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New Zealand Psychologists Board

Review of Scopes of Practice 2008

Consultation Paper

(May 2008)

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Consultation Paper

1. Instructions To Respondents

Please consider the issues raised by the discussion document and then **comment or leave blank** as you feel inclined. Submissions will be received up to **Friday 23 May 2008** and a provisional report will be provided to the Board to consider at the next Board meeting on 28-29 May 2008.

You may also complete this electronically by either accessing the consultation document on the Board's website www.psychologistsboard.org.nz or by requesting it from Anne Goodhead, Psychology Advisor, via email to anne.goodhead@nzpb.org.nz.

2. What Stakeholder Group(s) Do You Belong To?

You may tick more than one box and specify your organisation if you wish.

☐ Registered health practitioner ☐ Member of the public, Consumer

☐ Purchaser of contract services ☐ Employer

☐ Representative of Governmental organisation

☐ Other… **New Zealand Psychological Society** – on behalf of psychology…………………………………………………………………………………………

3. Discussion And Consultation

3.1 Why review scopes of practice?

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 purpose of the HPCA Act is to protect the public. The obligation imposed on the Board to name the scope of practice (section 11[1] of the HPCA Act) must be read with this fundamental purpose in mind.

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)[2], prescribe the qualifications required to practice within that scope.

[1] HPCA Act 2003 – **Section 11: Authorities must specify scopes of practice [extract]**

11(1) Each authority appointed in respect of a profession must, by notice published in the *Gazette*, describe the contents of the profession in terms of 1 or more scopes of practice.

11(2) A scope of practice may be described in any way the authority thinks fit, including, without limitation, in any 1 or more of the following ways:
(a) by reference to a name or form of words that is commonly understood by persons who work in the health sector:
(b) by reference to an area of science or learning:
(c) by reference to tasks commonly performed:
(d) by reference to illnesses or conditions to be diagnosed, treated or managed.

[2] HPCA Act 2003 **Section 12: Qualifications must be prescribed [extract]**

12 (1) Each authority must, by notice published in the *Gazette,* prescribe the qualification or qualifications for every scope of practice that the authority described under section 11.

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

The two vocational scope titles have understandably been viewed by many as specialist titles over and beyond the general title "Psychologist". Anecdotal information indicates scopes are perceived as being used as a guide to decision-making by the following groups, although in some cases the Board has been assured[3] that contracting is based on skill set rather than scope title:

- Employers;
- Family Court selection of psychologists to prepare Specialist Reports;
- ACC contract work;
- Medical insurers.

As income streams have become increasingly linked to vocational scope title, there has been pressure on the Board to register those who have been excluded by the selection process and to address the inequities which some perceive as arising from scopes. This information has come to the Board through direct correspondence, information accompanying scope applications and most recently through the consultation process on the proposed 'Counselling Psychologist' scope. Many took the opportunity offered by the consultation on the proposed new scope to comment on scopes in general. The overwhelming thrust of this collateral information is that scopes are seen by many as divisive and confusing, and that a further vocational scope would just add to this fragmentation with little anticipated gain.

The process by which scopes of practice have been introduced has also created anomalies. Although the Post Graduate Diploma of Clinical or Educational Psychology is the main training route to achieving clinical/educational scope, until 31 March 2006 applicants could apply under the grand-parenting clause. That is, if their professional work had been predominantly clinical/educational in content for three of the previous five years, then they were entitled to that vocational scope. There are two main flow-on effects from the policy process that have been applied:

1. If a wider range of choices had been available from the beginning, it is likely that some of those now registered in one of the two existing vocational scopes would have expressed their specialist skills through other titles. Therefore the staggered introduction of specialist scopes has caused the clinical scope in particular to become a "catch-all" of those with more specialist knowledge or doing any sort of counselling work.

2. Those applicants who belatedly realised that it was advantageous to hold a vocational scope and believe that their work predominantly matches that pertaining to the scope but do not hold postgraduate qualifications, now have no channel by which they can apply. Some of these applicants note that colleagues with very similar qualifications and work experience who did apply for the grand-parenting clause pathway to vocational scope now have access to income streams they are excluded from, and understandably complain about the inequity.

The Board does not know the extent of the satisfaction/dissatisfaction with the current scopes policy as information has been gathered anecdotally. Therefore the Board would like to gain feedback from all groups with an interest in this topic though a consultation process. This information will be used to inform a Board review of the use of scopes and to assist the Board to determine the path forward. This review will take precedence over the advancement of any other vocational scopes under consideration (such as the counselling scope and a more recent enquiry about a neuropsychology vocational scope).

3.2 Background information

The purpose of defining a scope of practice must be seen in the light of the central objective of the HPCA legislation which is the protection of the public. Therefore a scope of practice is intended to highlight 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.

[3] Letter from Judge Boshier, Principal Family Court Judge, dated 4 October 2006; discussion with ACC Psychology Advisor 13/09/07.

Members of the public can then more readily identify those practitioners who have been assessed by the registration authority as having the requisite competencies when seeking assistance in that domain of psychology practice.

The Board's criteria for a scope of practice are based on the requirements of the HPCA Act, 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)[4] 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.

These criteria can be considered against the existing scopes to review the use of scopes by the profession and the relevant stakeholder groups.

3.3 Are the existing scopes essential for public protection?

Health practitioners, including psychologists, carry out specialist tasks which may carry risk to the public if the practitioner is not suitably qualified.

The arguments in favour of vocational scopes being essential for public protection are:

- That the cope title provides a means of identifying to stakeholders, whether members of the public, employers or other health practitioners, those with the competencies associated with that scope, and therefore promotes public safety.
- The existence of vocational scopes encourages the specialist training required to qualify for the scope title, thus promoting public safety.
- There is some feedback (gathered anecdotally) that employers find the scopes useful as a broad classification system that helps them match employment scenarios with skills/qualifications required. Indications from registration applicants indicates that contractors such as the Family Court and Accident Compensation Corporation may also use the vocational scopes to help sift out preferred providers, although the Board has been assured that is not the case.

The arguments that the vocational scopes are not essential for public protection are:

- That the scope title communicates little information and therefore does not protect the public. The higher the degree of specificity of title, the greater the distinction members of the public are required to make. That is, the title is only useful if the target audience knows what it means.
- That scope titles may mislead the public who assume all those with a particular scope title have the same specialist knowledge. Psychologists within a vocational scope vary considerably in their specialist skills and experience, and sometimes also qualifications. For example, clinical scope includes specialty areas such as (but not limited to) child and family; adult mental health; Corrections; forensic; young people; neuropsychology; pain management; and sexual therapy, all of which require distinct fields of knowledge and skill. Practitioners with the same scope title do not necessarily represent the same skills.

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[4] HPCA Act 2003 **Section 12**: **Qualifications must be prescribed [extract]**

12 (2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority described under section 11:

(a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:

(b) the successful completion of a degree, course of studies, or programme accredited by the authority:

(c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:

(d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:

(e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

- That the title is redundant as both prior to and since the introduction of scopes the Board and the client have relied on the individual practitioner to state whether or not they deem themselves competent to practise in a particular area.

- That it adds further confusion to the public who cannot make a distinction between counsellors, psychotherapists, psychiatrists and psychologists, let alone “Psychologist” and “Clinical Psychologist” or “Educational Psychologist”.

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

The existing vocational scopes do not mark out distinct areas of practice or specialized knowledge in ways that assist members of the public to make appropriate decisions about who is the appropriate health practitioner. Qualifiers such as “advanced knowledge”, “comprehensive knowledge” imply a comparison that those lacking knowledge of psychology are poorly equipped to make. The existence of vocational scopes encourages the public to think by way of medical specialties and expect all those practising in the scope to have comparable skills and knowledge, which simply is not true for or analogous with professional psychology.

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

The difficulty referred to in 3.3(a) is compounded as practitioners within a particular vocational scope “may vary considerably in their knowledge and skills”. We recommend that the specialist groups be encouraged, in consultation with the Board, to develop widely comprehensible statements of skills and services that practitioners can provide to assist members of the public seeking services. Associated with those statements should be guidelines to assist practitioners to assess and develop their competence to offer such services.

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?

It is our contention that the vocational scopes do not offer significant advantages for the Board who still have to rely on practitioners declaring their own competence within what are recognized to be broad areas of specialization. The Board already recognizes that clinical psychologists “vary considerably in their specialist skills and experience” (p.3). To address that diversity utilizing scopes of practice would require an ever-growing number of scopes that would struggle to meet the Board’s criteria.

- Be necessary for public protection
- Define an area of practice which (sic) is different from other scopes of practice”
- Must not unnecessarily restrict an area of practice.

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 undertaken in conjunction with the CPD are much more likely to identify and manage risks than are vocational scopes.

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.

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

Advocates of using scope titles maintain the vocational scopes represent distinctly different domains of knowledge.

Those against having vocational scope titles draw attention to the high degree of overlap in the skills sets and perceive it to fragment the profession by creating artificial and unhelpful divisions. Distinctions between areas of practice are further challenged by the fact that presenting problems do not arrive in neat packages. Furthermore, practitioners move between areas of knowledge as they continue to exercise lifelong learning, which blurs distinctions and integrates domains 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?

While it is obvious that the Educational and Clinical scopes do define areas of practice that are different it is also clear that practitioners will often provide very similar services. We consider that actual overlap matters a great deal. First, as the Board has recognized, the initial establishment of the two vocational scopes means they are privileged as other specializations within psychological practice must differentiate themselves from these two broad vocational scopes that do not appear to meet a strict 'different areas of practice' test. Further, the overlap, in practice weakens the contribution of the scopes to assessment, whether by the responsible authority or members of the public, of a practitioner's competence .

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

The two vocational scopes coincide with two post graduate diploma (PGDip) qualifications offered traditionally by New Zealand universities. Some applicants who have trained overseas are able to establish equivalence of qualifications and therefore qualify for the scope.

The "grand-parenting" clause expired on 31 March 2006 which means that without the relevant post graduate diploma there is no other pathway to registration in the vocational scope for New Zealand applicants. This creates difficulty for those who consider themselves to be practising safely within that knowledge domain but are excluded from an income stream enabled by holding the scope.

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?

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. Currently only supervision for registration is available, to some would-be practitioners and then only for registration under the General' scope. 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. With the continued scaling down of the last PGDip Educational Psychology programme that block could mean no future registrations in the Educational Psychologist scope.

The recent proposal for a "Counselling Psychologist" scope was based on an anticipated post graduate diploma qualification which is not as yet established nor accredited. A portion of overseas-trained registrants have equivalent qualifications to the proposed ones, notably some graduates from South Africa, United Kingdom and Canada.

According to section 12(2)(e)[5] of the HPCA Act, qualification may be defined by "experience in the provision of health services of a particular kind" which grants the Board the option of using either

[5] HPCA Act 2003 **Section 12: Qualifications must be prescribed [extract]**
12(2)(e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

type of service provided or nature of client group served as the basis of registration in the vocational scope. These criteria were used in assessing those applying under the grand-parenting scope but in practice were sometimes fraught with ambiguity, therefore risking unfair and arbitrary decisions which may then have significant impact on livelihood.

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

As noted immediately above closure of the only PGDip Educational Psychology would threaten the credibility of the vocational scope. Once 'grand-parenting' is closed there would be no way for practitioners, even if they have developed the requisite skills and knowledge, to be recognized as practicing within the scope. 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.

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

In responding to 3.3(b) we argued that groups of specialist practitioners should, in consultation with the Board, seek to develop clear statements of the services (skills and knowledge) they are able to offer. Development of such statements could provide a basis for identifying other practitioners who have maintained, or developed the competence to provide such services. Should the Board maintain vocational scopes that test could offer an alternative pathway into such specialist registration. However, we consider such processes would be more effective if incorporated within the continuing professional development of practitioners registered under a single 'General' scope.

The key learning to a specialty area is familiarity with the current literature on the research based evidence pertaining to the topic, integrated with practical skills. It could be argued that there are different pathways to the same knowledge or skill base, particularly in a profession which strongly upholds a value of lifelong learning. A focus on qualifications ignores learning by supervision, experience, or other training.

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?

The HPCA Act presumes that practitioners must undertake ongoing professional development to maintain their ability to practise safely. It would seem that presumption conflicts with qualifications-based vocational scopes. We have already argued that such scopes, because the qualification is required, cannot recognize a practitioner's development of competence to practice within that scope. At the same time groups of practitioners registered in a vocational scope are actively supporting well organized continuing professional development, recognizing that competence is not established forever by one's qualifications. We have argued consistently that better, 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.

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

Under section 13[6] of the Act, the prescribed qualifications for a particular scope:

[6] HPCA Act 2003 **Section 13: Principles guiding the prescribing of qualifications [extract]**
(footnote continued)

- must be necessary to protect the public;
- must not unreasonably restrict the registration of persons as health practitioners; and
- may not impose undue costs on the profession or the public.

The Board considers the qualifications for the Psychologist and vocational scopes provide the knowledge and skills base to allow safe practise which protects the public. All of those registered in a vocational scope must meet the criteria for Psychologist registration as a prior condition.

The prescribed qualifications for the Psychologist scope and for each of the vocational scopes are deemed to be the minimum standard required to ensure the desired standard of competence for the safety of the public.

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

Our argument is that 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.

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?

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.

The scopes specify minimum requirements for practice at an entry level whether 'Psychologist' or vocational, to guide intending practitioners, assessment of qualifications for registration, competency reviews, and the responsible authority's accreditation of tertiary training providers. Workforce planners have identified critical shortages among the professional health workforce, including psychologists, and the published scopes appear to be having unanticipated, and undesirable, effects on the recruitment and retention of practitioners in these areas. This arises, in part, because of the historical development of professional registration for psychologists in Aotearoa/New Zealand. The original Psychologists Act 1981 recognised existing professional training programmes and thereby guided development of new training programmes. Consequently, tertiary education institutions (initially only universities) offered programmes in a range of specialist areas - clinical, educational, community, industrial /organizational. As new programmes developed, in Child and Family Psychology, and Health Psychology for instance, they were modelled on the existing training programmes. So long as professional registration was concerned only with core competencies required by all psychologist practitioners interacting with the public, then new specialist areas were accommodated in the registration regime with little difficulty. HPCAA identified all practising psychologists as 'health practitioners' although not all the existing professional specialities were, or are health practices and that difficulty has been compounded by the definition of only two vocational scopes. Two problems have followed from this. First, within the profession, there are now two "elite" groups, who can register both in the Psychologist Scope, and also in one or other of the two specialist scopes. Given the competitive nature of the world in which professionals work, 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

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In prescribing qualifications under section 12, each authority must be guided by the following principles:
(a) the qualifications must be necessary to protect members of the public; and
(b) the qualifications may not unnecessarily restrict the registration of persons as health practitioners; and
(c) the qualifications may not impose undue costs on health practitioners or on the public.

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.

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Potential benefits of scopes are the possibility of enhanced public safety through increased information to guide practitioner selection processes. Factors that may be considered on the cost side are the unintended negative consequences and restrictions, and increased bureaucratic costs arising from registration and monitoring processes.

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

In the Society's view there are not fundamental problems with the foundation, Psychologist Scope of Practice - as it applies to health practitioners. The development of the specialist, vocational scopes of practice, is however, in our view having some unfortunate and distorting effects on the professional field of psychology. We can see that there are benefits for practitioners registered in a vocational scope but doubt whether this translates into benefits for their 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. Throughout this submission we have pointed out that 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.

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

The operational policy on scopes has not included any restriction on practise imposed on those without that scope. Any restrictions arise from the limits of a practitioner’s competence.

Those against the use of vocational scope titles consider scopes may create boundary disputes, fragmentation and “silo thinking”.

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

As the consultation paper notes there is anecdotal evidence of employers and contractors using vocational scopes in selection processes. That certainly imposes 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.

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Stakeholders such as employers and contractors may use the scope title as a tool for selection and therefore restrict the practice of those without that title. Anecdotal evidence has informed the Board that employment and provider selection by scope has had a deleterious impact on the practitioners who do not have that title. Some who are in this position have made submissions that they have safely practised within that domain of practice for some years, and some point out apparent anomalies where those with similar qualifications and experience to their own may have the scope. According to the HPCA Act and to the fairness expected in administrative law, the Board has an obligation to not impose unnecessarily restrictive mechanisms unless there are important reasons for doing so.

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

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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?

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

It should be crystal clear that we consider the Board should be concerned about the restrictions and distortions created by the vocational scopes and the history of their creation.

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

There are only managerial advantages to using a vocational scope for selection purposes. The selectors can reduce the field of candidates very easily without having to consider the skills and experience each applicant offers and, if the job description is adroitly crafted can do so without any possibility of legal challenge.

The disadvantages are more significant. First, because of the diversity of practitioners within the vocational scopes 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.

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

Cultural competencies underpin all scopes of practice. Psychologists working with Māori clients are encouraged by the Code of Ethics to seek supervision and advice from cultural advisors and those practitioners who are skilled in kaupapa Māori 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?

Identification of psychologists having specialist cultural knowledge is closely akin to having the Board work with groups of practitioners to 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.

4. Options For The Way Forward

The Board is considering alternative options and would be interested in your opinion.

Option A

Retain the status quo, which is likely to lead to a proliferation of scopes, given the pressure from those excluded from the existing vocational scopes and the implication that the lack of a vocational scope implies a lesser qualification, as indicated by the increasing linkage between vocational scope and income stream.

Option B

Retain vocational scopes and make them more meaningful so that the scopes actually define competencies unique to those with the scope, as determined by the training input represented by the prescribed qualifications. Professional activities based on those defined competencies would be restricted to those with the scope and qualifications. This would need to be combined with an education programme to ensure stakeholder members of the public and employers understand the difference between the scopes. It is likely that the scopes will proliferate as some who are excluded from activities under one scope compete for the remaining territory.

Option C

Review all scopes by requesting practitioners to re-apply for scopes, choosing from a list of all the proposed scopes including such options as: health psychology, Māori kaupapa, child and family, sports psychology, counselling, industrial/organisational, neuropsychology, positive psychology etc. Re-register with a much wider range of scopes. Psychologists could be then registered with a number of scopes which would each incur an annual fee to cover the increased bureaucratic costs.

Option D

Retain the trainee, intern and general psychologist scopes, but abandon the vocational scopes.

Option E

Abandon vocational scopes but require psychology practitioners to declare themselves competent in various domains of professional activity[7] (which could be posted on the website). This list of domains is what they are expected to be accountable for in the event of a complaint, audit or competence review. The supervisor could countersign, and there is an expectation that professional domain is included in the regular review of practise and the self-reflected ongoing learning, as anticipated with the introduction of the Continuing Competence Programme. The list could be reviewed and altered by the practitioner annually when making application for an Annual Practising Certificate.

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

Our submission favours abandoning vocational scopes. Of the two options, D & E the latter 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 to the value, flexibility and effectiveness of such a self-monitoring regime.

We prefer option E

Question 4(b): Do you have any other comments or suggestions?

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Thank you for taking the time to consider this matter. Your input is much appreciated.

Please return this Consultation Paper and your responses to the questions to Ms Anne Goodhead, Psychology Advisor, New Zealand Psychologists Board:

By email to: anne.goodhead@nzpb.org.nz

By mail to: Ms Anne Goodhead
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PO Box 10626
Wellington 6143
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[7] This system is used by the College of Alberta Psychologists who require registrants to submit a supervision plan for each branch of psychology declared.