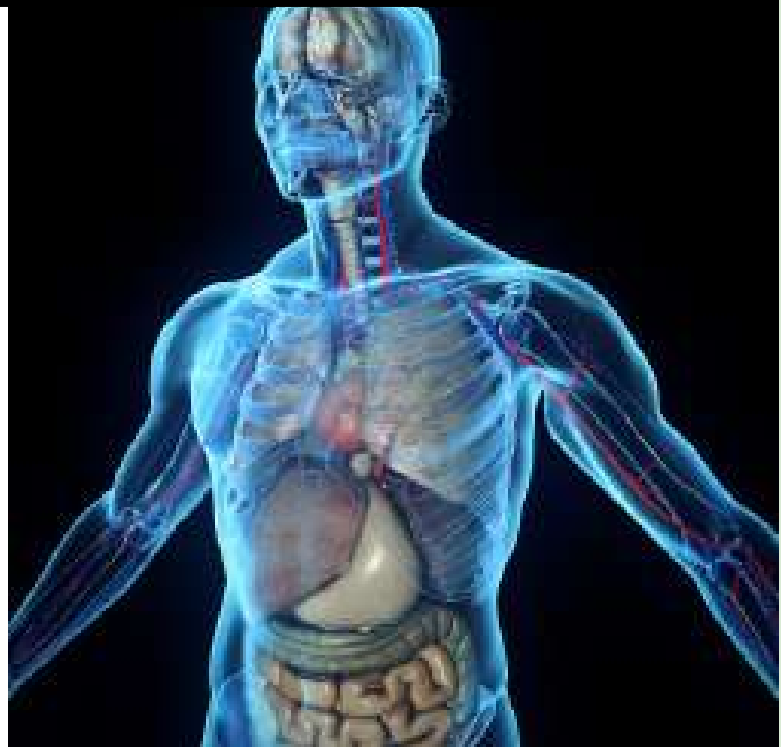


2021

Annual Report



**Clinical Physiologists
Registration Board**

www.cprb.org.nz

email admin@cprb.org.nz

Annual report

Clinical Physiologists Registration Board
1 April 2020 – 31st March 2021

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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

MOH – Ministry of Health

HPCAA – Health Practitioners Competency Assurance Act

SOP – Scope of Practice

Cardiac – Cardiac Physiologist and Cardiac Physiology Technician

Exercise – Exercise Physiologist

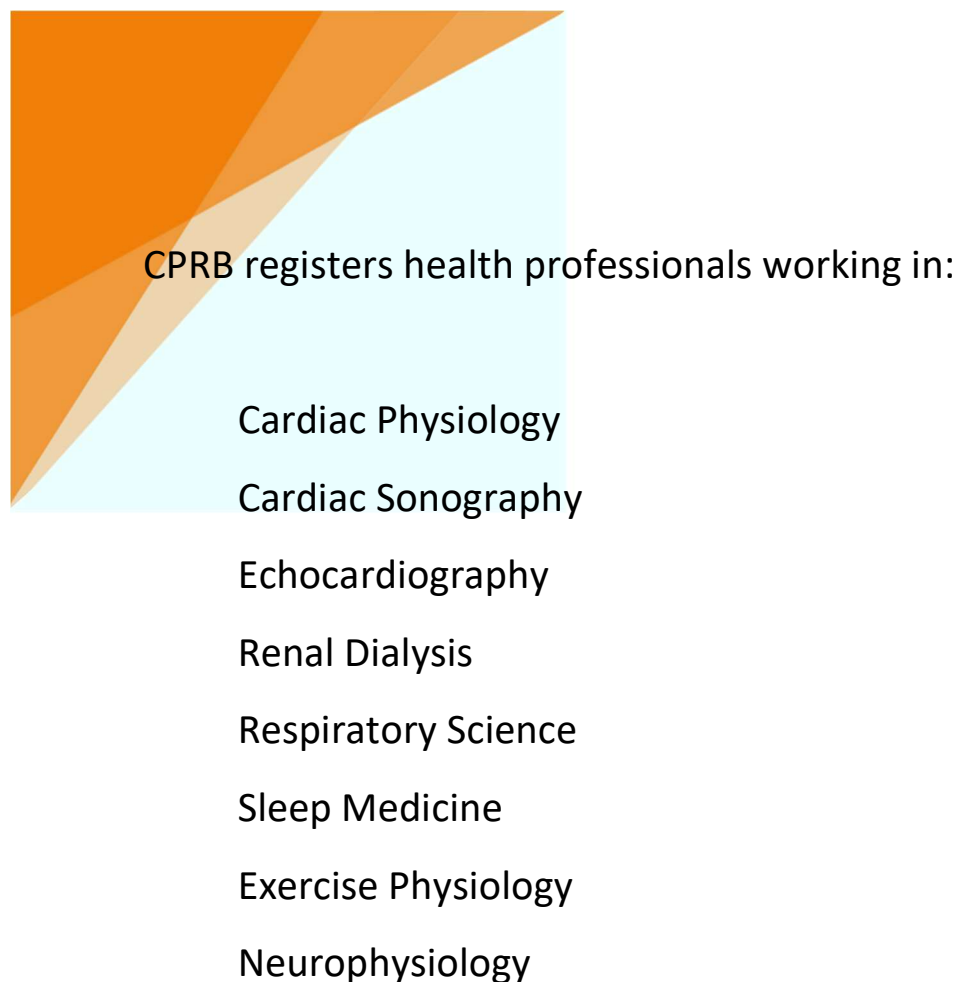
Neuro – Neurophysiology technologist

Renal – Renal Physiologist

Respiratory – 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 2020 – 31st March 2021

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. The board decided in 2020 to withdraw the current application for regulation in 2021.

After meeting with the Ministry of Health appointed advisors, a period of discussion and feedback occurred with the professions and registrants.

Following this and after careful consideration of the feedback received, the board agreed on pursuing formal recognition of the existing self-regulation regime.

A future application for HPCAA regulation is not ruled out, and another application could be made if this were seen as necessary or desirable. It is not being actively pursued by the board at this time.

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
2016	<ul style="list-style-type: none"> • MOH Health Science and Technical Workforce Review • 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
2020	<ul style="list-style-type: none"> • MOH appoints team to ensure HPCAA obligations are met – meeting to discuss our application for regulation. • Feedback from societies and registrants sought. • Board decision to withdraw current application for HPCAA regulation.
2021	<ul style="list-style-type: none"> • Letter sent to MOH advising of withdrawal of application and seeking formal recognition of self-regulation.

1B CHAIRPERSONS REPORT

Report presented at August 2020 AGM

Well what an eventful year it has been for us all with the challenges that we faced with Covid over the lockdown and continue to face as we operate in a very uncertain time both nationally and internationally. The timing of the lockdown clashed with the APC application period for cardiac physiologists, and this caused some issues around supervisor sign off. The board is ever mindful that travel restrictions may have an impact on education opportunities but it pleasing to see various organizations coming up with ways to virtually present education sessions, as there is the potential for this to become the new norm for some time.

I would like to welcome our new board members Colleen Lockwood (Sleep) and Chloe Trevor (Exercise) and thank outgoing board members Prue Murray and Stephen Burden.

We continue to discuss our application for regulation under the HPCA and this year has seen some significant progress. If we are to continue aiming for regulation there is a lot of work to do, we would have to rewrite the application to reflect the new scopes the board now covers that were not in our original application. The board is currently surveying members to gauge the level of desire to be a regulated profession, some of the issues driving the professions to seek regulation in 2003 are no longer issues the professions face in 2020.

I am pleased to say that we have received a low number of complaints and notifications and none of these resulted in any formal action against our registrants. The board continues to update / create policies and documentation and some of the items we have worked on this year relate to police warnings and convictions, clinical supervision and return to practice guidelines.

We continue with the portfolio auditing process and have extended this to exercise and neurophysiology. It is pleasing to see that registrants have adopted the practice of maintaining an organised portfolio and this is making the auditor's role a lot easier, thank you to all.

There have been some significant disruptions in qualification pathways for some professions with options withdrawn for Renal, Echocardiography and Respiratory. These professions continue to work to develop qualification pathways within this country as recent issues have highlighted the fragility of relying on international (Australian) education pathways, and pathways for smaller groups with low numbers.

Finally, I wish to thank the board members for the hard work and dedication they have displayed over the last year and I look forward to working with them over the next year as we continue our work to ensure we are delivering a safe and effective service for the people of New Zealand.

Lisa Wilson
Cardiac Representative and Chairperson
Clinical Physiologists Registration Board

27 August 2020

REGISTRARS REPORT

Report presented at August 2020 AGM

2020 was the year of Zoom meetings, with the board making the decision to conduct the AGM entirely over Zoom. This was because there was no way to guarantee that meeting in person would be possible, in sufficiently early enough time to confidently book meeting rooms or flights. It turns out to have been the right decision based on the Government announcement to keep Auckland in level 3 until at least Sunday 30th August.



Cardiac APC renewals occurred during the first nationwide lockdown, necessitating an ad-hoc email only APC renewal option for those who were unable to access their workplace or supervisor for that all important supervisor signature. The alternative process was conducted by a ping-pong of 3 way emails, and I'm sure neither the supervisors involved nor myself would want to repeat this on an ongoing basis, particularly for large departments with multiple registrants. However it served its purpose and all those stuck at home were able to renew.

Statistical breakdown of Register 31/3/20

Total Registered: 476 (prev 498) with 46 new registrations.

- Total with current APC: 352 (prev 393)
- Total with overdue, lapsed or no APC: 45 (prev 83)
- On hold (Parental leave): 7 (prev 4)
- Non-Resident: 19 (prev 11)
- Supervised: 70 (prev 41)

Scopes of Practice:

- Cardiac registrants: 253 (prev 272) 53%
- Renal registrants: 78 (prev 77) 16%
- Respiratory registrants: 50 (prev 43) 11%
- Exercise 38 (prev 51) 8%
- Sleep registrants: 35 (prev 31) 7%
- Neuro 22 (prev 24) 5%

Applications:

Registrations: There were 46 new applications. 2 applications were declined, and 5 were abandoned due to failure to complete the process – all overseas applicants.

PCAs: 1 competency assessment in Echocardiography was performed.

APCs: The staggered renewals with Cardiac renewing in May, Renal in July, and all others by September has been effective in smoothing out the workload across the year. The most common obstacle to a smooth APC renewal is the same: failure to provide proof of current professional society membership. Many confuse CPRB registration with professional society membership, and kindly return the CPRB receipt to me that I sent out to them a week or so earlier, instead of their professional society receipts.

CPRB Website: I have spent a lot of time on the registrant database, back-filling missing data in a standardized way to be compatible with the requirements of Workforce NZ statistical processes. As I fill in everyone's full qualification profile, it is exciting to see how amazingly well qualified the Physiologist and Technician workforce really is and to know that the Ministry of Health will be able to see this data in annual snapshots and gain an increased understanding of our professions.

I have been asking many registrants to provide information such as date of birth, photo ID, copies of qualifications and updated CVs. This data is confidential and not able to be seen on the CPRB public register – anyone can check this for themselves by viewing the online register.

Portfolios: 111 portfolio audits were undertaken, and feedback provided as required. A small number re-submitted following this feedback in the same year, or were asked to make changes and undergo re-audit in the following year.

Feedback from auditors is that a well organised portfolio where they can clearly see the type of activity (A, B or C) and having the evidence stored with the activity, means they can spend less time fishing for documents, and more time reviewing the quality and appropriateness of the CPD to your role.

Financial Report: Period 1 April 2019 – 31 March 2020

The full report is in the Annual report on the CPRB website.

- Income \$54352 – similar to last year, less from registration fees but more from APC renewals.
- Expenditure: \$20787 – similar to previous year, less due to less travel and meeting expenses, higher website costs as our 3 year discount ended.
- Excess income over expenditure: \$33565 - similar to previous year
- Total assets: \$ 370,380.

Based on this I would recommend no change is needed to APC or registration fees for the coming year.

There are sufficient reserves in place, should CPRB proceed with HPCAA regulation and be required to contribute setup costs.

A new auditor has been used this year – Dean Schnell from William Buck. They have recommended some changes to the accounting practices in line with the Charities Commission guidelines which will be instituted this year, in particular cash-based accounting rather than accrual-based accounting and overall more checks and balances to prevent fraud.

Jennifer Youard
CPRB Registrar

2. The Board

Clinical Physiologists Registration Board

1 April 2020 – 31st March 2021

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 (Chair) Manager Diagnostic testing Unit, Southland Hospital, Southern DHB	Cardiac	Invercargill
Fredric Doss Haemodialysis Educator & Professional Leader, Renal Services Auckland DHB Board member, New Zealand and Australia Society of Renal Dialysis Practice	Renal	Auckland
Balagi Jagannathan Educator/Team Leader Renal Services, Waitemata DHB, Board member, New Zealand and Australia Society of Renal Dialysis Practice	Renal	Auckland
Ewan Morris Respiratory Physiologist, Waitemata DHB	Respiratory	Auckland
Dr Kevin Ellyett Charge Respiratory Physiologist, Auckland DHB	Respiratory	Auckland
Paul Kelly Manager CDHB Sleep Service	Sleep	Christchurch
Colleen Lockwood Sleep Scientist, Hawkes Bay DHB	Sleep	Hawkes Bay
Saskia Van Ende Clinical Exercise Physiologist	Exercise	Auckland
Chloe Trevor Clinical Exercise Physiologist (CEPNZ)	Exercise	Auckland
Angela McDonnell Neurophysiology Technologist – Capitol and Coast DHB	Neuro	Wellington
Joanne Askew Neurophysiology Technologist – Capitol and Coast DHB	Neuro	Auckland
Jennifer Youard Cardiac Physiologist, Intra & The 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	2020 R	2024	
Fredric Doss	2018 R	2022	New Zealand and Australia Society of Renal Dialysis Practitioners
Balagi Jagannathan	2018 R	2022	
Ewan Morris	2019	2023	Australia New Zealand Society of Respiratory Science
Kevin Ellyett	2019 R	2023	
Colleen Lockwood	2020	2024	Australasia and New Zealand Sleep Science Association
Paul Kelly	2018	2022	
Saskia Van Ende	2017 (PL Aug 2018)	2021	Clinical Exercise Physiology New Zealand
Stephen Burden	2017	2020 resigned	
Chloe Trevor	2020	2024	
Angela McDonnell	2017	2021	New Zealand Neurophysiology Technology Society
Joanne Askew	2017	2021	

CEPNZ have been advised of the expiring term for Saskia Van Ende.

NZSNT have been advised of the expiring terms for Angela McDonald and Joanne Askew.

2c. Meeting Attendance

A = Apologies

✓ = Present

× = absent without notification

	Jul 2020	August 2020 AGM	Dec 2020	Feb 2021
Belinda Buckley	✓	✓	✓	✓
Lisa Wilson	✓	✓	✓	✓
Saskia Van Ende	✓	✓	✓	✓
Chloe Trevor	-	✓	✓	✓
Stephen Burden	Resigned	-	-	-
Angela McDonnell	A	✓	A	✓
Joanne Askew	✓	✓	A	✓
Fredric Doss	✓	✓	✓	✓
Balagi Jagannathan	✓	✓	✓	✓
Kevin Ellyett	✓	✓	✓	A
Ewan Morris	-	✓	✓	✓
Paul Kelly	✓	✓	✓	✓
Colleen Lockwood	A	✓	A	✓

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 2020 – 31st March 2021

3A SUMMARY OF PROJECTS AND ACTIVITIES

POLICY

Clarification over portfolio keeping for those with dual scopes of practice was added to the website.

Temporary policy for Cardiac APC renewals over lockdown for an alternative supervisor signature process for those unable to access their supervisor.

Clarification for guidelines for those in training that CPRB does not recommend training in dual scopes simultaneously. Training in the second scope should only begin when the conditions for the first have been met.

Agreement that a statement of recent criminal convictions to be added to the APC renewal form.

ADMINISTRATIVE

Auditing of Cardiac, Renal, Sleep, Neuro and exercise portfolios was undertaken. Steps to standardize the process between disciplines were taken.

AGM held via Zoom meeting due to uncertainty of travel restrictions.

Change in financial oversight with services of William Buck auditors secured.

Charities Commission financial guidelines instituted.

GENERAL

Meetings with the Ministry of Health workforce strategy advisors Kristy Powell and Steve Osborne occurred in relation to the HPCAA regulation application. A period of feedback was sought from the physiologist workforce to gain current perspectives on regulation. A Board decision was made not to pursue regulation under the HPCAA at this time, and to pursue recognition of self-regulation.

Work towards the feasibility of offering Sleep extended-practices (for those practicing some aspects of Sleep scope, but are not Sleep Physiologists) was ongoing. Draft competencies and processes formulated, and a matrix formulated to guide who would be eligible.

Engagement with Otago University sought to support MTechs modules for Renal and Respiratory Physiologists.

3B PRIORITIES FOR YEAR AHEAD

POLICY

Review of policies with regard to self-regulation, mirroring HPCAA regulations where appropriate.

ADMINISTRATIVE

Investigate alternative website providers to find a more individualized service than current.

Website update.

Approve and action a contracted portfolio officer position.

GENERAL

Engage with Ministry of Health to pursue formal recognition of self-regulated professions.

Benchmarking exercise to compare practices with other boards to identify and action any improvements to processes or policy.

Constitution review – last reviewed 2014.

4. Registrations

Clinical Physiologists Registration Board

1 April 2020 – 31st March 2021

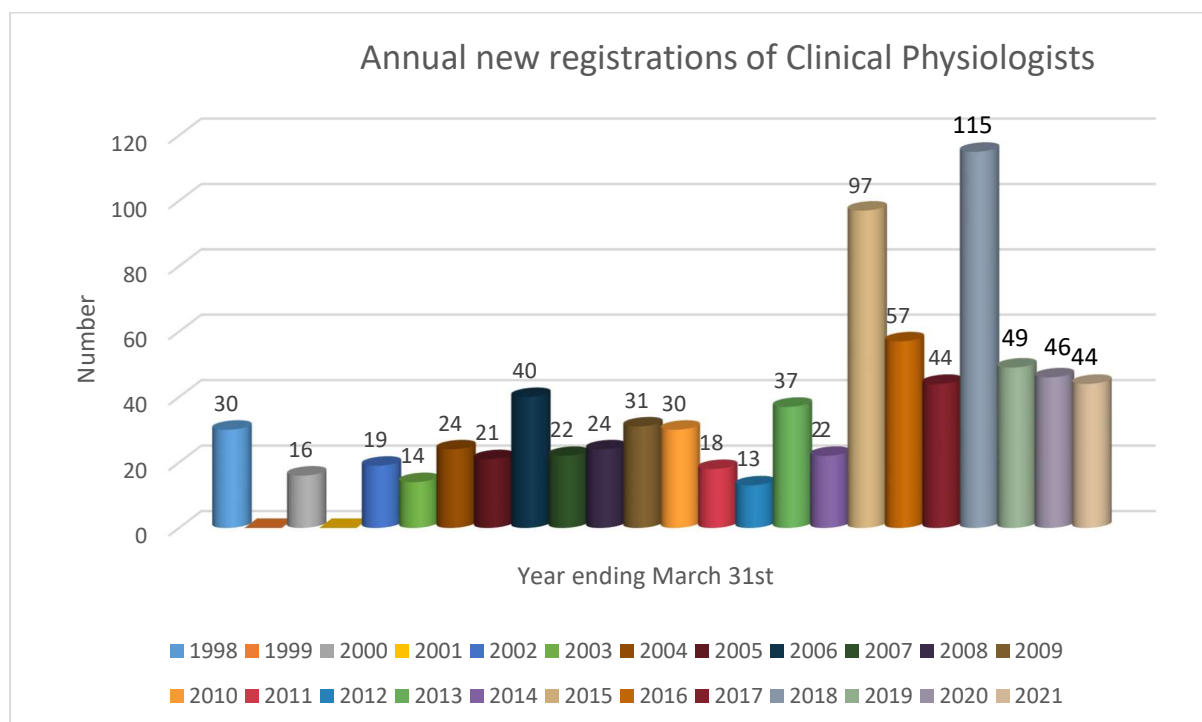
4A REGISTRATIONS AS AT 31/3/21

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 2021:

New Registrations: 44

Cardiac	22
Renal	1
Respiratory	10
Exercise	4
Sleep	7
Neuro	0

Declined Registration applications: 0

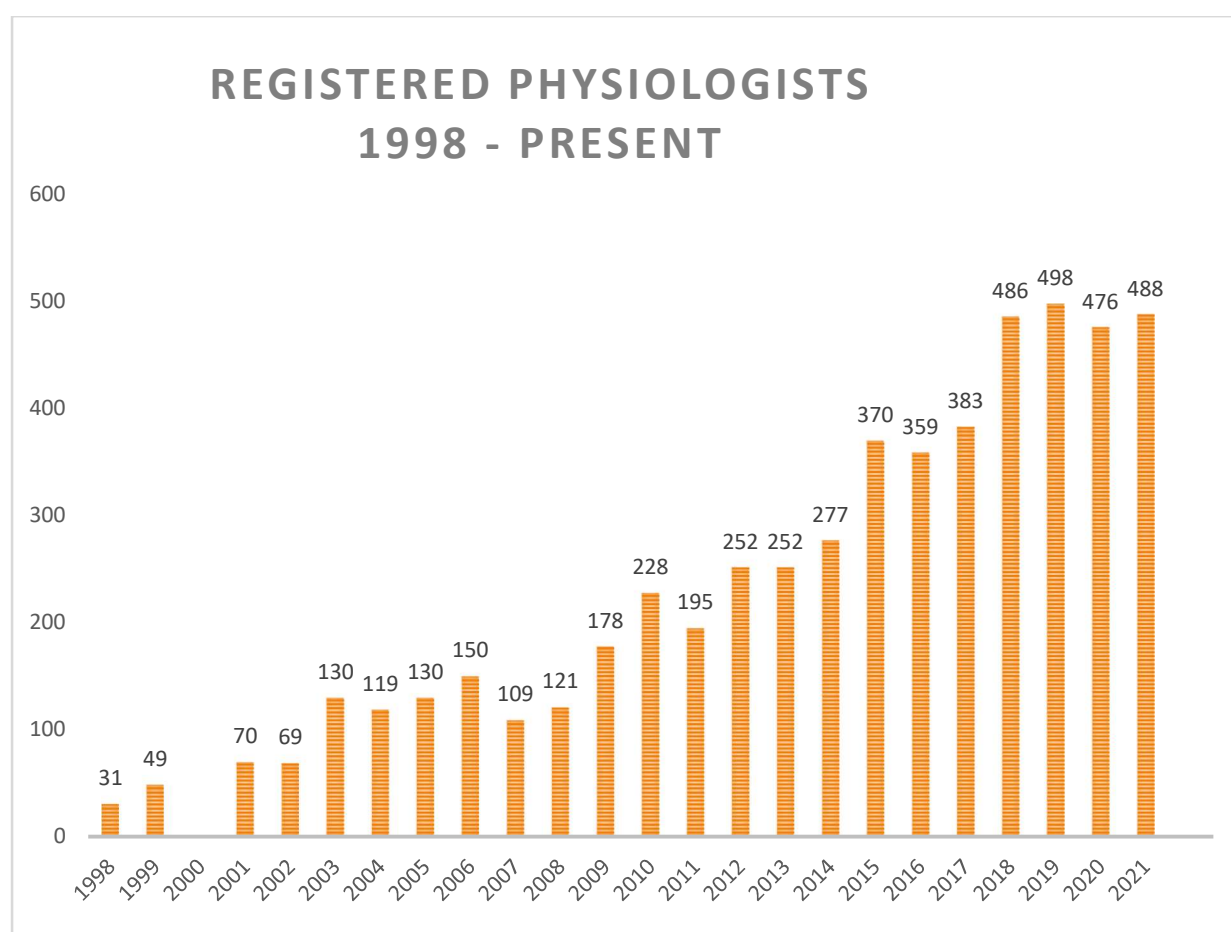
Abandoned applications: (failed to complete process) 1

CONDITIONS FOR REGISTRATION

The following conditions were applied to new registrations:

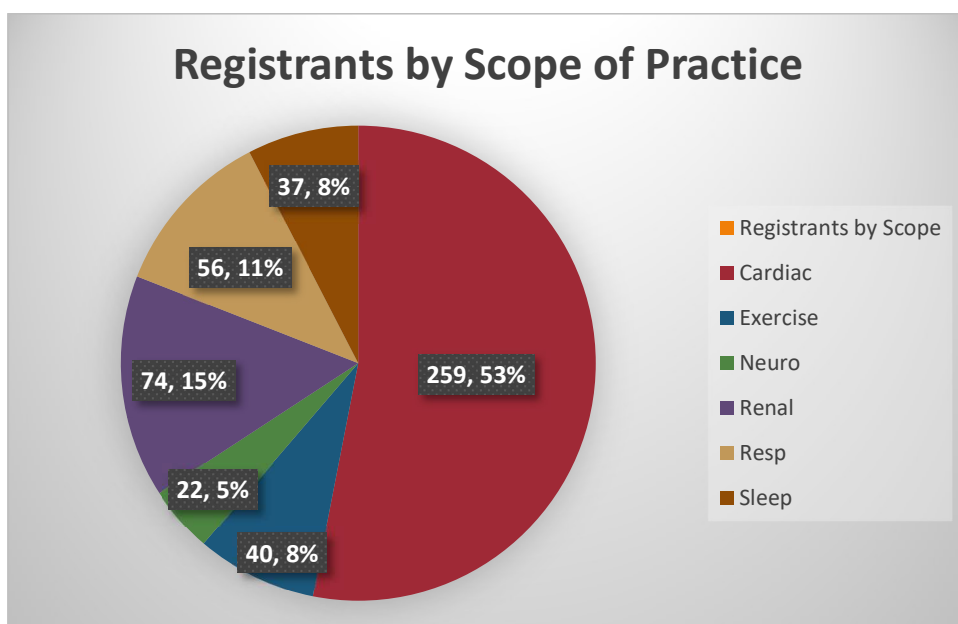
No conditions to practice	14
Practice limited to echocardiography	3
Supervised Practice - Requires echo competency assessment	2
Supervised Practice - Requires respiratory competency assessment	3
Supervised Practice - undergoing supervised professional development	12
Supervised Practice – Required to sit cardiac certification exam CCP or CPM	4
Supervised Practice - Requires Renal competency assessment	1
Supervised Practice – Required to sit sleep certification exam NZSCE	6

16/44 (36%) of new registrants do not require training or supervision.



Total Registered as at 31 March 2021

<u>Total registered</u>	YE 31/3/21 488	YE 31/3/20 476
Cardiac	259	253
Renal	74	78
Respiratory	56	50
Sleep	37	35
Exercise	40	38
Neuro	22	22



Second and Third Scope of Practice

9 registrants have a 2nd scope of practice, and 0 have 3 scopes of practice.

2 nd SOP Cardiac	2
2 nd SOP Respiratory	3
2 nd SOP Sleep	4
2 nd SOP Renal	0
2 nd SOP Neuro	0
2 nd SOP Exercise	0

Non-resident Registrations

Of the 488 registrants, 15 (3 %) are Non-resident (practicing overseas)

Cardiac Registrants

Of the Cardiac group, 40 (15%) are Cardiac Physiology technicians, and 219 (85%) are Cardiac Physiologists.

Echocardiography

12 are registered with Practice limited to Echocardiography only.

176 do not perform echocardiography (approx. 71%).

26 perform echocardiography and other cardiac physiologist duties.

43 perform echocardiography only.

14 have not indicated if they perform echocardiography or not.

4B COUNTRIES OF ORIGIN

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

Africa (1), Australia (1), Philippines (1), India (3) Ireland (1) UK (3), USA (2)

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

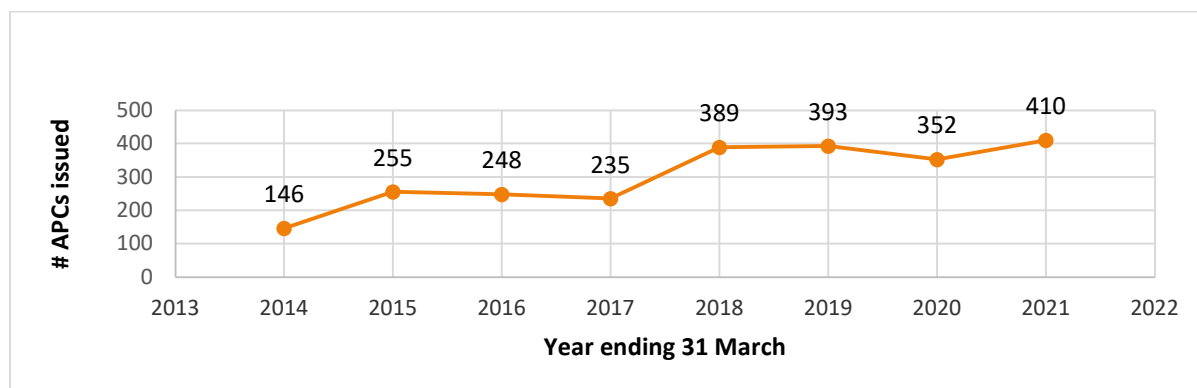
Clinical Physiologists Registration Board
1 April 2020 – 31st March 2021

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 31/3/21

	Current	On Hold	Non resident (no APC)	No APC, lapsed or overdue	Supervised practice	Limited practice	Extended practice
APCs status 2021	410	8	15	55 (5,1,49)	67	12	8
2020	352	7	19	45	70	11	7



IN THE FINANCIAL YEAR ENDING 31ST MARCH 2020, 410 ANNUAL PRACTICING CERTIFICATES WERE ISSUED FOR THE FOLLOWING SCOPES OF PRACTICE:

Scope of Practice	Number
Cardiac Physiologist	190
Cardiac Physiology Technician	33
Renal Physiologist	69
Sleep Physiologist	31
Respiratory Physiologist	43
Exercise Physiologist	26
Neurophysiology Technologist	18

APC renewal declined: 0

Abandoned / incomplete: 6/16

Applications to have conditions removed from Practicing Certificate: 19

Discussion

A smaller number (22) of APCs were not renewed compared to the previous year (38). The APC renewal process changed slightly to invoices sending automatically, rather than requiring an action from the registrant. No other significant trends were identified.

Cardiac and renal physiologists remain the largest groups.

For the first time the proportion of Cardiac physiologists who perform echocardiography has been measured by self-declaration. 29% of those who responded perform echo as all or part of their duties.

5B AUDITS 31/3/21

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 1/4/20- 31/3/21 a total of 96 registrants holding an APC were audited (23%).

Number holding an APC	410
Number audited	96 (23%)

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 2020 – 31st March 2021

SUMMARY OF COMPLAINTS OR NOTIFICATIONS

Scope	Cardiac	Exercise	Neuro	Renal	Respiratory	Sleep
Competence	0	0	0	0	0	0
Fitness to practice	0	0	0	0	0	0
Professional conduct	0	0	0	0	0	0
TOTAL	0	0	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 no complaints or notifications related to fitness to practice for Physiologists registered with CPRB.

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.

7. Financial Report

Clinical Physiologists Registration Board
1 April 2020 – 31st March 2021

THE FINANCIAL REPORT IS FOR THE YEAR ENDING MARCH 31ST 2021

7A INCOME

- Income \$ 53029.00 a small decrease on previous year.
- While more registration and APC fees were received, there was a significant reduction in interest income due to interest rates falling.

7B EXPENDITURE

- Expenditure: \$ 19153.00 – overall a small decrease on previous financial year.
- No expenditure on travel due to holding all virtual meetings via Zoom as a consequence of Covid-19 travel restrictions and uncertainty. Less tax paid as less interest earned.
- More expenditure on: Admin costs - slight increase. The financial auditors fee increased as a different company was required.

7C AUDITOR'S REPORT

The full report is available on the CPRB website in the Reports tab. This financial year the accounts were reviewed by William Buck Auditors.

7D BALANCE SHEET AS AT 31ST MARCH 2021

The Clinical Physiologists Registration Board

Statement of Receipts and Payments

"How was it funded?" and "What did it cost?"

For the year ended:

31 March 2021

	Notes	Actual* This Year \$	Budget This Year \$	Actual* Last Year \$
Operating Receipts				
Donations, fundraising and other similar receipts*				
Fees, subscriptions and other receipts from members*				
Registration Fees		8,100		7,500
Annual Practicing Certificate Fees		39,700		37,700
Receipts from providing goods or services*				
PCA fees		1,500		1,500
Interest, dividends and other investment income receipts*		3,729		7,652
Other operating receipts				
Total Operating Receipts		53,029	-	54,352
Operating Payments				
Payments related to public fundraising*				
Volunteer and employee related payments*				
Salaries and Wages		9,756		8,815
Payments related to providing goods or services*				
PCA honarium		1,000		1,000
PCA other costs		-		1,146
Grants and donations paid*				
Other operating payments				
PIE Tax		981		1,982
Auditors fee		2,877		345
Insurance		1,443		1,443
Website		1,640		3,288
Travel		-		1,043
Bank charges		1,225		1,250
Other operating expenses		231		475
Total Operating Payments		19,153	-	20,787
Operating Surplus or (Deficit)		33,876	-	33,565
Capital Receipts				
Receipts from the sale of resources*				
Receipts from borrowings*				
Capital Payments				
Purchase of resources*				
Repayments of borrowings*				
Increase/(Decrease) in Bank Accounts and Cash*		33,876	-	33,565
Bank accounts and cash at the beginning of the financial year*		370,380		336,815
Bank Accounts and Cash at the End of the Financial Year*		404,256	-	370,380
Represented by:*				
Kiwibank Cheque Account		107,452		76,422
Kiwibank NoticeSaver		251,838		249,316
Kiwibank Call Account		44,866		44,642
Paypal account		100		
Total Bank Accounts and Cash at the End of the Financial Year*		404,256	-	370,380