

Review of Scopes of Practice 2008:

2. Summary of the analysis of all consultation submissions, reworked for public release*

***Some submitters on behalf of groups or organisations did not wish to be identified and therefore this report has been adjusted to remove reference to some groups (anonymised responses are in bold).**

Who responded to the consultation?

There were 221 responses to the consultation paper, of which 193 were from individuals and 28 were made representing groups or organisations.

Of the individuals, 168 were registered health practitioners, 22 left the question blank and 3 represented Govt organisations.

Of the group responses, 8 were from groups of DHB psychologists, 5 were from other employers/contractors, 7 were from professional psychology organisations, 2 were from academics, 3 were from other regulatory authorities and 2 were "others".

Are the existing scopes necessary for public protection?

a) Do the existing vocational scope titles make a useful distinction for the interested public and thereby improve public safety?

Of the individual respondents, a slim majority consider the scopes do make a useful distinction (93 as compared to 85).

Within the group respondents, there are more respondents who consider the scopes make a useful distinction than those who do not. However there are some notable exceptions who do not consider this is a useful distinction (NZ Psychological Society; Institute of Clinical Psychology; Institute of Educational and Developmental; **Advisors (1 and 2); DHB 1 and two other regulatory authorities.**

Those who consider the scopes make a useful distinction state the vocational scope title makes an initial indication of type of specialist training which may stimulate further enquiry. Some also point out it is consistent with categories commonly used internationally.

Those who consider the scopes do not make a useful distinction state the public does not understand the difference, the scopes do not necessarily equate with competence and do not indicate individuals' specialty interests. With regard to educational scope this may mislead rather than inform. Vocational scopes currently exclude health, neuropsychologists and counselling, and clinical psychology has become a "catch-all".

b) Does it matter that practitioners with the same vocational scope may vary considerably in their knowledge and skills?

Of the individual respondents, a slim majority consider that the variation in knowledge and skills does not matter (94 as compared to 84 who consider it does matter). The vocational scopes

indicate a certain standard of training in a common foundation knowledge so that those with the scope title are identified as having minimum competencies.

Within the group respondents, there was broad consensus that the vocational scopes should indicate a minimum level of competency in the domain of practice. The scopes indicate that advanced training has been undertaken. Variation in the skills beyond this was inevitable. Variation in some sub-specialty areas such as forensic and neuropsychology were particularly seen as increasing the risk to public safety.

Those who consider the variation does matter refer to differing levels of competence; note that employment decisions rest on this (possibly) misleading information; state it makes the scope title meaningless and that more explicit statements of specialty areas would be helpful.

c) What risks or advantages may exist for the Board to rely on practitioners declaring their own competence without specifying vocational scopes specialist knowledge?

Individual respondents identified more risks than advantages for the Board if practitioners were to be relied on to declare their own competence without specifying vocational scope specialist knowledge. It is perceived as likely to increase the risk of psychologists practising outside their competence (64 responses), lead to less consistent standards (19 responses), risk public safety and threaten professional standing (7 responses). Perceived advantages are noted to be simplifying bureaucracy (15 responses), allowing the most skilled person to be employed (9 responses), clearly communicating specialty areas (10 responses), encouraging professional development (3 responses) and reducing the divisiveness arising from scopes (1 response).

Risks are increased by declarations leading to revenue (7 responses), qualifications gained overseas (3 responses), in association with neuropsychology assessments (1 response) and when linked to status (1 response). Risks are mitigated by knowledge and skills being scrutinised (45 responses) and by areas of expertise being defined (8 responses). However some consider individuals declaring their own competence would not change risks.

Among the group respondents both risks and advantages are perceived. The DHB psychologists, Corrections, **Employer/ Contractor 1**, Institute of Clinical psychology, **Professional Organisation 1** perceive there to be a risk of psychologists practising outside their competence including those who are not aware of the gaps in their knowledge. This places the public at risk, may be costly to **Employer/ Contractor 1** and would compromise the public's ability to rely on the Board for assurance of safety. The NZ Psychological Society and Institute of Educational and Developmental Psychology perceive the intent of the HPCA Act better served by enhancing psychologists' ability to accurately assess their competence and by undertaking the continuing professional development to maintain their competence, with auditing offering an external accountability mechanism. **DHB 1** and **Employer/ Contractor 2** perceive such declarations as placing responsibility with individuals. Corrections and **Employer/ Contractor 2** also note this is a lower cost model.

d) Do you know of any examples where the safety of the public has been at risk due to misuse of scope title?

Ten individual respondents gave examples. Two were more specific: An Educational Psychologist who testified in the Youth Court that a young person with intellectual disability was not fit to plead whereas a psychiatrist assessed the person as fit to plead, and an Educational Psychologist made a mental health "diagnosis" that does not exist.

Eight more general scenarios were outlined: Psychologists practising clinical practice and interventions without the scope, knowledge or skill (3), clinical scope holders who lack the requisite skill (3), a psychologist calling themselves a Clinical psychologist "when clearly they are not" (1), and allegations that a psychologist possibly abused a client (1).

Among Group respondents, Corrections are aware of two examples where there has been misrepresentation of competence in assessing recidivism risk and one **Advisor** states the public are "regularly" placed at risk by psychologists claiming neuropsychological expertise when they

clearly do not have this. The Canterbury Child and Family Psychology Programme cite a situation where one of their graduates was not appointed to a Youth Specialty Service as she lacked the clinical scope with the consequence the position remains unfilled. Other respondents made general comments about psychologists sometimes representing themselves as more skilled than they are in reality.

Do scopes clearly define areas of practice which are different from other scopes of practice?

a) Is there a high degree of overlap between scopes and if so, does it matter?

The majority of individual respondents consider there is a high degree of overlap (144 respondents) compared to the 38 who consider there to be little overlap. Of those who believe there is overlap, 82 consider it to not matter or that the overlap is to be expected. However 58 considered that it does matter, with the following concerns:

- Because of the employment implications (14);
- Because it raises the question whether they should be separate scopes (7);
- Because it confuses the public (3);
- Because it creates divisiveness (2); and
- Because it impedes therapeutic efficiency (2).

A further 3 predicted the overlap will increase as more scopes are granted. One respondent believed the overlap matters in some situations but not in other situations.

Among the group respondents, there is general consensus that there is overlap. However the DHB Professional Advisors, the NZCCP and Corrections state that the areas of difference are significant and important as the scopes represent advanced learning in more specialist areas. A Psychologist trying to practise without this knowledge or skills may pose a risk to the public.

The NZ Psychological Society considers any overlap is of high concern as it reduces the ability of others to assess the practitioner's competence against that scope.

Canterbury Child and Family psychology Programme consider overlap matters from the points of view of the development of the profession and international recognition.

Other regulatory authorities consider overlap is confusing for the public if there is a high degree of overlap and if there are too many scopes.

Are there clear qualifications for entry for each scope as set out in the HPCA Act section 12(2)?

a) Do you agree with the existing policies about qualification pathways to the vocational scopes? What if any changes would you like to see?

Among the individual respondents 63 agree with the existing policies about qualification pathways to the vocational scopes as compared to 59 who disagree. A further group of 53 respondents made comments on changes they would like to see, implying disagreement with the existing policies or requesting these criteria are taken into consideration.

Suggestions for improvement are collated:

1. Use a range of information sources as criteria for scope entry (30)
2. Extend grand-parenting (15)
3. Greater recognition for overseas qualifications (10)
4. Board gives special consideration to individual cases (9)

5. Maintain stringent qualification criteria (7)
6. Raise the standard (7)
7. Scopes are problematic and therefore should be abandoned (6)
8. Individuals who want the scope should upgrade their skills (5)
9. Universities should open up other qualification pathways (4)
10. Use an examination to assess the competence of those without the qualification (4)
11. Monitor individuals and courses for consistency of standards (3)
12. Add sub-specialty descriptors to scopes (2)
13. Individual practitioners specify areas of competence (3)
14. Create more scopes (1)
15. Use S2000 scheme (2)
16. Create another pathway to scope (2)

Among the group respondents, the DHB Professional Advisors, **Employer/ Contractor 2** and the NZCCP agree with the existing policies. Corrections, Institute of Clinical Psychology, NZ Psychological Society, **Professional organisation 1, DHB 1** and **Advisors 1 and 2** consider there should be alternate pathways into the vocational scopes.

The Canterbury Child and Family Psychology programme is awaiting the outcome of accreditation. If their students do not gain access to vocational scopes they will be disadvantaged and there will be disincentives for universities to offer innovative training programmes. Other regulatory authorities suggest the Board may be legally challenged if the qualifications are overly restrictive.

b) Is it feasible to establish a vocational scope without an established New Zealand qualification pathway?

Of the individual respondents, 61 respondents consider it is feasible as compared to 52 who consider it is not feasible. Those who consider it is feasible suggested using other criteria such as skills and experience or create new pathways. Those who do not regard it as feasible consider it requires clear cut pathways and qualifications which are university qualifications with sound benchmarks.

The majority of the group respondents are opposed to establishing a scope without a NZ qualification pathway. However some organisations are willing to consider other possibilities if the preferred qualification pathway is not available:

- DHB Professional Advisors are willing to consider a vocational scope if a qualification is in an advanced state of development, such as for counselling psychology, although they note the irony that this is being considered for counselling psychology but not for health which does have an established qualification.
- Corrections note that a forensic vocational scope could be created using accredited procedures which would then provide strong encouragement to tertiary training institutions to develop a qualification pathway.
- **Employer/ Contractor 1** would consider experience based criteria in the absence of qualifications or international benchmarks.
- Institute of Clinical Psychology would consider "very well defined and specific criteria" to ensure equivalence of level of competence.
- New Zealand Psychological Society would consider a non-qualifications based pathway if it was linked to the ongoing assessment of competency in association with the CCP.
- The Canterbury Child and Family Psychology programme would consider appropriate and relevant other qualifications and experience but would expect the length of experience to be considerably longer than required for a training programme to avoid creating a disincentive for universities to provide higher training.

c) What alternative criteria for vocational scope qualification, if any, would you regard as practical?

Individual respondents either rejected the idea of having alternative criteria or suggested the following alternative criteria for vocational scope qualification:

- Do not consider any alternatives apply, or do not support scopes (24)
- Explicit endorsement of University based course (22)
- Multiple criteria- combining information from qualifications, skills and experience (8)
- Experience in the area of practice (14)
- Establish a separate pathway post registration (7)
- Demonstrated competence (6)
- Supervision (6)
- Examination (5)
- Reputable overseas qualification (4)
- Neuropsychology (3)
- Committee established for purpose (3)
- Continued professional development (3)
- Professional associations (3)
- Other scope, kaupapa Maori scope and Counselling scope (2)
- Defining competencies (2)
- Option B (1)
- Option E (1)
- University based course (1)
- Court work (1)
- Multiple scopes (1)

Among group respondents, Corrections emphasise defining the unique specialist skills and then establishing work based accredited training, with quality assurance provided by a "scope council" who could examine candidates for the scope. The NZ Psychological Society suggest individuals could identify their competencies to define their specialties. Institute of Clinical Psychology perceive the completion of relevant accredited academic pathways which include accredited skills training and supervision with an appraisal of the candidate's knowledge as appropriate. The Canterbury Child and Family Psychology programme suggest the Board could offer an entry examination to candidates for a scope without the conventional qualification.

The NZCCP and DHB Professional Advisors are opposed to other criteria. DHB Professional Advisors are particularly opposed to experience based criteria as DHBs are not able to provide the training input to ensure those "near the requirements" are adequate. However they are willing for the Board to take this up and for educational providers to explore options to open up access to professional post graduate training.

d) Can this learning by pathways other than qualifications be taken into account in determining scope title? Do you consider it sufficient to establish eligibility for practising safely in an area/ vocational scope?

Sixty eight (68) individual respondents answered "yes, learning by other pathways can be taken into account in determining scope title, and that this is sufficient to establish eligibility for practising safely in an area or vocational scope, as compared to sixty four (64) who consider it is not sufficient, and a further group of eleven (12) who commented on the importance of qualifications. Other comments (26 respondents) included concerns to not weaken standards and other criteria to consider.

Of the "yes" responders, their answers can be grouped into the following categories:

- 27 responded with an affirmative response, with little or no elaboration;
- 19 commented on the importance of experience and learning;

- 10 stated the alternative paths need endorsement;
- 6 commented on the importance of ensuring competence; and
- 6 moderated their positive response with statements that qualifications are still the foundation.

Of the “No, it is not sufficient” responders, their answers can be grouped into the following categories:

- 8 simply stated it is not sufficient;
- 48 emphasised the importance of qualifications;
- 5 emphasised the importance of maintaining standards;
- 3 expressed concern about the minimum standards necessary for safe practice.

The twenty six (26) respondents who did not clearly state whether or not the learning by other pathways was sufficient were grouped into the following categories:

- 6 stated it would require a careful assessment of competence;
- 3 stated it is not enough on its own;
- 2 made a plea to not weaken the standards;
- 8 suggested other criteria to consider;
- 1 stated using other criteria would be more difficult; and
- 5 assorted other comments.

Among the group respondents DHB Professional Advisors and Corrections favoured an accredited, advanced qualification in the specific field of the scope, which is perceived as providing an integrated training which is more consistent. However given the absence of an appropriate academic qualification, Corrections have set up a competency based training programme given which will train psychologists in the specific work undertaken by that department, which could form the basis of a future vocational scope. Institute of Clinical Psychology emphasise the use of rigorous and accredited pathways. The NZ Psychological Society prefer clear and comprehensible statements of requisite skills to provide services would better meet the needs of the public and the profession. **Professional organisation 1** suggest using grand-parenting. Canterbury Child and Family Psychology programme suggest examinations for entry into scope for those without qualification. The NZCCP and **Employer/contractor 2** regard learning by pathways other than accredited qualifications to be not sufficient.

Are the qualifications for the vocational scopes of practice necessary for the protection of the public?

a) Is the distinction between “Psychologist” and vocational scopes also necessary for safe practice?

Seventy eight (78) individual respondents indicate that “yes, the distinction between “Psychologist” and vocational scopes is necessary for safe practice, compared to eighty eight (88) who answer “No, it is not necessary”.

Those who give reasons for their affirmative response state the scope indicates standard competencies and training, which assists the public in selecting an appropriate psychologist.

Those who give reasons why the distinction is not necessary for safe practice emphasise the focus needs to be on safe practice and competencies, that the distinction is only meaningful to an informed audience and may confuse the public.

Among the group respondents, most organisations consider the distinction a useful and necessary distinction to promote safer practice, including Corrections, **Employer/contractor 1**,

Employer/contractor 2, Institute of Clinical Psychology, NZCCP, **Professional organisation 1** and the Canterbury Child and Family Psychology programme.

DHB Professional Advisors consider the distinction is not necessary in all instances for all clients but that it does overall promote safer practice.

The NZ Psychological Society consider the qualifications and competencies required for the Psychologist scope as providing a good platform for safe practice informed by evidence and the collective wisdom of the profession. Beyond this, regular self reviews and audits of competence offer much stronger guarantees of safe practice as compared to registration in vocational scopes.

DHB 1 consider the general Psychologist scope also ensures ethical practice.

The **Regulatory Authority 1** do not perceive vocational scopes as greatly improving the safety of the public.

b) Do you agree the prescribed qualifications for the vocational scopes are reasonable, or do you consider the prescribed qualifications to be unreasonably restrictive?

Eighty five (85) individual respondents consider the prescribed qualifications to be "reasonable", as compared to sixty eight (68) who consider the prescribed qualifications to be restrictive. Of those who commented, the "reasonable" comments note the importance of qualifications and expertise, while the "restrictive" comments note the qualifications do not necessarily enhance safety nor take into account career development or overlap.

Among the group respondents, most consider the qualifications for vocational scope to be reasonable (DHB Professional Advisors, Corrections, **Employer/contractor 1**, **Employer/contractor 2**, Institute of Clinical Psychology, **Professional organisation 1**, NZCCP).

The NZ Psychological Society considers that, in the absence of clearly specified pathways for those who lack the formal qualifications, the prescribed qualifications are unduly restrictive. Scopes are having undesirable and unanticipated effects on recruitment and retention. The definition of only two vocational scopes compared to all the professional psychology training courses has created "competitive and anticompetitive behaviour" which is more about patch protection than the protection of the public. Competent psychologists are being excluded from employment even though their competencies may be a very appropriate match for the position.

The Canterbury Child and Family Psychology programme reserves judgement whether the prescribed qualifications are overly restrictive, depending on whether their graduates are allowed to register under both scopes.

DHB 1 cautions against narrow and prescribed qualifications which result in positions remaining unfilled, and therefore putting public safety at risk.

Other points raised:

- The need for an alternative robust pathway to attain a particular scope (Corrections and Institute of Clinical Psychology).
- The prescribed qualifications are not restrictive as any psychologists can seek that training (DHB Professional Advisors and other DHB Psychologists).

c) Do the scopes introduce more benefits than the costs and disadvantages imposed?

By a narrow margin, more of the individual respondents (77) consider the scopes are disadvantageous or cause costs, as compared to those who consider the benefits to be greater (71). Fifteen (15) gave neutral responses, including that the Act requires the Board to define scopes of practice.

Those who believe the costs are greater than the benefits comment on the undesirable consequences arising (bureaucratic costs, public confusion and divisiveness among the profession), state scope is irrelevant to choice by members of the public, and suggest ways forward.

Those who believe the benefits outweigh the costs note enhanced safety of the public, efficient employer selection, more informed consumer choice and the promotion of professional standards as perceived outcomes.

Among the group responses, the DHB Professional Advisors and other DHB psychological groups, **Employer/contractor 1, Employer/contractor 2, Institute of Clinical Psychology, Professional organisation 1, NZCCP** consider there are more benefits than costs. Benefits are noted to be enhanced public safety, more consistent and transparent competencies for the public and employers, enhanced ease to make distinctions between psychologists, and efficient employer selection.

The NZ Psychological Society perceives the vocational scope as giving clear benefits to clinical psychologists but questions that this translates into benefits for clients, and that overall it distorts the field of professional psychology. An expanded list of vocational scopes would offer little more protection as there are many diverse specialist niches in psychology. Therefore the safety of the public would be better served by helping to profession produce clearer ways of describing their services.

Corrections note the vocational scopes do not necessarily guarantee competence and having no alternate pathways means competent psychologists may be excluded. It is preferable to maintain alternate pathways.

DHB 1 consider costs to be greater than benefits.

Canterbury Child and Family Psychology programme consider the costs to be reasonable, and note the universities have accepted the price of accreditation.

Do scopes of practice unnecessarily restrict some areas of practice?

a): Do you perceive restrictions imposed by having vocational scopes? If yes, is this a cause for concern?

Ninety nine (99) individual respondents do perceive restrictions imposed by vocational scopes. Those who perceive restrictions and are concerned note that it restricts employment, encourages fragmentation in the profession and encourages elitism among those who are privileged by vocational scopes. Not all perceive the restrictions to be a cause for concern. Twenty nine (29) perceive vocational scopes as introducing restrictions but consider these to be beneficial, necessary or not a concern.

By contrast forty six (46) reject the suggestion that vocational scopes impose restrictions. This group perceive any restrictions arising from the psychologist's competence, reiterate the need to protect the public or comment that scopes are broad and therefore not restrictive.

Other comments note the need to focus on competencies and create alternate pathways.

Among the group respondents, there are mixed views. The DHB Professional Advisors and other DHB respondents note it is the point of scopes to protect the public by restricting practice to competent and adequately trained psychologists. Any restrictions arise from the limits of the psychologist's qualifications. Scopes empower the public to make wise choices. NZCCP,

Institute of Clinical Psychology and **Employer/contractor 2** also consider any restrictions arising to be reasonable.

By contrast the NZ Psychological Society consider that employers and contractors using vocational scopes for selection purposes impose unneeded and unhelpful restrictions. This works against practitioners benefiting from efforts to extend their area of competence, other than through the acquisition of formal qualifications. This introduces "unwanted constraints on efforts to ensure New Zealand has adequate numbers of well qualified health professionals whose practices are safe and effective."

Corrections consider some unjustified restrictions may arise from vocational scopes and note the scopes do not prevent some individuals from practising outside their competence.

Employer/contractor 1 note that a vocational scope should reflect a domain of tasks requiring skills and training not assessed or taught in the basic qualification. Otherwise the scope is too restrictive.

DHB 1 and **Regulatory authority 1** consider the scopes create silo thinking, fragmentation and undermine inter disciplinary scientific research. Ultimately this works against public safety.

The Canterbury Child and Family Psychology Programme submits that practice should not be restricted by scope but the presence of vocational scopes does provide a pressure towards excellence in professional standards for both training providers and individuals.

b) – for registered practitioners: Are you in the position of being either promoted or demoted linked to a vocational scope?

Only eight (8) individual respondents state their promotion has been linked to vocational scopes, compared to forty three (43) who consider they have experienced demotion linked to vocational scope. The "demoted" who commented note exclusion from employment and contracts. Ninety nine (99) state this questions is not applicable and five (5) made general comments.

The DHB Professional Advisors rejected the notion that promotion is linked to vocational scope, stating it is based on an annual performance appraisal. Employment is based on applicants' clinical competencies as demonstrated by their having successfully undertaken a clinically relevant professional training programme. "We believe it provides at least some assurance that a person has an appropriate level of competence."

DHB 1 referred to known individuals being disadvantaged by being out of the country during the grand-parenting clause, and the Canterbury Child and Family Psychology programme referred to their graduates being disadvantaged by their qualification.

(c) – for respondents representing organisations: Do you employ or issue contracts through a decision-making process partially or wholly based on vocational scope?

Thirty one (31) individual respondents state they are in the position of employing or issuing contracts on behalf of organisations. Of these eighteen (18) responded "yes", that they base their decision partially or wholly on vocational scopes, compared to thirteen (13) who state they do not. Those who employ on the basis of scope note the need to match competencies with the requirements of the role and that the vocational scope title confirms a certain type of training. Those who use other criteria for employment selection state they base decisions on experience and interests.

DHB Professional Advisors stress their primary objective is to match the qualifications with the competencies required by the position, which may or may not match with the clinical scope. Prior to the HPCA Act the focus was on qualifications whereas now the vocational scopes streamline that selection. However the criteria have not changed.

Corrections and **Employer/contractor 2** do not appoint on the basis of scope. Corrections base employment decisions on competencies, and in fact point out that clinical scope may mislead as it does not ensure competencies in their field.

Employer/contractor 1 make a distinction between various contracts. Contracting for counselling is not linked to scope. "Psychology service contracts" are limited to clinical scope. Contracting for pain management and neuropsychology services challenges

Employer/contractor 1 to select those who hold the competencies, and clinical scope has been favoured. **Employer/contractor 1** would welcome a neuropsychology scope to enable them to make safe selection of practitioners with the requisite skills.

Membership of NZCCP is qualification based.

(d) – for all respondents: Should the Board be concerned about these apparent restrictions on some psychologists?

Ninety seven (97) individual respondents consider the Board should be concerned about these restrictions compared with fifty two (52) who submit it is not a concern for the Board and a further fifteen (15) respondents who offer neutral comments. The reasons given for why the Board should be concerned include damage to the workforce, that scopes are not consistent sets of skills, that scopes are problematic and fragmentation is damaging to the profession. The reasons given for why the Board should not be concerned can be summarised as scopes are protective and therefore should not be altered, that those excluded from a scope can undertake training to qualify, and that problems are transitional ones.

Among the group respondents the DHB Professional Advisors emphasise the Board should be concerned about the protection of the public as taking precedence over protection of income streams. The registration system should enable the distinction of those qualified to provide certain services, and conversely those not qualified who may not know what they do not know.

DHB 1 considers the Board should be concerned about the restrictions on career pathways and employment for psychologists.

Corrections operates its own competency-based system. As an organisation there is concern that some contracting based on clinical scope may be inappropriate as clinical scope does not equate with competence.

Employer/contractor 1 considers scopes should be used to restrict the performance of some tasks to those persons with the skills, and would prefer to see greater clarification of this issue.

Advisors 1 and 2 and the **Professional organisation 1** point out the fact that there are insufficient numbers of appropriately qualified psychologists to provide services to the NZ public is an important concern, and also allege there are qualified people unable to find employment.

Employer/contractor 2 is not concerned as long as public safety is being served and is based on principles of fairness.

The Institute of Clinical Psychology note qualifications were used as a criteria for selection prior to the HPCA Act; scope is not the sole consideration in appointing a psychologist and that the Board should be concerned about anomalies if people with the same qualifications are in fact treated differently.

NZ Psychological Society is very concerned about the restrictions and distortions created by vocational scopes and the history of their creation.

NZ CCP considers that the Board does not need to be concerned about perceived restrictions.

Institute of Educational and Developmental Psychology states the differences between the competencies of the vocational scopes is less than the differences between individuals within the scope, and there is a great deal of commonality. There is no point in having separate vocational scopes.

Canterbury Child and Family Psychology programme considers the Board should be concerned and would like the Board to take a leadership role in both retaining standards and assisting the College and NZ Psychological Society to come to agreement on pathways into vocational scopes.

Regulatory authority 2 considers the Board should be concerned “only if the public risk element has not been established.”

(e): What are the risks and advantages of vocational scope being used for selection purposes?

One hundred and four (104) individual respondents commented on perceived risks arising from the use of vocational scopes for employment selection purposes, including employers miss out on an appointment; individuals may be blocked from a job; too narrow a range of information being considered; and that is detrimental to the psychology workforce and the profession through encouraging fragmentation or silo thinking. Twenty (20) respondents commented that the scope title does not communicate clearly what skills may or may not be present, because of the range of competencies covered by a scope, lack of knowledge of what it refers to and the gap between what the organisation believes it to mean and the Board's criteria.

Fifty six (56) individual respondents commented on advantages pertaining to the use of vocational scopes for employment selection purposes including giving an indication of competencies held and/or training, and therefore allowing more efficient matching of job requirements and skill sets.

DHB Professional Advisors reiterated scopes are not the only criteria but vocational scopes do give independent verification of advanced training and skill sets. This is particularly useful for the assessment of applicants who have trained overseas. Vocational scopes also enable employers to have greater clarity about the competencies they are seeking.

The Institute of Clinical Psychology considers the vocational scope gives an employer or contractor an indication of at least a minimum level of skills but note the risk that employers may over-estimate skill level if they base selection too much on vocational scope registration.

Employer/contractor 1 notes the Board is in a better position than they are as an organisation to determine qualifications and experience for a given domain of work, and that the Board having an active oversight of this through defining vocational scopes better serves public safety. There are risks in **Employer/contractor 1** relying on the advice of only one or two psychologists.

Employer/contractor 2 perceive vocational scopes as helping ensure specialist skills, but this may reduce the selection pool.

Advisors 1 and 2 note there is a risk some competent psychologists may be excluded.

The NZ Psychological Society perceives the use of scopes assists employers to reduce the field of applicants but does little to ensure safety or select necessarily the most appropriate appointment. "There is a reasonable probability that such selection will not identify the best applicant for the position. Second, because experienced, competent practitioners lacking the formal qualification cannot access vocational registration the procedure limits the pool of capable applicants in a way that does little for the safety of the public."

Canterbury Child and Family Psychology Programme note that it risks the exclusion of competent and skilled people. The advantages are that the level of qualification is kept high.

Other Regulatory Authorities note that those with more experience may be disadvantaged compared to those with more recent qualifications. There may be advantages of raising standards. Given the level of debate around the use of scopes for this purpose, it seems that the risks to the public which vocational scopes are intended to address are unclear.

How should cultural competence be incorporated into the scopes of practice?

a) Should there be a mechanism to enable the members of the public and other psychologists to identify those with specialist cultural knowledge? If yes, what should be the criteria to determine such identification?

Seventy five (75) individual respondents state there should be a mechanism to enable the members of the public and other psychologists to identify those with specialist cultural knowledge, with comments including criteria to identify those with specialist knowledge; establishing a database to match clients with personnel, and using a reference group to identify criteria,

Twenty three (23) individual respondents comment that all psychologists have an obligation to develop cultural competence, rather than it be established as a separate specialism, and that this should be part of training.

Thirty seven (37) individual respondents state that they do not think there should be a mechanism to identify those with specialist cultural knowledge.

Among the group respondents, DHB Professional Advisors, Corrections, **Employer/contractor 1**, Institute of Clinical Psychology, **Professional organisation 1** and other regulatory authorities all emphasise the responsibility of all practitioners to be culturally competent.

Some organisations also deem it useful to identify those with particular expertise in this area (Corrections, NZCCP).

Employer/contractor 1 note the "grave risk" that may arise if cultural competence is given higher importance than clinical competence.

NZ Psychological Society emphasise that a reference group from that culture must be the arbiters of "whether any psychologist has specialist cultural knowledge, is using that knowledge appropriately, and could be trusted to mediate that knowledge to other practitioners" and to define what constitutes safe practice.

DHB 1 suggest that criteria should incorporate cultural training, supervision and experience.

Employer/contractor 2 do not think this should be a separate scope.

Options for the Way Forward

(a): What is your preferred way forward?

Among individual respondents, the following preferences are recorded:

Option A: Twenty seven (27) would prefer to retain the status quo.

Option B: Sixty four (64) would prefer to retain scopes and make more meaningful by clarifying competencies, restricting practice and educating the public.

Option C: Fourteen (14) respondents would prefer to require all psychologists to re-apply for scopes, choosing out of a range of possibilities.

Option D: Fifty three (53) would prefer the Board to abandon the use of vocational scope.

Option E: Seventy one (71) would prefer the Board to abandon the use of vocational scopes but require psychologists to declare their areas of professional activity, counter signed by their supervisor, and then hold the psychologist accountable to that domain of activity for the purposes of CCP and audit.

Among the group respondents, the various options are preferred by the organisations as noted:

Option A: **DHB 3** and **DHB 7** both would consider Option A as an alternative to Option B. The Canterbury Child and Family Psychology programme would prefer Option A if their graduates are granted the clinical scope but not otherwise.

Option B: DHB Professional Advisors, **DHB 2**, **DHB 3**(or Option A), **DHB 4**, **DHB 5**, **DHB 6**, **DHB 7**(or Option A), Employer/contractor 1, **Employer/contractor 2**, Institute of Clinical Psychology, **Regulatory authority 2**.

Option C: No organisations preferred this option.

Option D: **Professional organisation 1** (if the Board does not establish scopes to cover internationally recognised psychology specialism).

Option E: **DHB 1**, Corrections, NZ Psychological Society, Institute of Educational and Developmental Psychology, Institute of Community Psychology Aotearoa, Canterbury Child and Family Psychology programme if their graduates are not granted clinical scope, **Regulatory authority 1**, and Canterbury Psychology Department (suggesting the specification of three domains of practice: Teaching and research/ Health and well being/ organisational and community).

The NZ College of Clinical Psychology declined to declare a preferred option but suggested discussion at Professional Psychology Advisory Forum between the Board, NZCCP, NZ Psychological Society, and universities.

Institute of Community Psychology Aotearoa expressed a strong preference" for Option E as the way forward that would most easily allow psychology to respond to evolving fields of knowledge and avoid individuals to be held into relatively cumbersome categories as they develop through their professional life.

Canterbury Child and Family Psychology programme perceives vocational scopes as useful to maintain pressure on universities to provide higher learning. In the absence of scopes, the role of guidance "would be adopted by the more powerful and larger interest groups within the profession."

c) Additional comments

Please see separate documents for additional comments made by individual and group respondents.