Review of Scopes of Practice 2008:

6. Additional comments from group respondents,

*** Some organisations made submissions in confidence to the Board and have indicated they would prefer their statements not to be made public. Therefore those submissions have been amended to protect the anonymity of that organisation.**

DHB Psychologists

DHB 1:
Is this country large enough, does it have such a huge number of psychologists that it can afford or need distinctions in scopes that mostly don't serve the function of public safety and therefore realistically provide little gain? We do not have enough psychologists to cover the financial costs for any further development and implementations of other scopes. This will lead to increased costs for psychologists, and in turn in certain cases, more costs for DHBs, whilst the scopes add little, if anything, to public safety.

DHB Professional Leaders Group:

This is an important issue that needs careful consideration. Thank you for undertaking this consultation process. However, it concerned us that some of the introductory statements and the wording of some questions were presented in ways that were not neutral or objective, and in some cases pointed to a preferred outcome. We trust that the analysis of the results be undertaken from a more neutral stance so that the outcomes do reflect the feedback received. Feedback to the specific questions in the Consultation Paper is attached below. To summarise the perspective of the NZ DHB Psychology Leadership Council:

- We are strongly in favour of the maintenance, and possibly a small expansion of the range of, vocational scopes of practice.

- We believe the presence of vocational scopes of practice protects the public by assisting them to identify psychologists who can be expected to have a high level of competence in areas for which they may seek assistance.

- We believe that removing or reducing the number of vocational scopes of practice would make it more difficult for members of the public and for referrers from other disciplines such as General Practitioners to find psychologists who can most adequately address the client's needs.

- The vocational scopes of practice greatly assist DHBs to protect the public by giving an additional check in the case of overseas job applicants that their qualifications do meet equivalence. It would be difficult, if not impossible, for each potential employer to provide this level of checking for each applicant.

- The implication is made in the Consultation Document that DHBs only employ psychologists with a vocational scope of practice. While practice varies somewhat between DHBs this is, in general, not true. A vocational scope is considered a useful component for selection, but employment decisions are made more strongly on the basis of job fit, qualification, and experience. For example, many DHBs employ psychologists without a Vocational Scope of Practice, such as Health Psychologists in

Physical Health services and Child and Family Psychologists in CAMHS services. These psychologists frequently receive similar pay and conditions to psychologists with a vocational scope. In summary, the vocational scopes are very useful for assisting to identify staff with suitable competencies to safely serve our clients, but are not the only criteria either for inclusion or exclusion.

- We accept that there are some difficulties with the scopes not providing the specificity and clarity of areas of competence that would be ideal. However, we argue that these difficulties could best be addressed by:
    - Tightening up the criteria and adding a few extra scopes if necessary (such as and Health Psychology, Counseling Psychology),
    - Education of the public and referrers about psychologists within different scopes and their areas of expertise,
    - Now that the "grandfathering" period is over, ensuring that the criteria used for admitting psychologists into specific scopes of practice are applied consistently.

  We believe that these strategies would be much more effective at providing clarity and protection for members of the public than would the strategy of removing the vocational scopes of practice.

- We accept that there are also at times difficulties for people arriving from overseas with strong qualifications in having their qualifications accepted. However, we believe that this could be more adequately improved by developing processes for reviewing their performance and assisting them to upskill (if necessary) and adapt to the New Zealand context, rather than by removing the vocational scope of practice.

DHB 3:

We believe that the adoption of either Option C or E as a way forward would be potentially confusing for the public, as it would require psychologists to register under a multitude of scopes or domains. Adoption of either Option C or E may also carry with it a significant increase in registration fees for psychologists. We do not support either Option C or E. We also do not support Option D as it essentially reverts to the situation that existed prior to the HPCA Act where a blanket term "psychologist" was applied to all registered practitioners. A single scope is so broad as to carry almost no helpful information for the public.
We would strongly support the New Zealand Psychologists Board and the professional organisations representing psychologists in New Zealand, to undertake an intensive public education program once the direction for scopes of practice is determined. In our experience, there exists a considerable knowledge deficit in the general public about the distinctions between different types of psychologists and different types of practitioners within the mental health field generally. We would like to see the Psychologists Board take the lead in an education program as we believe this would serve to assist the general public to make an informed choice about who they seek assistance from, and thereby protect the public safety.

The HPCA Act appears to set out a pathway towards establishment of new scopes of practice. We are not aware of any evidence that this pathway is insufficient, and support the use of this pathway if the adoption of new scopes of practice are to be considered.
A number of our practitioners are aware of colleagues who have been trained overseas and found it difficult to register in the Clinical Scope of Practice, despite appearing to have the necessary skills and experience. We are aware that for other health care professions (e.g., medical practitioners), there are competency exams that practitioners trained overseas are required to pass before being registered in New Zealand. We wish the Board to consider adoption of a similar competency examination process for psychologists trained overseas, to enable registration in specific scopes of practice in New Zealand. These exams should not be available to New Zealand trained practitioners as there already exist established pathways for these clinicians to become registered in a scope of practice.
In reviewing the current consultation paper we noted that this review appeared to have arisen, at least in part, out of concerns from some practitioners that their income streams

have been affected by the introduction of the HPCA Act. It is our view that any review of the Scopes of Practice should be undertaken out of concerns about the "health and safety of members of the public" (s3(1) HPCA Act 2003). The current consultation paper did not provide any evidence that public health and safety is of primary concern in this review. In addition, the consultation paper does not provide details about the number of practitioners who consider themselves to have been negatively affected by the HPCA Act Scopes of Practice, which raises further questions about the appropriateness of the current review (e.g., is this review in response to a minority of practitioners?).

DHB 5:

This questionnaire seemed to be slanted towards abolishing vocational scopes. I think this would be disappointing - a return to 1981.

DHB 6:

Clinical psychologists undergo specific post graduate training in mental health assessment and diagnosis. The public have a right to know that there are differences in basic training and expertise between psychologists. They also have the right to know for their own protection that the person providing them with an assessment and diagnosis has undergone the appropriate training.

The public needs to be educated about the differences between a registered psychologist (general scope) and a clinical psychologist because this is not currently clear to the lay-person, potentially putting them at risk for receiving services from a psychologist without appropriate specialist training in assessment.

DHB 7:

The concept of vocational scopes has not been in operation for long. From our perspective it does not appear that there have been any significant problems with it. As a consequence we do not believe it should be abandoned –"if it isn't broken, don't fix it". It is more appropriate to focus on the question of how the concept can be refined to ensure some of the perceived negatives can be addressed.

Other employers and contractors

Department of Corrections Psychological Service:

It should be apparent from the tone of this submission that the Psychological Services of the Department of Corrections has considerable concern about the practice of forensics/criminal justice psychology in New Zealand which is currently quite uncontrolled. We have numerous examples of people both with and without specialist scope (both clinical and educational) clearly practising way beyond their area of expertise and by naïve assessments which are provided to inform sentencing, or at times in relation to Parole Boards where releases are being considered, clearly endanger the public. Additionally, at times they are providing "treatment" which is known to be ineffective for the problem under consideration, and this may give rise to such individuals being resistant to other, and potentially effective, interventions in the future. This Service is concerned that an additional "forensics/criminal justice" scope be developed, if scopes are to be retained which could be monitored by sub-committee of the Board and which would give some assurance to the public that those involved in this type of work were operating under supervision and with a degree of training and experience which enabled them to carry out these functions. As Corrections is one of the larger employers of psychologists (approximately 110 at the time of writing) and there are others involved in the various forensic services around the country, there is a clearly identified group with communality of functions which would support the development of such a scope.

Advisor 1:

This review document is somewhat misleading as a number of academic applied psychology training courses exist yet the impression is given by the society that they do not.

Professional Psychology Groups

Institute of Clinical Psychology (NZPsS):

Clinical psychology and clinical psychologists perform a valuable role in the health workforce. This is currently enabled though an initial intensive training at post graduate level, academic and practical, and then through clinical psychologists participating in continuing education.

It would be ill-conceived to diminish the role of clinical psychology based on other issues such as: how certain practitioners were grand-parented (or not) into the scope; that some psychologists are not employed into clinical positions; that there is (currently) no other way of acquiring or showing one's knowledge and skill to enter a scope; that the number of educational psychologists is diminishing; that there is a concern that there will be a 'proliferation' of scopes; that other areas may not actually meet requirements to establish a scope; that some psychologists who are in the 'general' scope think they are 'second class'; etc, etc.

Ultimately it is also for the public that psychologists become clinical psychologists. As a clinical psychologist they are more able to work with their client(s). We believe the public should remain informed and confident of the specialist service they receive and that having a clinical psychology scope is the best way for this to be achieved.

Professional organisation 1:

This review document is somewhat misleading as a number of academic applied psychology training courses exist yet the impression is given by the society that they do not.

Canterbury branch of the NZCCP:

In the recent committee meeting of the NZCCP Canterbury branch, the review of Scopes of Practice 2008 was discussed. The committee discussion showed general agreement that Scopes are not functioning in a helpful way as might have been hoped. However, there were different views as to the solution for this, one idea being to abolish scopes completely (as they are poorly understood and lack rigor), or alternatively to maintain only the 2 existing vocational scopes but tighten criteria for registration to these.

The following comments are the consistent themes that have emerged during the discussions and are put forward to the board for consideration.

- Steps need to be taken so as to ensure that the public understands the different qualifications and competencies. The whole system becomes largely irrelevant, if the public are not aware of such differences, as a main reason for the introduction of the Scopes of practice was public protection.
- There also needs to be greater transparency regarding the process, within the profession as well as for the public.
- Any system that is put in place need to be kept as simple as possible.
- We feel that training and qualifications need to be the determiners of competencies, compared to place of work, work experience etc.

Academics

Canterbury Child and Family Psychology Programme:

We wish the Board all the best in making the very difficult decisions involved in this process.

University academic 1 ("I make this submission as a psychologist (graduating in 1970); as a university academic who has contributed to both basic and applied science in Psychology; as a defacto employer of Psychologists (in my role as a University Head of Department); and as a member of the New Zealand Psychological Society holding office on the Executive of the Society").

On 15 September 2003 I made a previous submission to the Board on Scopes of Practice. Nothing that has happened in the following years has led me to change my general views expressed in that memo, and I attach (below) it to this Submission with a request that the two documents be read together. What follows should be taken largely as an extension of the ideas presented in that memo.

1. Note that in addition to the three areas of practice/scopes that my 15/09/03 memo identifies, I support the retention of Intern and Trainee scopes of practice, and would advocate for the extension of these to cover PhD students, under some specific conditions (see below).
2. To summarise my conclusions, I think that I favour Option E, so as to have one scope of practice for psychologists (post training), but with the three areas my earlier memo identifies as the domains within which psychologists might nominate themselves as qualified to practice. Unless one rigorously stays at a highly general level with scopes/domains, then the list of possible areas of competence could grow bewilderingly large, and would tax the comprehension of all but the most extraordinarily well-informed member of the public. Given that the public struggles to separate psychologists from psychiatrists, and counselling psychologists from clinical psychologists, I believe that a simple descriptive scheme such as the one that I have outlined is the best way of informing and protecting the public.
3. Further to point 4, the history of the past four years is that if one allows a few specialist scopes/domains then one, for reasons of equity and fairness, must allow many. The present system has notoriously (and quite undeservedly) privileged one group of psychologists, seriously disadvantaged many other perfectly competent psychologists, inhibited the development of services, restricted access by the public to needed psychological services (e.g., in child & family and health psychology), and has done nothing to assist us to meet the workforce needs for psychologists. The only way not to continue or repeat this mistake is either to retreat to a high level of generality, or permit a thousand flowers to bloom. The Board has to recognise that psychology is a heterogeneous discipline, profession, and occupation. For the purposes of protecting the public, fundamentally two conditions must be met: (a) practitioners having relevant learning that leads to familiarity with current literature on research-based best practice (as your Document notes, in 3.5(c)), and a commitment to putting that learning into practice; and (b) a common understanding of and commitment to a Code of Ethics. Beyond that all a registration authority can hope for is *primum non nocere*.
4. I have never been able to understand why, in principle, the period spent in supervision (two years fulltime equivalent) as a PhD student does not qualify a graduate holding a Masters qualification in Psychology from meeting the requirements of Registration. My supposition is that this says something about the intrinsic superiority of professional/occupational supervision over academic supervision. I also recognise that recognising the PhD as a pathway might well be contingent on academic programmes including in the PhD student's preparation appropriate training in ethics, bicultural issues, and the legal and professional context for psychology in New Zealand. While these are not currently common elements of the NZ PhD experience, they are not in principle difficult to incorporate into academic programmes (noting that extensive experience with ethical review of research is part of most PhD student's experience, and that that would be a foundation on which to base a wider consideration of ethics). If this pathway were available it would, of course, open the way for PhD's to be registered and recognised as fit to practice in the research/teaching domain/scope. Given that all

registered psychologists understand the ethical constraint on practicing outside their areas of competence, this is not going to open the floodgates to graduates practicing in ways dangerous to the public. What it might do, if allied to some sensible developments permitting on-the-job training under supervision, is help us meet the workforce demands that otherwise mean that the numbers of registered psychologists will be static or decline, as the current workforce ages.

5. To further elaborate on point 6. As the Board well knows, there are now no pathways to registration (other than through a couple of public service schemes) except via the university diploma programmes. These programmes face considerable constraints. The clinical programmes are constrained by the difficulty of finding intern placements, and by the huge cost of in-house university clinics. These clinics, necessary though they may be viewed by many of us, are under constant threat from university administrations because of the cost relative to any revenue they bring in (that difference may be in the range of hundreds of thousands of dollars/annum). Similar though not perhaps such severe constraints affect I/O and other professional programmes. Since 2008 a new element has entered the equation, namely the new university funding system. University funding is now capped on a three-year basis, after negotiation between the university and the Tertiary Education Commission. Only if growth or decline in enrolments exceeds 3% will the funding be adjusted. Previously, if a psychology department or programme recruited more students, the university got additional funding (the "bums on seats model"), now it does not. It is now very difficult to get extra funding to expand programmes, so even if a university department decided to try and meet workforce or community needs by expanding its registration-pathway programmes, it is difficult to see how the department would build its business case to the university to justify such a development, because there is no attributable revenue growth. The one area where there is the possibility of growth in revenue to sustain programme growth is in research degree completions (this is through the PBRF funding stream, not the student component funding), which is why growth in PhDs is still welcome. My recommendation is that the Board and university heads have further discussion on this because of the implications demographic changes and university funding policies for the supply of registered psychologists in the medium and longer-term.

Memo 15/09/03

1. I am writing this as an individual who has 30+ years of experience as an academic psychologist, teaching, researching and consulting in the field of psychology. In the course of this I have written about and taught the ethical practice of psychology, and served the Board on a number of Complaints Investigation Committees.
2. I attended the recent presentation by the Board at the NZPsS Conference. I found the debate at that meeting shifted my view quite strongly towards endorsing the proposal that, as an interim measure, the Board should write a generic scope of practice, and use the time thus gained to giver fuller consideration to the preparation of specific and specialist scopes of practice.
3. I believe that it is consistently important that everyone involved in this exercise recognises that the purpose of the HPCA is the protection of the public, not the protection of one sort of psychologist from competition from other sorts of psychologist ("patch protection").
4. The fundamental mechanism through which the public is to be protected is by ensuring that health professionals in general, and psychologists in particular, are "competent" and "fit to practice". *Competent* means "1. having suitable or sufficient skill, knowledge, experience … for some purpose; 2. adequate but not exceptional", while *fit* means the same ("qualified or competent for some office or function" [Random House Dictionary of the English Language]. If we wanted to draw a distinction between competence and fitness, it might be that competence is impersonal and generic while fitness necessitates judgement about a specific person. Note that the criteria for competence are those for adequacy not exceptionality.
5. Competence must therefore be specified in terms of some minimum sufficiency of knowledge, skill and experience. It seems to me that there will be generic knowledge and skills (and perhaps experiences) which all practicing psychologists, irrespective of their particular area of speciality or occupational classification, must have. Some examples:

- A broad, basic knowledge of psychology such as that obtained by majoring in psychology for a first degree
- Knowledge of and personal commitment to a Code of Ethics
- In the NZ context, sufficient fluency in spoken and written English to ensure safe communication with clients, other professionals, employers, etc.
- In the NZ context, sufficient information about bicultural issues and cultural safety as to ensure safe practice with tangata whenua.
- Knowledge of the law of NZ as it applies to the practice of psychology.

6. In specifying minimal competencies we need to remember that there are generalizable and transferable knowledge and skills which it is redundant to specify repeatedly in specific contexts and occupational circumstances.
7. There may be some generic level of occupational experience which is needed for safe practice in any circumstance, but this needs more thought.
8. Moving beyond the generic level, there are particular domains of knowledge, skill and experience which are necessary for safe practice of particular kinds of psychology. I believe that if Scopes of Practice are to move from the generic to the more specialist, then they should be written in such a way as to recognise the hierarchy of generic -> specialist, rather than the proposed examples which fail to make clear that each specialist Scope builds on a common foundation.
9. There are dangers inherent in moving from the generic to the specialist level of Scopes of Practice. One of these is the temptation to excessive fragmentation and detailed specification of the practice of psychology. I lean to the view that a few broad Scopes will better serve the public and the profession than numerous narrow Scopes. The second temptation is to fossilize the history of the discipline by writing Scopes which recognise the practices of the present, and thus constrain the future. Psychology is a dynamic science and discipline, and the ways in which it will be practiced in the future are likely to be different from that of the past. It is particularly important to recognise that innovation in particular specialist areas frequently comes from "intrusions" into that area from some other area. For a good example of this consider the history of the development of the behaviour therapies, which as the cognitive-behaviour therapies, constitute a core set of knowledge and skills in contemporary clinical psychology. Few if any of the pioneers of such significant developments such as exposure therapies, token economies, or cognitive therapy were mainstream clinical psychologists. And, to turn the argument round, it is not in the interest of psychologists that they should be excluded from expanding their practice into new areas, as for instance has happened as Health Psychologists have moved to insert psychology into traditional medical settings, e.g., pain, diabetes, oncology, etc. The public interest is to maximise the opportunity for innovation and rigorous evaluation of innovation, not protect historical practices or particular patches.
10. My approach to considering how best to move from a generic Scope to more specialist Scopes has been to turn the question on its head. Rather than consider how psychology can best be fragmented into component parts, I have asked the question "Where does the public encounter psychology?" since only when encountering psychology does the public need protection.
11. In answering this question at a broad level of analysis, I can think of only three contexts in which, as an individual or as a group, the public encounters the practice of psychology. These are:
    - **Practice directed at advancing and communicating the knowledge base of the science**: The public participates in this primarily as learners, students and as research participants. The psychologists involved would be functioning as teachers and researchers (largely but not exclusively, university and polytechnic academics and their students), but would include those engaged in such activities as test development, opinion polling/consumer surveys, media commentary etc.
    - **Practice directed at maintaining and enhancing health, well-being and development**. The public would participate in this as clients/patients, individually or in families and small groups. The psychologists involved would be practicing one or more of many psychology specialities: applied behaviour analysis, clinical,

counselling, child & family, educational, rehabilitation, neuro-psychology, (clinical) health, sports, (clinical) forensic etc.

- **Practice directed at groups, organizations and communities**. The public would participate in this as employees, employers, members of some specified and identifiable group, or as a member of some community, up to and including all residents in NZ. The psychologists involved would be functioning within different specialities, including industrial/organizational, community, (public) health; (policy) forensic, community behaviour analysis, etc.

12. I would hope that practitioners of Kaupapa Maori psychology would be found in all three domains of practice, however, the question of whether there should be a separate Scope of Practice for Kaupapa Maori psychology is one that must be determined by Maori and the Board.
13. The challenge, which I have not yet thought through, is to identify the necessary and sufficient knowledge, skills and experiences required which are distinctive to each of the three domains of practice identified in #11. This would form the foundation for a Scope for each of the three domains.
14. It must also be recognised that many psychologists might move across two or more of the above domains of practice within a single day, let alone over a year, a decade or a lifetime. Scopes of Practice must be written in the language of practice, not segue (as the draft Scopes do) into specifying particular typologies of psychologist viz "clinical psychologists" etc. The operation of the system must allow for multiple scopes of practice to be recognised, without imposing complex rules of operation and escalating costs on practitioners (or the Board!).
15. Under-pining all of this, the Board needs to take a conscious and explicit stance with respect to a basic philosophical position, which is either (a) that competence is assumed (given reasonable grounds) until proven otherwise, or (b) that incompetence is assumed and competence is required to be repeatedly demonstrated. Clearly (a) is to be preferred to (b), but the tone of some of the discussion of HPCA makes me concerned that (b) is implicitly driving the shape of the system.

Other - PHO Group:

I have been given a copy of your consultation paper and asked to comment.
I am a General Practitioner in Christchurch.
I am also the Clinical Leader in Mental Health for Pegasus Health.
My comments are that the "general" scope of Psychologist does not confer any useful information to a referrer.
The terms "intern" and "clinical" are slightly more useful to a referrer but not to a member of the public.
In my role as a referrer it is complex to gauge quality and skill-set that is going to be, or already is , being applied to a patient who is registered with a General Practitioner.
The publication of a list that is constantly updated advising experience and skills and training undertaken would be very helpful.

Other – DHBNZ Workforce Group:

The Allied Health Workforce Strategy Group is part of DHB's collaborative Future Workforce Programme. The role of the Strategy Group is to undertake project activity and to support allied health workforce and network development.

As a group with a keen interest in allied health workforce development, the Strategy Group offers the following comments to you for your consideration:

- We welcome all attempts to monitor the safety of the NZ public as they engage with the NZ health sector.
- In order to enable ongoing development of workforces that are flexible and responsive to health sector need it is the suggestion of the Strategy Group that scopes of practice should be kept broad and enabling.

- In our experience narrow scopes can be confining and often result in increased costs and compliance within the sector.

Other Regulatory Authorities

Medical Council of NZ:

The Secretariat for the Medical Council of NZ submits:

- From the perspective of patient health and safety, the status quo does not appear to be an appropriate option. This is because the current scopes of practice provide inaccurate information to the public and organisational stakeholders about the training and expertise of registered psychologists in NZ.
- Psychologists who have done some specialisation should be able to identify themselves, but the Board has a responsibility to ensure that any psychologist who calls him or herself a specialist maintains his or her competence in the area of specialty. Of the options presented in section 4, we recommend Option B or Option E.
- The challenge with Option B is that deciding what is , and what is not vocational scope can be difficult, resource intensive and time consuming. I have attached a copy of the criteria the Medical Council uses in deciding whether or not to recognise a new vocational scope. We use a panel to conduct the assessments, and the process for accepting a new vocational scope generally takes over a year and can be quite controversial. Option E would be more straightforward to administer.