

2020

Annual Report



**Clinical Physiologists
Registration Board**

www.cprb.org.nz

email admin@cprb.org.nz

Annual report

Clinical Physiologists Registration Board
1 April 2019 – 31st March 2020

SECTION 1 REPORTS

- 1a HPCAA Report
- 1b Chairperson Report
- 1c Registrar Report

SECTION 2 THE BOARD

- 2a Board Members
- 2b Board Terms
- 2c Meeting attendance

SECTION 3 CPRB BUSINESS ACTIVITIES

- 3a Summary of projects and activities
- 3b Priorities for year ahead

SECTION 4 REGISTRATIONS

- 4a Registrations
- 4b Countries of Origin
- 4c Competency Assessments

SECTION 5 ANNUAL PRACTICING CERTIFICATES AND CPD AUDITS

- 5a APC renewal numbers
- 5b Audit numbers and results

SECTION 6 COMPLAINTS AND NOTIFICATIONS

- 6a Pertaining to competence
- 6b Pertaining to fitness to practice
- 6c Pertaining to professional conduct

SECTION 7 FINANCIAL REPORT

- 7a Income
- 7b Expenditure
- 7c Auditors Report
- 7d Balance Sheet

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

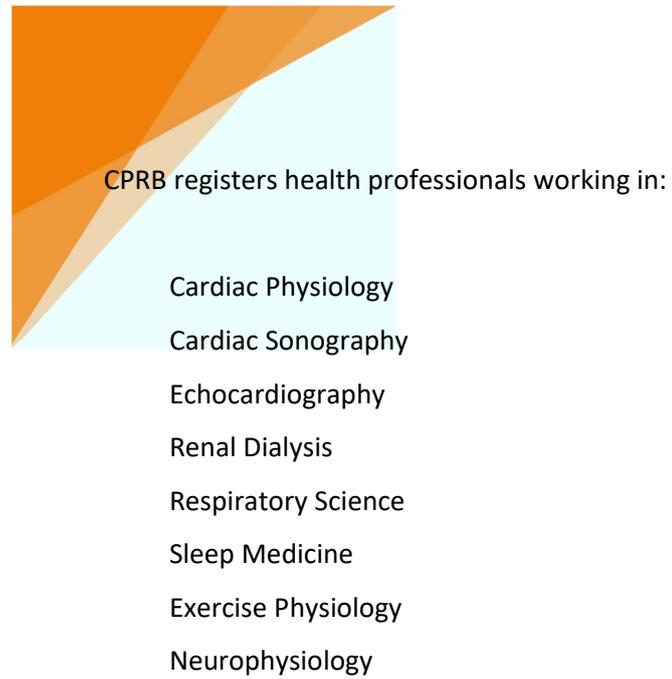
Neuro – Neurophysiology technologist

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 2019 – 31st March 2020

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.

Correspondence was received from the Ministry of Health in February 2020 to advise that Health workforce has dedicated two fulltime positions to ensure the ministry is meeting its obligations under the act (HPCAA). A principal advisor has been appointed to lead the team of two, and our application will be reviewed once again.

CPRB representatives will be arranging meetings with this team in 2020. In preparation discussions with the professional societies have been initiated to gain a current perspective on the desirability of HPCAA regulation.

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 request for CPRB to discuss our application for regulation.

1B CHAIRPERSONS REPORT

Report presented at August 2019 AGM

This has been an eventful year personally as I have taken on the chair role. I would like to take this opportunity to thank Angela Campbell for her work as previous chair and also for the dedication she has shown to the board and acknowledge her long term role on the board.

I would like to welcome our new board members Paul Tudor Kelley (Sleep) and Eleanor Natrass (Exercise Physiology)

With the change in APC declaration the board has changed the auditing process and we acknowledge the work this has involved for the applicants. This year Cardiology audited a third of the APC holders and apart from a few teething problems with submission of proof I am pleased to say that no one failed the audit. I am confident the process for all will become easier as we embed it into our practice.

We continue to discuss our application for registration under the HPCA with the MOH but are yet to reach a resolution and I am hopeful that we may see further movement with this especially now that there is a Chief Allied Health Professions Officer within the MOH.

The board has noticed that there are more DHB's now insisting that their clinical physiologists have APC's and we welcome this change. We do have an increase in foreign applications and this is a challenge as the board must ensure we are registering people who are safe to practice but also hold qualifications and experience which is equivalent to our New Zealand trained members. Often this means that they are registered with conditions that need to be met once they are practicing in this country.

Finally I wish to thank the board members for their hard work and dedication with volunteering their valuable time to enable the board to function and 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

August 2019

REGISTRARS REPORT

Report presented at August 2019 AGM

Another busy but interesting year working for CPRB. The paper-free office goal was accomplished, so I was very happy to see the last of the papercuts, dust-mites and unappealing cardboard boxes of documents. Marie Kondo would be proud!

Setting up a virtual meeting account with Zoom has been very successful, and our volunteer board members around the country are very happy to have less flights and travel in their already busy lives.



This year's big project was to make the necessary website adjustments to stagger the renewal dates of the 400 or so APCs, to spread the administrative workload. Other professions renew APCs throughout the year based on alphabetical or other systems, but I was keen to not encroach on our lovely New Zealand summer with such matters. Hence the three groups of Cardiac, Renal and Other were chosen, with 2020 renewals staggered from May, July and September respectively.

Statistical breakdown of Register 31/3/19

Total Registered: 498 (prev 472) Total with current APC: 393 (prev 389)

Total with overdue, lapsed or no APC: 83 (prev 50)

On hold (Parental leave): 4

Non-Resident: 11

Supervised: 41

Scopes of Practice:

Cardiac registrants: 272 (prev 2456)

Renal registrants: 77 (prev 73)

Exercise 51 (prev 43)

Respiratory registrants: 43 (prev 40)

Sleep registrants: 31 (prev 29)

Neuro 24 (prev 25)

Applications:

Registrations: There were a record 49 new applications. 4 people re-registered after time away. No applications were declined, and none were abandoned due to failure to complete.

PCAs: 1 competency assessment in Echocardiography was performed.

APCs: Most people with APCs have renewed successfully, approximately 282, although at the time of writing 22/8/19 approximately 66 are still in progress and 61 overdue. The most common obstacles to a smooth APC renewal are: failure to provide proof of current society membership and inappropriate supervisor signoff (un-registered or non-clinical person selected, and supervisor fails to circle yes/no options).

More detail is available in the Annual Report.

CPRB Website: The website is working well. APC Cards is a new feature available. These can be downloaded from the registrants profile page, and are populated with name, registration number, photo, registration type, APC status, and valid until date. They can be saved as a png picture, printed to PDF, or printed to paper/card for insertion into a card holder.

Just like paper letters and cardboard certificates, electronic documents can also be convincingly tampered with. However all the information on the APC certificates or cards is also available for comparison on the public register, which cannot be changed. The potential for fraudulent documents are an ever increasing concern for CPRB, so if an applicant is ever asked to provide a certified copy of a certificate, they should be understand that this is part of a policy to protect the NZ public from dishonest practitioners.

Several applicants have enquired about having PDF certificates emailed to them as an attachment. This is not practical as firstly the emails generated from the CPRB website do not allow attachments, and secondly DHB email servers around the country are increasingly hostile to emails with attachments – most are blocked on first attempt and take much persistence to get through.

Portfolios: The portfolio template has been well adopted, and initial feedback has been that it is easier to keep on top of than the old CPD points system. The vast majority audited by the board are found to be satisfactory, with very few requiring re-submission. It probably doesn't need saying, but writing up CPD forms through the year rather than getting years behind will make life far less stressful at audit time! Efforts to logically organize documents into year, then A,B and C groups, with evidences next to forms, is much appreciated by the auditors, and helps assess if enough forms from each group have been completed.

Financial Report: Period April 2018 – March 2019

- Income \$51950.95 – Similar to last year, less from registration fees but more from APC renewals.
- Expenditure: \$18294.20 – decreased due to less travel and meeting expenses.
- Excess income over expenditure: \$33656.75 – increased
- Total assets: \$ 337399 - increased

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

In summary it has been a good year and I would like to thank the board for their support of my role and helpful contributions to the registration processes. In particular I would like to thank the outgoing board member for respiratory David Robiony-Rogers, whose attention to understanding the finer points of the HPCAA, comprehension and application of complex legal wording, knowledge, connections and experience have been invaluable in the many years he has been part of this board. I dread to think what his private consultation fees may be, but hope he will be available when the board requires his expertise in the future. As always I welcome any feedback or suggestions to make our information and processes simplified and easier to understand for both national and international applicants.

Lastly I would like to thank Pru Muray and Fisher and Paykell healthcare for facilitating this meeting venue – this is much appreciated.

Jennifer Youard
CPRB Registrar

2. The Board

Clinical Physiologists Registration Board
1 April 2019 – 31st March 2020

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 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
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 (Parental Leave)	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
Angela McDonnell Neurophysiology - Capital Coast Health	Neuro	Wellington
Joanne Askew Neurophysiology Technologist – Independent Contractor	Neuro	Auckland
Jennifer Youard 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
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	Australasian Sleep Technologists Association
Paul Kelly	2018	2022	
Saskia Van Ende	2017 (PL Aug 2018)	2021	Clinical Exercise Physiology New Zealand
Stephen Burden	2017	2021	
Angela McDonnell	2017	2021	New Zealand Neurophysiology Technology Society
Joanne Askew	2017	2021	

ANZSRS advised of the election of Ewan Morris to the position of Respiratory representative in 2019.

ASTA advised of the election of Colleen Lockwood to the position of Sleep representative in 2019.

SCT have been advised of the expiry of term for Lisa Wilson in August 2020.

2c. Meeting Attendance

A = Apologies ✓ = Present x = absent without notification

	May 2019	August 2019 AGM	Nov 2019	Feb 2020
Belinda Buckley	✓	✓	✓	✓
Lisa Wilson	✓	✓	✓	✓
Saskia Van Ende	PL	PL	✓	x
Eleanor Natrass	✓	✓	✓	-
Stephen Burden	✓	✓	✓	✓
Angela McDonnell	✓	✓	✓	A
Joanne Askew	A	✓	✓	✓
Fredric Doss	A	✓	✓	✓
Balagi Jagannathan	✓	A	✓	✓
David Robiony-Rogers	✓	✓	resigned	-
Kevin Ellyett	✓	✓	✓	A
Ewan Morris	-	✓	✓	✓
Paul Kelly	✓	✓	✓	✓
Prudence Murray	✓	✓	resigned	-
Colleen Lockwood	-	-	-	✓

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 2019 – 31st March 2020

3A SUMMARY OF PROJECTS AND ACTIVITIES

POLICY

The process for Sole-practitioner APC declarations for the Exercise Physiology group was fine-tuned after the first year of use.

Formal policy for processes dealing with notification of Police warnings, or convictions was drafted and approved.

The time period after which a scope of practice is withdrawn after a physiologist stops practicing in that scope was formalized as being the next APC renewal, with the policy for re-instatement of this scope being the same as current return to practice guidelines.

A CPRB statement for Clinical Supervision was drafted and approved.

ADMINISTRATIVE

Auditing of Cardiology, Sleep, Exercise and Neuro portfolios was facilitated.

Standardized format for qualifications was setup, with data to be re-entered, and missing data to be sought from applicants as APCs are renewed.

Liaison with Ministry of Health data analyst to ensure CPRB data collection aligns with their needs.

Revised process for parental leave notifications to prevent those on PL receiving automatic emails, but prompt renewal of APC when resuming practice.

GENERAL

Contact with MOH regarding HPCAA re-initiated, and discussion with the professional societies instigated to gain current perspectives on our regulation application.

Feasibility of offering Sleep extended-practices (for those practicing some aspects of Sleep scope, but are not Sleep Physiologists) is being reviewed by the Sleep representatives, and a model put forward to ASTA for consideration.

Electronic signoff for APCs was investigated, but not introduced as a suitable solution that meets our needs was not found.

3B PRIORITIES FOR YEAR AHEAD

POLICY

Finalize Sleep extended practice options.

Formulate statement on clinical supervision in reference to CPRB definition.

ADMINISTRATIVE

Standardize data of all CPRB registrants on database to align with data requirements of MOH.

Guidelines for portfolios for those with dual scope registration.

GENERAL

Engage with Ministry of Health to further progress our application for regulation of the physiologist profession.

Portfolio audit for Respiratory Physiologists.

4. Registrations

Clinical Physiologists Registration Board
1 April 2019 – 31st March 2020

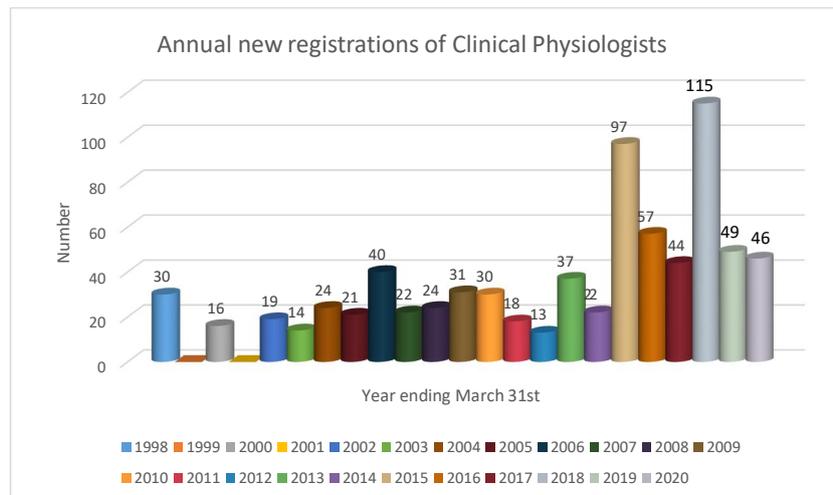
4A REGISTRATIONS AS AT 31/3/20

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 2020:

New Registrations: 46
 Cardiac 23
 Renal 4
 Respiratory 7
 Exercise 1
 Sleep 9
 Neuro 0

Re-registrations: 0

Declined Registration applications: 2

Abandoned applications: (failed to complete process) 5

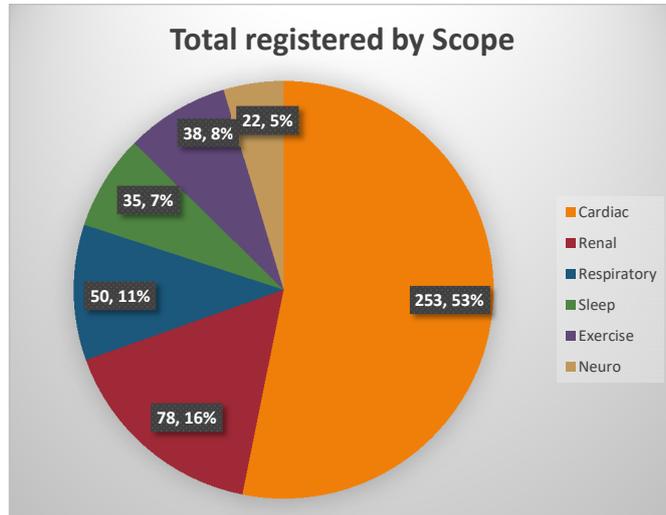
CONDITIONS FOR REGISTRATION

The following conditions were applied to new registrations:

No conditions to practice	17
Practice limited to echocardiography	1
Supervised Practice - Requires echo competency assessment	1
Supervised Practice - Requires respiratory competency assessment	0
Supervised Practice - undergoing supervised professional development	12
Supervised Practice – Required to sit cardiac certification exam CCP or CPM	9
Supervised Practice - Requires Renal competency assessment	4
Supervised Practice – Required to sit sleep certification exam NZSCE	3

Total Registered as at 31 March 2020

<u>Total registered</u>	YE 31/3/20	476	YE 31/3/19	498
Cardiac	253		272	
Renal	78		77	
Respiratory	50		43	
Sleep	35		31	
Exercise	38		51	
Neuro	22		24	



Second and Third Scope of Practice

10 registrants have a 2nd scope of practice, and 0 has 3 scopes of practice

2 nd SOP Cardiac	2
2 nd SOP Respiratory	4
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 476 registrants, 19 (4 %) are Non-resident (practicing overseas)

Cardiac Registrants

Of the Cardiac group, 35 (14%) are Cardiac Physiology technicians, and 218 (86%) are Cardiac Physiologists.

11 are registered with Practice limited to Echocardiography only

4B COUNTRIES OF ORIGIN

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

South Africa (8), Australia (2), Canada (2), Singapore (1), United Arab Emirates (1), Saudi Arabia (1), India (1) UK (1), USA (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	0
Passed after re-sit	0
Failed - did not re-sit	1

5. APCs and CPD Audits

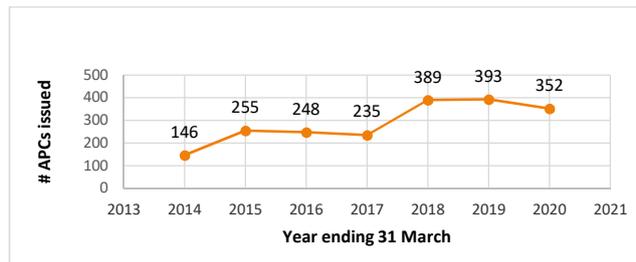
Clinical Physiologists Registration Board
1 April 2019 – 31st March 2020

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 31/3/20

	Current	On Hold	Non resident (no APC)	No APC, lapsed or overdue	Supervised practice	Limited practice	Extended practice
APCs status 2020	352	7	19	45 (4,3,38)	70	11	7
2019	393	4	11	83	41	7	10



IN THE FINANCIAL YEAR ENDING 31ST MARCH 2020, 358 ANNUAL PRACTICING CERTIFICATES WERE ISSUED FOR THE FOLLOWING SCOPES OF PRACTICE:

Scope of Practice	Number
Cardiac Physiologist	178
Cardiac Physiology Technician	24
Renal Physiologist	68
Sleep Physiologist	15
Respiratory Physiologist	34
Exercise Physiologist	20
Neurophysiology Technologist	19

APC renewal declined: 0

Abandoned / incomplete: 22

Applications to have conditions removed from Practicing Certificate: 19

Discussion

A smaller number (38) of APCs were not renewed compared to the previous year (78). 22 failed to complete the APC renewal process but may do so at a later date. The APC renewal process did not change significantly from the prior year, so the lower number of non-renewals may reflect better familiarity with the renewal process. No other significant trends were identified.

Cardiac and renal physiologists remain the largest groups.

The opportunity to have extended practices noted on the APC was utilized by 6 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 1/4/19- 31/3/20 a total of 111 registrants holding an APC were audited (13%).

Number holding an APC	358
Number audited	111 (31%)

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 2019 – 31st March 2020

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	1	0	0	0	0	0
TOTAL	1	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 0 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 and one self-notification related to professional conduct for Physiologists registered with CPRB. This did not constitute a breach of professional conduct standards and resulted in a warning in regard to personal conduct.

7. Financial Report

Clinical Physiologists Registration Board

1 April 2019 – 31st March 2020

THE FINANCIAL REPORT IS FOR THE YEAR ENDING MARCH 31ST 2020

7A INCOME

- Income \$ 54,352.00 a small increase on previous year.
- While less registration fees were received, the increase in registrants from the previous year resulted in an increased income from APCs.

7B EXPENDITURE

- Expenditure: \$ 20,787.00 – overall a small decrease on previous financial year.
- Less expenditure on travel due to holding more virtual meetings via Zoom and PCA honoraria as only one was performed. Admin costs were slightly reduced due to less hours required.
- More expenditure on: website costs due to price increases, and PCA costs as flights were required.

7C AUDITOR'S REPORT

The full report is available on the CPRB website in the Reports tab. This financial year the accounts were audited by William Buck. They recommended a change to cash-based accounting, rather than accrual-based accounting, therefore the final summary differs slightly in format to the previous financial year.

7D BALANCE SHEET AS AT 31ST MARCH 2020

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 2020

	Notes	Actual*	Budget	Actual*
		This Year	This Year	Last Year
		\$	\$	\$
Operating Receipts				
Donations, fundraising and other similar receipts*	2	-		-
Fees, subscriptions and other receipts from members*	2	46,700		46,500
Receipts from providing goods or services*	2	-		-
Interest, dividends and other investment income receipts*	2	7,652		7,383
Other operating receipts	2	-		-
Total Operating Receipts		54,352	-	53,883
Operating Payments				
Payments related to public fundraising*	3	-		-
Volunteer and employee related payments*	3	8,815		9,180
Payments related to providing goods or services*	3	2,146		2,025
Grants and donations paid*	3	-		-
Other operating payments	3	9,826		7,038
Total Operating Payments		20,787	-	18,243
Operating Surplus or (Deficit)		33,565	-	35,640
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*		33,565	-	35,640
Bank accounts and cash at the beginning of the financial year*		336,815		301,175
Bank Accounts and Cash at the End of the Financial Year*		370,380	-	336,815
Represented by:*				
Cheque account(s)		121,064		92,595
Savings account(s)		249,316		244,220
Term Deposit account(s)				
Cash Floats				
Petty Cash				
Total Bank Accounts and Cash at the End of the Financial Year*		370,380	-	336,815