NZ College of Clinical Psychologists

Te Whare Wānanga o te Mātauranga Hinengaro

February 2024

New Zealand Psychologists Board
Level 5
22 Willeston Street
Wellington 6011
New Zealand

Tēnā koutou katoa,

Please find attached detailed feedback from the NZCCP Executive on the recent consultation on Scopes of Practice.

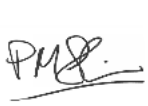
While we acknowledge the Board's desire to resolve the uncertainty relating to the recent discussions around Scopes, it is clear the Board's proposed reforms will have far-reaching consequences for the profession. In this context, we do not feel that the Board has sufficiently engaged the College or the wider profession in forming these proposals.

Importantly, we do not feel that the Board has articulated the case for change- providing no clear evidence to support its suggestion that the current approach has caused significant risk to the public. As a profession, we strongly value the role of evidence, as well as international consensus, in informing our decision making, therefore we feel it is encumbant upon the Board to make decisions based upon these principles.

The Board's current proposals represent restrictions on the practice of psychologists that are far in excess of regulation in comparable jurisdictions in Australia, the UK or Canada. In that context, it is highly concerning that the consultation document contains errors, misleading and incorrect information and little reference to the international regulatory context. The Board has not taken time to evidence the nature or extent of the difficulties with the current system. Despite this, the Board goes on to present **one** set of solutions- presenting neither a risk/benefit analysis nor potential alternative approaches.

While we would support the Board's stated aims, we have significant concerns about the approach that the Board has taken to this consultation and we are strongly opposed to the proposals outlined in the consultation document. We expect that the Board and its Secretariat will engage closely with us and the other professional bodies in shaping any future proposals.

Nā mātou noa, nā,



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On behalf of NZCCP National Executive Committee

NZ College of Clinical Psychologists
Te Whare Wānanga o te Mātauranga Hinengaro

Feedback on Te Poari Kaimātai Hinengaro o Aotearoa/NZ Psychologists Board ("The Board") Consultation on Scopes of Practice, February 2024.

The National Executive committee of the NZ College of Clinical Psychologists ("the College") have carefully reviewed the Board's consultation document on Scopes of practice, released on the 6th of December 2023. While acknowledging the Board's intent in undertaking this process of reform, the College Executive would like to share our significant concerns regarding the current proposals.

1 The consultation document includes some misleading information.

1.1 The Board states in its consultation that the scopes of practice "have not been updated since the Health Practitioners Competence Assurance Act 2003 (the Act) came into force in September 2004."

This statement is somewhat misleading- additional scopes were introduced in 2010 (Counselling Psychologist) and in 2018 (Neuropsychologist). The Educational Psychologist scope was updated in 2005 and the Trainee/Intern Scope of practice were updated in 2010. The scopes of practice have continued evolved since their inception, rather than remaining static as this statement suggests.

1.2 In its consultation document, the Board quotes part of Section 8 of the HPCA Act, in suggesting that their current position is more consisted with the Act:

(2) *"No health practitioner may perform a health service that forms part of a scope of practice of the profession in respect of which he or she is registered unless he or she-*
a. *is permitted to perform that service by his or her scope of practice"*

1.3 This is also somewhat misleading, however. It is important to note that Section 11 of the Act also states that:

(2) *"A scope of practice may be described in any way the authority thinks fit…"*

1.4 While this does not preclude the Board from redefining the current scopes of practice (although it should require secondary legislation under Section 14 of the Act) we don't believe that it is correct to suggest that the Board's previous descriptions of scopes were not in keeping with the provisions of the HPCA Act.

2 The Board proposes additional scopes of practice that will, by definition, restrict clinical psychologists' current practice.

2.1 The Board proposes to introduce the following additional scopes of practice and restrict the practice of work within those scopes to those who have completed Board-accredited training in those areas of practice (#9):

- 2.1.1 Applied Behavioural Analysis psychologist
- 2.1.2 Child and Family psychologist
- 2.1.3 Forensic psychologist
- 2.1.4 Health psychologist
- 2.1.5 Industrial/organisational psychologist

2.2 The Board also mentions the scope of Community Psychology in a later list (#15), which it has not otherwise mentioned establishing. It is unclear whether a scope of Community Psychologist is proposed or not.

2.3 The Board explicitly states *"All psychologists wishing to obtain an endorsement (i.e., extend their scope of practice) will need to complete a more formalised training pathway recognised by the Board. The only pathway to formally change from one scope of practice to another will (for now) be through Board-accredited post-graduate qualifications."* (#11)

2.4 By delineating these scopes of practice, the Board is, by definition, signalling that there are activities that can *only be carried out* by individuals holding these scopes- although they have not yet defined what these activities might be.

2.5 Clinical psychologists represent the largest psychology workforce within New Zealand, representing 2003 of the 3627 psychologists registered in 2023 (according to Ministry of Health data).

2.6 Both internationally and across New Zealand, thousands of clinical psychologists work in forensic settings, physical health settings, child and family services, in organisational wellbeing and with people with intellectual and cognitive disabilities requiring applied behavioural analysis (more often now known as positive behavioural support). It is internationally understood that clinical psychologists have the competencies to work in these areas without further qualifications being required.

2.7 Unless the Board is suggesting that clinical psychologists will automatically be granted the above scopes of practice (Health, Forensic, Child & Family, ABA and I/O), the current proposals will immediately place restrictions on the clinical psychology workforce in undertaking work in these areas of practice. Furthermore, under current proposals, they would be unable to work in these settings without undertaking further Board-accredited training.

2.8 Given that clinical psychologists represent the largest proportion of the NZ workforce, **restrictions on clinical psychologists to undertake these roles would have enormous and long-lasting implications for the delivery of services for children, for physical health, forensic/corrections services, in child and family services and for people with disabilities.**

3 The Board's proposals are disproportionately restrictive compared to Regulatory Authorities in similar jurisdictions overseas.

3.1 In similar legal jurisdictions like Australia, the UK and most Canadian states, the activities of psychologists are generally limited within one overarching 'psychologist' (Australia, Canada) or 'practitioner psychologist' (UK) scope of practice. Similar to the longstanding practice in New Zealand, practice 'endorsements' (although the terminology varies) are offered which restrict the use of a title and indicate approved training in a particular field, but they do not set limits upon practice.

3.2 The Board's suggestion to restrict activities across multiple scopes would mean far greater restriction on practice than is imposed by regulatory authorities in similar jurisdictions overseas.

3.3 If, as the Board has suggested, such restrictions are necessary for the protection of the public, they would need to justify why these restrictions are *only necessary in a New Zealand* context.

4 The Board has given very few details of areas of practice that they consider need to be restricted to protect the public.

4.1 The Board has specifically detailed only three areas of practice which it is considering restricting, in this case through 'practice endorsements': Assessment, Therapy and Diagnosis.

4.2 It is important to note that assessment should be a core skill of any psychologist, whether they are assessing an individual, a family, an organisation or a community.

4.3 It is also important to note that therapy and diagnosis are core elements of clinical psychology practice. No endorsements have been proposed that would be within other (non-clinical) scopes of practice (e.g. cognitive/psychometric assessment, organisational consultancy, individual learning assessment, etc.).

4.4 However, neither therapy nor diagnosis are restricted activities in New Zealand[1]. The College Executive are aware of several un-registered practitioners, who do not refer to themselves by a protected title, who undertake this work- as well as countless social workers, nurses and counsellors.

4.5 This change is likely to have the unintended consequence of making it harder for psychologists to undertake this work, while no such restrictions exist for other professions.

[1] We note that the practice of "Performing a psychosocial intervention with an expectation of treating a serious mental illness without the approval of a registered health practitioner" was a restricted activity prior to 2009, under Section 9 of the HPCA Act.

4.6 It would therefore be possible for a psychologist to de-register and continue to offer therapy and diagnostic services, if they so choose, without the client having recourse under the HPCA Act.

4.7 The Board has not given sufficient detail as to the Recognition of Prior Learning (RPL) process. Previous 'grandparenting' processes for Counselling and Neuropsychology scopes of practice limited the recognition of practice and learning to within the last 5 years, even when prior learning and practice was extensive. This has significant potential to overly restrict the practice of appropriately qualified psychologists.

4.8 The Board has not indicated whether there will be a cost (financial or otherwise) associated with the RPL process.

4.9 It is unclear what legal mechanism the Board proposes to implement practice 'endorsements'. There is no reference to 'endorsements' within the HPCA Act, which only gives the Board the authority to define 'Scopes' of practice.

5 The proposed titles and scopes are not in keeping with those available in comparable jurisdictions overseas.

5.1 The titles associated with the scopes of practice that the Board have suggested do not appear to follow international conventions in psychology. Similar jurisdictions overseas limit the use of the following titles:

UK Health & Care Professions Council	**Psychology Board of Australia**	**Canada -Licensed within provinces**
• Clinical psychologist • Counselling psychologist • Educational psychologist • Forensic psychologist • Health psychologist • Occupational psychologist • Sport and exercise psychologist • Registered psychologist • Practitioner psychologist *Neuropsychologist is not currently a protected title, however the British Psychological Society holds a specialist register of 'Clinical Neuropsychologists'	• Clinical psychologist • Counselling psychologist • Educational and developmental psychologist • Forensic psychologist • Health psychologist • Organisational psychologist • Sport and exercise psychologist • Community psychologist • Clinical neuropsychologist	• Psychologist • Doctoral psychologist • Psychological associate • Psychologist candidate • Psychological associate candidate NB All provinces limit the use of 'psychologist' but some also limit other titles.

5.2 The UK and Australia have remarkably similar protected titles within psychology practice. In Canada, only 'Psychologist' is a protected title across all provinces. Each of the 50 states of

the USA has different licensure arrangements but we believe the only title that is restricted across all states is 'psychologist'.

5.3 As per 3.1, the delineation of protected titles is not used by these jurisdictions to 'fence off' any specific areas of practice, only to indicate specific qualification and specialty.

5.4 With our colleagues in Australia in mind, the Board does not reference the Trans-Tasman Mutual Recognition Act (1997), where compatibility of scopes is likely to be a strong consideration.

5.5 No comparable international jurisdiction, to our knowledge, recognises the titles 'child and family psychologist' and 'applied behavioural analysis psychologist' and it is unclear why the Board believes these to be scopes of practice within New Zealand specifically. These titles each 'fence off' practice with reference to one demographic (children) and one therapeutic approach (ABA), respectively and it is unclear why other demographics (adults, older adults, people with intellectual disabilities) and other therapeutic approaches (CBT, EMDR, ACT) would not also be considered for scopes.

5.6 Indeed, rather than considering what scopes of practice are actually needed to protect the public, the Board appears to have chosen scopes of practice that are based upon the courses that it currently accredits.

5.7 No scope, for instance, is suggested for Sports and Exercise Psychologists. Under the proposals, a new programme in Sports psychology could not be accredited without the establishment of a new scope of practice.

5.8 Similarly, the 'clusters' described by the Board are poorly defined and do not appear to be related to any international evidence or literature. For instance, the practice of Neuropsychology bears very little relation to the practice of Industrial/Organisational psychology. We do not believe there is any benefit in separating the profession in this arbitrary fashion.

6 The Board has not given sufficient evidence to support its claims that the changes are the 'least restrictive' approach to protecting the public.

6.1 The Board has so far presented very little evidence to support the view that these restrictions, which are disproportionate to those placed on psychologists overseas, are necessary.

6.2 While the Board reports that the primary justification for reform is public protection under the HPCA Act, they have not said, explicitly, that the current system presents risks to the public. Nor have they presented any evidence to suggest that their suggested framework would offer increased protection to the public.

6.3 We believe that the Board has not proven its case, under Section 13 of the HPCA Act that the proposals are required for the protection of the public, however we believe that there is evidence that these proposals, as written, could unnecessarily restrict the registration of

health practitioners and/or impose undue costs (financial or otherwise) on health practitioners.

6.4 The Board's consultation indicates that that its primary aims for recommending changes are to:

6.4.1 Protect the public (including competence assurance obligations under the HPCAA, and workforce enablement).

6.4.2 Harness the benefits the 20-year of scopes of practice in terms of workforce knowledge, while solving any problems it has created.

6.4.3 Finding a future-proof framework that can flex more readily as the profession changes.

6.5 While the consultation document states that *"The framework we have come up with can achieve these (aims)"*, we do not believe that the Board has presented sufficient evidence to support this claim.

6.6 The Board have presented only one framework for change, rather than a range of options, and have not presented any risk/benefit analyses of the potential options for reform.

6.7 It is our understanding that the Board have indicated this is an initial consultation and that, under Section 14 of the HPCA Act, changes to the scopes of practice represent Secondary Legislation and will require the Minister to present them to the House of Representatives. The College Executive would not support such a change at the current time.

7 Conclusions

7.1 In the opinion of the NZCCP Executive, the Board's proposals do not appear to meet its stated aims, are poorly evidenced, are overly restrictive compared to regulations in similar jurisdictions overseas and do not fit with international conventions on the restriction of titles.

7.2 In their current form, the NZCCP Executive cannot support the Board's proposals. We believe the Board must further consider the function, form and implications of changes to the current scopes of practice and should engage closely with the College and other professional bodies in developing their future direction.