

Review of Scopes of Practice 2008:

5. Additional comments from individual respondents

2. Option C- some of those proposed scopes can be very misleading for the public e.g. health psychology as opposed to clinical. Health psychologists NOT equipped to deal with clinical issues, public is confused.
3. We've all put in quite a bit of effort for this and other professional activities (e.g. Code of Ethics, etc). It starts becoming a bit of a nuisance to reinvent the wheel over and over.
4. Lets first protect the fundamental training as scientist- practitioner for all "psychologists". Once this is established there can be a greater safety in a diversity implied in Option E.
6. Lets not dumb down the various practitioners by regression towards the mean.
7. I personally have been unable to do traumatic incident work for the Police as their policy states Clinical Psychologists. However as an educational psychologist I have extensive experience of trauma management in schools and I have completed courses in managing PTSD.
8. Good luck- like herding cats! My son has almost completed his training as a paediatrician- I am aware of all the academic assessments and training he has undergone- similarly in Clinical and Educational Psych we have had specific advanced training.
9. Please abandon vocational scopes. It's turning the profession of psychology in a mess, artificially fragmented and divided out is driving "patch protection" rather than public protection.
11. I would like to see psychology promote more respectfulness towards fellow colleagues. Elitism will destroy psychology in NZ- it is too small to withstand this type of culture.
12. I do not see why scopes should necessarily proliferate unless a new branch of psychology emerges with recognised and accredited training programmes. Rather there should be clearer definition and promotion of the various scopes so that the general scope of "Psychologist" is seen as worthwhile and not lesser than the vocational scopes as each suited to different areas of application.
16. "the supervisor" could so easily be a colleague who over time has become part of the same "silo" and is therefore not objective as the title suggests. Equally private practitioners could agree to supervise each other solely to meet criteria – rather than develop skills.
18. This needs to be about public safety, not about clinicians' income streams.
19. I am inclined to go for Option B if we want accountability based on training.
21. Nope- but good questions! They are definitely thought provoking and the information provided in relation to each question was very useful. It helped a lot to be provided with information on the pros and cons and the political context. Makes my responses feel more informed. Thanks.
23. This is a well put together document!
25. As someone who has obtained the PG qualification in clinical psychology- with the time, effort and money required to do so- I admit that I become annoyed when people who have not made those sacrifices or shown that commitment attempt to argue for what is in my view, a back door entrance!

24. I have served for 3 years on the NZ Certification Board for Inspection Personnel. The National examination (written and oral) works very well. The Psychologists Board should follow the same objective way forward.

26. I would hope that the Board focuses on servicing the general public not just the needs of psychologists. A small number of concise scopes of practice is clearly the best option. NZ doesn't have the clinical population to justify an ongoing proliferation of scopes.

27. It would be better that all psychologists have the same basic training and shared understandings and the specialist qualifications and knowledge could be added, i.e. vocational scopes educational, clinical, (mental health), forensic, neuropsychological etc. Psychologist could have more than one scope or sub-scope. Clinical psychologists are moving towards the biological end and prescribing substituting for psychiatrists. This would be a positive trend.

1. Psychologists basic degree in core papers, 2. Honours or masters core understandings 3. Specialist scopes 4. Internships similar to medical specialist training that help psychologists learn accepted evidence based ways of working e.g. CBT etc.

28. The plan of small sector groups to establish scopes- health, counselling, neuropsychology- will result in dangerous fragmentation – it will limit the availability of practitioners to the public and risks confusing the public (who are already confused).

29. I am impressed with the opportunity to express my feelings. I will remain interested to know its outcome.

30. Abandon vocational scopes to avoid an endless expansion of meaningless scopes.

31. I was grandfathered into the clinical scope and found the process fair. I appreciate that not everyone will be happy with whatever option is selected.

32. Long term view is required.

33. The status quo hasn't really been going long enough to review it. Major change is premature. And the Board should become more involved with the profession+ lead rather than police.

38. Please check with the College of Alberta Psychologists and the psychologists themselves about positives and negatives around Option E. Does it make Psychologists more liable if something goes wrong? Does it make clients more vulnerable to incompetent psych practice?

39. The direction in many countries is to do away with scopes and to recognise the overlapping in the various scopes. Provide psychologists with a standard training of six or seven years, covering all broad competency areas and allow them to do their work without discrimination.

40. I am very pleased to see that this long standing and problematic issue is being addressed.

42. Good luck!

44. No but I believe the board should be linked closely with NZ Psych Society to promote psychology in NZ. At present Board just charges big fees to register and to be disciplinary. As a profession, Psychology should have a more positive, proactive Board, assisting /supporting Psychologists.

48. Yes. In the end, my registration in clinical scope does nothing more than allow me to use a title. It also means that if, for example, someone like Albert Ellis came to NZ he would commit an offence if giving such a title. Scopes are expensive, bureaucratic and misleading. They should be abandoned.

49. Board members should be representing all psychologists- under present system of scopes they appear to be supporting and promoting their own scopes- educational and clinical – to the detriment of other psychologists.

50. I have always thought that Neuropsychology is sufficiently different from other kinds of psychology to be regarded as a separate specialty from clinical psychology.

54. Thank you for the opportunity to comment- a focus on the necessary skills for competence is more essential than whether someone has PGDip or not.

55. So far I do not see any benefits / advantages in the vocational scopes but it does seem to have increased the cost of acquiring a practising certificate.

56. Depends on the purpose of vocational scopes- are they to assist the public/ employers in knowing that a psychologist has a certain level of training and therefore knows what is needed to be a competent practitioner in a new area e.g. moving to work with adults in a mental health setting after working mainly with children and adolescents e.g. clinical scope, or are they to inform the public / employers of areas in which they have specific experience / skills (e.g. a forensic scope) or both of the above? Regardless of scopes we are still bound by the Code of Ethics.

58. I think it is timely that the term Psychologist be reviewed. There are many scholars of Psychology who should be entitled to use the title. For public safety the only distinction needs to be registered. The generic term psychologist is similar to historian and denotes a field of enquiry/knowledge/ research without necessarily being involved in any vocational scope (however defined).

The background information in this questionnaire was extremely helpful- well done.

62. Thank you for presenting options as it gave me a chance to reflect on the consequences of the recommendations I might make.

63. I am concerned at the lack of impartiality and objectivity in this discussion paper. It does not do justice to the profession to have such an important topic presented in this manner. I am disappointed the Board allowed this.

64. Abandon vocational scopes. The future of maintaining a system of vocational scopes is a highly rigid system, slow to adapt to changes in the field, badly out of sync with professional development over ones career, expensive, confusing and one which fails to enhance public safety.

67. Any new scope of practice needs to be educationally equivalent to the current scopes otherwise you are giving the impression of equivalence and that is not fair or safe for the public.

72. A knowledge base –data base for public education on the website would be very valuable. E.g. Educational practitioner knowledge should have knowledge of theories of human learning, how tests are constructed and their interpretation, i.e. a checklist for the public.

73. There should be a fair, open system with no discrimination towards people who gained registration through S2000. I fail to understand why the Board came up with the S2000 scheme and then granted some people who were registered before that, under a far less rigorous and strict supervision (through the Board) registration under the Clinical scope even though they were not doing clinical work.

74. I feel that when the transitional scope ended in 2006 all psychologists should have been made aware of the severely limited route of entry which was to replace it. My biggest regret is that I did not realise the danger in not applying at that point.

76. It is a good thing to restrict activity only to those who can clearly demonstrate having acquired relevant training and experience –it protects the public.

78. Whatever is eventually decided, The Board needs to drop its adversarial stance against the profession by doing away with the disgraceful procedure of District Court involvement. We are not criminals.

80. I believe we are in danger of becoming too precious within a scope of practice. As we “stand back” we are all psychologists and what that defines us as, as opposed to other allied health. That's the starting point, then we all have different strengths and these cannot be confined to scopes.

82. Stop the bureaucracy, administrators, managers, supervisors, politicians and obsessive compulsive people who want to control everything. It's a disease and should not be rewarded, paid for, or admired.

84. I think the field of psychology is undergoing fragmentation into specialities, just like medicine has been undergoing. This is necessary because the knowledge base keeps expanding. And yet from a perspective of “patient care”, the larger picture of the person can get dropped, increasing focus on assessments, etc. Should the Board consider a public information campaign instead of vocational scopes? Education about what psychologists are, how they are different from psychiatrists, counsellors and other mental health professionals?

85. Reiterate- safety to public via training them (media campaign) about psychologist range of skill. Encourage Board review of training programmes. If Board registration is working public "should not" be unsafe. Is there stats/data to indicate a problem, given long history of practice in NZ?

88. Each of the above "general" and large scopes have areas of specialty that could be included under its umbrella label. These could be specified if described via training, work experience, supervision, workshops and career pathway.

90. I appreciate the time and effort you are making to get this area right- thanks.

91. Yes, this consultation paper is clearly biased towards changing the scopes. All questions and comments are biased in this direction. For example, there is a primacy and recency bias in the way you have provided information. I consider this to be entirely inappropriate and unprofessional.

92. Abandon the current situation immediately! Encourage a wider discussion between educational and clinical psychologists to help break down unhealthy walls and prejudices.

93. Don't throw baby out with bathwater.

94. It would be great to have a workshop/ mini seminar which discusses these options in more depth. This is a really important issue and I think that I need to be more informed.

96. One of the advantages of the US system of registration is that training proceeds through counselling to child and family therapy to clinical psychologist so one can relate to multiple levels of clinical knowledge and work alongside all other professions with respectfulness.

97. The scopes of specialist practise and the developmental approach to their evolution, were a great mistake and they were a choice that flew in the face of what the profession wanted. The only anomaly in a general scope is the I/O practitioners because they don't have a therapeutic focus but the simple fact is that the similarities across psychology are massively greater than the differences.

There are real dangers now for the Board. Essentially by the decisions that they now make, they have the capacity to wreck psychology in NZ. This may sound dramatic but the situation facing psychology has become so much complex because of the decisions that the Board has taken to date.

The Board has created a status hierarchy in psychology that is not necessarily based on anything substantive and it has empowered a group of practitioners labelled "clinical psychologists" who will be reluctant to turn the clock back because the new order means that they can have psychology pretty much to themselves. In these circumstances the only alternative is to knock down the partitions and allow the profession to again prevail.

Interestingly I am presently rereading article by S. Luther on resilience and she cites a number of authorities arguing against the excessive splintering of psychology as a field. One negative consequence of the proliferations of divisions is that there is an inhibition of the free flow of research ideas. However there are other epistemological reasons that render atomism untenable. Leading authorities Shoukoff and Phillips (2000) comment we must guard against "narrow parochial interests that invest more energy in the protection of the profession in turf than in serving the best interests of children and families."

101. Option E allows for life time professional development /career changes.

102 Please do not confuse the public in terms of too many specific vocational scopes.

105. Thank you for reviewing scopes- they have been a source of discontent with myself and my colleagues since they were introduced.

107. Great to see the Board being proactive.

109. Increasing the number of scopes will fragment clinical psychology, lead to restricted practices (e.g. I can treat your anxiety but not your eating disorder) promote patch protection, lead to a loss of the generalist, and ultimately be detrimental to the public.

115. What on earth is going on here- Can we not get our act together- this has already been debated at length. Why should we dumb down our skills because there are people who don't qualify and feel they should. The public does have a right to be protected.

117. Also perhaps a health psychologist scope since there is also a PGDip qualification at university of Auckland. However definitely not a Counselling Psychologist scope – that is getting ridiculous. Psychologist needs to be a protected title.

120. Thank you for seeking feedback on this issue. It is something that troubles me given my current position of working in a DHB without holding the clinical scope of practice.

121. Scopes may be appropriate where people are engaged in a highly specialised area, but the general work of a clinical, educational and counselling psychology hardly warrants the imposition of new bureaucracies. Increasing skill levels, education of psychologists across the board in relation to the work they are undertaking at the time would be a much better use of resources.

122. In addition to scopes an identification of seniority might also be useful as is the case in the UK, i.e. Clinical Psychologist A or B grade.

124. Abandon vocational scopes please.

125. option B, followed by Option A

126. I am not certain if issuing practising certificates with various identified domains of professional activity is a wise or practical solution. Rather a core Psychologist scope with practitioners being able to present to the public their areas of speciality. The Board can ask for this information to be made available to them at the time of application for an APC- or allow the market to automatically monitor the same, i.e. a Psychologist who advertises as being competent in the domain of neuropsychology will, I imagine, not get referrals for forensic work or psychotherapy. And self-interest and ethical practice steer them away if they do.

131. I think it is very unfair to only have two vocational scopes for specialists, i.e. Clinical and Educational purely based on PG Diplomas. The majority of people cannot be accepted into those diplomas regardless of how good they are. Many who are accepted turn out to be less competent than those with no PG Diploma but with years of clinical experience and training. Its totally unfair!

132. Option E would allow the public access to what people say they are competent at- and thus would allow complaint when it turns out they are not. It would also help stop some of the potential turf wars option B would promote!!

135. Abandon the Intern and Trainee designations. The Board should not be concerned with persons in Graduate study- there are no relevant competencies and the public are not being protected. It's a waste of everybody's' time (and money).

137. Just two categories: 1. Psychologists (Doctorate or Diploma) Clinical + Academic- but let each specify their qualifications 2. Counselling psychologists- minimum Masters and 750 hours of supervised practicum.

138. Traditionally we have had clinical and educational training programmes running parallel and in some respects, in competition. Also models of practice, foundation paradigms and ways of knowing / contextualising problems have in the past been quite distinct. Scopes have exacerbated any competition created by the situation. However the quality and quantity of research evidence has brought the clin and educ psych closer together in terms of their day to day work. NZ is too small a country to maintain such separate systems and training programmes should reflect the evidence and consider combining. Abandoning scopes would send a strong signal to training providers to focus on need rather than \$\$.

140. Option E appears to be a very practical solution which would address many concerns I have with current scopes or practice. Current vocational scopes are too rigid and exclusive and do not reflect a psychologist's growing competency over time, only highlighting a psychologist's entry level qualifications to being registered as psychologist and does not factor further experience and professional development.

142. This discussion seems to use "scope" as analogous to areas of practice but the HPCA Act states scopes can be determined by other factors such as training. When you consider all factors then the differences between clinical psychologist and psychologist are more clear.

143,The title Clinical Psychologist seems to merit entry to any psych role, yet there are examples where clinical psychologists cannot perform the role e.g. forensic work, education and so on. A generic title of

Psychologist (brackets: area of specialism e.g. forensic, mental health, education) would be more honest.

151. In the end the oath for psychologists requires competency. Option E puts the bureaucratic responsibility with the psychologists themselves so costs are lower. Also means they can create their own groups if they want to.

154. Thanks very much for reviewing this issue. I think it is important and timely.

155. One scope for health is ridiculous. Multiple scopes becomes clumsy- APA recognise 56 divisions. The Board should focus on competence for registration and leave the professional bodies to differentiate between psychologist groups.

156. It would be good if persons who train/study to be psychologists had to do their own personal work and deal with unresolved issues in their lives the way that counsellors who do training courses mostly outside of universities are required to do. That would go a long way to keeping the public safe.

157. I have been a Clinical Psychologist for 30 years and apart from thinking about what I should put on my business cards every time I get them printed, i.e. am I a Registered Psychologist or a Clinical Psychologist? I have noticed no difference with the introduction of scopes nor has it nor has it ever been mentioned to me by anyone else. I can sort of see what's trying to be achieved but we're not there yet. A proliferation of scopes is a crazy idea.

158. Combine Options D and E but alter: Have two scopes: General Psychologist and Training Psychologist (don't need the distinction between Trainee and Intern). Then let practitioners declare their competencies if they wish as in Option E.

160. It seems unlikely scopes will proliferate (increase rapidly). No doubt over time there will be a small increase.

162. This does not address the question of how does someone who has practised for many year is registered (since 1981) ; has had to take time out to attend to illness and family issues, resume practice ? what training /supervision programme where?

We are not doctors and "specialisations like doctors is not a good model for psychologists or for the public. It is contrary to the public interest. We are also too small in numbers as a profession and our population is too small. Thank you, it is important and decades overdue, despite the fact that scopes have only been made formally in place since the HPCA Act

163. Thank you for the opportunity to comment on your Consultation Paper as part of the Board's review. I have chosen to reply in the form of a letter. I can recognise the benefit of obtaining answers to key questions in sequence on a standard form, but I am concerned at the potential consequences of doing so, both for the integrity of complex arguments and for the quality of decisions based on data gathered and processed in such a manner. The apparent outcome of the Consultation on a Counselling Psychology Scope of Practice is a case in point. I will address a number of the questions in the Review of Scopes of Practice 2008 form in what follows.

My recall of the process of consultation and the various proposals relating to Scopes of Practice prior to the implementation of the HPCA 2003 is that initially it was envisaged that there would be a range of occupational scopes. These included clinical psychology, educational psychology, industrial/organisational psychology, counselling psychology, and possibly Maori psychology. Next, it was proposed that it was too soon to make these differentiations and that there would no vocational scopes. Finally, at what seemed to me to be short notice prior to implementation, the current system was chosen. There is what is in my view a reasonably fair summary of what happened next in the Board's consultation paper. This process represents a path through some of the possible positions represented by the Board's Options A to E, from idealism, to pragmatism, ending with a reproduction of the unsatisfactory status quo under the Psychologists Act 1981. I may have incorrect details here, and cannot give dates, but, given previous responses, I am confident that the Board's Registrar could correct details and supply dates. It was as if an opportunity was envisaged, backed away from, and then lost. In my view, this consultation represents another opportunity, but I am concerned that there may be the same outcome, that is a negative and defensive return to the status quo. This renders existing and potential portions of New Zealand applied psychology and psychologists unseen and effectively isolated from professional peers throughout the world, and the public without the safety of a full range of professional expertise. I raised this concern in my response to the Consultation on the

Proposed Counselling Psychology Scope of Practice, but as far as I could tell, it did not survive the editing process.

Whatever Option is adopted, the challenge is for the Board to exercise some productive vision. It would seem that the application for the Counselling Psychology Scope of Practice and the responses that it evoked somehow undermined the Board's confidence. In the Review of Scopes 2008 Consultation Paper, the Board appears to have moved from a position of confidence in its decision making to one of disavowal of any knowledge regarding what views there are on Scopes and on what is the correct way forward. From your guidance to the profession on avoiding complaints, you personally clearly have an understanding of unconscious psychological processes, and will recognise how these can come into play in relationships between professional stakeholders.

A perusal of articles and correspondence in the NZPsS Bulletin is instructive. You may recall that Gibson and colleagues (Gibson, Stanley, & Manthei, 2004) set out a 'window of opportunity' for counselling psychology, which met with an apparently enraged response from Fitzgerald and colleagues in the following issue (Fitzgerald, Calvert, Thorburn, Collie, & Marsh, 2005), together with a letter from Vertue (2005) in a similar vein. Despite a very destructive tone towards the attempt of Gibson et al to enhance the diversity of New Zealand psychology, including an argument that the article should not have been published and referring to the numerical strength of numbers of clinical psychologists, the article from Fitzgerald et al has entered the literature as a claimed example of stereotyping of clinical psychologists (France, Annan, Tarren-Sweeney, & Butler, 2007). It is of interest that France et al's book chapter promotes the Jericho principle (Culbertson, 1993), that the walls around and between professional specialisations need to come down in the interests of (and in a sense, for the protection of) the public. France et al also note Taylor's account (1997) of how in 1967 the university departments of psychology uncharacteristically acted in unison when they voted unanimously to exclude all educational psychologists from the newly formed New Zealand Psychological Society, a move which thankfully did not succeed.

The core of my argument is that the Board is in a unique position to influence the future of New Zealand psychology, and has very wide discretion. Too much can be made of distinctions between sub-specialties: overlaps can be a strength as France et al note. Different practice traditions (for essentially this is what they are) can have different philosophies and yet meet many of the same ends, providing a richness of service to an underserved public. Too much can be made of the fear of a proliferation of Scopes, and in any case, the Board is well able to prevent this. Too much can be made of the need to protect the public from confusion. This may be a futile aim, and risks being patronising or matronising.

Can I propose Option F: allow existing Scopes to stand, get on and process the sole application that has been made for a new scope which was submitted to the Board in December 2005 (hardly a proliferation), and seek to develop a range of new Scopes, in order to enable the richness and diversity of New Zealand applied psychology. The development of these Scopes could involve participation from a wider range of stakeholders (since, for example, existing stakeholders have seemed so far unable to escape the negative and defensive traps that I outlined above), and could include mechanisms for grand-parenting, the building of portfolio qualifications in areas where it has proved so difficult to establish tertiary courses, as well as mechanisms for lateral transfer. This might enable the profession to get beyond the response to all 'new' forms of practice with the answer that 'we already do this' and 'the public will get confused'. If people feel themselves to be incorrectly Scoped when there are new alternatives, they could add new Scopes to their portfolio or replace their existing Scope with one that is newly available. My concern is that you seem to have made options such as A, B and C unattractive, and one has to wonder if this is deliberate.

I have attempted to cover a range of complex issues in this letter. If it would be of assistance to the Board in its difficult but crucial task, I would be pleased to clarify or expand any of these points, or to make myself available for discussion of them.

164. In reading this document and then discussing it with other colleagues, it would appear that there is a strong language bias in the questionnaire and some of which resembles aspects of Push Polling. Whilst this may not have been intentional by the compilers, it is concerning and appears to be slanted towards gaining more acceptance for a generic scope of practice for all practitioners.

There are several examples of non-neutral language usage throughout the document that bias the questions – Two readily apparent examples out of several are:

Question 3.7(e): "What are the risks and advantages of vocational scope being used for selection purposes?"

When this sentence is deconstructed it reads that there are "risks" versus "advantages". This is weighted language in that the notion of "risk" has a higher saliency prospect to a reader. In the existing format

this can predispose people to respond in certain ways. Whilst the language may have been unintentional, it seriously affects how one interprets the reliability of responses. The sentence should have been restricted to "advantages" versus "disadvantages".

Question 3.6(c): "Do the scopes introduce more benefits than the costs and disadvantages imposed?" When this sentence is deconstructed, "benefits" is weighted against "costs and disadvantages". Once again the language choice may have been unintentional, but it seriously affects the reliability of the responses given. For neutrality purposes this question should have read "Do the scopes introduce more or less benefits?"

Has the Board given consideration as to how to now ensure that respondents were not unduly (even if unintentionally) influenced by the language use in the document?

The current different scopes are good and are needed – Clearly we as a profession must now focus on ensuring that there is ongoing accessible public education as to the role of psychologists and the different competencies.

165. I think it is very important to maintain the scopes of practice because I have heard of individuals practicing outside their scope of practice. Currently there is some protection for those people that do; however, if there were no scopes of practice then a lot more individuals would push the boundaries.

168. It would have been good if you could really complete this on line as opposed to copying it and pasting it onto a word document

169. 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.

170. It is currently not possible for individuals with the appropriate formal qualifications but not the practical hours to register in the general scope of practice. We are aware of a number of individuals from overseas who have been disadvantaged by moving to NZ shortly after their academic training and are not able use a supervision pathway to enable them to complete the hours required and register in the general scope

171. The Board should do a public campaign about scopes when it decides on an avenue – e.g. pamphlet on website and at Psych practices and GPs explaining scopes.

172. As the role of Psychologists' Board increases, so do the associated bureaucratic activities and financial requirements. My experience suggests that there is a high inverse correlation between membership and participation in a professional body, and complaints by clients/patients. Yet predictably, as the costs of registration go up, the membership of professional bodies goes down.

Registering under a vocational scope of practice involves another layer of cost, whether that is paid by the practitioners themselves or by large employers. There are also compliance costs which need to be taken into account. If we continue down the line of vocational scopes, natural justice will surely necessitate the development of more and more vocational scopes, and their will be increasing numbers of practitioners who need to register under multiple scopes to have their skill set recognized. As costs get higher and higher, we may well reach a situation where only people working for large employers seek recognition under a scope of practice, while many highly skilled practitioners working in other contexts, stay with the general scope and negotiate directly with their clients in relation to any specific requests for service.

173. Please excuse the lateness of this email. I returned to NZ from overseas last night and realise that I will not be in time to submit my comments with regards to the vocational scopes. I hope that I might quickly email you and ask you to include my brief comments and preferred option.

I support option D

I also would like to say that I feel that the current system does in fact disadvantage some psychologists

financially. There is no system now for general scope psychologists who are doing clinical work to convert to the clinical scope. I also feel that the public will not be confused about selecting differing services. We all somehow manage to find our way around the medical system with a wide variety of different vocational terms, such as endocrinologist, dermatologist etc.

I have also had person experience of meeting people who assumed that a clinical psychologist was an 'expert in all areas of psychology'. In one particular case people sought help for their child who suffered from an eating disorder. They were annoyed and felt frustrated when they found out that the clinical psychologist they took a while to get an appointment to see was not an expert in this important area and that they would have been better off (in time and money) to have seen a psychologist (regardless of scope) who specialised in this area (which they eventually did).

182. *A further option of expansion of existing scopes to reflect what is happening internationally in the field of applied psychology.*

185. The concept of vocational scopes has not been in operation for long. So far I have not seen any significant problems with it. As a consequence I am not in favour of vocational scopes being 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.

I think seeking feedback from the profession about the scopes of practice was a good idea and timely. However there is one additional issue that I would like to raise about the Consultation Paper the Board sent out.

On reading this document it concerns me that some of the wording in questions does not appear to be neutral and could be seen to be influencing people to think in a particular way about the issue.

One clear example of this is in Question 3.7(e) – "What are the risks and advantages of vocational scopes being used for selection purposes"? This gives the impression of being somewhat slanted in favour of generic scopes. Surely it should have been written as advantages versus disadvantages.

This is not the only example and I do not think am alone in having this concern. Several colleagues I have spoken to have noticed the same thing and expressed concern about it.

186. I have been wondering about an idea of 'specialisation' in addition to scopes. As I sometimes see people calling themselves 'forensic' psychologist and such. Maybe people should be able to qualify for specialisations in forensics, neuropsych, child etc. And these become additional to the scopes. But people can still not practice in clinical settings without a 'clinical' scope of practice..

187. I have sometimes wondered if psychologists in DHBs would actually attract higher pay if their training were seen to be longer – this seems to be the basis for justifying pay scales. Specialist training beyond PG Dips, and membership in new specialist scopes may lead to more recognition for psychologists. The medical doctors continue training beyond their basic qualification, as we all do, but they get credit for that. Perhaps we could take a leaf from that book. (NB This argument has been constructed at dinner party level – I couldn't say it's completely thought through yet.)

188. I agree that Option A likely to result in proliferation of scopes, but if we have any vocational scopes, surely we need to ensure a range of professional areas are covered. Option B is not practical – educational programme for public unrealistic and unlikely to be of benefit.

189. This opportunity for consultation is very good, but I would suggest that the survey and questions need to be more focussed and concise.

190 I support this. Option D was the clear and possibly unanimous view of Institute members in the beginning. It was only once it became evident that the Board was going down the scopes track that it became essential to advocate and initiate for a scope for Counselling Psychology. I remain in full support of option D for the reasons that Geoff and the Society have stated.

192 Option E is definitely NOT a viable alternative. This lack of standardisation potentially allows for misrepresentation. I do not see how this would increase public safety by allowing them to readily identify competent practitioners (as noted as a main aim for creating the scopes)