

Review of Scopes of Practice 2008:

4. Analysis of the group submissions

Q1. Stakeholder groups

*The submissions were received from individuals and groups in confidence. As a preparation for making the consultation results available to the profession and other stakeholders, those who made submissions on behalf of groups or organisations were given the option of declaring their opinion for publication via the website, or their contribution to be made anonymous.

1. DHB Psychologists

Submissions were received from the following:

DHB 1

Professional Advisors for DHBs

DHB 2

DHB 3

DHB 4

DHB 5

DHB 6

DHB 7

2. Other employers/contractors

Submissions were received from the following:

Department of Corrections Psychological Service

Employer/ Contractor 1

Employer/ Contractor 2

Advisor s to an Employer/ Contractor: Advisor 1, Advisor 2

3. Professional Psychology groups

Submissions were received from the following:

Institute of Clinical Psychology

New Zealand Psychological Society

Professional organisation 1

Canterbury NZCCP

NZCCP

Institute of Educational and Developmental Psychology

Institute of Community Psychology Aotearoa

4. Academics

Submissions were received from the following:

Child and Family Psychology Programme (Canterbury)

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").

5. Other regulatory authorities

Submissions were received from the following:

Regulatory Authority 1

Regulatory Authority 2

6. Other:

PHO, Pegasus Health
DHBNZ Workforce Group

Q3.3 Are the existing scopes necessary for public protection?

Question 3.3(a): Do the existing vocational scope titles make a useful distinction for the interested public and thereby improve public safety?

1. DHB Psychologists

DHB 1: Scopes are not specific enough to guarantee public safety.

Professional Advisors for DHBs and other DHB Psychologist groups: The scopes do make a useful broad distinction for the public and the DHB as an employing organisation. The Board, by accumulating a data base of training courses overseas can more efficiently assess the qualifications of those who trained overseas. The fact the public are confused about the different roles in mental health is the very reason they need to assistance. Other points made is the need for information /transparency given that psychologist's activity is largely conducted behind closed doors; the general scope does not differentiate enough; the mandating a scope must go hand in hand with accrediting a course; and defining scopes is an improvement on the previous Act.

2. Other employers and contractors

Corrections: To a limited extent as provide superficial information and acts as prompt that there are relevant issues of competence.

Employer/ contractor 1: Yes, does allow public to identify relevant skill

Employer/ contractor 2: Yes, but is not essential

Advisors 1 and 2: No, as does not delineate specialist skills, with particular reference to neuropsychology. One noted that providers of neuropsychology services vary a great deal in quality and this may have major impact on client outcomes.

3. Professional Psychology groups

Institute of Clinical Psychology: Yes, provides useful distinction, clinical scope indicates common level of sound training and competence therefore protects public, consistent with international systems.

Professional organisation 1: No as does not delineate beyond clinical and educational.

NZ Psychological Society: No, do not mark out distinct area of practice and encourages public to think of scopes like medical specialisms, that all those within the scope have the same knowledge and skills, which is simply not true.

NZ College of Clinical Psychology: Yes, does make distinction for the informed referrers but does not operate as legislation intended. Concerned the Board has interpreted scopes as it has. The legislation intended to restrict the work defined by a scope to those holding the scope title.

Institute of Educational and Developmental Psychology: Agree with NZPsS submission on this question.

4. Academics

Canterbury Child and Family Psychology Programme: Agrees with use of vocational scope to indicate advanced study. If the Board removed scopes, it would reduce the incentives for the universities to offer vocational level training. Also the programme will have no leverage with the university to establish such a training course which is expensive to run and earns less PBRF income for the university. Also has negative implications for those wishing to work in Australia where clinical psychs get Medicare funding. Perceives the Board's role as pivotal to the development of the profession through establishing a minimum number of internationally recognised vocational scopes with pathways, which assure public safety. With regard to Ch and Fam Psych course, currently the graduates only receive General scope which is inequitable given the high demands of that advanced study course. How this course should be reflected in the vocational scopes is still to be resolved.

5. Other regulatory authorities

Regulatory Authority 1: Public safety is best protected by professional ethics. Scopes may mean different things to general public than an informed health professional.

Regulatory Authority 2: Scopes relate to domains of knowledge. It is not clear what the vocational scopes communicate over and above the general scope.

Question 3.3(b): Does it matter that practitioners with the same vocational scope may vary considerably in their knowledge and skills?

1. DHB Psychologists

DHB 1: Variation does matter if it impacts on public safety.

Professional Advisors for DHBs and other DHB Psychologist groups: The purpose of the scope is to signal attainment of a core level of advanced training and qualification within a discipline or area of psychological activity. It is to be expected that individuals will develop specialist areas of practice as their careers evolve which will differ. The variation does not matter as long as the core competencies have been acquired, and is not as large as the variability which exists within the general Psychologist scope. If vocational scopes were dissolved into one general scope the variation would be much larger which would require the public to make more discrimination.

2. Other employers and contractors:

There was general consensus that those with a vocational scope should reflect a consistent set of core competencies. There will be variation beyond this although within the more technical sub-specialty areas such as neuropsychology and forensic recidivism risk assessment there should be less variation. One Advisor drew attention to the lack of protection for the neuropsychologist title.

3. Professional psychology groups:

Most respondents referred to the foundation competencies in common.

The Institute of Clin Psych: The psychologist has a duty to inform where their knowledge and skills lay at the point of entering a professional relationship.

NZ Psychological Society: Recommends practitioners develop comprehensible statements of skills to inform for those seeking services.

4. Academics:

Canterbury Child and Family Programme: There will always be variation. Safety is maintained by ensuring people practise within areas of competence, monitored by self-reflective practice and supervision.

5. Regulatory authorities:

There will always be variation. The RA should only be concerned about ensuring the minimum standard has been met.

Question 3.3(c): What risks or advantages may exist for the Board to rely on practitioners to declare their own competence without specifying vocational scope specialist knowledge?

1. DHB Psychologists

DHB 1 Individual psychologists are responsible for their own practice. Scope is not specific enough to provide safety.

Professional Advisors for DHBs and other DHB Psychologist groups: There is a risk of individuals working outside their competencies, which may be heightened by the removal of vocational scopes. The Psych Board regulation offers an additional layer of protection to avoid the risk of a practitioner who is unaware of gaps in their practice and therefore unknowingly operates in areas beyond their competence.

2. Other employers and contractors

Corrections: The main advantage of relying on practitioner's self report is that it would be easier to administer and less costly. However, one major risk is that the public's ability to rely on the Board's definition of a particular scope could be compromised by practitioners who over-estimate their skills or knowledge.

Employer/ contractor 1: Practitioner declaration may not be adequate due to lack of insight into true level of competence, Universities vary and therefore individuals may not have realistic idea of competence; if rests on peer assessment this places an onerous responsibility on those peers; and rarely individuals may claim qualifications they do not have. Costly to organisations such as ours where risk occurs.

Employer/ contractor 2: Vests trust and responsibility with the practitioner, less costly. Depends on honest appraisal.

3. Professional Psychology groups

Institute of Clinical Psychology: The risk associated with relying on practitioners to declare their own competence is a sudden and rapid deterioration in the competence of psychologists practicing in clinical fields. Poor or even bad practice would impact on public health, potentially undermine an excellent profession and also lead to an increase in complaints and complaint processing at Board and H&D commissioner level. While the transition to the HPCA Act has been less than optimal, now the Board has the opportunity to refine and improve, rather than abandon the scopes.

NZ Psychological Society (and Instit Educ and Devtal Psych): The intent of the HPCA Act will be better served by enhancing practitioners' ability to accurately assess their competence and undertake the necessary continuing professional development to maintain and develop their competence. Audits conducted alongside the CPD are more likely to identify areas of risk than the use of scopes.

NZCCP: No advantages seen from individuals declaring their own competence.

Professional organisation 1: Risk of unrealistic appraisals and therefore mislead public.

4. Academics

Canterbury Child and Family Psychology Programme: Advantages: simplicity, room to acknowledge psychologist's growth. Disadvantages: the very psychologists who need restrictions will be those who take advantage of the system.

5. Other regulatory authorities

Advantages: Low cost, puts onus on professionals to be accountable. Knowledge of services to referrers is important, with well publicized complaint channels.

Risks: Limited self perception of poor performers; financial advantage will reduce practitioners' objectivity.

Question 3.3(d): Do you know of any examples where the safety of the public has been at risk due to misuse of scope title? If so, please supply a brief outline.

1. DHB Psychologists

DHB 1: Safety of the public has not been placed at risk due to misuse of scope title. Equally, scope titles have been awarded to individuals regardless of their practice appearing to be questionable.

DHB Professional Advisors: Risk is more likely to arise from individuals practicing outside their competence without the guidance provided by the scope of practice. Some examples of psychologists misrepresenting their scope are known, such as an individual not correcting when introduced incorrectly.

Other DHB Psychology respondents: No specific examples but cases of psychologists without clinical scope offering clinical services via yellow pages or applying for positions they clearly have neither the qualifications nor experience for. The public may assume a general psychologist has the same level of skills for assessing a mental health issue as a psychologist with the clinical scope.

2. Other employers/ contractors

Corrections: Aware of two examples where there has been misrepresentation of competence in assessing recidivism risk: one from within the Clinical scope who prepared a report and another where a psychologist appeared in court as an expert witness but without the requisite skill in that area. Both of these situations risked the public's safety.

Employer/ contractor 1: [Organisation] is aware of a few situations where counselling services have been provided under regulations yet the clinical standard of these services has fallen short of what is expected and appropriate for the clients concerned.

Advisor1:

"The public are regularly put at risk by practitioners who do not know enough about neuropsychological assessment carrying out these assessments, coming to erroneous conclusions and making inappropriate recommendations, which are then carried out by therapists and case managers who have used the report as a guide, in good faith and with trust that the assessor is competent. The result is lack of faith in all neuropsychologists, inappropriate rehabilitation interventions and unnecessary expense and most unfortunately, delay in recovery for the poor clients."

Advisor 2: Clinical scope has been represented as identifying those with therapeutic intervention skills but in reality not all with clinical scope have these skills.

3. Professional Psychology groups

Only anecdotal reports, of a psychologist implying he or she is clinical; erroneous assumptions that clinical psychologist means somebody skilled in intervention; and where employers have been unable to appoint an Educational Psychologist and then appointed other staff who are outside the regulatory framework offered by the HPCA Act to do essentially the same tasks.

4. Academic

Canterbury Child and Family Psychology: A graduate of their programme with additional experience in CAMHS was refused employment because her qualification was not clinical. Consequently the position in a Youth Specialty Service remains unfilled.

5. Regulatory Authority

No examples known.

Q 3.4 Do scopes clearly define areas of practice which are different from other scopes of practice?

Question 3.4(a): Do you consider that there is a high degree of overlap between scopes and if so, does it matter?

1. DHB Psychologists

DHB 1: "The distinction between scopes is exaggerated and misleading." Different scopes share most of their training and qualification pathways are not sufficiently distinct to deserve a different scope.

DHB Professional Advisors and other DHB Psychology groups: There is some overlap but considerable areas of difference which are significant. The entry level and scientist practitioner model is common to all but the scopes represent advanced learning in more specialist areas. The two different routes to registration (Masters/PhD and supervision versus Post graduate diploma course) provide different levels of training.

2. Other employers/ contractors:

Corrections: While there are areas of overlap there are critical areas for the existing vocational scopes where expert training and knowledge is essential, and where there is less overlap, and where someone trying to practice without the knowledge or skills could pose a risk to the public.

Employer/ contractor 1: Effective scopes minimise overlap. If there is too much overlap it confuses the public.

3. Professional Psychology groups

General consensus there is some overlap but not so much it is of concern.

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

NZCCP: It is the areas of difference that matter more and these were more tightly defined in the original application for the clinical scope and should be revisited.

4. Academics

Canterbury Child and Family Psychology Programme: Yes there is considerable overlap. "It does not matter from a public safety point of view so long as the level of training and self-reflection is high. It does matter from a development of the profession and international recognition point of view."

5. Regulatory Authorities

It is confusing for the public if there is a high degree of overlap, and if there are too many scopes.

Q 3.5 Are there clear qualifications for entry for each scope as set out in the HPCA Act section 12(2)?

Question 3.5(a): Do you agree with the existing policies about qualification pathways to the vocational scopes? What, if any, changes would you like to see?

1. DHB Psychologists

DHB 1: The grand-parenting route should remain open for those returning from overseas. Otherwise the only path for general registration psychologists is through the academic course which does not reflect clinical expertise.

DHB Professional Advisors and other DHB groups: Agree with existing policies. However "There is a potential for a specific training course and subsequent evaluation process for people who come from overseas with a strong vocationally relevant qualification (for example, it meets the practicum requirements of the Scopes) about which there is uncertainty as to whether it meets the standard for entry into a vocational scope, leading to the vocational scope being declined. The purpose of entry to this training programme would be to allow the opportunity for evaluation of equivalency and to assist the person with adapting to the New Zealand environment. It would be very helpful for the Board to explore with the universities the possibilities of providing "bridging" courses to address this need."

Other comments "If any change is to be made, we believe it should be the development of additional specialist scopes linked to specific competencies and qualifications (e.g. Health, Child and Family, Forensic, Neuropsychology, etc)."

2. Other Employers and contractors

Corrections: The current policies are too restrictive. "The Board may well consider that opening up the earlier [grand-parenting] provision, or creating a further pathway into the existing scopes to have some merit."

Employer/ contractor 1: [Organisation] would not like to comment on the existing pathways to vocational scope but notes the general principles of fair and defensible pathways :

- Pathways are seen as accurately reflecting the skills and training needed for work in this specialised area.
- The pathways are clear and agreed on in consultation with the sector and leaders in the field and firmly based on empirical evidence.
- In an emerging specialist area, the validity of routes other than formal qualification are given due consideration.
- In an emerging area of specialty, that there is an opportunity for cases to be individually considered.
- Pathways that depend on qualifications are structured in ways that allow the institution and course qualities to be considered.
- Where overseas qualifications are considered, the board has the opportunity to corroborate and investigate the quality of the qualification and experience .

Employer/ contractor 2: Strongly agrees with existing policies.

Advisors 1 and 2: Need for other pathways to be opened up, such as grand-parenting or using a similar scheme to the BPS independent route for Chartering in counselling psychology.

3. Professional Psychology Groups

Institute of Clinical Psychology: "The absence of other robust accredited pathways is unfortunate and we consider the Board, Ministry of Health, Ministry of Education, Tertiary providers and professional bodies must work together to find ways for experienced 'general' psychologists to be able to increase their knowledge and skills to the same level attained through post-graduate study as this would benefit the public and assist all stakeholders."

NZ Psychological Society, including the Institute of Educational and Developmental Psychology: "The New Zealand Psychological Society has long considered that there need to be alternative pathways to professional recognition for practitioners who enhance their knowledge and skill base. The absence of such pathways creates a disincentive to continued development of professional competencies ... Comprehensive continuing professional development offered by accredited organizations within a CCP framework would offer an alternative were it not blocked by the current qualifications-based, vocational scopes."

NZCCP: Agree with the existing policies. While there needs to be provision for other pathways for overseas trained psychologist, the current pathway is appropriate for NZ trained psychologists.

Professional Organisation 1: Independent pathway used by the BPS for Counselling Psychologist offers another model.

4. Academics

Canterbury Child and Family Psychology Programme: Course is waiting on accreditation and the outcome with regard to vocational scope status for graduates. If graduates are barred from a scope, then they will be disadvantaged " The public will be denied access to graduates from programmes with different and more contemporary emphases. University staff will not be game to take on their Universities re provision of innovative training programmes. If the clinical programme at a University is at capacity there needs to be an innovative approach in order to harvest other niches for placements which are the bottle-neck in training programmes. If these innovative programmes cannot be included within the clinical scope, (if this is appropriate), these programmes, regardless of how well they train, are by definition second-class programmes and their graduates will be blocked from income streams. As a consequence, new programmes will not be established and the public, and the profession will be disadvantaged."

5. Other regulatory authorities

"Section 13 (b) stipulates "the qualifications may not necessarily restrict .." removal of grand-parenting or any other mechanism for recognising prior knowledge leaves the authority open to challenge."

Question 3.5(b): Is it feasible to establish a vocational scope without an established New Zealand qualification pathway?

1. DHB Psychologists

DHB Psychologists were mostly opposed to establishing a scope without an established qualification pathway, although the Professional Advisors and some others were willing to consider it if the qualification pathway was in an advanced state of development and drawing on international models. One observed the irony this is being considered for counselling psychology but not for health psychology where there is an established qualification.

2. Other employers and contractors

Corrections: For a scope to exist in NZ there should be a NZ based, or at least NZ recognised, qualification pathway that sets and maintains standards for that scope. ... The creation of an additional scope should, first and foremost, relate to (a) there being a body of skills which can be identified as reasonably falling under that scope and (b) the need for such skills to be recognised by a scope in order for the protection of the public. An example of this is clearly a "forensic" or "criminal justice" sphere of practice which draws upon skills, only some of which will normally fall within the clinical scope, and many of which are particular to the area of forensic practice. While such a qualification exists overseas, there is currently no such qualification in New Zealand. ... Rather than establish a vocational scope in NZ for which there is no qualification pathway, the requirement should be for such a pathway to be established and recognised in NZ if the specialist skills are required here."

Employer/ contractor 1: Perceives this to be an issue for the Board. However ACC suggests, in the absence of qualifications or international benchmarks, then experience-based criteria could be considered.

Employer/ contractor 2: Does not support this option.

Advisor 1: Would like to see a Neuropsychology scope established which may start based on supervised practice but over time, this may encourage a formal qualification pathway to be established.

Advisor 2: Information about the lack of training courses for Counselling Psychology is misleading as there is now a course established at AUT but the Board has not, as yet, accredited it.

3. Professional Psychology Groups

Institute of Clinical Psychology: In the absence of a NZ based qualification, "there would need to be very well defined and specific criteria governing what other qualification pathways, together with additional New Zealand training, would be adequate for a person to enter any given scope. Of critical importance is that the criteria for all scopes are at a similar level so that the public is assured of the level of competence when they are seeing a practitioner registered in a specific scope."

NZ Psychological Society, including the Institute of Educational and Developmental Psychology: If, in response to such needs or the wish to recognize practitioners who have worked to develop and maintain specialized skills and knowledge, a non-qualifications based pathway, like supervision for registration, were to be developed we consider that the development would be best linked to ongoing assessment of competency associated with the CCP.

NZCCP: Opposed to establishing a scope without the qualification pathway as that is deemed the only appropriate entry point to a vocational scope.

4. Academics

Canterbury Child and Family Psychology Programme: No, the Board should not set up a scope unless it is based on an overseas qualification. "However, there should also be other pathways in to scopes which recognise appropriate relevant other qualifications (such as a relevant PhD or other specialist training e.g. neuropsychology) and experience—as for example the practice of the Australian Clinical College. Should the Board decide that an area of experience is sufficient for a scope then the length of experience criterion should be considerably longer than a training programme (e.g. 5 years) or there will be less pressure on Universities to provide higher training."

5. Other regulatory Authorities

"If there is a clear need, why are there no providers in NZ for the qualification?"

Question 3.5(c): What alternative criteria for vocational scope qualification, if any, would you regard as practical?

1. DHB Psychologists

DHB 1: Suggest scopes are less reflective of psychological practice and more about positions of employment. Therefore more helpful to focus on specialisation.

DHB Professional Advisors: Not in favour of any other criteria. Particularly opposed to experience based criteria as this does not necessarily lead to improved expertise or practice.

Other points:

- DHBs are not able to provide the training input to ensure those "near the requirements" are adequate. However this may be an issue the Board chooses to take up, to oversee top-up training to an appropriate standard.
- Professional post graduate training is the way forward. However educational providers may be encouraged to explore options to open up access to specialist professional training courses e.g. part time and increasing student intake.

2. Other employers and contractors

Corrections: Suggest the unique specialist skills should be defined and then the appropriate pathway to be established. "Recognised Training" could well include work based accredited training sanctioned by the Board of a certain duration and specificity, and this could be monitored and quality assured by a scope "council" who could examine the candidates for that scope with respect to their training, experience, and practice before such a scope were accorded to them.

3. Professional Psychology groups

Institute of Clinical Psychology: Completion of relevant accredited academic pathways, together with relevant, accredited skills training and supervision, with critical appraisal of the candidate's knowledge.

NZCCP: Opposed to any other criteria or pathways.

NZ Psych Society: Competencies in accurately identifying one's own competence and specialist knowledge may allow the identification of clusters of specialists, offering an alternative pathway into specialist registration.

Professional organisation 1: "In line with international psychology institutions recognising a psychologist only after a three year PGDip course rather than allowing individuals to call themselves psychologists after a basic degree."

4. Academics

Canterbury Child and Family Psychology Programme: The Board could mount entry exams for graduate psychologists without the conventional qualification.

Question 3.5(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 title?

1. DHB Psychologists

DHB 1: Scopes alone not sufficient for public safety. Eligibility could be achieved through specialisation rather than scopes.

DHB Professional Advisors and other DHB Psychology groups: Learning by other pathways is not sufficient. "An acceptable advanced qualifications in the specific field of the scope" provides a more integrated training than can generally be achieved with alternative approaches such as supervision for registration or similar alternative paths. Other pathways are more variable and therefore less satisfactory. One pointed out advanced training does integrate experiential learning with academic knowledge, culminating in an examination of competence.

3. Other employers and contractors

Corrections: Prefer a recognised academic training but if this is not to be used, it would be necessary to specify what it means to be specialised in that specialisation. Dept of Corrections have set up such a competency based training programme which requires participating psychologists to both undertake training and demonstrate competence.

"While many successful applicants for positions within Corrections Psychological Services hold a post-graduate diploma in clinical psychology, they are relatively poorly equipped to undertake the specialist work involved in professional practice with offenders. This includes specialist risk assessment, including risk of violent and sexual offending, expertise in the assessment of psychopathy, and the provision of treatment to resistant (often oppositional) clients who are severely personality disordered. Also, the application of psychological knowledge and expertise within the wider correctional setting is not something which is taught in any local universities, yet is invaluable within the Service. Additionally, staff need to have sufficient knowledge to function as witnesses in Court or before the Parole Board, and withstand often vigorous cross-examination.

Many of the assessment procedures which are employed require comprehensive training and monitored practice and these are not part of any university training in this country."

Corrections Psychological Services ... will shortly be implementing a strategic training framework which will enable us to better monitor the development of staffs' professional abilities in this specialist area. Additionally, such a framework, along with the current proposal to accredit the Psychological Service as a provider of training towards registration, could form the basis for the development of a specialist forensics/criminal justice scope."

Employer/ contractor 2: Not sufficient for scope.

Advisors 1 and 2: Consider there could be alternative pathways.

4. Professional Psychology Groups

Institute of Clinical Psychology: Pathways must be rigorous, accredited and ensure all within the scope have consistent standard of competence.

Professional organisation 1: Can use grand-parenting, and the model used by BPS for an independent pathway.

NZ Psychological Society, including the Institute of Educational and Developmental Psychology:

Qualifications based vocational scopes do not necessarily uphold the requirement under the Act for practitioners to maintain their competence to practise safely. The Psych Soc argues that " clearer, more comprehensible, statements of service provision and the requisite skills and knowledge better meets the purpose of the HPCA Act, the needs of members of the public, and the interests of the profession."

NZCCP: No, not sufficient

5. Academics

Canterbury Child and Family Programme: Suggest examinations for entry into scope for those without qualification, with sufficient flexibility to incorporate sub-specialities.

6. Other Regulatory Authorities

Regulatory Authority 1: Question for the profession to answer rather than the Board.

Regulatory Authority 2: If scope is deemed necessary for public safety, then pathways other than qualifications are not sufficient.

Q3.6 Are the qualifications for the vocational scopes necessary for the protection of the public?

Question 3.6(a): Is the distinction between "Psychologist" and vocational scopes also necessary for safe practice?

1. DHB Psychologists

DHB 1: Safety is assured by the ethical considerations which are met by the general Psychologist scopes and therefore the distinction is not necessary.

DHB Professional Advisors and other DHB groups: The distinction is not necessary in all instances for all clients but on the whole will promote safer practice. As an organisation, employees with clinical scope are easier to allocate clients to. Those with more narrow areas of competence or who have not received thorough clinical training may pose risks to the organisation, the public and the profession as they are likely to be under pressure to act outside their competence. It also communicates to the public the different levels of training.

2. Other employers and contractors

Corrections: Considers the distinction is necessary to identify those with specialist skills in that scope. With regard to the field of Criminal Justice, there are examples of gross incompetence demonstrated by psychologists from both General and Clinical scopes in providing advice to the Courts or Parole Boards. Furthermore interventions delivered by a psychologist without specialist skills in criminal justice field may lead an offender to believe erroneously he or she has overcome a behavioural pattern, which acts as a deterrent to entering an authentic treatment programme.

Employer/ contractor 1 and 2: understands the Educational and Clinical scope signal competencies over and above those held by a General scope psychologist, and therefore the distinction is necessary.

3. Professional Psychology Groups

Institute of Clinical Psychology, NZCCP and Professional Organisation 1 all consider the distinction is necessary. The Professional Organisation 1 also offered the view that "in NZ anyone with a psychology degree can call themselves a psychologist, it is very misleading."

NZ Psych Society: "Regular self-reviews and audits of competence offer much stronger guarantees of safe practice than registration in vocational scopes. The qualifications and competencies required for the Psychologist Scope and the qualifications on which it is grounded provide a good platform for safe, constantly evolving practice informed by evidence and the collective wisdom of the profession."

4. Academics

Canterbury Child and Family Psychology Programme: The distinction is useful. The Board should be encouraging psychologists to pursue higher qualifications and standards of practice. Benefit to the public arises from making the distinction as it increases the pressure on the universities to provide better training programmes. Our course provides extensive advanced practical training but still has not been granted the status of a vocational scope.

5. Regulatory Authorities

Regulatory Authority 1: Public safety rests with all practitioners. Vocational scopes do not greatly improve safety of the public.

Question 3.6(b): Do you agree the prescribed qualifications for the vocational scopes are reasonable, or do you consider the prescribed qualifications to be unreasonably restrictive?

1. DHB Psychologists

DHB 1: "Yes, certain level of prescribed qualifications are necessary to establish knowledge, skill and practice, but to what degree? There are too many overlaps, pseudo-differences, as well as transference of skills to different areas, that we are wary of too much prescription. For example, in Germany the prescribed qualification to work with children and youth is lengthy and expensive. An unforeseen consequence has been that now there are fewer psychologists who work with children, and the waiting lists are long. Imagine CAMHS services in NZ being that specific with scopes, it will be the children and families that will suffer. Ironically, public safety is put at risk through absence of available treatment modalities."

DHB Professional Advisors and others: Consider the required qualifications are reasonable and necessary. Additional points made that it is not restrictive as any psychologists can seek that training. Other domains of psychology are employed as needed. Waikato suggested that would be helpful for Board to approve a domain of practice for a professional qualification.

2. Other employers and contractors

Corrections: Qualifications are reasonable as equating with the skills required for a task. However psychologists may develop the competencies/ scope to ensure public safety through other pathways.

Employer/ contractor 1: Do not appear restrictive and qualifications are reasonable.

Employer/ contractor 2: Qualifications are reasonable.

3. Professional Psychology Groups

Institute of Clinical Psychology: Qualifications are very reasonable."What is unreasonable is that there are no other robust means for attaining any prescribed scope" which therefore becomes restrictive for those without the scope."

Professional organisation 1: Qualifications are reasonable as ensuring to employers those people are qualified, and not restrictive if other scopes are created, in line with international categories.

NZCCP: Reasonable and necessary.

NZ Psychological Society:

- "In the absence of clearly specified pathways for psychologists who lack the formal qualifications but have undertaken appropriate supervised practice and suitable workshops or other forms of professional development to gain registration in a vocational scope those scopes are unduly restrictive."
- Scopes are having unanticipated and undesirable effects on recruitment and retention.
- The definition of only two vocational scopes (as compared to all the professional psychology training courses) have generated two problems: "the creation of two "elite" groups, who can register both in the Psychologist Scope, and also in one or other of the two specialist scopes ... This 'distinction' can create competitive and anticompetitive behaviour that has little to do with protection of the public and much to do with patch protection/challenge by particular specialist groups. Second, as acknowledged in the consultation paper, specialist scopes of practice may be used in employee selection as a kind of screening device, that may exclude perfectly competent professionals from gaining employment in a particular setting even though their training and skills are highly appropriate to the particular job. For instance, some District Health Boards will not hire registered psychologists qualified with the Postgraduate Diploma in Child & Family Psychology as psychologists, because they do not have the additional clinical scope of practice, even though it is possible that the Child & Family qualified person may actually be a better match to the job description than a person with the clinical psychology qualification."

4. Academics

Canterbury Child and Family Psychology programme: If accreditation allows our graduates to register under both vocational scopes, then it is not restrictive. If it does not allow this then yes, it is restrictive.

Question 3.6(c): Do the scopes introduce more benefits than the costs and disadvantages imposed?

1. DHB Psychologists

DHB 1: More costs (bureaucratic demands) than benefits.

DHB Professional Advisors and other DHB psychologist groups: More benefits (to public safety) than costs (adds little to the overall administrative costs of registration). Benefits perceived to be more consistent and transparent competencies for the public and employers, and enhanced ease to make distinctions between practitioners.

2. Other employers and contractors

Corrections: The scopes do not necessarily guarantee competence and similarly having no alternate pathways means that some able and competent psychologists are excluded. It is preferable to maintain some alternate pathways.

Employer/ contractor 1 : Costs would be higher for employers without the scopes as each employer would need to invest resources research every application which would also carry risks of inconsistency across the sector.

Employer/ contractor 2: Consider the benefits are greater than costs but anticipate any increase in scopes may not generate enough benefits to offset the increased costs.

Advisors 1 and 2: Benefits by protecting the public, enhancing the reputation of the profession and provides clarity for employers and the public.

3. Professional Psychology Groups

Institute of Clinical Psychology: Vocational scopes set clear standards which assure the public of service they are receiving. A lack of scopes would be likely to generate additional costs.

Professional organisation 1: Provides clarity and protection for the profession, public and employers.

NZ Psychological Society: No perceived problem with the general Psychologist scope. Vocational scopes is however distorting the field of professional psychology. There are clear benefits for clinical psychologists but the Society doubts this translates into benefits for clients "that would be more easily and effectively achieved through regular self and other assessments of competency, well organised and accessible CCP, and regular access to professional conferences and other fora ... Even an expanded list of scopes of practice would provide the public with little more protection than is offered by generic registration. There are so many diverse, specialist niches in psychology that any finite number of specialist scopes will do little to assist members of the public in selecting the most competent practitioner for their particular needs. The safety of the public would better served by helping the profession produce clearer ways to describe services, although members of the public still have to ask about qualifications and experience to make an informed choice of the practitioners available to them."

NZCCP: Yes, more benefits than costs.

4. Academics

Canterbury Child and Family Psychology programme: Costs are reasonable. Universities have accepted the price of accreditation.

Q 3.7 Do scopes of practice unnecessarily restrict some areas of practice?

Question 3.7(a): Do you perceive restrictions imposed by having vocational scopes? If yes, is this a cause for concern?

1. DHB Psychologists

DHB 1:"Yes, this 'silo thinking' leads to less creative and scientific research in the overlapping areas. Interdisciplinary thinking suffers. We already have the odd circumstance in NZ where sexual abuse issues of one person are treated by an ACC therapist, but other co-morbid mental health issues of the same person are sought to be treated by a DHB. This is a good example of a silo situation, which is based on astounding ignorance and bad practice, esp. if the diagnosis for the person is BPD. The concern is that the scopes and related qualifications restrict psychologists. It encourages psychologists to learn more and more about less and less, whereas the clients of DHBs generally have complex needs, which often demands knowledge and skills across specialities. For example, NZ trained clinical psychologists often have very limited understanding of developmental factors. So, vocational scopes could be understood as restrictive and in fact a greater risk for public safety."

DHB Professional Advisors and other DHB respondents: "It is the point of scopes to protect the public through restricting practice to competent, adequately trained psychologists. Any system which seeks to protect the public by setting minimum standards of practice will restrict some people from being able to work freely in that area. Achieving the right balance is always difficult in this type of situation, but we believe that the vocational scopes significantly assist in maintaining the appropriate balance at this time." Additional points are that the restriction arises from the limits of the person's qualifications and that scopes empower the public to make wiser choices to get their clinical needs met.

2. Other employers and contractors

Corrections: Some unjustified restrictions may arise from scopes. The scopes do not prevent some individuals from practising outside their competence.

Defence: Some restriction but are reasonable. However may be less reasonable if the number of vocational scopes increase.

Employers/ contractors 1: To be justified a scope should reflect a domain of tasks requiring skills and training not assessed or taught in the basic qualification. Otherwise a scope is too restrictive.

Advisors 1 and 2: Should have grand-parenting and include internationally recognised specialisms. Contractors need to be able to differentiate between the applied psychology specialisms.

3. Professional Psychology Groups

Institute of Clinical Psychology: Public has the right to expect a level of competence. It is not new that the DHBs and mental health services to expect advanced qualifications. The restrictions arise from there being insufficient qualified psychologists.

Professional organisation 1: Currently there is patch protection which will only break down if the scopes expand to encompass internationally recognised specialisms.

NZCCP: Restrictions are inherent in vocational scopes, otherwise they are meaningless. It is of concern that the Board implies the restriction only applies to title.

NZ Psychological Society: Employers and contractors using vocational scopes in selection processes impose unneeded and unhelpful restrictions. "We have also argued that, as the vocational scopes require specific formal qualifications they restrict practitioners' ability to benefit from efforts to extend their areas of competence. Such restrictions introduce unwanted constraints on efforts to ensure that New Zealand has adequate numbers of well qualified health professionals whose practices are safe and effective."

4. Academics

Canterbury Child and Family Psychology Programme: "How could restrictions possibly be imposed? Traditionally all kinds of activities have been undertaken by psychologists regardless of scope. Clinical psychologists from courses with minimal Family Court, child psychotherapy or intellectual disability content have worked in these areas; Educational psychologists have traditionally been strong in family systems work because of the models they are familiar with; they did Family Court work when many clinical psychologists would not touch it. Educational psychologist's experience and assessment of autism is the most thorough we have come across; internationally there is a burgeoning literature on role of educational psychologists in mental health in schools. These initiatives make restriction of diagnosis meaningless.

The competence of any individual graduate psychologist is a reflection of their training programme and workplace policies in their experiential settings. Our students in Ministry of Education settings act like clinical psychologists in some settings and are forbidden to make written diagnoses and work with families in others (these students therefore get these experiences in other settings). These restrictions reflect management policy and are driven by financial considerations, not competence.

There is no reason to restrict practice to vocational scopes. But there is reason to have these scopes, as they will increase pressure on training providers and on individuals towards excellence. There is also reason to create pathways into them for new programmes and experienced psychologists with general scopes, again to provide an incentive for excellence."

5. Regulatory Authorities

Regulatory Authority 1: Yes, creates silo thinking and fragmentation.

Question 3.7(b) – for registered practitioners: Are you in the position of being either promoted or demoted linked to a vocational scope?

1. DHB Psychologists

DHB 1: No personally affected but know of examples of individuals who are potentially disadvantaged through being outside the country when grand-parenting was used.

DHB Professional Advisors, representative of other DHB groups:

"The career path and career advancement is primarily determined through the Annual Performance Appraisal and related processes. It is typically related to achieving a satisfactory level of performance

and in many DHBs related to achieving particular agreed-on goals. No reference to scope of practice is made in these processes in any of the DHBs we are aware of."

Employment is based on their 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."

4. Academics

Canterbury Child and Family Psychology programme: "Our graduates are. They are being blocked from very suitable positions on the basis of their qualification."

Question 3.7(c) – for respondents representing organisations: Do you employ or issue contracts through a decision-making process partially or wholly based on vocational scope?

1. DHB Psychologists

DHB 1: The two DHBs the respondents are familiar with both require clinical scope applicants and will not consider those from the general scope, however competent they may be.

DHB Professional Advisors: "Scopes of practice are used as part of the selection process in DHBs but are not the entire basis on which decisions are made. The primary approach that is used is to match the qualifications with the needs of the position." Other points made are that some positions require skills other than those of the clinical scope and appointments are made accordingly. Prior to the HPCA Act, the requirement was qualification based. Now that is neatly represented by the scope. However the criteria has not shifted.

2. Other employers and contractors

Corrections:

"No psychologist employed by the Department of Corrections, Community Probation and Psychological Services is promoted or demoted based on the scope they are registered under. In fact all psychologists have the opportunity to progress in competence and remuneration within the same employment position based on competency demonstration. Further, all psychologists, no matter which scope they are registered under, may apply for and be appointed to higher earning specialty and management roles. However, to the extent that psychologists are required to identify their scope when providing, for example, reports to the Parole Board or the Courts, the addition of "clinical" or the lack of that nomenclature may connote something which is erroneous if, for example, a very experienced psychologist registered under the general scope is providing sentencing advice, such advice may rest on a much firmer foundation than a relatively junior psychologist who can attach the word "clinical" to their scope when providing similar advice."

Employer/ contractor 2: No, [Organisation] do not appoint on the basis of scopes.

Advisors1: No, but would if there was a neuropsychology scope. Sometimes a contract has been given to a psychologist who claims neuropsychology competence but when ACC receives the report it is clear that they are not competent in that area.

Advisor 2: Some anomalies arise as contracts are withheld from a competent practitioner because they do not have the scope.

Employer/ contractor 1: "[Organisation] provides cover for a range of health conditions under the [legislation] Act . Once a person has cover, they have entitlement to treatment which is necessary and appropriate in relation to schedule 1 of that Act.

[Organisation] has several relationships with psychologists for the purchasing of services

1. Under the regulations of the [legislation] [the organisation] can pay for counselling by a psychologist. If the person has an accepted mental health condition which requires treatment clients can access psychologists as counsellors under these regulations which attract a fee defined in the ... Act .This is not restrictive although the set fee is less than contracts for services below.

2. [Organisation] contracts specifically for the services of "clinical psychologists" under the [name] contract . This service specifies assessment , formulation, and treatment. Clinical scope was identified as most likely to offer the degree of clinical expertise necessary for this service which is in place for clients with often difficult mental health issues . The scope here means that [organisation] does not need to "vet" providers as all clinical psychologists would be considered as having the necessary skills. [Organisation] weighed up the risk of excluding some providers against the need for the clinical domain of skills. This contract is appropriately restrictive in our view.

3. [Organisation] contracts specifically for psychologists with an interest in [disorder] under the [name] contract . [Organisation] has specified clinical psychologists and other psychologists who have demonstrated a specific interest and competence in this area. These services are intended to assess and provide interventions for injured persons with [disorder], recognising that psychological and social features affect disability in this area. In contracting with providers [Organisation] has to take an active role in determining whether a self – assessed expertise and interest in psychological [disorder] management meets [organisation's] assessment of the qualifications of the applicant. This is clearly not restrictive for psychologists but places a burden on [Organisation] to understand the skills and training pertinent to the task and make judgements. [Organisation] needs to employ or consult with psychologists to make these decisions.

4. [Organisation] contracts specifically for psychologists to undertake [disorder] assessments. In the first contract schedule, the psychologist was not defined in terms of scope. In the second and later schedule the clinical scope was identified as being most likely to incorporate the required level of expertise to make this service safe. However those who already had a contract(without such a scope) were not excluded.

We currently have both clinical scope and other psychologists holding this contract. [Organisation] is currently reviewing what type of scope or qualification is appropriate for this contract. This is one clear instance of where a scope which defines [specific] assessment and treatment skills would be very helpful and safer yet not more restrictive than the existing scopes.

The absence of such a scope leads [organisation] to consider clinical scope as a proxy for [specific] assessment skills which is less accurate than the board could manage with a defined scope."

3. Professional Psychology Groups

NZCCP: Membership is determined by qualification, not scope.

4. Academic

Canterbury Child and Family Psych programme: "N/A to us but it is interesting to note that employers may be blocking appointments on the basis of qualifications. Does scope over-ride this?"

Question 3.7(d) – for all respondents: Should the Board be concerned about these apparent restrictions on some psychologists?

1. DHB Psychologists

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

DHB Professional Advisors and other DHB psychology groups: "The primary purpose of the HPCA and registration is to ensure that the public are protected and have the opportunity to receive the most appropriate and effective care. While no such system can be perfect, it is necessary for the registration system to ensure that it is sufficiently rigorous as to identify people less adequately qualified to provide particular services, and make it possible for the public to recognize this also. It is not primarily a means of ensuring income or access to all types of work for all psychologists. The board should be concerned about protection of the public rather than protection of the income stream of particular psychologists. To protect the public, some restriction of practitioners is important. It behoves the Board to make clear that the operation of Scopes is for protection of the public rather than unnecessary restriction of practitioners."

Other points:

- People "do not know what they don't know".
- Most who have been excluded lack the appropriate training, and have been excluded for the right reasons.

- Those lacking the qualifications can do the appropriate training.

2. Other employers and contractors

Corrections: "Corrections operates its own competency-based system which in a sense acts as a quality assurance process as far as expertise and professional practice is concerned." With regard to private contracting there is some misuse of the clinical scope title which is of concern as that scope does not guarantee competence.

Employer/ contractor 1: Scopes should be used to restrict the performance of some tasks to those persons with the skills. Further clarification should be made of which skills and the recognition of those competencies.

Employer/ contractor 2: Not a concern if the restrictions meet the aims of public of public safety and are based on principles of fairness.

Advisors 1 and 2: The Board should be concerned about the fact that there are insufficient numbers of appropriately qualified psychologists to provide services to the NZ public .

3. Professional Psychology Groups

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

Professional organisation 1: Board should be concerned about the shortage of appropriately qualified psychologists to serve the NZ public, the aggressive recruitment strategies to bring people from overseas and that there are highly competent psychologists who are unable to find employment in NZ.

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

NZ CCP: No the Board does not need to be concerned about perceived restrictions.

Institute of Educational and Developmental Psychology: 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.

4. Academics

Canterbury Child and Family Psychology programme:

"Yes it should. There are profound implications for the Board related to steps it might take. Psychology as a profession in New Zealand has come of age but is still fragmented. The Board has an important role to play in bringing the profession together and facilitating the development of the profession through new courses etc. Employers may be defining their psychologist positions through agreement with existing psychologists, rather than through scopes. Ideally, the Board would work with the College and the Psychological Society to agree on pathways into College (as in Australia), divisions and vocational scopes. Agreement between these groups (led by the Board) would defuse the situation while retaining standards."

5. Other Regulatory Authorities

Regulatory Authority 2: "Only if the public risk element has not been established."

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

1. DHB Psychologists

DHB 1: The emphasis for the DHB should be good clinical care rather than legal risk aversion. Scope should reflect specialist knowledge, skills and training to address the complex cases the DHB must deal with- there is a risk this is not the case. In physical health vocational scopes are restrictive for psychologists as different specialty areas affect clients across the lifespan. Therefore the DHBs are vulnerable to losing potentially valuable skilled labour force if the only scope that the DHBs use is the "clinical scope".

DHB Professional Advisors and other DHB groups: Vocational scopes are not the sole instrument used to assess candidates for positions. Vocational scopes do indicate the psychologist has been assessed as having advanced training and therefore gives independent verification of holding skills necessary for some positions.

Vocational scopes are particularly useful for assessing the qualifications of people from overseas. It would be comparatively inefficient for DHBs to do this assessment and lead to inconsistencies. Vocational scopes help employers to have greater clarity about the competencies they are seeking.

2. Other employers and contractors

Institute of Clinical Psychology: The vocational scope gives an employer or contractor an indication of at least a minimum level of skills. Employers may over-estimate skill level if they base selection too much on vocational scope registration.

Employer/ contractor 1:

"We feel there is always a risk where [organisation] is obliged to analyse the task area and determine qualifications and experience for a given domain of work.

- We believe the board is better placed to critically examine domains of work and establish scopes where appropriate. We feel the public is best served by having active oversight of the scopes by the board.
- Where no scopes or other advice exist, there is a risk in agencies and organisations determining who is able to do the job.
- Agencies may rely on one particular psychologist for all advice on areas of expertise and inappropriately restrict or include practitioners in contracts.
- Agencies may not know how to judge competency
- Agencies may extrapolate from one domain to another without a clear understanding of the different skill sets involved
- Agencies may not know how to evaluate the qualifications and experience of individual practitioners."

Employer/ contractor 2: Vocational scopes help ensure specialist skills. One disadvantage may be to reduce selection pool.

Advisors 1 and 2: Risk of some competent psychologists being excluded.

3. Professional Psychology Groups

Institute of Clinical Psychology: "Employers and the public have a right to determine their processes for selecting practitioners. There are numerous examples where practitioners are chosen on their merits and not their scope."

Professional organisation 1: "They are already used with the problem that they currently exclude appropriately skilled applied psychologists from practice."

NZ Psychological Society: The advantages are that a field of candidates for a job can be reduced. The disadvantages are that "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."

4. Academics

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

5. Other Regulatory Authorities

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 are unclear.

Q3.8 How should cultural competence be incorporated into the scopes of practice?

Question 3.8(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?

1. DHB Psychologists

DHB 1: Criteria should incorporate cultural training, supervision and experience.

DHB Professional Advisors: Cultural competence should be a foundation competence of all psychologists, irrespective of scope. It is covered by the Code of Ethics and the NZ Mental Health Standard. If the Board considered it should be covered in the scopes of practice, it should be included in the Psychologist or Intern scope so that it applies to all.

2. Other employers and contractors

Corrections: Individuals could advertise specialist skills. Seeking out appropriate cultural supervision is the responsibility of each individual psychologist. The Board could keep an information register.

Employer/ contractor 1: There is a "grave risk" in placing self determined cultural competence over clinical competence. If there was a pathway for attaining cultural competence this may offer clients more choice. However this should not be a separate scope as it would be detrimental for culturally competent psychologists to be set aside. All psychologists should have a sound cultural competence.

Employer/ contractor 2: No, it should not be a separate scope.

Advisors 1 and 2: It is expected that all applied psychology practise should be culturally respectful.

3. Professional Psychology groups

Institute of Clinical psychology: Incorporated into normal service delivery.

Professional organisation 1: All applied psychologists would be working from a culturally respectful perspective. Counselling psychology specifically is 'person centred', respectful of the client's context, system and meaning.

NZ Psychological Society: "Identification of psychologists having specialist cultural knowledge ... [means] practitioners develop clear statements of the services they can offer so that members of the public and other lay people are better able to understand what is being offered. There are important differences with respect to cultural knowledge. First it is imperative that members of the culture, through the representatives they appoint, are 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. Second, members of the culture, again through representative they appoint, must be directly involved with all efforts to specify aspects of the culture in relation to safe practice.

The question refers to "psychologists ...with specialist cultural knowledge" but it must be appreciated that in many cultures it is understood that knowledge exists in relationships and that people have to grow into knowledge and grow into authority to express and communicate that knowledge. That means it would be inappropriate for the Board or any group of psychologists to rely on a culturally grounded psychologist who is 'young' in their culture's understanding. There are culturally appropriate mechanisms for enabling such 'young' informants to grow into roles in the culture and psychologists should be both aware and supportive of such mechanisms. To do any less is to, yet again, colonise the culture for the convenience and profit of the dominant group."

NZCCP: Would be useful to have the capacity to identify and acknowledge psychologists who are making the effort to *develop knowledge and skills in working across cultures*.

5. Other Regulatory Authorities

Cultural competence should be inherent in all registered psychologists. Individuals could advertise a special interest in specific cultures.

Q4 Options for the Way Forward

Question 4(a): What is your preferred way forward?

1. DHB Psychologists

DHB 1: Option E (we have already used specialisation rather than scopes to employ psychologists for the DHB, to ensure public safety).

DHB Professional Advisors: Option B. Retain scopes and make them more meaningful. A slow growth in vocational scopes should be supported to clarify the focus of existing and new vocational scopes. "We are strongly opposed to Options C, D and E as we believe these do not protect the public."

DHB 2: Option B, limit proliferation but not at the expense of flexibility or to create barriers against developing specialist areas.

DHB 3: option A or Option B. Would welcome any developments to supply sub-specialty information as well as vocational scope.

DHB 4: Option B, makes scopes more meaningful to protect the public through limiting certain areas of work to those who are qualified to safely carry it out.

DHB 5: Option B, would like the Board to give direction as to which psychologists are safe and competent to practice in which areas; to be assured the training programmes have been scrutinised; and to be assured of the safe practice of the professionals employed to do what is difficult and challenging work.

DHB 6: Option B

DHB 7: Option B or Option A.

2. Other employers and contractors

Corrections: Option E, that is, to "retain the notion of competency practice which can be defined by a few core specialty skills and knowledge, but allowing for pathways into the competency to be somewhat more flexible than they have been. I suggest that the Board becomes more specific about which skills should be expected as competencies for safe and ethical practice across all or most domains of practice, whether psychologists have obtained specific qualifications in those areas or not."

Employer/ contractor 1: Option B

Employer/ contractor 2: Prefer Option B but not in favour of a proliferation of scopes as that will dilute the general scope of practice.

Advisor 1: Option B with a Neuropsychology scope.

Advisor 2: No option declared though would like scopes matching internationally recognised specialisms to be added.

3. Professional Psychology groups

Institute of Clinical Psychology: Option B, with a small range of scopes in specific areas which maintain the same quality and quantity of training.

Professional Organisation 1: Either Option D or a further option of expanding scopes to include internationally recognised applied psychology specialisms.

NZ Psychological Society: Prefer Option E as that option "appears most likely to provide means for regular self- and other-assessment of competency in declared domains of practice. Linking such declarations to proposed CCP when applying for an APC adds significantly to the value, flexibility and effectiveness of such a self-monitoring regime."

NZ College of Clinical Psychology: No preferred option declared. "Suggest discussion at PPAF and reconvene the working parties (Board, NZCCP, NZPsS, Universities)"

Institute of Educational and Developmental Psychology: Option E "We strongly urge the Board to abandon vocational scopes because they do not protect the public and may inadvertently restrict their access to some valuable services."

Institute of Community Psychology Aotearoa: "Strong preference" for Option E. Community psychology has potentially large and significant effects on the public through its impact on policy development. Scopes were considered and rejected as a way of trying to protect the public from poor practice as scopes were expected to have negative impacts through carving up the domain of psychology while not delivering the desired benefit of protecting the public. It would also risk locking psychology domains into rigid systems which are slow to adapt to developments as knowledge evolves as well as be "unnecessarily cumbersome" for individual practitioners developing through their professional lifetimes. Option E gives information to help service user choose who they consult and allows for professional accountability.

4. Academics

Canterbury Child and Family Psychology programme:

Option A if the graduates from this programme are granted clinical scope. Otherwise prefer Option E. If option D was adopted then there would be less pressure for higher level training and would also remove the guidance for employers and agencies which provide income streams currently offered by scopes. In the absence of scopes, the role of guidance "would be adopted by the more powerful and larger interest groups within the profession."

Option E also risks large and powerful groups having an undue influence on employers as for Option D.

University Academic 1: Option E with three domains of practice specified: Teaching and research/ Health and well being/ organisational and community. See submitter's fully reasoned submission in the 4b Comments section.

5. Regulatory Authorities

Regulatory authority 1: Option E

Regulatory authority 2: "Option B ?"