

## Review of Scopes of Practice 2008:

### 1. Executive Summary

#### Background to the review

According to the Health Practitioners Competence Assurance Act 2003 ("HPCA Act") the Board must describe the contents of the profession in terms of one or more scopes of practice. The central objective of the HPCA Act is to protect the health and safety of the public. The obligation imposed on the Board to name the scope of practice (section 11 of the HPCA Act) must be read with this fundamental purpose in mind, that a scope of practice is intended to describe an area of practice which is perceived to represent significant risks to the public and to prescribe the particular competencies needed to practice in that (broadly defined) area.

Pursuant to section 11(2) of the HPCA Act, a scope may be described in any way the authority thinks fit, including (but not limited to) by a name or reference commonly understood by other health practitioners; by reference to an area of science or learning; by reference to tasks commonly undertaken; or by reference to illnesses or conditions to be diagnosed, treated or managed. For each scope identified, the authority must, according to section 12(1), prescribe the qualifications required to practice within that scope.

The Board's criteria for a scope of practice are based on the requirements of the HPCA Act (with particular reference to section 13), and include the following:

- The new scope must be necessary for public protection;
- The new scope must clearly define an area of practice which is different from other scopes of practice;
- There should be clear qualifications to determine eligibility for the scope (as set out in the section 12(2)<sup>1</sup> of the HPCA Act);
- The qualifications must be necessary for the protection of the public; and
- The new scope must not unnecessarily restrict an area of practice.

The Board gazetted five scopes of practice in 2004: the general "Psychologist" scope; two vocational scopes, "Clinical Psychologist" and "Educational Psychologist"; and two training scopes, "Intern Psychologist" and "Trainee Psychologist".

A consultation process on the proposed Counselling Psychologist scope indicated the psychology profession was deeply divided on the use of vocational scopes. This prompted the Board to initiate a review of the use of vocational scopes, prior to considering introducing any further vocational scopes.

The consultation document was sent to a wide range of stakeholder groups and systematically prompted respondents to assess the status quo use of vocational scopes, as framed through key questions:

- Are the existing scopes essential for public protection?
- Does each scope clearly define an area of practice which is different from other scopes of practice?
- Are there clear qualifications for entry as set out in the HPCA Act?
- Are the qualifications for the vocational scopes of practice necessary for the protection of the public?
- Do scopes of practice unnecessarily restrict some areas of practice?
- How should cultural competence be incorporated into the scopes of practice?
- What is the best way forward?

A summary of the feedback from the consultation is presented in the document "Review of Scopes of Practice 2008: Summary of the analysis of all consultation submissions" and should be read with the key findings noted below.

### **Key findings**

1. There are strong and opposing points of view about the use of vocational scopes.
2. Advocates for the use of vocational scopes highlight that it connotes the attainment of advanced training and a set of competencies which increases the efficiency of employment selection and gives a general indication to stakeholder interests (which may be member of the public, contractor, employer or a fellow professional) of the expertise of the psychologist.
3. Opposing points of view are that the scopes are not specific enough to convey information about specialist areas of expertise of an individual psychologist, and therefore lack utility, while excluding those who have acquired competency via pathways other than the prescribed qualification.
4. Those who uphold the relevance of higher qualifications note the importance of accredited training which is benchmarked with international qualifications, and some point out that this is consistent with conventions for identifying broad areas of specialism in some other jurisdictions.
5. The predominant alternate point of view is that learning by other experiential pathways is also valid. The psychology profession places a strong value on life-long learning and professional development, but this is inconsistent with setting scope by level attained at the time of graduation, i.e. the beginning of the career.
6. Some respondents who employ or contract psychologists, including DHB employers, indicate that the selection criteria have not changed since the introduction of scopes, as previously they would have looked at qualifications, whereas now that is conveniently summed up by scope. However the scope title is used to ascertain how the training of a psychologist from overseas has been assessed by the Board.
7. Those respondents without vocational scopes made strong submissions that their competence is now devalued by an overly strong estimation of the worth of the clinical scope.

8. An academic programme highlighted the incentives which may be associated with vocational scopes in the university arena. If vocational scopes were removed there would be less demand from students for the training and therefore less encouragement for the university to provide advanced specialist fields of psychology. Conversely if graduates are not granted a vocational scope at the end of training, there is a lack of recognition of their worth in the employment market place and potential students are less inclined to invest the time and money in that training course.
9. A significant theme of the consultation responses is that psychology as a profession is best served by flexible systems of thinking which acknowledge and incorporate evolving fields of knowledge, thus promoting flexibility and creative adaptation in the applied fields of psychology. Vocational scopes are perceived by some as reifying psychology into silo thinking. Competition based on scopes is associated by some with fragmentation, elitism and divisiveness in the profession.
10. Some respondents note that rigid adherence to vocational scope as an employment selection criterion has resulted in "suitable" psychologist applicants being declined, with the consequence that some positions have been left vacant and public safety reduced.
11. There are perceived inequities arising from the domination of clinical psychology, due to:
  - this becoming a "catch-all" scope,
  - the popular perception that this equates with what is meant by psychology,
  - this scope making up the majority group by numbers,
  - the clinical scope matching with the requirements of the DHBs as a dominant employer, and
  - the preponderance of clinical psychologists in decision making roles.
12. The inequities are perceived by multiple groups:
  - by those who are unable to achieve clinical scope (by grand-parenting or by overseas qualifications or by more recent evolution of career) but who consider themselves competent in this domain;
  - those who are trained as Health psychologists but perceive they are excluded from some health psychology positions, and that clinical psychologists are appointed instead;
  - those who have post graduate training in Child and Family Psychology yet are excluded from CAMHS positions; and
  - neuropsychologists who risk being not recognised as qualified by ACC.

ACC and Corrections both comment that the clinical scope does not guarantee competence in neuropsychology or forensic psychology respectively and cannot be taken as a proxy qualification.
13. There was strong consensus that cultural competence is the responsibility of all registered psychologists and this should not be separated off as a specialist scope. However some considered it would be useful to be able to identify those with special expertise in this area for consultation purposes.
14. There are some broad areas of agreement:
  - That the safety of the public rests on competencies, and that this is what matters, rather than scope.
  - That more information to the interested stakeholder is better than a path forward that reduces the information available.

- That allowing an individual to declare their own areas of competence carries risk and therefore independent verification is needed.
  - That there should be alternative pathways into a vocational scope for those who maintain they are competent in that domain. For this to have credibility the assessment of this should be as rigorous as the assessment of graduates of the formal qualification.
  - Alternate accredited training pathways are also deemed to be helpful.
15. Other factors being equal, the DHBNZ Workforce group (see responses to 4b: Additional comments from group respondents) make a plea for broad categories, rather than narrowly defined employment criteria, as best serving the need for a flexible and responsive health workforce.
16. The preferred way forward by consultation respondents is Option E, secondly Option B and thirdly Option D. Retaining the status quo by doing nothing is not seen as an acceptable option (Option A) as evidenced by the few votes for this option and the strong feedback to the contrary; and there are few who would prefer to require all registrants to reapply for a larger choice of scopes (Option C). The three preferred options are explored in greater depth below, as informed by the consultation.

### **Option B: Further refinement of the use of vocational scopes and educating the public**

This path would see the continued use of the existing vocational scopes, with a widespread effort to educate all stakeholders on the meaning and significance of the scopes.

If this path forward is adopted, the following considerations arise:

1. To avoid the inequities experienced by some graduates of post graduate training programmes (other than clinical and educational psychology), there should be urgent consideration given to establishing scopes for Child and Family Psychologists and Health Psychologists. This would need to be achieved with a concerted effort to educate employers and other stakeholders of the relative standing of these post graduate qualifications as advanced training. Logically this expansion of vocational scopes should also be extended to other domains of professional psychology with post graduate training programmes, such as Industrial and Organisational Psychology, but there have been no issues raised about domains of practice pertaining to other existing post graduate training programmes in the consultation, and the imperative of protecting public safety is less obvious in some fields. A submission from Community Psychologists made a plea for Option E in preference to having a separate vocational scope (see Q4b: Additional comments from group respondents for this comment in full). Counselling Psychology, the subject of a recent consultation on proposed scope, was singled out by some respondents as not being feasible for a scope because of the lack of a NZ post graduate training programme, whereas others noted a training programme was in an advanced stage of preparation and therefore were willing to consider a Counselling Psychology scope.
2. Forensic/Corrections and Neuropsychology are identified as areas of practice where incompetence is associated with significant risk to public safety. Currently there is no university based training pathway in NZ but the Corrections Psychological Service has now established a competency based pathway. ACC are requesting leadership by the Board to assist them select appropriately competent practitioners to undertake neuropsychology contracts. How can these two domains of practice be addressed through the scopes mechanism? Both organisations acknowledge the default selection by Clinical scope does not adequately make distinctions between competent and incompetent practitioners.

3. Making clearer the distinctions between scopes via a public education campaign is likely to increase the prominence of the vocational scopes by giving them greater publicity. This may increase the exclusion from employment/ contracts and the perceived inequity for those who regard themselves as competent but are unable to gain clinical scope registration under the current policies. There is an urgent need for an alternate pathway by which those psychologists who have evolved their practice into (for example) the clinical domain can undergo an independent rigorous assessment to confirm they have the equivalent competencies, such as by a clinical exam and /or submission of portfolio. A training pathway which allows for the evolution of professional practice but meets the need for systematic coverage of domains of knowledge (to overcome the objection the poorly trained may not know what they don't know) may also address the perceived rigidities in the current regime.
4. Care would be required in the composition of any education material to avoid perpetuating the undervaluing of those without clinical scope. Some respondents highlighted the negative impact on public safety arising from over reliance on those with clinical scope: creating recruitment issues, the devaluing of the competencies of other psychologists, that silo thinking can work against dynamic evolution, and the lack of career progression which may lead some Psychologists to leave the profession.
5. A public education campaign to make vocational scopes more meaningful would not address the concern that psychologists with the same scope title have very different specialist interests and competencies. For the publicity to be meaningful it is suggested that consideration should be given to individuals also defining competency specialisms.
6. Retaining vocational scopes would rely on accredited university based training as the entry point to a scope.
7. Retaining vocational scopes would maintain pressure on universities to provide advanced training programmes in domains of professional psychology.
8. Retaining the existing vocational scopes and expanding the vocational scopes to incorporate the domains of knowledge of other post graduate training programmes may be criticised as being responsive to values of equity and promoting psychology, rather than public safety being the driving concern, as required by the HPCA Act.
9. Restricting practice to those with the defined competencies would require considerable work on defining boundaries. This is against the recommendation of the DHBNZ Workforce Group who promoted flexibility and other respondents who are concerned about silo thinking.

#### **Option D: Abandon the use of vocational scopes**

If this option is adopted (the third choice of individual respondents, but not favoured by group respondents) then the use of vocational scopes would cease. Individuals would be free to declare their areas of specialist interest and competence.

If this pathway is adopted, the following considerations arise:

1. It is likely that employers and contractors would revert to the default position of using qualifications as an indicator of level of training. There are likely to be increased costs for organisations in deciphering the qualifications of applicants who have trained overseas.

2. This path forward would be contrary to the conclusion that the public are better served by more information rather than less.
3. There are widely perceived risks arising from practitioners declaring their own areas of competence without any external check or verification.
4. Psychologists who have developed new domains of competence beyond that represented by their original formal qualifications may seek to verify their credentials by some benchmarking systems. Similarly organisations such as Corrections and ACC who consider it essential to identify those with the requisite competencies are likely to continue to develop their own systems. This may create an ad hoc system for identifying areas of expertise which is relatively unregulated and works against holding individuals accountable for their professional behaviour.

#### **Option E: Declare areas of specialism**

Under this option the proposal is to abandon vocational scopes but to require practitioners to declare which domains of professional activity they are competent in. The practitioner would then be held accountable to this declaration in the event of a complaint, in relation to their ongoing continuing competence programme, and in the event of an audit or competence review. Each practitioner's declaration could be reviewed annually and countersigned by a supervisor.

Although this option was the most popular among both individual and group respondents, the consultation suggests some modifications which are noted here for consideration:

1. The importance of accredited formal qualifications should not be underestimated. As noted under Option D, in the absence of reference to a vocational scope, stakeholders will assess qualifications. Consistency with other psychology registration systems and other health professions under the HPCA Act behoves the Board to give due consideration to acknowledging the formal qualification as indicating the highest level of systematic training attained by an individual - whether by retaining vocational scopes or by adopting another mechanism. Could the qualification attained by the individual determine the title the psychologist uses? Does this mean retaining vocational scopes or can the Board abandon use of such scopes but adopt a restricted title system whereby only psychologists who have a category of qualification can use that title?
2. Maintaining a prominent focus on formal post graduate qualifications would preserve an appropriate valuation of the importance of advanced training, promote standards of excellence and maintain incentives for universities to provide such programmes.
3. Adopting a system whereby individuals define their own areas of competence within or in addition to their formal qualification would allow the acknowledgement of professional development and ongoing learning. If adopted, this would require the Board to consider attention to three issues: determining a list of possible domains of competence (in preference to leaving the options wide open); determining benchmark competencies in each of the domains (probably through the use of reference groups); and possible training pathways/ evaluative tools to develop professionally into those domains.
4. If this way forward is adopted then the individual psychologist could be described by their title (determined by formal training) as well as by their domains of competence. This would provide the public or stakeholder interest groups with more information which is deemed helpful for promoting public safety.

5. If vocational scopes are retained, accredited pathways with formal evaluations could allow those who have acquired expertise by experience and professional development to gain that scope by other than the formal entry level qualification.
6. If wider information was routinely available for all psychologists, the focus on the existing two vocational scopes is likely to reduce which make the employment field more flexible. In addition the development of multiple pathways for professional learning and development maintains incentives for individuals to continue ongoing learning and matches better with the reality, i.e. individual psychologist's learning does not stop at the time of graduation.
7. Allowing an individual psychologist to define their domains of competence without external verification was deemed a significant risk (of some individuals overstating their competence). Also ill-informed practitioners may not know what they do not know.
8. The accountability mechanism offered by the introduction of the Continuing Competence Programme does offer a safeguard to ensure individuals do not over state their domains of competence. If Option E was adopted, individual practitioners would be audited against the expectation that any declared specialisms would be included in the annual self-reflective review and that those competence domains are maintained through professional development activities.

### **Some final comments**

According to administrative law the Board should intervene only as much as is actually necessary to achieve the desired consequence. This is an overarching principle.

The central objective of the HPCA Act is the protection of the health and safety of the public. As an overall observation, the consultation feedback on whether or not the existing vocational scopes have major impacts for protecting the health and safety of the public is conflicted and mixed. The work of psychologists undoubtedly has direct impacts on the health and safety of the public. It is a separate issue and arguably a higher threshold that scope distinctions are important for the protection of the health and safety of the public. There is broad consensus that it is competencies which ensure the protection of the public, and therefore the issue becomes "how can a domain of professional activity, which can be considered a cluster of competencies, be best described in a way to promote a safe match of psychologist with a particular role/task/client?" Conversely "are there unacceptable risks to the public health and safety if these distinctions are not made?"

The consultation feedback presents other compelling reasons for reviewing the status quo: equity, promotion of high standards (also important for the protection of the health and safety of the public), workforce concerns (indirectly impacts on public safety) and maintaining the dynamism of the profession (promoting and advancing the safety of the public through continual improvement).

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