

2019

Annual Report



**Clinical Physiologists
Registration Board**

www.cprb.org.nz

email admin@cprb.org.nz

Annual report

Clinical Physiologists Registration Board
1 April 2018 – 31st March 2019

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CPRB Website: www.cprb.org.nz

Contact email: admin@cprb.org.nz

For the purposes of this document the following abbreviations apply:

CPRB – Clinical Physiologists Registration Board

APC – Annual Practicing Certificate

CPD – Continuing Professional Development

PCA – Practical Competency Assessment

SOP – Scope of Practice

Cardiac – Cardiac Physiologist and Cardiac Physiology Technician

Exercise – Exercise Physiologist

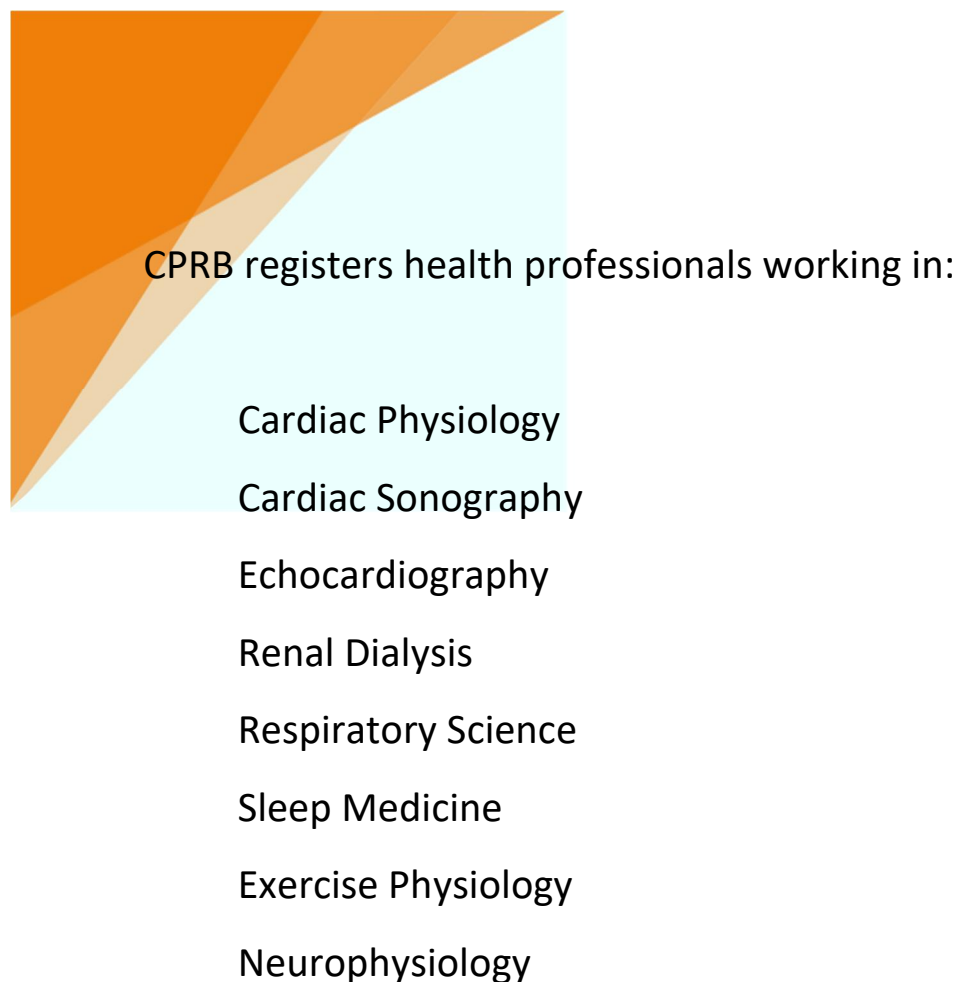
Neuro – Neurophysiology technologist

Renal – Renal Physiologist

Resp – Respiratory Physiologist / Scientist

Sleep – Sleep Physiologist

CPRB aims to protect the public through upholding competency standards to ensure a high standard of practice of Clinical Physiologists working in New Zealand (NZ). Founded in 2006 as a self-regulating registration board, the CPRB consistently promotes the development and enhancement of Clinical Physiology and Physiology Technician roles in the NZ healthcare system.



1. Reports

Clinical Physiologists Registration Board
1 April 2018 – 31st March 2019

1A HPCAA REPORT

The application for Clinical Physiologists to be regulated under the HPCAA is still on hold by the Ministry of Health (MOH), awaiting expert panel assessment.

Public consultation was completed and further information was provided to MOH following their request in 2010.

The 2017 CPRB Annual Report was sent to the incoming Minister of Health with a cover letter updating him on the current status. A notification of receipt was sent in reply.

From the MOH website:

*Clinical physiologists (with renal dialysis technicians)
Clinical physiology includes clinical cardiac physiology,
clinical respiratory physiology, and clinical
sleep physiology.
A preliminary assessment was undertaken and further
information requested and supplied.
However, this application has not yet been formally assessed
by an expert panel.*

HPCAA Application timeline

2003	SCT presented at an HPCAA hearing advising imminent request for inclusion under the act.
2005	First draft of CPRB documents completed
2006	<ul style="list-style-type: none"> • Clinical Physiologists Registration Board formed – self-regulating authority. • May: consultation document circulated to members of professions involved (Cardiac, Respiratory, Sleep) • August : CPRB constitution finalized • August: Original “Application for the Professions of Clinical Cardiac, Respiratory and Sleep Physiology to become Regulated under the Health Practitioners Competence Assurance Act 2003” submitted to the MOH
2007	<ul style="list-style-type: none"> • July: CPRB “supplementary information risks to public” and “supplementary information risks to public: additional information” submitted to MoH • August: MoH consultation document “Regulation of the professions of Speech Language Therapy and Clinical Physiology under the HPCAA 2003” released • September: MOH consulted DHBs regarding regulation of Clinical Physiology and Speech-language therapy.
2008	<ul style="list-style-type: none"> • feedback to MoH consultation from Health & Disability Commissioner submitted to MoH
2010	<ul style="list-style-type: none"> • February - CPRB submission on MoH discussion document “How do we determine if statutory regulation is the most appropriate way to regulate health professionals?” • August – redrafted “Application for the Professions of Clinical Cardiac, Respiratory and Sleep Physiology to become Regulated under the Health Practitioners Competence Assurance Act 2003” submitted to the MoH under new application specifications • Awaiting Review by Expert panel
2014	<ul style="list-style-type: none"> • Renal Physiologists registered with NZBDP are registered by CPRB • MOH Health Science and Technical Workforce Review
2016	<ul style="list-style-type: none"> • Evaluation of Clinical Exercise Physiologist role in New Zealand published MOH website
2017	<ul style="list-style-type: none"> • Exercise Physiologists and Neurophysiology Technologists register with CPRB • Incoming Health minister sent CPRB annual report and update
2019	<ul style="list-style-type: none"> • Application still awaiting review by expert panel...

1B CHAIRPERSONS REPORT

2017-18 has been another year of growth and development for the CPRB.

The website continues to evolve in an attempt to make finding of information easier.

The biggest change is the introduction of formalized portfolios and the new APC declaration. The points system for CPD has always been difficult and we are hoping that the new process, which generally requires less evidence but is more around quality of learning, will be fairer and also provide the appropriate documentation of continuing professional development. I am sure once we all get our heads around this it will make the process easier. In June this year WellSleep underwent accreditation and were told the Clinical Physiologist portfolios were the best they had seen across Australasia so a big thank you to Jennifer for making up this template.

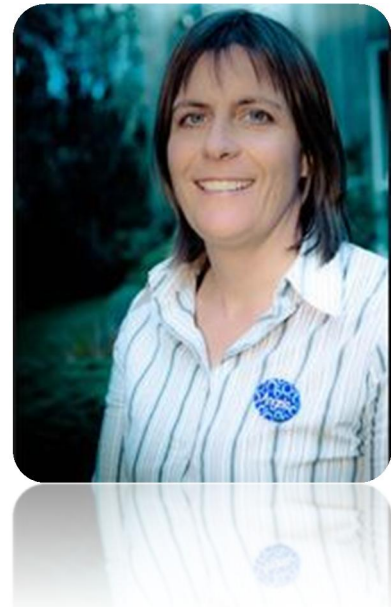
We have followed up with the MOH this year regards our application for registration but told that given the change of government in 2017 it would be some time until decisions re this process were made.

The ability to have an APC under more than one scope has recently been a subject taken up by the board particularly with regards to smaller centres where Clinical Physiologists may 'dabble' in a second scope, Our view of this is that just because you only do something occasionally it does not mean your knowledge should be less. Therefore to add a second scope for these people we are expecting training to have been completed and finalizing the exact nature of this is in our current work-plan.

Finally I am standing down as chair at this meeting, I am taking on other professional roles within sleep medicine and having been involved from the start of the CPRB I feel it is time to hand this to someone else. While I think we have made great progress with elevating our profession there is definitely more to do! Thanks to the team for their continued hard work.

Dr Angela Campbell
Sleep Representative and Acting Chairperson
Clinical Physiologists Registration Board

August 2018



REGISTRARS REPORT



It has been a very busy year with more administration hours worked for CPRB, due to registering the Exercise and Neuro groups, and fielding queries about the new Portfolio and APC processes. A fully online APC renewal system remains elusive due to the requirement for registrants to have the support of their supervisor, which requires a signature to be provided. This, combined with the requirement to prove professional society membership, currently prevents a fully online APC renewal from occurring. The workload is very uneven, with a large spike at APC renewal time. Measures to stagger renewal times may need to be introduced in the future, to spread the workload more evenly through the year. Other boards for instance link APC renewals to birthdate or alphabetically.

The goal of becoming a paper-free office has almost been reached, with all the historical registrant documents having been scanned and filed electronically. One box of historical correspondence and financial documents remains – a job for 2019. This will enable future registrars to work from home anywhere in the country, as the CPRB “office” can be located anywhere. Some registrants have asked why CPRB does not have a telephone number; this is because there is literally not a physical office with a manned telephone at all times. However a phone call can be arranged with the registrar at a mutually convenient time.

CPRB now has a Zoom account allowing board members to attend meetings from their workplace. This will save costs for flights and also valuable time of our busy volunteer board members.

CPRB Website:

The website is still functioning well in most respects. It undoubtedly has been a timely and significant improvement to the previous systems of large paper mail-outs, tall stacks of APC and registration forms and unwieldy Excel spreadsheets which were extremely susceptible to accidental deletions and errors. I can't imagine coordinating nearly 500 registrants without the benefits of the website. It has proved to be very stable and reliable software, although quite a learning curve to understand its complexities.

- In addition to hosting the public register, and application and professional information, it generates automatic reminders for APC renewals. Bulk emails can be sent to members of each professional group selectively e.g. for Portfolio audits, or to the entire register e.g. AGM notification. It is used to gather stats for the annual

report or other purposes. Lastly it functions as payment portal for fee payments via Paypal.

- Qualifications – Almost all qualifications have been entered retrospectively into the registrant profiles. We have only entered qualifications that have been sent to CPRB and are certified copies. For obvious reasons registrants cannot enter their own qualifications. Anyone who sees an error or omission should contact the Registrar.
- No facility for members to upload documents to website.
- Some renewal reminders cannot be prevented e.g. APC renewal for those on parental leave.

Applications:

Registrations: There were a record 115 new applications due to 2 new professional groups joining the register. 4 people re-registered after time away. 3 applications were declined, and 1 abandoned due to failure to complete.

PCAs: 2 competency assessments in Echocardiography were performed.

APCs: Most people with APCs have renewed successfully, approximately 230, although at the time of writing approximately 130 are incomplete or overdue [August 2018]. Possible reasons for failure to renew on time are that it is not compulsory in some DHBs, physiologists are more pressured with workloads, and there is no late penalty.

Administration of a late penalty would be complex, as some people have paid the fee but have not submitted the paperwork. There have been some issues with interpretation of some aspects of the new 1-page declaration, and some modifications will likely occur before next time, to make it clearer.

A scanner was purchased for use by the Registrar to digitize incoming and historical paperwork.

In summary it has been a busy and complex year with many logistical challenges as physiologist numbers continue to grow and the individual requirements of 6 professional groups are catered for. I welcome any feedback or suggestions to make our information and processes simplified and easier to understand for both national and international applicants.

Jennifer Youard
CPRB Registrar

2. The Board

Clinical Physiologists Registration Board

1 April 2018 – 31st March 2019

2A. BOARD MEMBERS

Name	Physiologist Profession	Location
Belinda Buckley Team Leader - Cardiac Investigation Unit, Counties Manukau DHB Allied Health Representative Cardiac Society of NZ and Australia	Cardiac	Auckland
Lisa Wilson (Incoming Chair) Manager Diagnostic testing Unit, Southland Hospital, Southern DHB	Cardiac	Invercargill
Fredric Doss Haemodialysis Educator & Professional Leader, Renal Services Auckland DHB Chair New Zealand Board of Dialysis Practice	Renal	Auckland
Balaji Jagannathan Team Leader Renal Services, Waitemata DHB, Honorary Lecturer, MIT Research Coordinator, Centre for Clinical Research and effective practice	Renal	Auckland
David Robiony-Rogers Service Leader Respiratory Medicine, Immunology, and Sleep Medicine, Capitol Coast DHB	Respiratory	Wellington
Dr Kevin Ellyett Charge Respiratory Physiologist, Auckland DHB	Respiratory	Auckland
Dr Angela Campbell (Outgoing Chair) Senior Lecturer, Dept of Medicine, Otago University, Manager WellSleep	Sleep	Wellington
Prudence Murray Senior Clinical Research Scientist & Sleep Lab Manager, Fisher & Paykel Healthcare	Sleep	Auckland
Paul Kelly Manager CDHB Sleep Service	Sleep	Christchurch
Saskia Van Ende Clinical Exercise Physiologist and Assistant Clinic Manager - The ExerScience Clinic (Parental Leave August 2018- present)	Exercise	Auckland
Stephen Burden Clinical Exercise Physiologist (CEPNZ), RMT (MNZ) Principal Academic Staff Member (PASM) Centre for Sport Science and Human Performance, Wintec	Exercise	Hamilton
Eleanor Natrass Clinical Exercise Physiologist and Clinic Manager - The ExerScience Clinic (Parental Leave Cover August 2018 – present)	Exercise	Auckland
Angela McDonnell Neurophysiology - Capital Coast Health	Neuro	Wellington

Joanne Askew
Neurophysiology Technologist – Independent Contractor

Neuro

Auckland

Jennifer Youard
Registrar
Cardiac Physiologist, Intra & Auckland Heart Group, Auckland

Registrar

Auckland

2B. BOARD TERMS

Terms run from August AGM to August AGM and are for 4 years.

Board members are elected or re-elected by their professional society.

	Year elected or Re-elected (R)	Year term expires	Professional Society elected by
Belinda Buckley	2018 R	2022	The Society of Cardiopulmonary Technology Inc
Lisa Wilson	2016	2020	
Fredric Doss	2018 R	2022	New Zealand and Australia Society of Renal Dialysis Practitioners
Balaji Jagannathan	2018 R	2022	
David Robiony-Rogers	2014 R	2018	Australia New Zealand Society of Respiratory Science
Kevin Ellyett	2015	2019	
Angela Campbell (Chair - outgoing)	2016 R	2020 (resigned 2019)	Australasian Sleep Technologists Association
Prudence Murray	2016 R	2020	
Paul Kelly	2018	2022	
Saskia Van Ende	2017 (PL Aug 2018)	2021	Clinical Exercise Physiology New Zealand
Stephen Burden	2017	2021	
Eleanor Natrass	2018 (PL cover)		
Angela McDonnell	2017	2021	New Zealand Neurophysiology Technology Society
Joanne Askew	2017	2021	

The Society of Cardiopulmonary technology advised of the re-election of Belinda Buckley in 2018. The NZASRDP advised of the re-election of Frederic Doss and Balaji Jagannathan in 2018.

ANZSRS are to be advised of terms ending for their representatives.

ASTA were advised of the vacancy after Angela Campbell steps down and elected Paul Kelly to the position of Sleep representative.

2c. Meeting Attendance

A = Apologies

✓ = Present

× = absent without notification

	Mar 2018	August 2018 AGM	Nov 2018	Feb 2019
Belinda Buckley	A	✓	✓	A
Lisa Wilson (incoming Chair)	A	✓	✓	✓
Saskia Van Ende	✓	✓	✓	PL
Eleanor Natrass	✓	✓	✓	✓
Stephen Burden	A	A	✓	✓
Angela McDonnell	✓	A	A	A
Joanne Askew	✓	✓	✓	A
Fredric Doss	A	✓	✓	✓
Balagi Jagannathan	✓	✓	✓	✓
David Robiony-Rogers	✓	A	✓	✓
Kevin Ellyett	X	✓	A	✓
Angela Campbell (Outgoing Chair)	✓	✓	Resigned	-
Paul Kelly	-	-	✓	A
Prudence Murray	✓	✓	✓	✓

CPRB Board members do not receive honoraria or payment at this current time.

The role of the board:

- Prescribe qualifications for scopes of practice within their profession as set by the relevant professional bodies
- Review and authorize registration applications
- Review applications for annual practicing certificates
- Set and promote standards of clinical competency and ethical conduct

- Receive and act on information from health practitioners, employers, or the public about the competence of clinical physiologists and physiology technicians
- Promote continuing education and training in the clinical physiology professions
- Direct and perform periodic audits of registrants professional portfolios and ongoing professional development activities
- Liaise directly with their relevant professional society on matters pertaining to both organizations

The role of the Registrar (0.1 FTE):

- Maintain the public register
- Administer incoming new applications for registration, APC renewal, and changes to practicing conditions
- Maintain the CPRB website
- Direct incoming and outgoing correspondence to the board
- Financial and registrant record keeping
- Administer portfolio audits as directed by the board
- Arrange and keep minutes of board meetings and AGM

3. Business Activities

Clinical Physiologists Registration Board

1 April 2018 – 31st March 2019

3A SUMMARY OF PROJECTS AND ACTIVITIES

POLICY

A process for Sole-practitioner APC declarations was formulated, and trailed by the Exercise Physiology group. This utilizes their research and education sub-committee, consisting of 3 members, who organize an interview with the sole practitioner and check their CPD and evidences.

The requirements for adding Spirometry as an extended practice (for non-respiratory physiologists) were clarified by ANZSRS reps. These are: Sign-off of competency from a recognized respiratory lab after training and provision of a portfolio, then attendance at refresher courses every 2 years.

APC renewal dates: these will now be staggered over a 6 month window to spread the workload out more evenly for the CPRB registrar. This is response to increasing numbers of APC renewals. As of 2020, Cardiac APCs will expire in May, Renal in July, and all others in September.

CPD forms: These have been adjusted to allow either accompanying evidence or supervisor verification.

ADMINISTRATIVE

Auditing of Cardiology portfolios undertaken

All historical member files have now been scanned, and member's qualifications have been entered retrospectively into their website profiles.

More fields have been added to the application section of the registration website to gain specific information from new applicants. Standardization of the wording of acceptance conditions has been introduced to improve consistency.

The APC declaration has been reviewed, with small adjustments made to wording to improve understanding of terminology, and to provide separate sign-off sections for those with 2 workplaces or 2 scope of practice.

GENERAL

Two out of 3 meetings were conducted via remote attendance utilizing Zoom.

3B PRIORITIES FOR YEAR AHEAD

POLICY

Review definitions and application of supervision in the workplace

ADMINISTRATIVE

Formulate procedure documents for administrative tasks to ensure smooth transition in the event of a change in Registrar.

Begin Portfolio audits of new registration groups (Neuro and Exercise physiologists)

Analysis of non-renewal of APC numbers.

GENERAL

Finalize the trans-Tasman qualifications policy for respiratory physiologist qualifications and update the CPRB website.

Engage with MOH regarding collection of demographic data.

Update MOH with new registrant groups in CPRB which will come under HPCAA application.

4. Registrations

Clinical Physiologists Registration Board

1 April 2018 – 31st March 2019

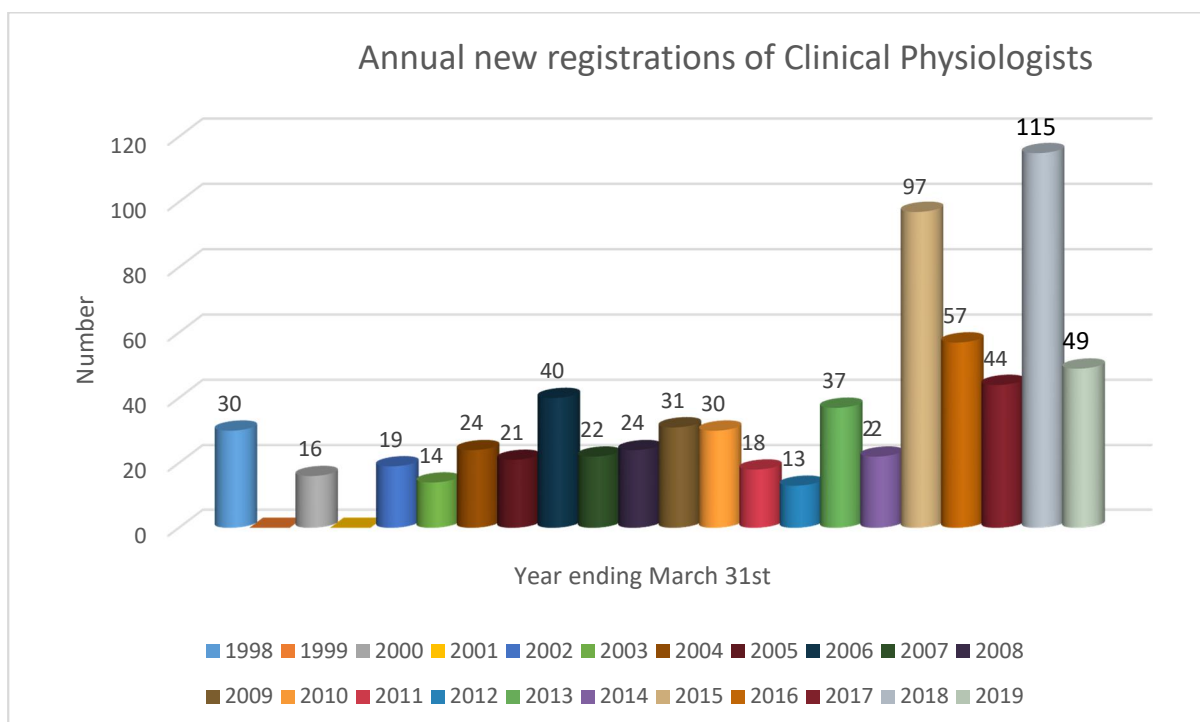
4A REGISTRATIONS AS AT 31/3/19

The Clinical Physiologists Registration Board (CPRB) is the registration board set up for Clinical Physiologists employed in New Zealand. If the professional society that a person belongs to is represented by the CPRB then that person can apply for registration with the CPRB. Currently registration with the CPRB is voluntary. Notwithstanding the voluntary nature of registration with the CPRB, the registration process is set up to meet the standards and requirements of the Health Practitioner Competence Assurance Act (2003).

Registration is awarded to a clinical physiologist when the CPRB is satisfied that the applicant meets specific competencies for a professional Scope of Practice.

When Registration is awarded the member's name is listed on the public Register of Clinical Physiologists

New Registrations



* Year ending March 2015 Renal Physiologists registered with CPRB

*Year ending March 2018 Exercise and Neuro professions registered with CPRB

YEAR ENDING MARCH 31ST 2019:

New Registrations: 49

Cardiac	21
Renal	9
Respiratory	6
Exercise	9
Sleep	4
Neuro	0

Re-registrations: 4

Declined Registration applications: 0

Abandoned applications: (failed to complete process) 0

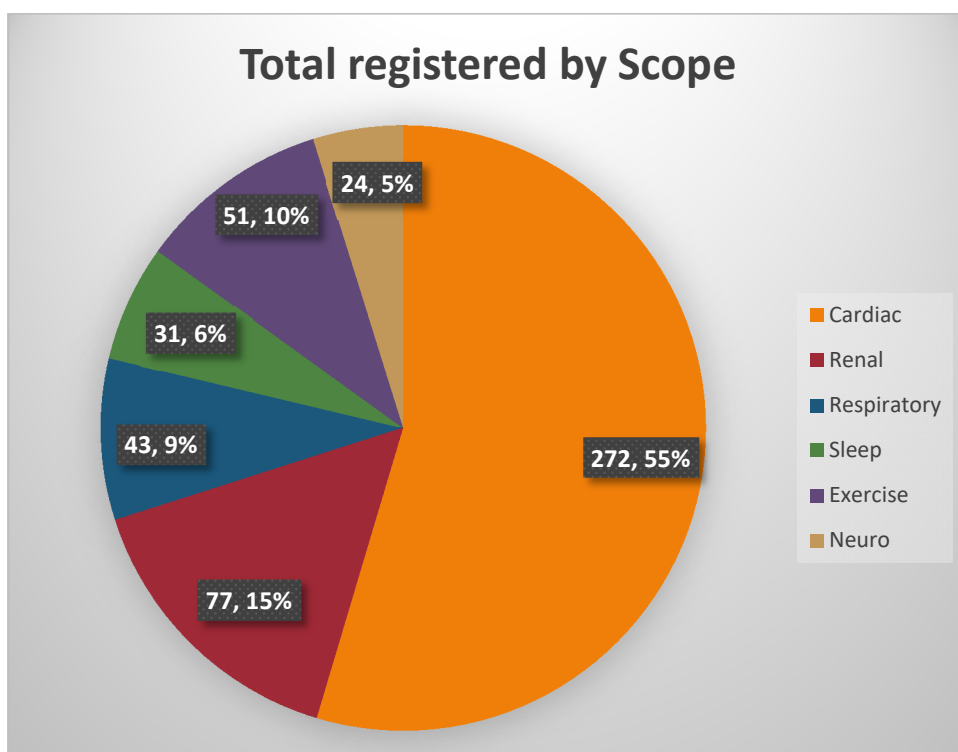
CONDITIONS FOR REGISTRATION

The following conditions were applied to new registrations:

No conditions to practice	27
Practice limited to echocardiography	4
Supervised Practice - Requires echo competency assessment	3
Supervised Practice - Requires respiratory competency assessment	0
Supervised Practice - Requires supervised professional development	9
Supervised Practice – Required to sit cardiac certification exam CCP or CPM	6
Supervised Practice - Requires Renal competency assessment	2
Supervised Practice – Required to sit sleep certification exam NZSCE	1

Total Registered as at 31 March 2019

<u>Total registered</u>	YE 31/3/19	498	YE 31/3/18	472
Cardiac	272		256	
Renal	77		73	
Respiratory	43		40	
Sleep	31		29	
Exercise	51		43	
Neuro	24		25	



Second and Third Scope of Practice

11 registrants have a 2nd scope of practice, and 1 has 3 scopes of practice

2 nd SOP Cardiac	3
2 nd SOP Respiratory	5
2 nd SOP Sleep	3
2 nd SOP Renal	0
2 nd SOP Neuro	0
2 nd SOP Exercise	0

Non-resident Registrations

Of the 498 registrants, 12 (2.4 %) are Non-resident

Cardiac Registrants

Of the Cardiac group, 35 (13%) are Cardiac Physiology technicians, and 237 are Cardiac Physiologists.

15 are registered with Practice limited to Echocardiography only

4B COUNTRIES OF ORIGIN

New applications were received from the following countries other than New Zealand:

UK (2), USA (2), South Africa (2), Singapore (1), United Arab Emirates (2), Ireland (1)

The number of NZ applicants with overseas training is however much higher – this has not been evaluated.

4C COMPETENCY ASSESSMENTS

Number of echo competency assessments performed: 1 (1 in Echocardiography)

Passed first attempt	1
Passed after re-sit	0
Failed - did not re-sit	0

5. APCs and CPD Audits

Clinical Physiologists Registration Board
1 April 2018 – 31st March 2019

APCs are renewed annually and issued on the basis of:

- Continuing professional society membership,
- A declaration signed by the applicants,
- Confirmation of competence, ongoing CPD and fitness to practice by their clinical supervisor,
- Payment of an APC fee
- Residence in New Zealand

5A ANNUAL PRACTICING CERTIFICATES AS AT 31/3/19

	Current	On Hold	Non resident (no APC)	No APC, lapsed or overdue	Supervised practice	Limited practice	Extended practice
APCs status 2019	393	4	11	83 (7,4,72)	41	7	10
2018	389	1	13	50	52	9	



IN THE FINANCIAL YEAR ENDING 31ST MARCH 2019, ANNUAL PRACTICING CERTIFICATES WERE ISSUED FOR THE FOLLOWING SCOPES OF PRACTICE:

Scope of Practice	Number
Cardiac Physiologist	184
Cardiac Physiology Technician	30
Renal Physiologist	70
Sleep Physiologist	23
Respiratory Physiologist	36
Exercise Physiologist	28
Neurophysiology Technologist	22

APC renewal declined: 3

Abandoned / incomplete: 20

Applications to have conditions removed from Practicing Certificate: 19 (12 Cardiac, 5 Respiratory, 2 Sleep)

Discussion

A large number (72) of APCs were not renewed. There were proportionally more from the 2 new groups registered with CPRB, so this may reflect unfamiliarity with the process. Others may have left the profession, or registered with another board – in particular Echocardiographers registering with MRTB. The remainder may make a late renewal between March and July 2019, or lapse with no reason provided. 20 failed to complete the APC renewal process. Despite the number of overdue renewals, a large number of APCs were issued, with many registrants indicating that their DHB now required them to hold an APC.

Cardiac and renal physiologists remain the largest groups.

The opportunity to have extended practices noted on the APC was utilized by 10 practitioners, mostly those with Spirometry certification.

CPRB requests full portfolio submission of a percentage of APC holders every year. This percentage varies across professional groups which are disparate in size. The purpose of auditing portfolios is to review the level and complexity of Continuing Professional development, and that this is appropriate to the physiologist's scope of practice and experience.

Failure to submit a portfolio can result in withdrawal or withholding of the practitioner's APC.

Practitioners submitting a portfolio considered inadequate in some way, are advised and supported to achieve an appropriate level of CPD. This is reviewed after a mandated period of time.

In the year 1/4/18- 31/3/19 a total of 101 registrants holding an APC were audited (13%).

Number holding an APC	396
Number audited	101 (26%)
Number passed 1st submission	88
Number failed 1st submission	13

No Annual Practicing certificates were withdrawn or withheld due to a failed audit. All re-submissions passed a 2nd audit.

6. Complaints and notifications

Clinical Physiologists Registration Board
1 April 2018 – 31st March 2019

SUMMARY OF COMPLAINTS OR NOTIFICATIONS

Scope	Cardiac	Exercise	Neuro	Renal	Respiratory	Sleep
Competence	0	0	0	0	0	0
Fitness to practice	1	1	0	0	0	0
Professional conduct	0	0	0	0	0	0
TOTAL	1	1	0	0	0	0

6A COMPLAINTS OR NOTIFICATIONS PERTAINING TO COMPETENCE

In the last year the Board has received no complaints or notifications related to competence for Physiologists registered with CPRB.

6B COMPLAINTS OR NOTIFICATIONS PERTAINING TO FITNESS TO PRACTICE

In the last year the Board has received 2 notifications related to fitness to practice for Physiologists registered with CPRB. This resulted in a period of supervision for one, and non-renewal of APC for a non-practicing Physiologist

6C COMPLAINTS OR NOTIFICATIONS PERTAINING TO PROFESSIONAL CONDUCT

In the last year the Board has received no complaints or notifications related to professional conduct for Physiologists registered with CPRB.

7B EXPENDITURE

- Less expenditure on: stationary, meeting expenses, and travel due to holding more virtual meetings via Zoom
- More expenditure on: bank fees due to membership increase and more payments processed, website costs, and PCA honoraria.
- Expenditure: \$ – overall decrease

Expenditure	2018-19		2017-18
Postage & Stationery	\$207.00		\$500.76
Meeting Expenses	\$233.00		\$852.60
Travel	\$1554.82		\$4036.36
Website	\$1707.27		\$1290.96
Bank Charges	\$1208.85		\$746.21
Auditor fee	\$345.00		\$287.50
Insurance	\$1443.25		\$1328.25
PCA Honorarium	\$1500.00		\$1000.00
PCA Other costs	\$524.50		\$323.00
Depreciation	\$389.75		\$417.59
Administrator	\$9180.18		\$10071.22
Total Expenditure	\$18294.20		\$20854.45
Excess of Income over Exp	\$33656.75		\$30727.47
Balance	\$51950.95		\$51581.92

7C BALANCE SHEET AS AT 31ST MARCH 2019

	2018-19	2017-18
Current Liabilities		
Accounts payable	\$2463.21	\$ 3304.16
Accumulated funds		
Balance brought forward	\$301279.51	\$ 270167.74
Plus Excess Income over Expenditure	\$33656.75	\$ 30727.47
	\$337,399.47	\$ 304,199.37

Assets	2018-19	2017-18
Current Assets:		
Kiwibank Cheque Account	\$47998.84	\$ 88338.69
Kiwibank Call Account	\$44067.00	\$ 23584.73
Kiwibank NoticeSaver	\$244220.27	\$ 189251.59
Paypal Account	\$528.75	
Accounts receivable		\$ 2050.00
Fixed assets:		
Fujitsu Scanner \$ 1391.95	\$584.61	\$ 974.36
less depreciation 40% DV \$ -807.34		
	\$337,399.47	\$ 304,199.37

Clinical Physiologists Registration Board Incorporated

Income and Expenditure Account for the Period Ended 31 March 2019

Income	2018-19	2017-18	Expenditure	2018-19	2017-18
Registration fees	10700.00	17333.81	Postage & Stationery	207.00	500.76
Annual Practising Certificates	32800.00	27700.00	Meeting Expenses	233.58	852.60
PCA Fees	3000.00	2084.00	Travel	1554.82	4036.36
Interest Received	7383.22	5994.25	Website	1707.27	1290.96
Tax	-1932.27	-1580.14	Bank Charges	1208.85	746.21
Other		50.00	Auditor fee	345.00	287.50
			Insurance	1443.25	1328.25
			PCA Honorarium	1500.00	1000.00
			PCA Other Costs	524.50	323.00
			Depreciation	389.75	417.59
			Administrator	9180.18	10071.22
			Total Expenditure	<u>18294.20</u>	<u>20854.45</u>
			Excess of Income	\$ 33,656.75	\$30,727.47
			Over Expenditure		
	<u>\$ 51,950.95</u>	<u>\$51,581.92</u>		<u>\$ 51,950.95</u>	<u>\$ 51,581.92</u>

Balance Sheet as at 31 March 2019

	2018-19	2017-18	Assets	2018-19	2017-18
Current Liabilities			Current Assets:		
Accounts payable	2463.21	3304.16	Kiwibank Cheque Account	47998.84	88338.69
Accumulated funds			Kiwibank Call Account	44067.00	23584.73
Balance brought forward	\$ 301,279.51	\$ 270,167.74	Kiwibank NoticeSaver	244220.27	189251.59
Plus Excess Income			Paypal Account	528.75	
over Expenditure	<u>\$ 33,656.75</u>	<u>\$ 30,727.47</u>	Accounts receivable		2050.00
Total Accumulated Funds:	<u>\$ 334,936.26</u>		Fixed Assets		
			Fujitsu Scanner	1391.95	
			Acc Depreciation	<u>-807.34</u>	584.61
	<u>\$ 337,399.47</u>	<u>\$304,199.37</u>		<u>584.61</u>	974.36
				<u>\$ 337,399.47</u>	<u>\$304,199.37</u>

I have examined the records of the Clinical Physiologists Registration Board Incorporated for the period ended 31 March 2019 in accordance with accepted standards, and I have carried out such procedures as I consider necessary.

In common with other organisations of a similar nature, control over cash and cheque income prior to its being recorded is limited and there are no practical procedures to determine the effect of this limited control.

Subject to any possible effect of this limited control it is my view that the financial statements presented here give a true and fair view of the financial position as at 31 March 2019 and the result of its activities for the year ended on that date.

My examination was completed on 15 August 2019 and my opinion is expressed as at that date.

Robyn Williams

Robyn Williams, Auditor

15 August 2019