



Final Consultation on the “Neuropsychologist” Scope of Practice: Core Competencies, and a Grand-parenting Pathway to Registration

June 2017

SECTION A: BACKGROUND

In December 2015 the Board consulted stakeholders on the question of whether or not a scope of practice for neuropsychology should be established. We received strong support for the proposal. A second round of consultation sought comment on how the scope should be described, what its title should be, what qualifications should be required for registration in the scope, what core competencies are required, and how “grand-parenting” into the scope should be managed. A description of the scope, a title (“Neuropsychologist”), and base qualifications were all subsequently adopted by the Board. However, despite the mostly positive feedback received, some concerns remained about the initially proposed core competencies and the grand-parenting pathway to registration for the scope. Further work has therefore been undertaken on those issues, and the Board are now **proposing to adopt a revised set of competencies and grand-parenting pathway**. We are seeking stakeholders’ feedback on our proposals.

SECTION B: PROPOSED CORE COMPETENCIES

With the benefit of the feedback received in response to our earlier proposal, the Board recently held a workshop with nominated experts from New Zealand and Australia to review, rationalise, and improve the list of additional core competencies for the Neuropsychologist scope of practice. The revised list is appended to this document for final consultation. Feedback from this final round of consultation will be considered and further revisions made (if necessary) to the core competencies before they are adopted by the Board.

QUESTION 1: Are the revised core competencies for the Neuropsychologist scope of practice appropriate? (Refer Appendix 1)

SECTION C: PROPOSED GRAND-PARENTING PATHWAY

As noted in our earlier consultation document, the Board is obligated to provide a “grand-parenting” pathway to registration for practitioners who have previously been competently and safely practising in the area described by the scope. Such a pathway has routinely been implemented by the Board for other newly established scopes of practice. In the case of the Neuropsychologist scope of practice, it is proposed that a grand-parenting pathway would also provide an interim mechanism for addressing the current lack of an accredited training programme in New Zealand.

The criteria for eligibility under a grand-parenting pathway would be similar to those used by the Board for other scopes of practice. Specifically, applicants must:

- Already be registered in or eligible for the Psychologist scope of practice.
- Have practised safely¹ within the field of neuropsychology for 4,000 hours over the last six years.²
- Have had regular professional supervision appropriate for his or her work in this area.
- Currently be considered fit to practise (in accordance with section 16 of the Act).
- Have no competence notifications or processes currently underway.

Given the specialist knowledge required to assess the equivalency of many aspects of neuropsychology training and competence, it is proposed that a reference group would be established to advise the Board's Registrar on complex applications. This group would evaluate competence by considering:

- academic qualifications completed,
- practical training undertaken,
- a Curriculum Vitae and detailed description of relevant professional work,
- five case studies³,
- evidence of relevant continued competence activity within the past two years, and
- reference(s) from appropriate supervisor(s).

Where the panel are not able to come to a decision based on the above information, an oral examination may also be required.

It is proposed that the reference group would be comprised of acknowledged experts in the field drawn from within New Zealand and Australian academic and professional association circles.

QUESTION 2: Is the proposed process for the grand-parenting pathway appropriate?

QUESTION 3: Is the evidence proposed appropriate to support grand-parenting applications?

SECTION D: OTHER FEEDBACK

QUESTION 4: Do you have any other feedback or suggestions you can offer?

¹ The applicant must not have a history of complaints, competence, or fitness notifications that reflect adversely on their ability to practise safely in the scope of practice.

² The key issue here is supporting evidence that the practitioner has developed and maintained the prescribed core competencies, with neuropsychology representing a significant portion of his or her practice. A reasonably flexible approach will be taken, with the 4,000 hour benchmark as a guide. (4,000 hours roughly equates to 2 years of full-time practice.)

³ Case studies would be evaluated 'blind' by an independent expert.

TO COMMENT

If you would like to comment, please complete the online survey by June 30th 2017:

<http://neuropsychologyscope3.questionpro.com>

You can also access the survey via a link on the “What’s new?” page of the Board’s website:
www.psychologistsboard.org.nz

Feedback can also be sent to:

Email:

consultation@nzpb.org.nz

Subject line: Neuropsychologist consultation

Mail:

Neuropsychologist consultation
c/- New Zealand Psychologists Board
PO Box 9644
Wellington 6141

APPENDIX 1: PROPOSED ADDITIONAL CORE COMPETENCIES FOR THE NEUROPSYCHOLOGIST SCOPE OF PRACTICE

PART

6

"Neuropsychologist"

Additional Core Competencies - "Neuropsychologist"

For Psychologists Practising within the "Neuropsychologist" Scope of Practice

INTRODUCTION

All practising psychologists must be able to demonstrate the foundation competencies outlined in the "Psychologist" scope of practice. The following are the **additional** core competencies the New Zealand Psychologists Board considers a psychologist should be able to demonstrate at the point of entry to the vocational "Neuropsychologist" scope of practice.

DISCIPLINE KNOWLEDGE: SCIENTIFIC FOUNDATIONS AND RESEARCH

This competency covers the integration of science and practice in neuropsychology. Neuropsychologists apply knowledge of psychology and the brain to research and diagnostically assess brain dysfunction. On the basis of detailed cognitive assessment and clinical interview, Neuropsychologists develop neuropsychological formulations that inform the design of interventions to assist people with neuropsychological difficulties and disability. Neuropsychologists are expert in the selection, administration, and interpretation of cognitive, behavioural, and emotional measures; the cognitive domains include areas such as attention, learning, memory, language, visuoperceptual functioning, information processing, and executive functioning. Neuropsychological deficits can arise from single or multiple aetiological factors such as genetic conditions, neurodevelopmental disorders, infectious diseases, vascular injury, neurodegenerative disorders, drug and alcohol neurotoxicity, mental illness, and neurological injury such as traumatic brain injury. A Neuropsychologist must therefore have a broad understanding of all branches of neuroscience, neurodevelopment, the structure and functioning of the central nervous system, neuroanatomy, and cognitive neuroscience, and must be able to apply this knowledge in a client-centred manner. A Neuropsychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of the fundamental principles underpinning neuroscience, neuropsychology, and neuropsychological rehabilitation and recovery.	<ul style="list-style-type: none"> • Ability to critically analyse relevant measures and the underlying neurocognitive theoretical models from which those measures have been developed. • Ability to apply appropriate models of neurorehabilitation specific to the client's needs. • Ability to determine consistency between results of assessment with knowledge of brain-behaviour relationships. • Ability to develop neuropsychological formulations incorporating all relevant predisposing, precipitating, maintaining, and protective factors relevant to a client's presentation; such formulations should inform differential diagnosis and subsequent interventions. • Ability to appropriately utilise multiple sources of information to formulate an understanding of the effects of mental illness on an individual's ability to function, to have capacity, and/or to effectively utilise therapeutic interventions. • Application of therapy models specific to the area of practice. • Ability to assess symptom and performance validity and (subsequently) to
Knowledge of conceptual approaches adopted in clinical neuropsychology, contemporary theories of brain/behaviour relationships, and their implications for clinical practice.	
Advanced knowledge of psychometrics and an understanding of statistical principles.	
Knowledge of theoretical models relating to specific cognitive, behavioural, and emotional domains that are applicable to clinical practice.	
Advanced knowledge of a range of cognitive measures assessing all primary neuropsychological domains.	
Advanced knowledge of brain-behaviour relationships.	
Awareness of the methods, terminology, and conceptual approaches of clinical medical disciplines allied to neuropsychology.	
Knowledge of common neuropsychological, neurological, neuropsychiatric conditions, and psychological disorders.	
Advanced knowledge of theories of mental health, life-span development, family systems, and the clinical applications of theories of behaviour, cognition, emotion, and biology.	

Knowledge of common neurodevelopmental disorders and the impact these have on functioning throughout the life span.	formulate hypotheses, provide feedback, and recommend interventions as required.
Knowledge of neuropsychological models of rehabilitation, behaviour change, and psychological therapy.	
Understanding of the social, psychological, cognitive, and vocational impact of brain dysfunction both on individuals and social systems.	
Knowledge of the role of neuropsychology in health services.	
Knowledge of psychopathology, serious mental illness, and the relationships with diagnostic classification systems; understanding of the cognitive, emotional, and behavioural sequelae of primary mental illnesses.	
Knowledge of a range of psychological theories and models of change specific to the area of neuropsychological practice.	
Advanced knowledge of the potential multi-factorial aetiology of presenting symptoms.	
Knowledge of how to ethically assess, interpret, and address symptom and performance validity issues.	

DIVERSITY, CULTURE, AND THE TREATY OF WAITANGI/TE TIRITI O WAITANGI

This set of competencies addresses the knowledge, skills, and attitudes involved in providing culturally safe practice. The practice of psychology in Aotearoa New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi. Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people of different cultural backgrounds. Cultural competence requires awareness of one's own cultural identities and values, as well as an understanding of subjective realities and how these relate to practice. Cultural mores are not restricted to ethnicity but also include (and are not limited to) those related to gender, spiritual beliefs, sexual orientation, abilities, lifestyle, beliefs, age, social status, and/or perceived economic worth. (Reference must also be made to the Board's "Cultural Competencies" document). A Neuropsychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of Te Tiriti o Waitangi and its relevance to clinical neuropsychological practice in New Zealand.	<ul style="list-style-type: none"> • Flexible incorporation of Māori models, practices, and protocols into clinical practice.
Knowledge of the impact of culture and/or individual diversity on assessment processes, especially psychometric assessment.	<ul style="list-style-type: none"> • Recognition of cultural factors which influence health and illness and response to treatment. • Completion of culturally safe clinical assessments.
Knowledge of the limitations of the available normative data.	<ul style="list-style-type: none"> • Integration of the concepts of stigma, discrimination, and social exclusion into assessment and treatment processes.
Knowledge of when and how cultural advisors and interpreters can be utilised within neuropsychological assessments and neuro-rehabilitation.	<ul style="list-style-type: none"> • Application of psychological models in a way that takes account of cultural diversity. • Incorporation of cultural concepts and meaning within neuropsychological formulations. • Development of accurate clinical conceptualisations (with diagnoses where appropriate that incorporate a cultural dimension). • Respectful consideration of the wishes of clients to have whanau/support persons present during clinical interview and feedback, and ability to respectfully discuss the potential impact on test validity of having others present during the testing process. • Adaptation of the process of neuropsychological assessment when using measures developed with, and normative data derived from non-New Zealand populations. • Appropriate use of cultural advisors and interpreters to ensure meaningful assessment and effective communication.

PROFESSIONAL, LEGAL, AND ETHICAL PRACTICE

This set of competencies is concerned with the legal and ethical aspects of psychological practice, as well as the ability to apply informed judgement and current scientific principles in the workplace. It also addresses the knowledge and skills required for professional development and continued education through contact with advances in the discipline and practice of psychology. The requisite values and responsibilities are codified in legislation, standards, practice guidelines, and the Code of Ethics. It is the duty of all psychologists to be familiar with the relevant documents as well as cultivating reflective practice supported by ongoing professional development and supervision. Attainment of competency in professional and ethical practice comes from supervised practice that allows the identification of ethical and professional practice issues and support in generating solutions for identified problems. A Neuropsychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of implications of legal guardianship versus Power of Attorney versus independent decision making with respect to obtaining informed consent and engagement in assessments or interventions.	<ul style="list-style-type: none"> • In regards to medico-legal capacity issues, the ability to determine when and how neuropsychological assessment is appropriately undertaken.
Knowledge of potential clinical reasoning bias, which can distort clinical judgement and formulation.	<ul style="list-style-type: none"> • Ability to describe and provide examples of primary biases (which include availability heuristic, anchoring and adjustment, group attribution error, and overconfidence biases). • Ability to proactively reflect upon and minimise the impact of bias (e.g., through supervision). • Ability to seek out appropriately qualified and experienced neuropsychology supervision.

FRAMING, MEASURING, AND PLANNING: ASSESSMENT AND FORMULATION

Assessment is the systematic collection of clinically relevant information for the purpose of understanding the client and all aspects of their presentation. Assessment is derived from the theory and practice of academic and applied neuropsychology. Procedures include the use of formal and informal interviews, collateral information, the application of systematic observation and measurement of behaviour, and the use of neuropsychological tests. Results of these assessments are placed firmly within the context of the historical, developmental, and cultural processes that shape an individual, family, group, or organization. It is ideally a collaborative process. The summation and integration of the knowledge acquired through the assessment process is presented in a formulation and diagnosis of neuropsychological conditions and mental illness where appropriate. Assessment and formulation are fundamental for understanding a client's presentation and current needs and devising appropriate interventions. Assessment is also an ongoing process which may lead to revised neuropsychological formulation and/or changes to the intervention(s). A Neuropsychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of current neuro-rehabilitation theory and conceptual frameworks.	<ul style="list-style-type: none"> • Detailed planning of assessment protocols which take into account developmental issues, medical history, reasons for referral, as well as individual and cultural diversity. • Collection of data necessary for a comprehensive assessment through clinical interview, acquisition of collateral history, review of medical, neurological, and psychiatric records, and administration of neuropsychological measures. • Carefully considered selection of neuropsychological measures appropriate to the clinical setting and the reasons for referral; tailoring of neuropsychological assessment appropriate to the client and clinical hypotheses. • Accurate administration and scoring of neuropsychological tests. • Development of adequate rapport, and evaluation of the consequences of inadequate rapport. • Detailed analysis and interpretation of neuropsychological test data within the framework of a neuropsychological formulation. • Use and interpretation of behavioural observations to inform assessment and therapeutic planning. • Modification of formulations and intervention plans as new information arises and/or changes occur. • Detailed risk assessment, including formulation of risk and the development of risk mitigation management plans. • Identification of need for further or ongoing risk assessment and appropriate follow up. • Integration of assessment data from different sources and modalities to develop a working
Advanced knowledge of neuropsychological testing theory and practice, test construction, and the strengths and limitations of standardised neuropsychological tests.	
Detailed knowledge of the administration, interpretation, and underpinning psychometric principles of a wide range of neuropsychological measures.	
Knowledge of the neuropsychological profiles associated with a range of common neuropsychological disorders.	
Knowledge of individual factors that can affect performance on testing and issues that can affect the results of neuropsychological assessment.	
Knowledge of the impact of developmental issues on assessment processes.	
Understanding of relevant factors and approaches to the assessment of risk of harm to self or others.	
Understanding of assessment practices used by other disciplines.	
Understanding of relevant findings and information from other health professionals that impact on assessment processes.	
Advanced knowledge of appropriate interpretation and reporting of assessment findings, especially neuropsychological test data; ability to critically appraise the psychometric foundations of administered tests, and the normative data against which clients' data are compared.	

<p>Knowledge of assessment approaches for individuals with physical, sensory, and/or communication impairments.</p>	<p>model of the origins and maintenance of current neuropsychological functioning.</p> <ul style="list-style-type: none"> • Completion of written reports that are coherent, that accurately reflect assessment data, and that integrate and synthesise assessment findings. • Identification of appropriate measures, based on sound clinical formulation with consideration and reporting of potential confounding or limiting factors to results and interpretation. • Development of a neuropsychological formulation, diagnosis (where appropriate), and provisional hypotheses (with ongoing evaluation). • Effective and accurate use of psychiatric and neurological terminology. • Use of assessment and formulation to develop effective treatment plans. • Incorporation of presenting variables (such as cognitive deficit, personality, trauma, and/or substance abuse) into intervention planning; adaptation of therapeutic models of psychological intervention based on clients' cognitive strengths and limitations. • Incorporation of complex presentation variables and use of theories of change to derive intervention strategies that address presenting needs.
<p>Knowledge of how to develop formulations using neuropsychological and clinical psychology theory and assessment data.</p>	
<p>Knowledge of psychological therapies as applied to neuropsychological presentations and social contexts.</p>	
<p>Advanced knowledge of factors that may influence treatment (such as cognitive ability and personality factors) and of how to incorporate these factors into treatment planning.</p>	
<p>Knowledge of how to integrate theories of change to develop therapeutic interventions.</p>	
<p>Understanding of the limitations of neuropsychological assessment.</p>	

COMMUNICATION

This set of competencies deals with communication by Neuropsychologists with their individual, organisational, or community clients, other psychologists, other professionals and the public. It recognises the importance of clearly conveying neuropsychological ideas derived from discipline, knowledge, research, and practice and includes the response of Neuropsychologists to feedback and information from others. A Neuropsychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of individual differences and impairments in language comprehension and expression, and how to adapt feedback accordingly.	<ul style="list-style-type: none">• Ability to provide feedback to clients and whanau clearly and sensitively.• Ability to translate assessment findings into accessible language appropriate to the person's cognitive ability.• Ability to adapt style of communication to people with differing levels of cognitive ability, sensory acuity, and modes of communication.• Ability to communicate effectively with clients who have significant communication impairment.• Ability to provide feedback to different audiences, taking into account factors such as culture, intellectual/educational skills, and emotional state.• Ability to use neuropsychological formulations to assist multi-professional communication.

INTERVENTION

Intervention is based on a comprehensive assessment and neuropsychological formulation. Intervention in most settings will be based on principles of neuropsychological rehabilitation. Psychotherapeutic interventions are likely to be an important component of the process of rehabilitation following neurological injury or illness. Intervention strategies can be individual, group, or system-family based. Interventions will be evidence-informed. A Neuropsychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of neuropsychological rehabilitation utilising compensatory and restorative rehabilitation techniques.	<ul style="list-style-type: none"> Utilisation of up-to-date, evidence-informed, neurorehabilitation strategies and techniques to collaboratively facilitate recovery/rehabilitation following brain dysfunction.
Knowledge of the appropriate inclusion and utilisation of technologies for neuro-rehabilitation.	<ul style="list-style-type: none"> Ability to adapt models of therapeutic intervention for psychological difficulty in the context of impaired cognitive functioning.
Knowledge of how to critically evaluate interventions and modify them when change is required.	<ul style="list-style-type: none"> Utilisation of relevant technological aides to increase optimal independence as part of neuro-rehabilitation.
Knowledge of approaches to 'challenging' behaviour that are applicable to brain dysfunction.	<ul style="list-style-type: none"> Ability to implement behavioural interventions.
Knowledge of the psychological effects of brain dysfunction, and adjustment, for the individual.	<ul style="list-style-type: none"> Ability to determine the appropriate stages and timing of adjustment-related interventions.
Knowledge of the psychological impact of brain dysfunction on significant others.	<ul style="list-style-type: none"> Ability to determine the impact of cognitive deficit and diminished insight on the individual's adjustment and response to rehabilitation. Ability to recognise and address difficulties of adjustment following brain dysfunction Ability to undertake (or refer to relevant other professionals to provide) a family/whanau systems approach for education and support to the individual's significant others.