



Consultation on a Proposed Scope of Practice for Health Psychology (Second Stage)

November 30, 2017

Purpose: In August 2017 the Board consulted stakeholders on the question of whether or not a scope of practice for Health Psychology should be established. The feedback we received was strongly supportive, and so the Board have decided to establish the scope.

The Board is therefore now seeking 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.

SECTION A: BACKGROUND

Section 11 of the Health Practitioners Competence Assurance Act 2003 (the **Act**) 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,
- The proposed scope must not unnecessarily restrict an area of practice and the required qualifications must not impose undue costs on the practitioner or the public (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).

Application

The Board 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. The Institute's arguments were laid out in full in the Board's first stage consultation document. The Board considered the Institute's application in light of the principles outlined above, and agreed to formally propose that a scope for health psychology be established. The first stage of consultation in August 2017 therefore dealt with one basic question: *Should a scope of practice for Health Psychology be established?* After carefully considering this question and the very thoughtful input received in the first round of consultation, **the Board has decided that a scope for Health Psychology will be established** as it would serve to better protect the public. A clear majority (89%) of those who made submissions on this question supported its establishment.

SECTION B: HOW SHOULD THE NEW SCOPE BE DESCRIBED?

While each scope of practice is meant to define a clear area of practice ("materially different from scopes already prescribed"), it is important to note that they are not required to be exclusive or non-overlapping. In fact, the scopes already adopted by the Board overlap to varying degrees and it is anticipated that any new scope for Health Psychology will be no different. Registrants should remember that they all hold the "Psychologist" scope and that many *also* hold at least one "vocational" scope (i.e., Clinical, Counselling, or Educational). Psychologists seeking to be registered in a vocational scope do not have to relinquish their registration in any other scope they already hold, and can hold more than one scope.

The proposed description for the Health Psychology scope is;

Health Psychologists apply psychological knowledge and theory, derived from research, in conjunction with an understanding of the nature and implications of physical health processes to assist individuals whose health is or may be compromised, and their families, to cope with the psychological consequences of their physical health, or to cope with the impact of their psychological functioning on their physical health. This may involve psychological assessment, formulation, diagnosis, and evidence-based therapeutic intervention as well as interventions in the health environment. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

QUESTION 1: Does the proposed description of the scope define a clear area of practice which is materially different from the existing scopes of practice?

SECTION C: WHAT SHOULD THE SCOPE'S TITLE BE?

The Institute have expressed a preference for the scope's title to be "Health Psychologist". This would be consistent with how the Board has named the other vocational scopes.¹

QUESTION 2: What title should be given to the new scope?

SECTION D: WHAT QUALIFICATIONS SHOULD BE REQUIRED FOR REGISTRATION IN THE SCOPE?

Section 12 of the HPCA Act requires the Board to gazette the prescribed qualifications for each scope of practice. The qualifications proposed for a scope of practice for Health Psychology are;

A minimum of a Master's degree in Psychology from an accredited¹ educational organization and an accredited Post-Graduate Diploma in Health Psychology or equivalent qualification. Eligibility for a 'Health Psychologist' scope shall require a Board approved practicum or internship involving 1500 hours of supervised practice.

¹ For ease of reference the title "Health Psychologist" is used in the following sections of this consultation document. The Board will not, however, make a decision on the actual title for the scope until it has considered all feedback received.

¹"Accredited" means accreditation of the educational organisation or an educational course of study by the New Zealand Psychologists Board for the purpose of registering psychologists.

QUESTION 3: Are the proposed qualifications for entry to the scope of practice appropriate?

SECTION E: WHAT CORE COMPETENCIES SHOULD BE PRESCRIBED FOR THE SCOPE?

The Institute has prepared a first draft of the additional core competencies for a Health Psychologist scope of practice. That draft is **appended** to this document for initial consultation. Feedback from this round of consultation will be considered and revisions made to the proposed core competencies before a further and final consultation is conducted.

QUESTION 4: Are the proposed Core Competencies for the scope of practice appropriate?

SECTION F: PROPOSED GRAND-PARENTING PATHWAY

The Board is required to provide a grand-parenting pathway to registration in any new scope of practice for practitioners that 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.

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, and
- Have practised safely within the field of Health Psychology for at least three of the last five years, and
- Have had regular professional supervision appropriate for his or her work in this area, and
- Currently be considered fit to practise (in accordance with section 16 of the Act), and
- Have no competence notifications or processes currently underway, and
- Have no history of complaints or competence notifications that reflect adversely on their ability to practise safely in the scope of practice.

Given the specialist knowledge required to assess the equivalency of many aspects of Health Psychology training and competence, it is proposed that a small group of Expert Assessors would be appointed to advise the Board's Registrar on any complex applications. This group might evaluate competency by considering:

- qualifications completed,
- internships undertaken,
- curriculum vitae,
- written submissions to describe professional work,
- case studies put forward, and/or
- references from supervisors.

QUESTION 5: Is the proposed mechanism for a grand-parenting pathway appropriate?

QUESTION 6: Is the evidence proposed appropriate to support grand-parenting applications?

SECTION G: OTHER FEEDBACK

QUESTION 7: Do you have any other feedback or suggestions you can offer?

TO COMMENT

If you would like to comment, please complete the online survey by January 31st 2018:
<http://HealthScope2.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: Scope consultation

Mail:

Scope consultation

c/- New Zealand Psychologists Board

PO Box 9644

Marion Square

Wellington 6141

(Appendix 1 follows on next page.)

APPENDIX 1
**PROPOSED (DRAFT) ADDITIONAL CORE COMPETENCIES FOR
THE HEALTH PSYCHOLOGIST² SCOPE OF PRACTICE**

PART
6

"Health Psychologist"

Additional Core Competencies - "Health Psychologist"

For Psychologists Practising within the "Health Psychologist" 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 "Health Psychologist" scope of practice.

² For ease of reference the title "Health Psychologist" is used in this DRAFT document. The Board will not, however, make a decision on the actual title for the scope until it has considered all feedback received.

DISCIPLINE KNOWLEDGE, SCHOLARSHIP, AND RESEARCH

Health psychology practice is largely based on, although not limited to, the scientist-practitioner model. Therefore Health Psychologists should be familiar with the psychological literature and able to incorporate evidence from the literature into their practice. Because much of their work is with patients or clients that are medically unwell, this competency incorporates not just psychological knowledge and skills but also basic knowledge of the etiology and management of medical conditions. A Health Psychologist will be able to demonstrate:

Knowledge	Skill
Familiarity with diagnostic criteria for mental disorders, their limitations and application, as well as major etiological theories of these disorders.	<ul style="list-style-type: none"> • The ability to recognize when the diagnosis of a mental disorder will be necessary and/or beneficial for the psychological wellbeing or medical management of a client or patient. • The capacity to accurately assign a DSM diagnosis for mental disorders that particularly affect management of medical conditions or are common consequences of medical conditions. These include anxiety disorders; obsessive-compulsive disorders; trauma and stressor-related disorders; bipolar and depressive disorders; somatic symptom and related disorders; substance-related and addictive disorders; sleep-wake disorders and neurocognitive disorders. • The ability to use health psychology models to inform the formulation of clients' problems and drive interventions in the context of medical illness. • The capacity to evaluate research evidence and use it to inform the development of interventions suited to managing clients' presenting problems. • The ability to complete service-based research, including design of studies, preparation of ethics applications, data collection, statistical or other data analysis, and preparation of research reports.
Knowledge of etiology, symptoms and signs, and primary medical management of medical conditions for which evidence indicates psychological factors have a role in etiology and/or management and medical conditions which have prominent psychological consequences, such as diabetes, respiratory and heart diseases, cancer, neurological diseases, persistent pain.	
A broad understanding of other chronic diseases and the processes and challenges involved in their management.	
Familiarity with a range of health psychology models that describe the interface between psychological processes and medical or health behaviours and outcomes such as 'Stages of Change' (Prochaska & DiClemente, 1983), Health Beliefs Model (Becker, 1974), Theory of Planned Behaviour (Ajzen 1985; Ajzen, 1988; Ajzen & Madden, 1986), and/or the Self-Regulation Model (Leventhal, Nerenz, & Steele, 1984) and the illness perceptions conceptualisations that have emerged from the Self-Regulation Model.	
Knowledge of the theories that drive the major psychotherapy approaches (such as CBT) as well as the evidence that supports the use of these approaches with common presenting problems.	
Familiarity with research methodologies suited to demonstrating the efficacy of individual and group interventions.	

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

These competencies involve the knowledge, skills, and attitudes that will allow the Health Psychologist to practice in a culturally safe manner. At the core of these competencies is the ability to recognise the influences on beliefs and attitudes that are resultant from one’s own cultures, not to assume they are ‘right’, and to frame a client or patient’s problems and management according to the client’s own world view. This set of competencies is particularly important given the ample evidence of disadvantage in the health system that accompanies minority group membership and the potential of the Health Psychologist to assist them to negotiate within that system. A Health Psychologist will be able to demonstrate:

Knowledge	Skill
Familiarity with health inequalities and how they impact various social and ethnic groups in New Zealand.	<ul style="list-style-type: none"> • Capacity to identify key individuals and networks within various cultural and ethnic communities. • Ability to work with clients to assist them to mobilise culturally appropriate support. Ability to recognise when individuals might be disadvantaged in the health system by virtue of their culture, ethnicity, or other diversity and assist them to develop the skills to advocate for themselves within the health system. • The capacity to incorporate different cultural understandings of illness and mental illness into the assessment formulations of presenting problems of clients and to create culturally sensitive treatment plans based on this.
Knowledge of specific vulnerabilities associated with different disease conditions and their associations with ethnicity, cultural affiliation, and social conditions. For example, genetic and culturally embedded lifestyle risks for heart disease, diabetes, and cancer.	
Knowledge of the different understanding that Māori and other cultures might have of the meaning and causes of illness and mental illness.	
Awareness of the cultural biases that are part of most psychological measures and treatment approaches.	

PROFESSIONAL, LEGAL, AND ETHICAL PRACTICE

For the Health Psychologist these competencies involve practicing in an ethical and professionally appropriate manner in an environment potentially complicated by patients or clients being impaired physically, psychologically, or both, and with colleagues and team members that may have different practice standards. A Health Psychologist will be able to demonstrate:

Knowledge	Skill
Familiarity with the current Code of Ethics for Psychologists and laws and statutes that affect the practice of psychology (such as the Health Practitioners Competence Assurance Act, The Health and Disability Commissioner Act and Code of Rights, The Privacy Act and Health Information Privacy Code, The Mental Health Act, and the Protection of Personal and Property Rights Act).	<ul style="list-style-type: none">• Ability to interpret and apply the Code of Ethics and relevant legislation to a range of situations. In health psychology practice these situations may include circumstances complicated by the patient or client being compromised in their judgment and/or several clinicians and services being involved in their care.

FRAMING, MEASURING, AND PLANNING: ASSESSMENT AND FORMULATION

These competencies involve the effective gathering of information from multiple sources which may include the patient or client, the patient or client’s significant others, the patient or client’s health and/or mental health records, and the other professionals involved with their care. Methods might include interview, psychometric assessment or other measurements, and observations. The information from these sources is integrated with the psychologist’s psychological knowledge, medical knowledge, and knowledge of the client’s cultural context and background to produce a formulation that can be used to inform the client or patient’s psychological and/or medical management. Assessment and formulation are recursive processes and understanding of the client’s functioning may change over time altering the formulation. A Health Psychologist will be able to demonstrate:

Knowledge	Skill
<p>Understanding of the methods, strengths, and weaknesses of the various tools of psychological assessment; interview, psychometric assessment, and behavioural assessment and how these might be applied in a health or medical environment. This will involve:</p> <ul style="list-style-type: none"> • Understanding of the importance of the reliability validity and cultural biases of psychometric and other measurement tools. • Knowing the cultural influences on patient’s communications with medical and psychological professionals. 	<ul style="list-style-type: none"> • Ability to engage in an assessment process in which hypotheses are created, tested, and modified using medical and psychological knowledge and information from multiple sources. • The knowledge and ability to recognise clues in the client’s behaviour, symptoms, background, their reports (or those of others) that lead to the development of hypotheses that attempt to explain key elements of the client’s presentation.
<p>Knowledge of how to use clinical and health psychology models, psychological knowledge, and medical information in conjunction with the findings from psychological assessment to create a formulation that places the client or patient’s current functioning in a psychobiosocial framework. This formulation is then able to inform the client or patient’s medical or psychological management or drive an appropriate intervention.</p>	<ul style="list-style-type: none"> • The ability to test these hypotheses using information from: <ul style="list-style-type: none"> • Interviews conducted in a value independent manner in order to establish rapport and gain accurate information. • Suitable information from collateral sources such as family, medical records and other medical team members. • Assessment or measurement of personality, psychopathology, physiological functioning, cognitive or mental status functioning. • The ability to integrate psychological knowledge with information about the client or patient in order to produce a formulation. This formulation is then a flexible working hypothesis that guides intervention, but is able to be modified or further developed in an iterative process.

INTERVENTION

Intervention is usually based on a comprehensive assessment and formulation. Based on the scientist-practitioner model, evidence-based psychological therapies will usually be the first to be considered. However, in some cases there might not be sufficient evidence to make a decision about the best alternative or there might be features about the case that argue against the most supported intervention. For example, while CBT might be the intervention that has the most research evidence overall for a particular psychological problem, in the context of a medical condition an alternative, acceptance-based intervention such as ACT or mindfulness-based stress reduction might be more appropriate. In order to be flexible and able to select an intervention approach with the best chance for success the health psychology practitioner should have knowledge of and the capacity to carry out interventions based on different models. While knowledge of more than one model of intervention is important it is equally important that Health Psychologists critically evaluate the theoretical underpinnings of the approaches they might consider for their support in the literature and their logical coherence. A Health Psychologist will be able to demonstrate:

Knowledge	Skill
Familiarity with models of intervention used to address individual and community health and health-related psychological difficulties.	<ul style="list-style-type: none"> • The capacity to create treatment plans and carry out treatment using evidence-based interventions taking account of the client or patient’s medical and psychosocial context. • Ability to design and carry out community interventions. • Ability to evaluate the outcomes of interventions using group or case study methodologies. • Ability to recognise when outcomes are unsatisfactory and the flexibility to modify treatment plans to improve them.
Knowledge of the evidence base for therapies used to address the most common psychological difficulties that either impact on medical management or are psychological sequelae of medical conditions.	
Understanding of the process of the therapeutic relationship and how interpersonal variables such as transference and countertransference can influence this process.	
Knowledge of how to evaluate treatment outcomes.	

COMMUNICATION

The Health Psychologist will receive referrals from and interact with a variety of other professionals from both within and outside the medical team. These competencies involves understanding the information from the psychologist's interaction with a client or patient that will be necessary or useful for others' management of the person and the ability to communicate the information so it is understood by the recipient. This will rely on awareness of the roles, skills, and contributions of other professionals within the health system. A Health Psychologist will be able to demonstrate:

Knowledge	Skill
	<ul style="list-style-type: none">• The capacity and judgment to document and communicate assessment findings that are suitably phrased to maintain an appropriate level of confidentiality, while still providing information that will facilitate their care of the patient, to other members of the treatment team or other professionals involved in the patient's care.• The ability to communicate effectively using modern technology to patients and other professionals in the health team.

PROFESSIONAL AND COMMUNITY RELATIONS, CONSULTATION, COLLABORATION

For the Health Psychologist these competencies include particular knowledge of the medical and health system and the community in which the patient or client is located. A Health Psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of medical services and the interface between primary, secondary, and tertiary services.	<ul style="list-style-type: none">• Ability to engage with other professionals involved in a client or patient's care in order to gain information that might facilitate medical or psychological management for the client by the psychologist or the overall treatment team.
Awareness of the roles, skills, and contributions of other professions within the health system.	
Familiarity with community services and resources that might contribute to optimal psychological and healthcare management for patients and clients.	

REFLECTIVE PRACTICE

In a medical environment the Health Psychologist may be the only professional whose primary concern is the psychological functioning of the patient or client. This can sometimes lead to conflict or feelings of isolation and vulnerability for the psychologist. A Health Psychologist will be able to demonstrate:

Knowledge	Skill
Awareness of emotional and behavioural responses in self or others that might indicate the possibility of burnout or impaired practice.	<ul style="list-style-type: none">• Once these responses are recognized, the ability to take them to supervision and take steps to alleviate the personal or practice circumstances that might be contributing to the impairment.