



Initial Consultation on a Proposed Scope of Practice for Health Psychology

August 2017

The Board is seeking comment from relevant stakeholders on a proposal to establish a scope of practice for Health Psychology. In this round of consultation we ask if such a scope of practice is necessary, and what the potential advantages and disadvantages of establishing it may be.

Please note: Depending on the outcome of this initial consultation, a second round may be required to garner feedback 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.

SECTION 1: BACKGROUND

Why establish a scope of practice?

The Health Practitioners Competence Assurance Act 2003 (the **Act**) (refer s 11) requires the Psychologists Board (the **Board**) to describe the profession in terms of one or more scopes of practice, which practitioners can then apply to be authorised to practise within. In line with the principal purpose of the legislation – to protect the public – the primary purpose of establishing a scope of practice is to highlight an area of practice that is perceived to represent significant risks to the public and to prescribe the particular competencies needed to practise safely in that area. Members of the public can then more readily identify practitioners who have been assessed by the Board as having the requisite competencies.

Principles for the establishment of a new scope

The Board has previously determined that the following principles should guide any decision to establish a new scope of practice:

- The proposed scope of practice must clearly be required for public protection.
- It must define a clear area of practice (i.e., materially different from scopes already prescribed).
- It must be described in accordance with section 11 of the Act.
- The proposed qualifications for entry into the scope must be in accordance with sub-sections 12(2)(a)-(e) of the Act, must be necessary for the protection of the public, and cannot unnecessarily restrict an area of practice (refer s 13 of the Act).
- Interested stakeholders (especially those that may be affected by the scope of practice) must be consulted on the proposal (refer s 14(2) of the Act).

Scopes previously established

The Board initially gazetted five scopes of practice: the general “Psychologist” scope; two vocational scopes, “Clinical Psychologist” and “Educational Psychologist”; and the “Intern Psychologist” and “Trainee Psychologist” scopes. In 2010 the Board gazetted another

vocational scope, “Counselling Psychologist”. We are also currently in the final stages of establishing a “Neuropsychologist” scope.

SECTION 2: SHOULD THIS SCOPE OF PRACTICE BE ESTABLISHED?

Rationale

The Board recently received an application from the New Zealand Psychological Society’s Institute of Health Psychology (the **Institute**) requesting that a “Health Psychologist” scope of practice be established. They argue that:

In the realm of clinical health psychology:

To work effectively with individuals that have a physical health condition, a psychologist should understand the implications of compromised health and of the specific condition for both the individual’s physical health and their psychological wellbeing. They should also understand the implications of the individual’s psychological functioning for their physical health and medical management. The ability to incorporate these reciprocal relationships into their assessment, formulation, and intervention plans is facilitated by an understanding of and ability to apply a number of empirically supported health psychology models and theories. Additionally, medical systems are complex and include a number of stakeholders. Therefore, familiarity with these systems and the stakeholders, and the ability to negotiate within them, are important to ensure the wellbeing of the patient.

Psychologists who do not have this training and knowledge but who work with individuals (or their families) whose wellbeing, functioning, or medical management are constrained, risk working ineffectively with these patients at best and, at worst, putting them at risk.

The establishment of a health psychology scope will also signal to government agencies, other health service providers, and employers that not all psychologists are equally able to work at maximum effectiveness with unwell individuals and there are specific areas of knowledge and skill that allow psychologists to facilitate optimal outcomes for physically compromised individuals and their families.

In the realm of public health, prevention and health promotion:

It is important that psychologists working in this area have an understanding of the level and degree of risk associated with health challenging habits and behaviours as well as familiarity with models of behaviour change that should be used to guide prevention and health promotion activities in order to maximize effectiveness of the programmes and avoid wasting resources. Additionally, psychologists working in this area should be aware of the literature that informs both effective and harmful prevention and health promotion programmes. For example, the literature is now moving away from the use of flagrant fear messages to reduce harmful behaviours which although they are intuitively appealing are, on occasions, counterproductive.

Thus a ‘Health Psychologist’ scope of practice will ensure the psychologist has the requisite knowledge, training, and experience needed for the protection of the public and maximising the effectiveness of health promotion interventions. Currently, a psychologist registered under any of the general, clinical, counselling, or educational scopes of practice can describe themselves as a health psychologist, without this appropriate training, experience working in a physical health system/department, and competency in the area of health psychology theory and practice. Whereas a separate scope will help patients and other consumers of health-related services to identify the most appropriate psychologist to ameliorate the psychological issues impacting on or resulting from their health situation. This has the capacity to improve their physical health outcomes, psychological wellbeing, and quality of life (e.g., illness adjustment, adherence to

medication and lifestyle regimens, coping with chronic illness etc.). Additionally, a health psychologist scope of practice will signal to individuals, organisations and funders that a psychologist has the theory and knowledge base to maximise the effectiveness and minimise the risk associated with prevention and health promotion activities.

Defining the health psychologist scope clearly references their training, learning, expertise, and competence, therefore ensuring the public are protected against those who are not competent to work in the area; and allowing the public to make informed choices about who they seek help from. Indeed, specific health psychology training draws on specific psychological theories and models that are unique to this area of applied psychology (e.g., health belief model, illness perceptions, psychoneuroimmunology, medically unexplained symptoms). Moreover, psychologists in this area have the proficiency to work with patients and their whanau who are diagnosed with common physical health conditions such as diabetes, cardiovascular diseases, respiratory conditions, cancer, chronic pain, etc.

A scope of 'Health Psychologist' would signal to the public that the psychologist is competent to work with them, their health condition, as well as any mental health concerns.

Finally, a 'Health Psychologist' scope allows the public to choose a psychologist that they know can help them manage their physical health issues and the concomitant psychological sequelae.

The Board have considered the Institute's application in light of the principles outlined above, and have agreed to formally propose that a scope for health psychology be established.

QUESTION 1: Do you agree that a scope of practice for health psychology is clearly required for protection of the public?

QUESTION 2: What do you see as potential advantages and disadvantages of establishing such a scope?

SECTION 3: OTHER FEEDBACK

QUESTION 3: Do you have any other feedback or suggestions you wish to offer?

TO COMMENT

If you would like to comment on the Board's proposals, please complete the online survey by October 30th, 2017: <http://healthpsychologyscope.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:

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Subject line: Health Psych Scope consultation

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