



ShrinkRAP

Newsletter of the New Zealand College of Clinical Psychologists
THE SPECIALIST ORGANISATION FOR CLINICAL PSYCHOLOGISTS

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**MERRY CHRISTMAS AND A
HAPPY NEW YEAR**



THE COLLEGE HAS MOVED

We are now at Level 6, 186 Willis St, Wellington in a lovely new office with a great outlook and plenty of space for lots of visitors – that means you! The new phone number is 04 801 6088 and the new PO Box is 24088, Wellington.

Emotion Laid Bare
CHRISTCHURCH



There is still time to register
for the 21st national conference of the NZCCP

EMOTION LAID BARE

6 and 7 February 2010, Hotel Grand Chancellor, Christchurch

plus pre-conference workshop, post-conference workshop and student symposium.

To register for the conference and/or workshops go to

<http://www.nzccp.co.nz/events/conferences/nzccp-national-conference-2010/register-for-the-2010-conference/>

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DECEMBER 2009

Conference 2010

The time is drawing close and we're excited! So we thought we'd share our excitement with you! Here are some more events that you can only access at Conference 2010!

The absolutely free, fantastic cultural workshop with the fascinating Paraire Huata!

Paraire Huata (Ngati Kahungunu) has been described as a trainer, instigator, teacher, mentor, and inspirational speaker, who is passionate about mental health and drug and alcohol issues, particularly as they relate to Māori. Paraire has a background in teaching, training and tutoring in the fields of Counselling and Social Work. His main focus has been around developing and implementing Māori models of practice in a variety of settings including mental health, forensics, alcohol and other drugs, and family violence.

Paraire was invited to present a keynote address to the 5th meeting of the International Indigenous Council in Edmonton, Canada, in 2006. The Chair of IIC, Rod Jeffries, endorsed Paraire's invitation after attending Paraire's keynote "The Power of P" at the 2005 conference, saying, "Paraire is a dynamic presenter, rooted deeply in the issues that face Maori communities, his use of narrative and the ability to engage his audience 100% will add value to the 5th Gathering". The title of Paraire's keynote was "Soaring with eagles or gobbling like turkeys" and focused on "presenting the views of Maori from around the motu (island) about shrugging off the shackles of addiction". At the Cutting Edge (2008) conference of the National Addiction Centre, Paraire's keynote was titled, "The unbearable lightness of well-being" and was hailed as a tour de force!

Paraire's one-day workshop at Conference 2010 will be held on Monday 8th February from 9am to 5pm at the Hotel Grand Chancellor. The workshop is being sponsored by the College and will be free to members! This initiative is part of an annual drive by the College to provide free, high-quality educational opportunities for College members. Paraire's workshop is entitled, "The power of speaking English to Maori, a cultural oxymoron!" and promises to be engaging, thought-provoking, and informative. Here's a little extract from Paraire's description of his workshop, "This enquiry is about understanding English and

the codes that are implicit when addressing Māori. What's said is often accompanied by what's understood. We may often proceed on the assumption that we are understood, because we are both speaking the same language.

Paraire is also giving a keynote address on day one of the conference entitled, "I can tell you how I feel – why can't you?" Paraire described his presentation thus, "The paper looks at the costs of emotional involvement in clinical engagements with tangata whaiora. Most initial interviews are driven more by heat than light. Emotion is always measured by an internal screening tool that remains a mystery to all but the proponents". You really don't want to miss this amazing opportunity!

Following on the tremendous success of our video-link conversation with Professor Irvin Yalom at Conference 2005, we have arranged two **video-link keynote addresses** for Conf 2010.

Talking with John Gottman

I'm sure that everyone has heard of John Gottman – the man who knows more about marital relationships than anyone in the world! Can you imagine spending 30-plus years watching videotapes of people living together and coding every utterance and every behaviour!?!? Well, it turns out it's all worth it. John has pretty groundbreaking and myth-busting ideas about successful and unsuccessful relationships. He has developed a theory of close relationships called "The Sound Relationship House" as it has emerged from the empirical data that he and his team have collected over all this time. From there, he has developed a couples therapy that is being used across North America, Europe, Asia, and Australasia. He is currently conducting clinical trials to demonstrate its efficacy and effectiveness in what is a notoriously difficult treatment area. John will talk to us about the role of physiological arousal in couple relationships and couples therapy. You'll take away some fundamental skills that will certainly change the way you think about couples work – and your own relationships.

Talking with Scott Miller

I'm sure there are lots of you who know about Scott Miller and his original website talkingcure.com. Scott is a driving force in the psychotherapy world, with innovative, practical, and theoretically exciting ideas

about how to do therapy better. Most recently, he co-founded the Center for Clinical Excellence, an international consortium of clinicians, researchers, and educators dedicated to promoting excellence in behavioural health services. Scott pulls no punches, and his presentations are always challenging and thought-provoking. His humorous and engaging presentation style and command of the research literature consistently inspires practitioners, administrators, and policy makers to make effective changes in service delivery. Scott has a great blog at <http://124.254.10.21/scott/?q=blog/1> and you can learn more at www.scottdmiller.com.

Positively Dianne Vela-Brodrick!

Dianne is a lecturer at Monash University in Melbourne and her research focuses on happiness – what makes people happy and how we can help people feel happy, fulfilled and healthy. She is interested in the development and evaluation of interventions for enhancing positive affect, engagement and meaning, and exploring how individual difference factors such as motivation, interest, strengths, and life stage can influence the efficacy of such interventions. Particular interventions of interest include savouring, hope and gratitude exercises, meaning making and awareness and utilisation of strengths. She has developed the Mental, Physical, Spiritual and Well-being Scale and the Multidimensional Health Scale. Collaborative work at the Centre for Adolescent Health during 2000 resulted in the initial development of an adolescent resilience scale. Dianne will be giving a keynote address and running a mini-workshop on “The ‘how’ of fostering positive emotions: Positive psychology interventions”.

Professional forums:

We have a forum on **Legal and Ethical Issues** with a panel comprising the Medical Protection Society, Privacy Law specialist Lianne Dalziel, and the members of the NZCCP Ethics committee. The panel will speak about various legal and ethical issues for clinical psychologists and will be available to answer questions.

ACC will present the recent changes to their practice guidelines and will invite questions.

The **New Zealand Psychologists Board** will present an update on the activities of the Board and will invite questions.

The **Christchurch Family Court** will host a forum providing information about the role of the specialist report writer and new initiatives in the Family Court.

Richard Wheeler will chair a forum on **Private Practice**, and has this to say about the forum:

As I read the APA Monitor I became aware that those within APA see Clinical Psychology undergoing enormous changes. American psychologists are saying that whether we like it or not two of the big issues for the near future in particular with private practice will be: 1. The need to collaborate in primary care. To quote: "Mental health care cannot be divorced from primary medical care, and all attempts to do so are doomed to failure. It is becoming increasingly clear that health care reform will include a greater emphasis on primary care and prevention of chronic disease. These are major areas in which psychologists can make major contributions." 2. The need to be accountable - whether we like it or not. "We currently have the opportunity to define how we should be evaluated by developing our own psychology practice guidelines and methods to assess our work" (APA Monitor July August 2009). APA identified four dominant forces that will drive the future of psychology practice within the next ten years: Changing economics, advances in technology and science, the increasing diversity of the nation and its work force, collaboration with other professionals. I am unhappy to some extent about the need to change! But we would be burying our heads in the sand if we didn't face up to these trends. I believe that we in NZ also face these issues. As private practitioners we will soon be the largest group of practitioners within the profession. When I went out into private practice, there were only two of us in Christchurch working full time (Adrian Gordon and myself). A glance at the yellow pages and also the yearly statistics in the Health Practitioners survey shows that soon private practitioners will outnumber those working within Corrections and the Hospitals. What identity do we have as private practitioners? How isolated are we and what can we do about it? How ready are we to meet these new challenges to our professional practice? I don't want to deliver a paper on these issues but I am hoping that at the Forum on Private Practice we can talk around such issues. There are ground swells of change that we cannot ignore. In fact, I would have to say I sense a quiet enthusiasm for these challenges. I think it is a time of

opportunity for the profession. Can you respond to these brief notes? Send me some suggestions of what you would like for our time together. I am wondering if we should negotiate for a coffee machine and tea and spend time in small groups talking over these and similar issues. What is your interest? Are the issues identified real? Do we need to think through or discuss? Respond directly to me on richardwheeler@xtra.co.nz - looking forward to seeing and hearing from you.

Jim Hegarty (Otago) and Marijke Batenburg (Auckland) will host a **Mindfulness Forum** on Sunday from 12.10 (during the lunch hour). They have this to say about the forum:

The Development of Peer Support and Education Groups For Those Interested in the Application of Mindfulness Based Practices in Therapy.

Psychology is exceptionally varied, and a practitioner can have interests in several diverse areas. Electronic media such as e-mail and various uses of the internet offers numerous opportunities for ongoing education and professional development. When considering how best to develop our interest in mindfulness based practices, and to communicate with colleagues who have similar interests Marijke Batenburg put forward the idea of pods - as in pods of whales (or dolphins). That is, small groups who can communicate via e-mail, Skype, or other means sharing resources, ideas, and engaging in discussions.

We saw the value of pods as providing small groups that could interact over time, and allowing a more intimate, or perhaps less daunting way of learning together and sharing ideas than larger more traditional list serves.

Marijke and I would like to invite interested others to join us for a discussion around how to form peer support education groups for those interested in mindfulness based practices in therapy, and how such groups might benefit from the use of electronic media.

We see this meeting as a chance to make contact with others interested in mindfulness in therapy, to perhaps form your own pods, and to learn about some of the opportunities available to support such endeavours through electronic web-based media.

Marijke and I will also provide feedback on our own investigations into how we can use web-based applications to foster such small group interactions. Our emphasis will be on the process of how these interactions might work and not on web-based content.

Special event ☺ Marijke Batenburg from Auckland will facilitate a Sitting Mindfulness practice each morning for 30 minutes from 7.15 - 7.45 at the Hotel Grand Chancellor on the 14th floor. A special room has been set aside for these meetings. Everyone welcome! For any enquiries, please contact Marijke on marijke@pl.net.

The absolutely fabulous fund-raising lanyards!



We have sourced these gorgeous beaded lanyards to hold the conference pouch from the Positive Beadwork Project in South Africa. This fund-raising venture is to raise support for the daily needs of HIV-affected children and their families.

This is what they say:

The Kidzpositive Family Fund is dedicated to improving the health of HIV-positive children in Southern Africa. Our goal is to generate funds for the grassroots support of mothers and children affected by HIV/AIDS. Our aim is to become a regional source of financial support for organisations providing care for significant numbers of affected families. The name of this Fund was inspired by the positive spirit and actions of these people. Everyday reality is that mothers in Africa keep hoping. They continue to fight HIV/AIDS themselves, and devote themselves to caring for their sick children. These are women who band together to support each other through the dark times when another mother's baby is fighting for breath. When their communities turn their backs, they are there to laugh and cry

together. When a shoulder is needed to lean on, in times of grief, they are there beside each other. These mothers manage to fill a hospital ward with a sense of bustling optimism, despite a shortage of medicines and hospital staff. A child with HIV/AIDS requires intensive, committed health care. Mother, nurse, doctor, social worker are all dedicated to ensuring that a child has the best care to live life with the minimum of suffering. They create a community which can provide the solidarity needed to fight a disease which has no cure. Although it is a lethal condition, children with HIV infection can live for many years. With proper care they can be happy and enjoy life. Go and see for yourself! <http://www.kidzpositive.org/> . There are all sorts of gorgeous beaded products that can be ordered <http://www.kidzpositive.org/beads/index.php> and Liz Waugh says they are a pleasure to deal with!

21st birthday memorabilia

Given that this will be the College's 21st annual conference, we have decided to produce something for you to mark this splendid occasion! We have commissioned an elegant coffee mug with the 21st anniversary logo on it. We already have about 100 orders for the mug, so we have ordered 120 mugs to ensure that there will be a few more available at conference.



Start looking now for cheap flights to Christchurch and accommodation deals to suit you – remember that it's Waitangi weekend (but not a long weekend and school will already have started) so flights may get busy and accommodation may become limited!

Membership News

At the National Executive meetings since the August ShrinkRAP the following people have been approved and accepted as

Full Members of the College:

Tanzi Bennison, Tauranga
Anne Marie Clarkson, Auckland
Kirsty Freeman, Christchurch
Linda Gow, Auckland
Audrey McKinlay, Christchurch
Gina Priestley, Whangarei
Wendy Radford, Whakatane
Celia Robinson, Whakatane
Judith Russell, Auckland
Duncan Thomson, Kapiti
Katja Woldert, Auckland

The following people have been approved as

Associate Members of the College:

Natasha Haughton, South Otago
Bronwyn Trewin, Christchurch

Congratulations to new Clinical Programme Graduands

NZCCP would also like to congratulate the following Canterbury based Clinical Programme student members, who have passed their clinical exams:

Sarah Head
Gwenda Willis

These people are now eligible for registration as a Clinical Psychologist and Associate Membership with the College.

College Awards

Applications are open for the NZCCP awards for 2010 as follows:

The **NZCCP Research/Study Award**, of up to \$6,000, is offered annually to a full or associate member of the College to assist to them to undertake travel or a similar specific activity to further their education or interest in a clinical or research activity related to clinical psychology.

Up to four **NZCCP Travel Grants** of up to \$1,000 are provided annually to Full, Associate, or Student members of the College to assist them to travel to and attend a continuing education opportunity (such as a Conference, Workshop, or substantial

organised site visit) either in New Zealand or overseas.

Te Karahipi Oranga Hinengaro and the **President's Award** are their third year now. Each of these awards, of up to \$1,500, is offered annually to a student member of the College who is recognised as performing well in their training and as likely to make a positive contribution to Clinical Psychology in the future. The purpose of this award is to assist the student member to undertake the development of their knowledge and skills in Clinical Psychology and its application. The first is available for Maori students.

For more information on these please go to <http://www.nzccp.co.nz/about/the-college/nzccp-awards-and-grants.html>

ACC News

Branch Psychology Advisor

The majority of ACC Branches have Branch Psychology Advisors who are contracted, on a part-time basis, to provide the following services

- Undertake file reviews of claims referred by Case Managers to identify any psychological issues or factors that may be impacting rehabilitation
- Participate in multidisciplinary panel meetings to discuss more complex cases
- Assisting Case Managers with developing strategies for interacting with and facilitating the rehabilitation of clients
- Provide guidance and advice on neuropsychological, psychological or psychiatric reports as necessary
- Provide advice and recommendations regarding evidence-based best practise approaches to treatment and rehabilitation for issues such as chronic pain, cognitive and/or emotional disturbances, psychotropic medications or DSM-IV disorders
- Provide advice and recommendations related to both the assessment and treatment interventions for traumatic brain injury, particularly as they relate to psychological sequelae

and/or co-existing psychological disorders

- Provide assistance in understanding differential diagnosis in complex cases, with recommendations as to how the effects of different psychological disorders may impact on rehabilitation
- Liaison with providers. BAPs have very limited time in their branches (average 4 hours per week) so cannot provide a lot of liaison with providers at this stage. However, they are still contact people who may be able to answer some queries from providers. The best way of contacting the BAP/BAPs in their region is via email. Contact details for each are available from the College Office.

In addition to Branch Advisory Psychologists, there is a full-time national position which is shared by Dr Kris Fernando and Christoph Huelsmann. Kris works from Auckland and Christoph from Wellington.

The National Advisor, Psychology and Mental Health involves

- Responsibility for advising on the mental and psychological perspective aspect of health and well-being across ACC rehabilitation services
- Assisting in developing best practice guidelines and frameworks for service development and identifying effective and efficient systems to enhance rehabilitation outcomes.
- Coordinating and supporting a network of branch psychology advisors and managing issues relating to their practice including professional oversight; training and ensuring distribution of expertise in the branch network
- Contributing to management of risk in health purchasing and in maintaining ACC's clinical credibility in the provider community
- Developing and maintaining external relationships with treatment providers, provider industry associations, District Health Boards, Ministry of Health and other agencies providing services or assistance to ACC.

Approaches to Planning and Recording the New Zealand Psychologists Board's Continuing Competence Programme.

*Malcolm W. Stewart
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Counties Manukau DHB*

Abstract

This paper summarises the process for the Continuing Competence Programme (CCP) that the New Zealand Psychologists Registration Board requires to be completed by all registered psychologists in New Zealand, and presents some different approaches for developing and recording a psychologist's CCP that are currently being used. The Psychologists Registration Board has elected not to comment on the contents of this paper or the suitability or adequacy of any of the models described. Nevertheless, it is hoped that, in conjunction with the Board's documents, the models described here may assist psychologists to further develop their own CCP. Psychologists will be required to attest that they have completed this process to obtain a 2010-2011 Annual Practising Certificate.

Introduction

Consistent with its role of ensuring the competency of psychologists under the Health Practitioner Competency Assurance Act 2003, the New Zealand Psychologists Board ("the Board") has developed a Continuing Competence Programme (CCP) for registered psychologists practising in New Zealand. Psychologists are required to participate in this programme from 1 April 2009 and into the future as an ongoing requirement for maintenance of an Annual Practising Certificate (APC). All psychologists applying for an APC in 2010 will be required to affirm that they have undertaken the CCP, and will be required to provide evidence of their participation if audited. If they have not undertaken such a programme they will not be able to renew their APC. Their APC may be suspended if they are audited and do not supply satisfactory evidence of participation in a CCP

Both the New Zealand College of Clinical Psychologists and the New Zealand Psychological Society developed and piloted continuing competency frameworks prior to development of the Board's programme. However, the Board has decided that all New Zealand psychologists should utilise the Board's framework. These alternative frameworks are no longer in use.

The Psychologists Board CCP was described in a document that was distributed with APCs in March 2009, and is also available on the Psychologists Board web site (N.Z. Psychologists Board, 2009). Recognising the diversity of psychologists' roles and the diversity of methods to enhance their competence, the Psychologists Board has not recommended a particular format for planning and recording CCPs. However, many psychologists have reported that models for planning and recording their CCP would be helpful as a starting point.

This paper briefly summarises the CCP process specified by the Psychologists Board and presents some models for planning and recording the CCP that have been developed throughout the country. These are intended to assist psychologists who are still developing their CCP by being a resource that they can use or modify to support the development and recording of their individual programme. While it is not guaranteed that these formats will be entirely consistent with the eventual requirements of the CCP as it evolves, they should provide a useful starting point. Anne Goodhead, Psychology Advisor to the Psychologists Board has indicated that for the Board's auditing of psychologists' CCP cycle ending in April 2010, evidence of an honest engagement with the CCP process will be more important, than the specific content or presentation style of the evidence provided (Goodhead, 2009).

Caveat

The Psychologists Registration Board was asked to comment on this article and on the proposed models for CCP planning and recording, but elected not to do so. Representatives state "We have therefore not actively reviewed your article and cannot vouch for the accuracy of any statements made therein. It is very important that practitioners rely upon the Board's own documents to understand the requirements of the CCP (and the possible consequences if their participation is assessed as less than satisfactory). We hope you will appreciate the Board's desire to remain true to the flexible, high-trust model it has adopted, and

therefore not to prejudge or predetermine what approaches may or may not be acceptable.”

Undertaking the Continuing Competence Programme

The reason for the Psychologists Board’s development of this programme and the

underlying principles are detailed elsewhere (N.Z. Psychologists Board, 2009). The required process involves seven steps that are described in detail by the Board (N.Z. Psychologists Board, 2009), but can be summarised as:

At the beginning of the year:

- 1. Conduct a self-assessment of competency**, reflecting on all aspects of practice relevant to your role, with the assistance of your supervisor or a senior colleague.
- 2. Develop objectives for the coming year** to address areas for competency improvement that were identified as part of step one.
- 3. Develop a learning plan to achieve these objectives.**

Throughout the year

- 4. Record continuing competence activities** you undertake to achieve the objectives, as well as any other competence enhancement activities that may be relevant. Keep evidence of this activity, including in supervision records.

Towards the end of the year

- 5. Critically reflect on the outcomes** of the professional development programme (include your supervisor in this reflection process)

At the end of the year, when applying for your Annual Practising Certificate

- 6. Having participated in the above process, you can declare that you have undertaken continuing competence activities** and that you have maintained competence.
 - 7. Retain the records that are the evidence** of having participated in your CCP, as any person who has applied for an Annual Practising Certificate may be audited by the Board to ensure that they have participated in a CCP.
-

In summary, this process involves

- **Reflecting on your needs** to enhance your competency
- **Planning a Continuing Competence Programme** that is tailored to addressing these needs,
- **Undertaking activities** to meet the objectives of this Programme, and
- **Keeping records** of how you have attempted to meet the needs of this programme

Choosing Your Objectives for Competency Improvement

The over-riding goal of the CCP is to ensure that psychologists are competent and fit to practice in the professional roles they undertake. However, the greatest overall benefit from this process will be gained if the psychologist treats it as an opportunity to guide enhancement of their abilities (ie “quality improvement”), rather than simply a tool to show that they are competent (ie “quality assurance”). The reflection – action – review cycle underpinning this process can powerfully assist professional development. Achieving optimal overall benefit from the programme will, however, require the psychologist to decide to use it as a tool to

help them develop their competencies rather than treating it merely as a “box-ticking” exercise, and to choose CCP objectives that are as useful as possible for the psychologist and their clients.

One suggested approach to the self-assessment component of the CCP is to consider each of the domains specified in the document “*Core Competencies For the Practice of Psychology in New Zealand*” (N.Z. Psychologists Board, 2008). This document defines core competencies for the Psychologist scope of practice and core Cultural competencies, both of which are also regarded as core competencies for clinical and educational psychologists. It also defines

additional competencies for psychologists practicing in the Clinical and Educational vocational scopes of practice.

The major areas of competence defined by this document (integrating those for clinical psychologists) are:

1. Discipline, knowledge, scholarship, and research
2. Diversity, culture, and Te Tiriti o Waitangi / Treaty of Waitangi (including Awareness, knowledge, and skills as components of cultural competency)
3. Professional, legal, and ethical practice
4. Framing, measuring, and planning (including assessment and formulation)
5. Intervention and service implementation
6. Communication
7. Professional and community relations, consultation, and collaboration
8. Reflective practice
9. Supervision

While the levels defined in this document are those expected of a beginning practitioner, the range of areas of competence can give a good guide to areas to reflect on when developing a CCP. The breadth of these areas of competence alerts us to the fact that maintaining competence is a broader activity than simply developing more knowledge and skill in psychological assessment and interventions. Goals for the individual will vary widely depending on their role and their individual needs, so it is expected that goals for the individual will relate more to some areas of competency than to others. It is not expected that goals relevant to all of the areas above will be defined in any one year. However, if appropriate, it could be worth taking a multi-year perspective of having at least one goal pertaining to each of these competency areas during a multiple year cycle

How Much is Enough?

Given the variability in the nature and effort involved in plans to address various competency enhancement objectives (which, for instance, may vary from reading a paper or book about a particular topic up to undertaking a postgraduate qualification on that topic) it is hard to specify how many goals or activities may be required to be acceptable to the Board. Anne Goodhead

(2009) from the Psychologists Board has stated that the Board does not wish to be pinned down to a particular number of tasks. She also stated that as the psychologist is required to be able to self-declare as competent, it would require whatever was necessary for that to be true. This, however, presumably would not excuse the psychologist who believes themselves as competent from not participating in Continuing Competence Programme activities at all.

Perhaps one approach which may help to determine what to include could be:

- 1) Identify any areas in which performance is falling below the expected levels of competence, and definitely make a plan to address each of these.
- 2) Recognise some other targets of competence development that may be of particular benefit, and, after undertaking the efforts involved to address the competency issues in 1), make plans to address further of these other targets as able.
- 3) To encourage ongoing competency enhancement across the core competencies described above, it may be worth endeavouring to set objectives that cover at least more than one three or four of these domains in any one year.

Depending on the needs identified through the self-reflection process, this could suggest the setting of a minimum of three or four different goals with associated plans to address them. Any self-aware psychologist is unlikely to have difficulty defining at least three or four areas in which they could do their job better. However, as the size and complexity of such goals can vary widely, this quantum would only be a very rough yardstick, and utilising the approach for determining goals specified above may provide a more accurate way of determining what would be of most benefit,

Recording Additional Activities

Opportunities for professional development, such as training courses, papers read, books read, or talks/discussions attended, often emerge quickly and without much advance warning. While these may be very useful, they will not necessarily either fit into the goals specified in the CCP, or be known about at the time of starting the CCP cycle. However, as they also constitute part of the persons' efforts to increase their competence, it is worth recording this activity

as part of the CCP record. Such activities could include (but are not limited to):

- Courses, seminars, workshops etc attended.
- Professional papers or books read.
- Professional articles written/published.
- Professional interest groups participated in.

Such activities could be presented as a table or tables detailing information such as the title, presenters/authors, and date, duration and place of completion, as appropriate. To avoid duplication of effort, if this information is also recorded for another purpose (eg as part of a CV or an Annual Performance Appraisal or Credentialing process) the information prepared for that could likely be included as part of your CCP in the format it was originally used. However, undertaking such activities would not be seen by the Board as an acceptable alternative to the "reflection - action - review" cycle specified in the Board's CCP process.

Declarations

The Board's CCP documentation indicates that when applying for their APC, the psychologist needs to sign a declaration that they are competent. The Board also indicates that if the psychologist is audited a declaration may be sought from the person with whom they discussed their CCP reflection and plan. Examples of these declarations are:

Declaration of Competence

I attest that my professional knowledge, skills, judgement, and diligence are such that I am competent to practice, and I am committed to undertaking continual competence development and have met the requirement of the Continuing Competence Programme in the last year.

Third Party Declaration

I _____ attest _____ that _____ discussed their self-reflective review, Continuing Competence Programme, and resultant learning goals with me, and I have been in a position to observe the above-named psychologist's practice and/or I have sufficient professional contact with the above-named psychologist to attest to their standard of practice and fitness to practise.

While the Third Party Declaration may not be needed unless the psychologist is audited,

developers of some models have decided it is better to collect this information at the time rather than needing to gain it retrospectively if they are audited.

Models for Planning and Recording Your CCP

Electronic versions of a variety of models for recording CCP planning and activities are available from the NZCCP website <http://www.nzccp.co.nz/continuing-competence-programme-nzpb/>. These can be downloaded and modified as required. Additional models may be added as they become available. Models that are currently available are described below:

CCP1

This is a straightforward model that uses one page per goal defined within the CCP and briefly records the process from content of self-assessment through objective, learning plan, measure, activities, and re-assessment.

CCP2

This model moves away from the tabular format of most models presented here, instead using a more narrative approach of paragraphs describing the reflective review of the last year, defining needs and objectives, and prioritising and planning competence enhancement activities related to the objectives. The second part is completed later, and details activities completed, planned activities that were unable to be completed, and outcomes of the activities. This model also details additional competence enhancement activities. It includes the psychologist's declaration of competence and a third party (eg supervisor's) declaration that the plan had been discussed with them.

CCP3

This model includes a preamble section that outlines the steps in the CCP process as defined by the Board. It then outlines "Domains of Practice" (some related to the Board's core competencies, some more specific to the individual's type of work), and details competencies and professional and ethical issues related to each domain. Following their reflection, the psychologist completes a table that specifies the identified need, competence enhancement objectives, and the learning related to different domains of practice. A second table records activities undertaken, the date and evidence of completion, and its impact on practice for

each objective developed in the first part of the process.

CCP4

This model specifies a number of skills regarded as important in clinical psychology (some general, some setting-specific) and asks the psychologist to rate their own competence on this using a three point scale (D = to develop, C = Competent, S = Strength). As presented, the skills tend to focus around clinical assessment and intervention skills but could be broadened to include other aspects of the psychologist role. The psychologist is asked to specify a competency maintenance /advancement plan for as many of the skill areas as are needed. A separate table records and describes the professional activities undertaken, including its relevance to the learning difficulties. A third table acts as a supervision log. The final step involves the psychologist reassessing their learning objectives for this period, and feeding back the outcomes of their CCP.

CCP5

This model asks the psychologist to record their self-reflection on each of the Core Competencies as defined by the Board document in a table. A separate table is then used to record the objectives, learning plan, activities implemented, and evaluation of outcomes.

CCP6

This model asks psychologists to rate their level of competency on a 1-5 scale (1=low, 5=high), for each of the areas covered by the Board's Core Competency document. It then asks the psychologist to define the actions required to address any issues. The psychologist is asked to consider ethical issues (knowledge, issues that have arisen, and how they have been dealt with) and any areas to review. Based on these deliberations, they are asked to develop a learning plan.

CCP7

This model suggests a wide range of records that could be regarded as evidence of competence enhancement, although not necessarily related to the self-reflective process. It then asks the psychologist to record the outcomes of the self-reflective review with a narrative description. It then defines objectives and actions for the coming year in terms of objectives, learning targets, application in practice, date achieved, and review of achievements.

CCP8

This model provides a preamble which describes the steps in the Board's CCP process in considerable detail. It then presents separate pages relating to each of the major areas of competence defined in the Board's Core Competency document. Each page describes the area of competence and then asks the psychologist to identify the Challenges, the Ethical issues, their Goal, their Plan to achieve the goal, and their Review of the Outcome. Some people have defined for themselves at least one goal from all the major areas of competence in one year, but this model could equally involve defining one or more objective from some areas of competency, and not in other areas.

Summary

This article has summarised the requirements of the CCP that the Psychologists Board expects all New Zealand Psychologists to have undertaken by the time they apply for their 2010 APC. A number of suggestions for how psychologists may undertake this activity, and a number of models that could be used to record CCP planning and activities are described.

The Board has expressed reluctance to present a specific format for recording CCP due to its concern that this might overly constrain the ability of psychologists to tailor their CCP to their own needs. As described above, the Board has elected not to comment on this paper or the suitability of any of the approaches described. However, it is hoped that the variety of options presented here, and the freedom for psychologists to take from different formats, modify them, and add new components as appropriate for them, will encompass the flexibility of approach the Board has sought, while meaning that each psychologist does not need to "reinvent the wheel" in relation to how they plan and record their CCP. Additional components discussed above could be usefully appended to many of these forms.

While there is no guarantee that these formats will be ultimately acceptable to the Board, all seem to guide and reflect the type of structured process that has been outlined by the Board, and, if completed with reasonable diligence, may provide a CCP that is satisfactory to the Board when auditing of completion of CCPs is undertaken in 2010.

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Skills Matter Programmes for 2010

Robyn Shearer, CEO for Te Pou (the National Centre for Mental Health Research, Information, and Workforce Development) has informed the College of the following 2010 training opportunities that may be accessible and of interest to psychologists. These are part of the "Skills Matter" programmes of which you are probably aware.

Robyn Shearer states "Te Pou is particularly concerned that the allocation formula should be based on considerations of equity and mental health sector workforce need. We understand that workforce needs change and that each region and district health board will have unique drivers for training and

recruitment. We look forward to working closely with sector representation groups in 2010."

The College and other psychology groups in New Zealand are discussing with Te Pou the issue of funding or part-funding of Clinical Psychology internships in New Zealand.

See the tables below for a full breakdown of funded programmes and providers.

If you have questions about Skills Matter please refer to www.skillsmatter.co.nz or email Kristie Wilcox (kristie.wilcox@tepou.co.nz).

Skills Matter Programmes Potentially Available to Psychologists

Co-existing Substance Use and Mental Health

Provider	DHB Coverage	Available trainee places
University of Auckland	National coverage – all DHBs.	10
University of Otago (National Addiction Centre)	National coverage – all DHBs.	10
Total available trainee places		Up to 20

Infant, Child and Youth Mental Health and Addiction

Provider	DHB Coverage	Available trainee places
University of Auckland (Werry Centre)	National coverage – all DHBs.	15
Total available trainee places		Up to 15

Cognitive Behaviour Therapy in Mental Health and Addiction

Provider	DHB Coverage	Available trainee places
University of Otago (Wellington)	National coverage – all DHBs.	20
Total available trainee places		Up to 20

Allied Mental Health and Addiction

Provider	DHB Coverage	Available trainee places
AUT University	<p>Northern region Northland, Waitemata, Auckland and Counties-Manukau.</p> <p>Midland region Waikato, Lakes, Taranaki, Bay of Plenty and Tairāwhiti.</p>	15
Victoria University of Wellington	<p>Central region Capital and Coast, Hawke's Bay, Hutt Valley, MidCentral, Wairarapa and Whanganui.</p> <p>Southern region Nelson Marlborough, Canterbury, South Canterbury, West Coast, Otago and Southland</p>	15
Total available trainee places		Up to 30

From the Psychologists Board Summary of HPDT hearing

The full report of this hearing can be read at the Tribunal's website at: www.hpdt.org.nz/Default.aspx?tabid=201

In September 2008 the Health Practitioners Disciplinary Tribunal (the **Tribunal**) heard a case brought against psychologist "Mr S" by the Professional Conduct Committee (**PCC**) which had investigated a complaint against him by a former patient, "Ms E". She had sought treatment from Mr S for her history of sexual abuse, post-traumatic stress disorder and dissociative-identity disorder. The PCC charged that:

1. Mr S had failed to observe sufficient professional boundaries with Ms E and/or had fostered dependence, and
2. had failed to obtain informed consent for the therapy approach used.

The alleged boundary infringements as referred to in the first charge included:

- treating Ms E in Mr S's home with no other support staff present.
- Mr S sometimes being in his dressing gown or eating his breakfast when she arrived.
- Mr S taking Ms E on errands.
- conducting therapy sessions of an inappropriate frequency and duration (sometimes 2 or 3 times a week for sessions lasting up to 2 hours), but only charging for one hour per week.
- that on one occasion when Ms E failed to attend, Mr S had gone to her house, climbed in a window and went to see her in her bedroom.
- Mr S behaving in a way that led Ms E to become confused about the nature of their relationship and led her to believe that she was "special".
- Mr S engaging in physical contact with Ms E which exceeded acceptable

limits and was not in her best interests.

Mr S did not dispute the facts as alleged, although there was some disagreement over estimates of the frequency with which some aspects occurred.

With regard to the second charge, the PCC alleged that Mr S had failed to obtain informed consent for the "holding therapy", including failing to give adequate information about the potential risks and benefits of that therapy. The Tribunal was told that Ms E had been treated over an extended period by Mr S between April 2000 and May 2006. While initially this therapy was helpful, independent assessment of Ms E by a psychiatrist on behalf of ACC stated that the more adult aspects of Ms E recognised aspects of the treatment were problematic and consequently she had tried to terminate treatment a number of times. The more regressed aspects of her were activated by the holding therapy and had an intense infant-like dependence on Mr S. Efforts to finish therapy would lead to a sense of abandonment with suicidal urges acting outside Ms E's conscious awareness. The psychiatrist, in a written statement to ACC (June 2006), observed that Ms E's integration and regaining of autonomy was blocked by the "pathological dependence" of her younger aspects of self on the holding therapy offered by Mr S. The holding therapy involved Ms E lying across Mr S's lap with her head on a pillow supported by his arm while he gave reassurance and modelled breathing regulation to help her control strong emotional states.

Dr J Carter, Senior Lecturer at the University of Canterbury Clinical Psychology training programme, gave her expert advice to the Tribunal that it is inappropriate for a professional psychologist to use that approach to therapy and that to behave in this manner would have generated ambiguity rather than communicating clear cut boundaries. Dr Carter stated that it is commonly accepted that a psychologist is in a position of power and that a client is vulnerable to coercion. Touch in therapy reduces normal defences and would have increased the client's vulnerability. The use of touch is not part of mainstream psychotherapy and there is no body of empirical research to support its use as an effective therapeutic technique.

Dr Carter stated that the professional literature is against the use of touch with those clients who have a history of childhood sexual abuse or the diagnosis of Dissociative Identity Disorder. Various authors have associated the following risks with the use of non-erotic touch in psychotherapy: disrupting the ability of the client to work through transference issues, creating client dependency and confusion, diluting the therapist's ability to manage counter-transference, creating a loss of objectivity, and reproducing boundary violations previously experienced by the client.

According to the Code of Ethics a psychologist is required to obtain explicit informed consent for any psychological services provided; the consent must be given freely and not as a result of coercion or pressure; and the consent must be informed by as much information as a reasonable or prudent person would want to know before making a decision. Mr S acknowledged that he had not advised Ms E about any potential risks in using holding therapy. The Tribunal stated that Mr S had an obligation to make himself familiar with those risks and to advise Ms E of those risks before engaging in holding therapy with her.

The Tribunal were satisfied that the facts of both charges were established. Each charge was found to constitute negligence and malpractice, and each was considered sufficiently serious to warrant discipline for the purposes of protecting the public, maintaining professional standards and punishing the practitioner. The Tribunal found both charges represented professional misconduct.

In mitigation Mr S stated he had discussed his use of holding therapy fully in supervision and had continued to use it because he believed progress was being made. With the benefit of hindsight he accepted there had been a detrimental outcome for his client, Ms E. He expressed remorse for this and had ceased to practise because of the complaint.

The Tribunal ordered that Mr S's registration be suspended for a period of 18 months, as from 25 September 2008. If he chooses to practise after that time, he is ordered to practise only in accordance with certain conditions for a further period of three years. Specifically he must:

- not provide supervision to others;

- not teach on the topics of psychology, psychotherapy or counselling;
- not practise from his home;
- practise in a professional setting with other clinicians and support staff, such as a group private practice or community mental health service;
- only see clients with mild adjustment or mental health difficulties, and refer any client with a personality disorder or serious mental health disorder to another suitable practitioner;
- not use holding therapy or other touch based approaches;
- participate in Board approved supervision; and

- Inform any employer of the outcomes of the Tribunal proceeding.

The Tribunal censured Mr S and expressed its strong disapproval for the breaches of accepted practice. Mr S was ordered to pay \$10,000 towards the costs of the PCC and the Tribunal.

The Tribunal ordered that a summary of the decision should be published in the publications of the NZ College of Clinical Psychology, the NZ Psychological Society and the Board's Annual report. After a successful appeal, the High Court ordered (judgement delivered 6 November 2009) that Mr S's name and all identifying details should be permanently suppressed.

NZCCP National Educational Coordinating Committee (NECC)

The National Educational Coordinating Committee aims to encourage and facilitate continuing education opportunities for members, by providing nationally coordinated events to a high standard. Our goal is to coordinate training opportunities between branches with the goal of facilitating training in all regions. A clear distinction is kept between the function of this committee and the broader role of Branch Representatives, who continue to liaise with Council on matters of Policy and general Branch business. Please consult the College website for further information and links (<http://www.nzccp.co.nz/events/seminars/>)

TRAINING TIMETABLE

NZCCP Branch Events

BRANCH	MONTH	PRESENTER/ CONTENT
National/Canterbury	February 4 – 5	Les Greenberg - NZCCP PreConference Workshop
National/Canterbury	February 6-7	NZCCP National Conference
National/Canterbury	February 8	Paraire Huata - NZCCP PostConference Workshop

Other Organization Events

	MONTH	PRESENTER / CONTENT
Coromandel	February 14 – 18	Mindfulness Training for Clinicians
Auckland	March 26 - 30	Conference: Spine in Action: Low Back Pain
Wellington	April 14 – 16	Conference: Community Mental Health & Addictions Services



Want to tune up your CBT?

New full year post graduate diploma course in cognitive behaviour therapy

Fully funded by Te Pou for 2010*

Applications accepted from anywhere in New Zealand

Offered by the University of Otago, Wellington, the course is designed to suit new grad psychologists or psychologists who want to extend their CBT knowledge and skills. Psychology applicants must be working at least 0.6FTE in a DHB or NGO mental health setting and have a post graduate diploma in clinical psychology (or equivalent).

The course covers advanced conceptualisation, working with complex cases, and advanced topics in mental health and addictions. It is a practical and applied workforce development course, which is taught in Wellington over three block weeks. Students apply what they have learnt in their workplace, under supervision from a senior clinical psychologist. The course is taught by Fiona Mathieson and Elliot Bell, experienced senior clinical psychologists, who have been teaching the Otago University certificate level CBT course for several years.

*Te Pou funding covers course fees and travel/accommodation costs to attend block courses.

For application forms & brochure, email Maria Fitzmaurice, course administrator maria.fitzmaurice@otago.ac.nz

Child and Adolescent Psychologist

Wellington Psychological Associates is a well-established private practice, comprising five clinicians and located in the central city. We have full time reception and clerical cover.

WPA is currently seeking another experienced child and adolescent psychologist to join our team. Our preference is for someone with expertise and an interest in developmental and cognitive assessments, as well as in individual child and adolescent therapy. There is the benefit of an established referral base and flexibility of hours.

To register your interest or request more information please contact Shirley Corkill on (04) 472 0710 or email welpa@xtra.co.nz.

Information for Professional Body Newsletters
re: DATA Service
6 Nov 2009

ACC is now accepting applications from clinical psychologists for the Diagnostic and Treatment Assessment services (DATA). This is a great opportunity to work with ACC clients who are seeking cover for a mental injury.

The new Clinical Pathway in the Sensitive Claims Unit emphasises accurate and thorough assessment from the start. DATA assessors provide a diagnosis and recommendations for treatment before the client is accepted for cover, allowing DATA providers to influence treatment decisions and provide valuable assessments from the very beginning. If the client is accepted for cover, the DATA assessor will be asked to complete a second assessment later on to determine progress and provide further recommendations.

We'd like to hear from you if you:

- are interested in helping clients who may have a mental injury resulting from sexual abuse or assault
- keep up to date with the latest research in this area
- would like to positively influence client recovery through evidence-based assessment and treatment recommendations.

All DATA providers must be NZ registered psychologists with a clinical scope of practice, and have experience working with survivors of sexual abuse. For further details about becoming a provider in the DATA service, please ring Camille Smith, Programme Manager, on 04 918 7973. Alternatively you may request an application pack from health.procurement@acc.co.nz.

Interested in:

- extending your knowledge of intimate connection into the realm of sexuality?
- ensuring you have the most productive way of conceptualising sexual problems?
- enhancing your comfort and skills in dealing with issues of sexuality?

NOW is the time to register for one of Sex Therapy NZ's much valued **Foundation Courses**.
Nelson 25th, 26th February 2010
Palmerston North 11th, 12th March 2010
Auckland 23rd, 24th March 2010
Hamilton 18th, 19th May 2010
Online: next intake begins Jan 27th 2010

If this field captures your interest, you may want to develop a speciality field of expertise by following up with the evidence based **Advanced Training in Sex Therapy**. Completion of this training allows you to apply to receive referrals from STNZ. The next intake for this course begins June 2010.

For more details and to register visit our website www.sextherapy.co.nz or contact Vicki - Email: admin@sextherapy.co.nz

STNZ Ltd, PO Box 1280
Palmerston North Central
Palmerston North 4440
PH 06 354 2449 0800 739 843



Psychologists

Location: Nationwide
Contact: coral.harris@corrections.govt.nz
Phone: (09) 375 6304

Positions are available throughout New Zealand with offices located in Kaikohe, Auckland, Rotorua, Hamilton, Invercargill, Palmerston North, Hastings, Wellington, Christchurch, Dunedin and Nelson.

Do you want to be part of a team that makes a real difference in your community?

Are you a registered psychologist with post graduate qualifications in clinical or forensic psychology?

Would you like to work for an innovative organisation committed to the provision of psychological approaches to the management of offending behaviour?

Yes? This could be the opportunity you are looking for.

As a psychologist with Community Probation & Psychological Services, you will be providing clinical and risk assessments and treatment for prisoners and offenders in the community. You will also monitor the integrity of rehabilitation programmes, provide advice, supervision and training to other Corrections staff and may be involved in research work in the context of the scientist/practitioner model.

Successful candidates will have a minimum of Masters Degree in Psychology, be reliable, have excellent communication and problem solving skills and ability to work across cultures. We will give you a highly competitive salary, world class training, a vibrant supportive team culture, and opportunities for career advancement.

Our staff come from different backgrounds, cultures, education and experience – and together their purpose is to motivate offenders to make positive changes in their lives, and so make our communities safer.

For an application pack or more information please phone Coral Harris on (09) 375 6304, or email coral.harris@corrections.govt.nz

Spine in Action: Low Back Pain Can Chronicity be Prevented?

DATE: FRIDAY 26TH to TUESDAY 30th March 2010 **VENUE: RENDEZVOUS HOTEL MAYORAL DRIVE AUCKLAND CITY NEW ZEALAND**

Lars Arendt-Nielsen
Alborg University
Denmark
Center for Sensory-Motor Interaction

Specific research areas have been on pain and assessment of pain in volunteers and pain patients, sensory-motor interaction, and on drug effects. The main focus is on human experimental pain research – basic and clinical applications.

Johan Vlaeyen
Univ of Leuven and Maastricht
Belgium & Netherlands
Professor of Behavioural Medicine

Main interests are cognitive & behavioural mechanisms of chronic disability due to somatic complaints, & the development and evaluation of customised CBT management strategies in chronic pain.

Paul Watson
Univ of Leiceister
United Kingdom
Professor of Pain Management and Rehabilitation

First UK consultant Physiotherapist. Works as a clinician in a Chronic Pain Clinic. Research interests include rehabilitation for musculoskeletal conditions, return to work issues, sleep and pain, ethnicity and risk predictors

Jacob Patijn
Univ Hospital
Maastricht
Netherlands
Associate Professor & Head of Pain Management

Clinical positions for Neurology, Pain management, manual & Musculoskeletal Medicine. Interests in reproducibility in musculoskeletal medicine. Second Scientific Director FIMM Academy

Supporting Speakers
Wolfgang von Heymann
Pres FIMM Germany
Dr Duncan Reid
Head of School
Rehab & Occup Studies
AUT Auckland
Dr Quentin Reeves
Radiologist Auckland
Dr Wade King
Musculoskeletal Pain
Intervention NSW
Dr David Vivian
Musculoskeletal Pain
Intervention Melbourne
Prof Nik Bogduk
Univ of Newcastle NSW
Ms Kirsty Powell
Mr Richard Ellis
Mr Peter Robertson
Spinal Surgeon Auckland

Combined meeting-Hosted by:
NEW ZEALAND ASSOCIATION MUSCULOSKELETAL MEDICINE
AUSTRALIAN ASSOCIATION MUSCULOSKELETAL MEDICINE
AUSTRALIAN COLLEGE PHYSICAL MEDICINE
AUSTRALASIAN FACULTY MUSCULOSKELETAL



Convener's Welcome

It is with much pleasure that the New Zealand Association of Musculoskeletal Medicine in conjunction with the Australian Association Musculoskeletal Medicine, Australian College of Physical Medicine and the Australasian Faculty of Musculoskeletal invites you to this important Scientific Conference.

Can Chronicity Be Prevented?

Research into pain and the resulting disability continues apace. Interventions for low back pain are many and varied. The natural history of the condition is for spontaneous resolution over time. However, there is an important subset of our patients for whom pain and disability become chronic. Are there factors that a physician can recognise that may predispose a person to chronicity or prove to be barriers to recovery? Are there physical as well as psychological and psychosocial factors that contribute to this process? If these factors can be identified are there effective interventions? Is there outcome data for such interventions?



These are some of the vexing questions we all face in the course of our day's work managing patients with low back pain.

CONFERENCE OBJECTIVES

- to understand the neuroscience underlying Motor & Sensory Plasticity
- to recognise, clinically assess, & manage Sensory Sensitisation
- to understand the clinical implications of Pain on Motor Plasticity
- to understand the physical risk factors for developing chronicity in low back pain
- to recognise the psychological & psychosocial risk factors for chronicity in low back pain
- to recognise the psychological & psychosocial risk factors that are a barrier to recovery
- to be familiar with the psychological interventions & management

- managing return to work issues, both employer and employee
- better understanding of the effectiveness of both physical, pharmacological and interventional treatment
- understand the role of imaging and surgery

Conference Committee

Gary Collinson Convener: President NZAMSM, Musculoskeletal Specialist, Auckland New Zealand

Charles Ng: Secretary NZAMSM, Musculoskeletal Specialist, Auckland New Zealand

Peter McKenzie: Past President NZAMSM, Musculoskeletal Specialist, Nelson New Zealand

THIS IS AN ADVANCE MEETING NOTICE; A FULL PROGRAM AND REGISTRATION PACKAGE WILL BE AVAILABLE ONLINE OCTOBER 2009

PLEASE MARK YOUR DIARY FOR MARCH 2010