead Assessor), Andrew Charnock (Technical Expert Assessor) and Lovey Ratima- Rapson (Cultural Advisor and Assessor).

Recommendations

Well done. The Psychologist Board has fully achieved all core performance standards. Suggestions for further development are included in the report narrative.

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, with subsequent reviews conducted at intervals of no more than five years. 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.

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. The Ministry may require review of additional aspects of Responsible Authorities' performance.

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**	**Suggested Timeframe (months / date)**
1.1	The RA has defined clear and coherent competencies for each scope of practice	The Psychologists Board maintains eight scopes of practice—Intern Psychologist, Trainee Psychologist, Psychologist, Clinical Psychologist, Counselling Psychologist, Educational Psychologist, Neuropsychologist, and the new Psychology Assistant scope. These scopes have clearly prescribed qualifications and core competencies that are publicly accessible, gazetted, and consolidated into a single requirements document. Core competencies, including nine minimum standards underpinned by cultural competencies, provide clarity on required knowledge and skills and support safe practice and continuing competence. The website is easy to navigate and contains extensive resources for practitioners and the public. Expanding search functionality on the online register would enhance usability. The Board is commended for its consultation and significant work required to introduce the new scope of practise while continuing to maintain business as usual.	FA			
1.2	The RA has prescribed qualifications aligned to those competencies for each scope of practice	Prescribed qualifications for each scope are clearly listed in the Scopes and Prescribed Qualifications documents. The 2024 review—undertaken after more than 20 years without comprehensive revision—was supported by the	FA			

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		Psychology Scopes Advisory Group (PSAG) and a Collaborative Reference Group (CRG), ensuring diverse professional, cultural, and consumer perspectives. The review addressed scope creep and established a future-focused, flexible framework.				
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 competent to practise the relevant profession	The Board oversees 23 accredited programmes across tertiary and approved non-government organisations (NGO), applying proportionate and transparent accreditation processes. Programmes are accredited for defined periods or granted provisional accreditation. The Psychology Assistant scope is progressing cautiously following mixed sector feedback, with a deliberate "considered" approach and a risk profile guiding implementation. Submissions from tertiary providers seeking to deliver the programme are being considered, and consultation on fee changes has also been undertaken.	FA			
1.4	The RA takes appropriate actions where concerns are identified	Education providers submit annual updates confirming continued alignment with accreditation standards and must notify the Board of any significant curriculum, staffing, or delivery changes. No concerns have been raised about provider performance in the past five years.	FA			

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		The Board oversees a comparatively high number of accredited programmes relative to its approximately 4,000 registrants and applies transparent, proportionate processes under sections 12–14 of the HPCAA.				
1.5	Reviews prescribed qualifications and scopes of practice (at minimum of once every five years)	Scopes of practice had not been comprehensively reviewed for more than 20 years, during which scope creep occurred. The Board initiated a full review focused on public protection and creating a flexible, future-proofed framework. Sector feedback was externally analysed, supported by a Psychology Scopes Advisory Group that undertook international research and developed options for the Board, with a Collaborative Reference Group ensuring stakeholder perspectives were incorporated. A further in-depth review is planned within five years, as recent work has centred on implementing the new Psychology Assistant scope and progressing provisional accreditation for the related tertiary programmes.	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)	The Board maintains a public online register that complies with sections 138 and 144 of the HPCAA. The register clearly displays scopes of practice and any conditions or limits on practice. An annual post-APC audit is undertaken each May to ensure accuracy. The MyRA dashboard provides real-time visibility of practitioners holding practising certificates and those holding registration only. Some entries display "registered, non-practising (in default)" without explanation, which may be misleading to the public. An explanation of this status would add value to the public register.	FA			
2.2	The RA has clear, transparent, and timely mechanisms to consider applications and to: • Register applicants who meet all statutory requirements for registration • Issue practicing certificates to applicants in a timely manner • Manage any requests for reviews of decisions made under delegation	The Board maintains clear, publicly accessible registration pathways for New Zealand-trained, overseas-trained, and Trans-Tasman applicants, with requirements and forms available online. A targeted project is underway to strengthen and streamline the assessment of overseas-trained psychologists, with Psychology Specialists providing expert advice to the Deputy Registrar. Annual practising certificates are renewed online, with practitioners required to declare their competence, fitness to practise, participation in supervision, and engagement in continuing competence activities. Restoration to the register is available on written application, provided no disciplinary proceedings are pending.	FA			

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	The RA has proportionate, appropriate, transparent and standards-based mechanisms to: 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 Promote the competence of health practitioners	The Board ensures psychologists are competent and fit to practise through checks at registration, APC renewal, the Continuing Competence Programme (CCP), and formal responses to notifications of concern. Applicants are only registered when the Registrar is satisfied that they meet the competency requirements for their scope. At APC renewal, practitioners must declare their competence and engagement in supervision and continuing competence activities. MyRA flags prevent APCs being issued to practitioners under review or with restrictions, and those returning from a career break must demonstrate they can meet and maintain required standards. APC processing has recently moved from a manual to an online system. The CCP provides a structured, five-step, self-reflective process requiring practitioners to assess themselves against core competencies, set and implement learning objectives, and maintain a logbook with supervisor engagement. A secure online platform supports consistent documentation. The Board audits 20% of practitioners annually, achieving full coverage over five years, and undertakes targeted audits where concerns arise. Audit findings are	FA			

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		aggregated to identify themes, and the Board applies clear differential policies for issues arising from CCP audits versus section 34 notifications. When concerns are raised, the Board follows a formal review pathway involving the Complaints Consideration Forum (CCF), independent specialist assessment, and where required, a competence review panel. Practitioners who do not meet the required standard are issued section 38 orders, typically involving an individualised competence programme and Board-approved supervision. All psychologists practise under supervision to support safe and effective practice. The Board promotes competence through comprehensive guidelines, regular communication of emerging themes, and engagement with the profession via newsletters, conferences, and practitioner evenings. These activities support psychologists to maintain competence and uphold safe, high-quality practice. The board is commended for the extensive guidelines published on its website.				

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	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for: Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner	The Board provides a clear consumer-facing pathway to raise a concern. The primary entry point is the organisation's website, which distinguishes between a complaint and a concern so that consumers can self-identify the appropriate pathway, supported by a phone system that captures voicemail. Complaints are submitted through an online form which is directed to a monitored complaints inbox, with acknowledgement issued and the matter logged into the MyRA client record system (CRM) as the system of record. Following through the public-facing complaints information confirmed the language used is plain, the steps are sequenced for the complainant, and the information about the role of the Health and Disability Commissioner is presented alongside the Board's own role so consumers understand the distinct pathways. It is suggested that the use of te reo Māori across the public-facing website is extended, e.g. complaints, registration and public register pages to ensure whānau Māori can easily use core functions and see Te Tiriti commitments reflected in practice. This includes making bilingual content clear, consistent and visible from the front page.	FA			

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4.2	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	The consumer pathway from concern to notification is clear and documented end-to-end. Complaints from consumers are acknowledged, logged into the customer relationship management system (CRM) system, forwarded as required to the Health and Disability Commissioner (HDC), and the file is paused pending HDC's determination. Once the HDC informs their decision (usually with no further action required), the matter is then referred to the Complaints Consideration Forum (CCF). The Board tends to treat health notifications as non-disciplinary, though cases involving both health and conduct issues are handled carefully on an individual case by case basis. The CCF meets monthly and considers approximately 10 to 12 complaints over a four-hour session. CCF outcomes may include referral to a Professional Conduct Committee (PCC), referral to a Competence Review Panel (CRP), a letter of education, or no further action. This tiered pathway supports proportionate response. Outcomes are communicated to both the complainant and the practitioner, with support from the registration team and the relevant psychology specialist. There is evidence that both	FA			

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		parties to the complaint are supported throughout the process. The Board review of one case provided an audit trail of how a complex matter moves through CCF, PCC and registrar decision-making and how cultural considerations are incorporated.				
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	Notification to HDC is built into the standard complaint pathway and is not a discretionary step. The pause on the file pending HDC determination ensures that statutory notification responsibilities are met before the Board takes its own action. The hotlist mechanism on the practitioner database, and the audit trail through CCF, PCC and CRP, demonstrate that the Board can both prevent issue of a practising certificate to a practitioner currently under process, and notify employers and the wider system where risk is identified. One case example confirms that section 118(g) notifications are not only described in policy but implemented in practice. It would be useful to document the Te Tiriti and equity lens applied within the notification process to demonstrate how decision-makers actively consider the potential impact on whānau, hapū	FA			

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		and iwi. This would demonstrate how cultural and equity implications are weighed alongside the statutory thresholds.				

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	The RA has clear and transparent mechanisms to: 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	The Board receives and manages fitness notifications for psychologists. Volumes remain low due to the proactive support systems, including current online guidance and responsive email channels for both the public and the profession. These early-support mechanisms help practitioners manage stress and seek advice before issues escalate. Fitness notifications are managed with a balance of confidentiality, empathy, and public safety. Under sections 45–51 of the HPCAA, the Board may act when a psychologist's health condition affects safe practice. Its approach balances confidentiality and empathetic engagement with its core duty to protect the public. The Board works collaboratively with the psychologist and their treating team to understand risks and supports, using statutory powers only when collaboration is ineffective or risk is high. Increasing lay person representation, including Māori input on the CCF Committee would support how a culturally appropriate lens is used in response to fitness notifications. Health notifications are generally treated as non-disciplinary, with mixed health-and-conduct matters assessed individually to ensure the correct regulatory pathway. Cases are led by psychology specialists on staff, reflecting the profession's preference for peer-based,	FA			

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		empathetic engagement. At the same time, the Board is careful to avoid any perception that practitioner wellbeing is prioritised over public safety, ensuring decisions remain grounded in statutory obligations and transparent risk management processes.				

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	The RA sets standards of clinical and cultural competence and ethical conduct that are: • Informed by relevant evidence • Clearly articulated and accessible	The Board routinely updates its Core and Cultural Competencies using current evidence to maintain high ethical, clinical, and cultural standards. These reviews include structured input from Tūmāia Kaiārahi and other stakeholders to ensure strong Māori involvement and cultural safety. Guided by Tūmāia Kaiārahi, the cultural practice review demonstrates how the Board shifts from written expectations to lived cultural competence in practice. The cultural advisor has developed a tikanga flipchart which outlines traditional tikanga principles to support holistic wellbeing (spiritual, emotional, mental and physical well-being). It guides the secretariat on embracing Māori values, conducting Mihi Whakatau with manaakitanga, opening meetings with Karakia, and using pepeha templates. The Board and staff are commended for embracing the spirit of Te Tiriti. The Boards website provides extensive information on cultural competence. There also links to other information e.g. webinars produced by New Zealand Psychology Society and Nga Tohu Reo Māori.	FA			

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6.2	Developed in consultation with the profession and other stakeholders	Tūmāia Kaiārahi provides kaupapa Māori leadership to the Board and has played a central role in major recent work, including the cultural practice review and the development of the Board's formal apology. Their guidance ensures tikanga, Māori knowledge and equity considerations are embedded in standards development and regulatory processes. In 2024, the Board strengthened its decision-making by introducing an equity and Te Tiriti o Waitangi framework, using targeted questions to ensure all policies, documents and decisions actively advance equity and assess their impacts on Māori. The Tūmāia Kaiārahi Committee supports this by advising on Māori responsiveness, guiding the Board's work to address health equity, and ensuring obligations under the HPCAA and the spirit of Te Tiriti o Waitangi are met. The Board is also modernising its professional standards. A review of the Code of Ethics and development of a new Code of Conduct began in 2021 through collaborative working groups and experts. These will be introduced as interim codes in late 2026 for a one-year familiarisation period, while the current Code of Ethics remains publicly available, including in te reo Māori.	FA			

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		A suggestion is made to include tāngata whaiora, whānau Māori, Pacific peoples, and tāngata whaikaha in future standards reviews to strengthen consumer partnership. Partnership with Te Rōpū Māori o te Mātauranga Hinengaro further supports Māori workforce development and the integration of Māori knowledge, tikanga, kawa and moemoeā within the health system. Through this Memorandum of Agreement, the Board funds annual scholarships for Māori psychology students via He Paiaka Tipu, contributing to growing a strong and sustainable Māori psychology workforce.				
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	Cultural competence expectations are clearly defined and grounded in tikanga, cultural safety, and shared responsibility. Cultural competence is actively modelled within the secretariat, with all new staff receiving cultural orientation that sets expectations for tikanga-aligned behaviour and encourages pausing and seeking guidance when uncertain. This creates a safe environment for learning and positions cultural competence as a collective responsibility rather than an individual burden. Māori presence and voice are embedded in governance and operational settings, with te reo Māori used in meetings and Māori members contributing to Board deliberations.	FA			

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		The Board is also exploring a cultural competence bridging pathway for overseas-trained psychologists and those returning to practise in Aotearoa New Zealand, recognising that safe and effective practice requires competence in te ao Māori, tikanga, and Te Tiriti-based practice.				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
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7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	The Psychologists Board maintains effective and collaborative relationships with other responsible authorities appointed under the HPCA Act 2003. These relationships support consistency in regulatory practice and enable shared learning across the sector. The Board draws on the expertise of larger responsible authorities for mentoring and best-practice guidance and participates in Partner Regulatory Group meetings to support alignment and coordinated responses to emerging issues. Operational capability is strengthened through a service-level agreement with the Nursing Council of New Zealand, which provides payroll and information technology services. This arrangement ensures reliable administrative infrastructure and allows the Board to focus its internal resources on its core regulatory functions.	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
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8.1	The RA uses mechanisms within the HPCA Act such as scopes of practice, competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	The Board actively promotes interdisciplinary collaboration through regular engagement with universities, professional advisory forums, the Minister of Health, and other responsible authorities. Chief Executives meet regularly to share learning and coordinate responses to sector-wide issues, including cultural safety, competence, and workforce development. The Board also collaborates with tertiary providers on accreditation matters and with Tūmāia Kaiārahi on cultural safety initiatives. These relationships strengthen the Board's regulatory capability and ensure that psychologists practise within a system that is connected, informed, and responsive.	FA			

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
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9.1	The RA: 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	The Board consistently promotes public awareness of its responsibilities under the Health Practitioners Competence Assurance Act 2003. Public protection is the primary organising principle across all regulatory pathways, including competence, conduct, and fitness-to-practise processes. This is reinforced through operational tools such as the practitioner-database hotlist, which ensures timely identification and management of risk. A review of a recent case confirmed that public safety remains the primary frame for decision-making.	FA			
9.2	Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes	Clear, accurate, and accessible public information is provided through the Board's website, which outlines its purpose and complaints pathway. Consumers receive a complaints process guide at acknowledgement, ensuring transparency from the outset. A suggestion is made to extend te reo Māori across key public-facing pages and to review accessibility across language, cultural, digital, and disability lenses to ensure equitable access for all communities.	FA			
9.3	In promoting public awareness, recognises opportunities to also promote public confidence	The Board also recognises opportunities to promote public confidence in the profession. During the apology kaupapa, the Board followed tikanga-aligned advice to deliver the apology on a marae and prioritise	FA			

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	in the profession and in the Responsible Authority	relationship-building with mana whenua. This demonstrated cultural responsiveness and strengthened trust in the profession.				

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						
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10.1	The RA: Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in *Whakamaua: Māori Health Action Plan 2020-2025)* are followed in the implementation of all its functions	The Board demonstrates a lived commitment to Te Tiriti o Waitangi through its structures and everyday practice. An advisory body sits alongside the Board as an equal partner, providing tikanga and kaupapa Māori guidance directly into governance decisions. A dedicated cultural advisory role supports the Board, the advisory body, and the secretariat, ensuring tikanga is considered across all organisational layers. A suggestion is made to publicly document the Board's Te Tiriti operating model to enhance transparency and demonstrate how these commitments are enacted in practice. Describing the roles of Tūmāia Kaiārahi and the Cultural Advisor, and how the Māori voice informs Board decisions would provide greater clarity and visibility to both the profession and public. Māori membership on the Board is established, and te reo Māori is used naturally in proceedings. The principles of protection, partnership, and participation are evident across governance and operational practice, with benefits extending to practitioners and whānau. The commitment to Te Tiriti is embedded in how the Board functions, rather than expressed only in policy statements. This could be further enhanced by reporting on	FA			

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		progress with the apology delivery plan and relationship building with mana whenua, demonstrating accountability and follow-through.				
10.2	Ensure the principles of Right-touch regulation are followed in the implementation of all its functions	Right-touch regulation principles which are consistent, targeted, transparent, accountable, and agile—are evident across the Board's regulatory processes. The Complaints Consideration Forum (CCF) operates monthly using a published tiered outcome framework (PCC, CRP, letter of education, or no further action) demonstrates a proportionate responses aligned to risk. The Complaints Consideration Forum reviews around 10–12 matters most months. The pause-on-file process pending Health and Disability Commissioner determination ensures consistent statutory requirements are met. Digitisation of the Continuing Competence Programme and the introduction of the MyRA customer relationship management system strengthen consistency and accountability. The Accreditation Committee meets monthly with six-monthly reporting between full visits, evidencing an appropriate and proportionate monitoring approach.	FA			
10.3	Identifies and addresses emerging areas of risk and	The organisation manages emerging and existing risks through its risk register and	FA			

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	prioritises any areas of public safety concern	quarterly Audit and Financial Risk Committee meetings, which focus on financial, operational and public safety risks. The risk register outlines financial, human resource and reputational risks to the Board and the mitigation strategies in place, and is reviewed alongside the Board's Risk Management Framework to ensure a consistent, structured approach to monitoring and managing risk.				
10.4	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	The Board is committed to meaningful engagement with stakeholders on all matters requiring consultation, supported by an up-to-date stakeholder register. Recent consultations have included the Psychology Scopes of Practice review, the Assistant/Associate Psychologist consultation, the review of the Code of Ethics and development of the Code of Conduct. Targeted consultation also informed the development of the Cultural Safety Statement, He Awa Hauora, the Equity Lens Framework and the Māori Scholarship, ensuring these initiatives reflected sector and community perspectives. The Board worked closely with the Māori Psychology Society, and provides an annual scholarship. This is an example of the Board	FA			

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		using its accreditation and workforce levers in combination with the professional Māori rōpū. Through accreditation, the Board supports and nurtures Māori and Pacific students through training programmes and is currently progressing three accreditation visits. Stakeholder interviews are scheduled on-site opportunity better understand the experience of students.				
10.5	Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment	The Board operates the full suite of statutory functions — registration, accreditation, competence, conduct, fitness to practise, standards setting, public awareness — through a documented committee structure (Accreditation, Audit, Finance and Risk Committee, Complaints Consideration Forum, and Tūmaiā Kaiārahi). Accountability to the public is held through an annual report and audited accounts provided to the Minister of Health, as required by the Act. Strategic priorities for 2021–2025 carry a vision of Hauora for all — transforming psychology in Aotearoa, with a strong focus on equitable access and culturally safe practice. This evidences that other duties are being weighed alongside core HPCA duties rather than treated as separate.	FA			

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		The Cultural Advisor model, the use of te reo Māori in Board settings, and the apology kaupapa together show the Board fulfilling duties that arise from Te Tiriti o Waitangi and from Whakamaua, alongside its HPCA Act duties.				