

# Analysis of Scopes of Practice Consultation Feedback

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Te Poari Kaimātai  
Hinengaro o Aotearoa  
NEW ZEALAND PSYCHOLOGISTS BOARD

# Executive Summary

## Proposed Framework for Scopes of Practice Submissions Analysis

This document is a summary report of the findings from the public submission responses about the proposed scopes of practice that were presented as a potential new framework.

1. Respondents were able to email a written submission and/or complete a survey response which included multichoice and free text questions.
2. The analysis consisted of 53 email submissions and 1,349 survey responses. The response rate to individual survey questions tended to be between 59 and 64%.
3. There were just over 3,500 combined free text survey responses to the open field questions.
4. The majority of themes from the survey responses were also present in the email responses - they appeared in different configurations depending on the specific survey question.
5. Some responders gave feedback in the free text fields that they did not agree with some of the assumptions inherent in the questions, therefore they didn't answer particular questions.
6. Respondents skipped questions often. Response percentages are included for each question.

## Overarching sentiment

7. Many people felt that the **consultation process** was not conducted well. However, a key point was an **eagerness to be involved**. People wanted more **collaboration and communication** going forward, and they wanted to help form a solution.
8. There was acknowledgement by some responders of the **need for change**, and appreciation to the Board for taking action.
9. **The overall tone of the written submissions was negative**. This somewhat contrasts with

the result of survey question 7 which found around half of responders thought that, broadly speaking, the proposed approach would address the current issues with scopes of practice.

10. The most prominent theme was a desire for more **justification for the proposed changes** - evidence for the problem, and evidence that the changes will solve this problem.
11. Feedback surrounding the new cluster and scope structure was overwhelmingly negative - factors like a concern that the **structure was too restrictive** influenced this negative sentiment.
12. Submitters were worried about the **potential negative impact to the public** (mostly around reduced access to psychologists), especially given the current state of mental health in Aotearoa New Zealand.

## Key email themes at a glance

### Key concerns:

13. Several themes related to **concerns submitters had around the proposed changes**. These were in relation to the changes to scope structure and the negative impact this could have, the flow-on impacts to psychologists and discord within the profession, the possible impact on the practice (limiting its development), and the potential detriment to the public - for example, limiting access to psychologists.

### Other themes:

14. There was a strong **desire for the case for change to be better communicated** - including for the legal position, the presence of a problem in the first place, and evidence for the solution.
15. People were generally **unhappy with the consultation process**. They wanted more collaboration and communication.
16. **Views were mixed on the potential Kaupapa Māori scope**. Many were concerned that this

would limit access to culturally competent practice. There was agreement that this area needed attention.

17. **Other salient issues:** submitters discussed a broad range of other issues including overseas systems, the Code of Ethics, and endorsement processes.

## Survey responses

18. About half of those who responded thought the proposed approach would address the current issues with the scopes of practice.
19. Just over half of those who responded said it was not clear from the information provided whether they would have to apply for an endorsement(s) to continue performing the range of their current practice.
20. About one third thought they would have to apply for an endorsement.
21. Just over half of people who answered felt the proposed assessment process was not fair.
22. Only about a quarter of people felt there were other endorsements that should be added to existing scopes of practice.
23. Half of people who responded wanted a kaupapa Māori scope of practice to be developed - half did not.



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# INTRODUCTION



# 1. Introduction

This document is a summary report of the findings from the public submission responses about the proposed scopes of practice that were presented as a potential new framework.

The driver for the proposed changes was that the Scopes of Practice had not been updated since the Health Practitioners Competence Assurance Act 2003. The Board are obligated under the Act to review the Scopes of Practice. Many psychologists in good faith have developed and expanded their practices beyond the scope of practice in which they are registered.

The proposed changes document was released on 6 December 2023 and invited email submissions and survey responses with an original closing date of 29 February 2024, then extended to a final date of 31 May 2024.

Activities preceding the document release were nationwide roadshows and a publication about the issues in a newsletter. The Board agreed not to make any changes until the submissions were considered.

## 1.1. Submissions received

In total there were 53 email submissions and 1,349 survey responses. There were just over 3,500 combined free text survey responses to the open field questions.

## 1.2. Method overview

The email submissions were analysed and key themes and salient points were extracted. Supporting quotes were included to support the themes. The survey responses were summarised and the free text fields were also analysed thematically.

Respondent quotes were edited for spelling and grammar, but no other wording changes were made. Identifiable information such as names of individuals, and organisations affiliated with an individual response, were redacted for confidentiality.

This analysis was conducted manually, without the assistance of Artificial Intelligence.

## 1.3. Limitations and recommendations

The email submissions and free text answers were complex to analyse given that respondents often spoke about their global views rather than responding to one aspect of the proposed change, or they used the free text to make comments unrelated to the question. The submissions contained many specific suggestions - these were generally not included in the analysis due to the large volume and specificity.

There was also evidence of repeated or collusive responses. For example in some free text responses, there were exact phrases repeated across the dataset.

Given that the overall tone of the responses was negative, it is important to consider the potential impact of negativity bias or positive-negative asymmetry. This refers to the increased likelihood that people will respond to surveys or emails when they feel against a topic rather than being supportive.

# THEMES FROM EMAIL SUBMISSIONS



## 2. Themes from email submissions

### 2.1. Changes to scope structure and clusters

Views on the proposed clusters were overwhelmingly negative. It was felt that the proposed structure is illogical and would not be beneficial to the psychology community, or the public. Insights within this theme were interlinked and in some cases they have overlapping implications.

#### 2.1.1. Scopes seen to be overly restrictive

One concern was that the suggested scopes are overly restrictive leading to constrained pools of clinicians. It is believed that this will add unnecessary complexity and limitations, and ultimately lead to negative consequences for the practice and the public. This included excessive referrals, reduced access to psychologists, and restricted career paths.

- “...the general concern is that the scopes become overly restrictive leading to constrained pools of clinicians forced to make frequent referrals to oversubscribed clinicians in other scopes.”
- “A concern is that due to overly specified restrictive scopes, that poorly match the complexity or real world clinical phenotypes and comorbidities, psychologists will be anxious about operating out of scope, and will refuse to see such clients.”
- “The general message that ‘no health practitioner may perform part of a health service that forms part of a scope of practice of the profession in which they are registered unless they are permitted to perform that service by the scope of practice in which they are registered’ is of course reasonable but the idea that if you are clinical psychologist you need to be a neuropsychologist to use tests, or a forensic psychologist to see an offender, or ABA scope to propose a behavioural intervention for someone with an ID, is in my mind weirdly restrictive.”

#### 2.1.2. The new clusters and scopes do not reflect the complex realities of practice

Another concern was that the proposed division of scopes does not make practical sense. For example, the scopes are used across many contexts and in conjunction with other scopes.

- “First of all, it would be unfair if psychologists trained in Neuropsychology and Applied Behaviour Analysis are limited to working with clients with intellectual disability, cognition, learning difficulties, and behaviour. As we know, neuroscience and behavioural principles can be applied to all aspects of practice.”
- “The proposed changes to scopes do not support the work of multidisciplinary teams. Behaviour analysts work with a range of service providers and populations. The specific expertise (e.g. addressing skill deficits and behaviours of concern) of behaviour analysts often complements other therapies and interventions.”

#### 2.1.3. Clients need multiple competencies at the same time

There was concern around practitioners being classed in disparate clusters and scopes as people needing psychological care often require multiple competencies. Submitters are fearful that this will lead to worse access and care for the public.

- “Central to these concerns is that people we work with, and psychological practice, do not fit neatly into predetermined boxes – people, families, systems and organisations often have multiple, interacting issues or areas that a psychologist may need to work with. Having a skilled workforce that can work across these different areas, whilst recognising when an issue goes outside of their competency, benefits the public in continuity of care, minimising disruption to their service and enabling the best evidence-based practices to be selected and used at the appropriate time.”

## 2.1.4. Overlapping scopes

Many submissions highlighted the issue of overlapping scopes - feeling that the capabilities and practice of scopes have significant overlap, meaning separation of these into different scopes does not make sense.

- “There is significant overlap within the work done by psychologists from different fields. Without detail provided we are concerned that specific activities will be restricted to one or other Scope and this will severely impact others.”
- “...in terms of the Board’s current Scopes proposal, I would be required to seek registration in the scopes of Clinical, Forensic, Child and Family, Health Psychology, Applied Behaviour Analysis psychology, and Neuropsychology in order to be considered a competent and safe practitioner across these fields! In a sense, this raises questions about the wisdom of ring-fencing the practice of psychology into scopes and the constraints posed by attempting to do so.”

## 2.2. Impact on the psychology workforce and profession

Another theme submitters were clearly worried about was the potential pressure and strain which the proposed changes would place on the workforce and psychology as a profession.

### 2.2.1. Professional discord

Some people expressed that the proposed changes unfairly favoured certain scopes above others. It was felt that there was a clinical bias which unfairly benefits clinically weighted scopes. More generally, it was felt that the changes segment and divide the profession.

- “...limiting the scopes of practice will unintentionally benefit psychologists from certain scopes (e.g. clinical psychologists), whilst seriously impacting the livelihood of psychologists from other scopes. As the New Zealand Psychologist Board, different scopes of practice should be equally valued and protected.”
- “The implicit assumption is that to be a better qualified psychologist you must have a specialist scope. This will lead to a proliferation of scopes, fragmentation, and confusion for the public in a small country that will benefit from

well trained generalists.”

- “Are you choosing to gate-keep and encourage an entitlement schema?”

### 2.2.2. Impact on employers

There are present and predicted negative impacts on employers of psychologists. For example, increased administrative strain, the unknown cost of employers needing to register for new scopes and endorsements, and a heightened shortage of psychologists in the workforce as the changes could limit the number of eligible psychologists for various roles.

- “The profession is being left in an uncomfortable limbo the longer this process drags out, and as employers, we will no doubt be making employment decisions based on the worst possible outcomes.”
- “In sum, I see a raft of significant issues with these proposed changes. I believe the restrictive nature of the new scopes of practice are unnecessary and would make training institutions, employers and the workforce less flexible and more caught up in administrative tasks.”

### 2.2.3. Impact to psychologist wellbeing

There was also a general concern for the wellbeing of psychologists due to the proposal and its perceived implications.

- “We’re concerned about the toll this is taking on the wellbeing of a group of professionals, who are already under pressure with a lack of psychologists to meet the demand of the national mental health crisis.”
- “We urge the Board to reconsider the consultation document because we believe that its proposed structure would be highly detrimental to the professional wellbeing of our psychologists and for the safety of the ākonga, whānau and kura that we serve.”
- “We also wish to draw the Board’s attention to the impact that this, and recent decisions or comments by the Board, are having on psychologists’ wellbeing and their ability to gain work currently.”

## 2.3. Potential impact on tertiary providers

Another concern was the effect which the proposed changes could have on psychology training and academia - as this plays a major role in the development of the profession.

### 2.3.1. Development of the field of psychology

There is general concern around how training programmes would adapt to the changes. Many submitters felt that tertiary providers are a core driver in the development of the field of psychology - respondents expressed the view that the change of scopes would hamper tertiary providers' ability to conduct this role, and also to train more psychologists in an already stretched workforce. Submitters also expressed concern that tertiary providers would be pressured to focus on creating programmes which cater to specific scopes rather than general evidence-based competencies.

- “It would require assurance by University Institutions that they are able to meet the increased need and adapt curricula to the new employment context that graduates would be employed in. This is broader than the [REDACTED] and likely [to] create immense pressure on universities from future employers.”
- “Such institutions are already under constant pressure to train more psychologists (to meet the needs of the community), yet I fear these changes would have the opposite effect.”
- “The proliferation of Scopes will not be able to be met by the tertiary institutions and that people will face limitations in what they can study based on their location and financial ability to move.”

### 2.3.2. Time and cost

Submitters shared concerns around the likely extra costs and strain of changing programmes to fit the new scopes. They believe changes to the scopes of practice have significant implications for training programmes.

- “At present our universities and tertiary institutions are unlikely to financially sustain additional training for the proposed new scopes.”
- “What evidence does the Board have that tertiary providers, assuming Academic Boards were willing, could sustainably offer such

pathways of study? What consideration has the Board given to the lead times and resourcing required for tertiary providers to make such provision?”

## 2.4. Impact on the public

Submitters felt the proposed changes would be detrimental to the public. This theme was interwoven within many insights. Factors influencing this include reduced access to psychologists, a more confusing profession/offering, and the potential for increased non-compliance.

### 2.4.1. Reduced access to psychologists

It was felt that the new scopes and cluster system could make it harder for the public to see a psychologist. The potential administrative burden would take time away from clients. Similarly, the administrative time and financial strain on training programmes could mean fewer psychologists enter the workforce, further limiting access.

- “I predict that the downstream effect of these changes would result in reduced access to psychological support for the community.”
- “...it may unintentionally hamper the public from being able to locate a suitably ‘qualified’ psychologist, reduce the pool of available psychologists, increase waiting times for services (public and private), and potentially increase cost to consumers.”
- “We recognise that psychologists practising outside of scope can pose a risk to the public. At the same time, we believe that the ongoing shortage of psychology services also poses a significant risk to the public.”

### 2.4.2. Complication of services

Submitters talked about the potential impact of a further segmented and siloed profession - having the potential impact of making psychological services more confusing and harder to know how to access.

- “I am concerned that if there are too many scopes / too much siloing / too many endorsement options may be confusing for the public. Scopes should be descriptive, with each holding their own mana.”

## 2.5. Evidence to support the need for change

A common criticism from submissions was a lack of evidence. This was in relation to the legal position, the stated problems within the profession, and that the changes would fix the purported issues.

### 2.5.1. Evidence for the legal position

There was a desire to see evidence of the legal necessity for change. Many submitters were unconvinced, or disagreed, with the Board's position on the current scopes of practice being out of line with the Health Practitioners Competence Assurance Act 2003. They want visibility of any legal advice given to the board around this.

- “I suspect that the person providing the legal opinion has neither a deep knowledge of the nature of psychological practice nor the breadth of the application of that knowledge.”
- “That legal opinion has not been provided which creates suspicion as to the details and origin of that opinion (why it was sought and the context in which it was provided), especially when many psychologists have been operating under an understanding that, providing competence could be demonstrated, one was within Scope.”
- “Full disclosure of that legal advice provided to the Board, how it came about and the rationale used to overturn historical practice, is essential if a critical mass of acceptance of the need for change is to be achieved.”

### 2.5.2. Evidence for the presence of a problem

Submitters were largely unconvinced that psychologists practising outside of scope is a significant problem. Many submissions wanted some form of evidence to support this claim.

- “...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.”
- “[REDACTED] has contracted large numbers of psychologists for almost 20 years. At no time have we had a complaint related to lack of competence by a psychologist in our service.”
- “The scopes proposal does not define or provide evidence of the current situation it is planning to “sets to rights”. It provides

one proposed solution without a detailed, transparent assessment of the problem and the extent of the risk to public safety.”

### 2.5.3. Evidence that the change would solve the problem

Submitters also felt unconvinced that the proposed changes would solve the problems stated by the Board; some are calling for more evidence. They worried that the proposed changes could make the problems worse. For example, worsening non-compliance.

- “The Board has stated that a key benefit of the new framework is that it is designed to be future-proof and to flex more readily as the profession changes. However, there is no further explanation or evidence on how the proposed framework would achieve this or what changes would need to be incorporated.”
- “Psychologists will be fearful of providing services in case it is seen as outside of their scope. Potentially, less qualified people who are not required to be registered within any profession, such as ‘Wellbeing Specialists’, will fill this role”
- “A potential paradoxical impact of this is that people could remove themselves from registration as a psychologist and do restricted tasks while calling themselves something else.”
- “With the proposed framework, its complexity may inadvertently lead to less compliance. We believe that the initial scope of practice should not define a Psychologist’s practice over the entirety of their career.”

## 2.6. Consultation process

Many people had issues with the consultation approach. These centred on the desire for more collaboration and communication with the profession.

### 2.6.1. Desire for more collaboration

It was clear from the submissions that people felt there should have been more collaboration and broader involvement from the profession in the development of the consultation. There was also a clear willingness and desire from many people to stay involved in the process - wanting to help develop any changes in a way that works best for the practice.

- "...the Board should employ an appropriate methodology that reflects what the profession could recognise as a best practice approach which would at an absolute minimum involve clear and collaborative confirmation of the problem to be addressed and outcomes sought, high quality evidence and a high quality process."
- "[We are] dedicated to working collaboratively with the New Zealand Psychologist Board to develop a scopes of practice framework that prioritises public safety, maintains professional standards, and ensures equitable access to evidence-based treatments like EMDR therapy."
- "Creating an inclusive, collaborative process that truly listens to psychologists is essential alongside taking steps to address these impacts with the wider sector/employers."
- "We hope that the Board will provide transparency in their decision-making and ensure their decisions and any future changes are primarily made to ensure safe and ethical practices for our society. We invite future conversations and are happy to serve as subject matter experts for all topics related to behaviour analysis."
- "We are happy to meet to discuss these concerns further as needed. Please do not hesitate to contact us and we look forward to liaising with you regarding our correspondence soon."

## 2.6.2. Desire for more communication

Submissions highlighted the need for greater clarity on the proposed changes and the process followed up to this point. They also felt that there should be more communication with the practice around the proposed changes and consultation.

- "We are deeply concerned about the impact of the lack of communication that the process has had on our profession."
- "Communication about proposed changes should be clear and comprehensive, the rationale for proposed changes should be logical and transparent, multiple options for addressing the issues of concern should be presented with key pros and cons, and all relevant stakeholders should have adequate time and opportunity to consider the proposed changes."

## 2.7. Kaupapa Māori scope of practice

Some respondents felt very positively about the inclusion of a kaupapa Māori scope. Whilst others had significant concerns as to the implications of its creation, commenting that it might mean other practitioners would either not feel obligated to cater to a kaupapa Māori lens, or that they would not feel they were able to unless they had specific training for the kaupapa Māori scope. This could further reduce access to psychologists for an already underserved population. It was clear submitters felt strongly that a lot of care and consideration would need to go into the creation of the scope if it were to proceed.

- "I fear that creating this scope will again have the opposite effect of what is intended. Training programmes and already practising clinicians may defer Kaupapa Māori knowledge to those specifically registered in the Kaupapa Māori scope. We are often warned about the tendency to tokenise or silo Kaupapa Māori knowledge, yet the treaty suggests a need for Kaupapa Māori to be pervasive across all facets of psychological practice."
- "We completely support the development of a kaupapa Māori scope of psychology practice."
- "The proposal to create a Kaupapa Māori Scope will not be achievable in the current timeframe provided. This mahi will require a dedicated team of Māori psychologists who need to be funded and supported to design and implement such a scope. A Kaupapa Māori Scope will need to be developed in the context of (or alongside) Universities and in collaboration with Te Whare Wānanga... However, we are concerned that some practitioners may believe that the proposed Kaupapa Māori Scope will absolve them of any obligation or responsibility to continually improve their cultural competence and therefore their culturally safe practice."
- "Developing a Kaupapa Māori scope of practice means psychologists who do not have this scope may neglect their training in this domain and refuse to see Maori clients for fear of practising out of scope. This is unacceptable when a fifth of the population is Maori. Rather such competencies should be general skills all psychologists should be developing competence in."
- "All psychologists should be practising in a kaupapa Māori way to the best of their ability, when it suits the client, supported by training

and cultural supervision. If Kaupapa Māori were a separate scope, it may cause many psychologists to feel their competence is not enough for working with Māori and exacerbate shortages.”

## 2.8. Other salient issues

Submitters commented on many other issues, but these were not discussed consistently enough to warrant inclusion as core insights. Some of these points which came through more often, or seemed to hold more weight, are stated below.

### 2.8.1. Support for the proposed changes

While the submissions were largely in opposition to the proposed changes, there was some support towards it. This was around broad agreement on the need for review of the current state of the practice and clarity on current scopes.

- “In summary, the [REDACTED] consider that we are broadly supportive of the Psychology Board addressing the scope of practice questions for psychologists; this may clear up some significantly grey areas and bring psychology more into line with other health disciplines. We consider that the proposed approach has the potential to improve the current situation.”
- “[We] recognise and support the need for a review of Scopes to ensure greater clarity, transparency and certainty to our members in their practice of psychology. However, we urge the Board to reconsider its proposal and implement a more collaborative approach with representatives from across the profession to develop a more robust and flexible framework.”
- “Review of practice, regulation, and the structures and systems that support effective and safe professional practice is important, and I support the actions of The Board to undertake a review.”
- “I have for some time been unclear on the distinction between clinical psychology and neuropsychology scopes; hence, the scope consultation is welcome in this respect.”
- “We are broadly supportive of the move towards further definition of prac family specific scope that reflects the depth and breadth of our training.”
- “Thank you for bringing up this issue, I for one have been a little puzzled about how various

psychologically informed practitioners and psychotherapists were calling themselves ‘psychologists’ and perhaps doing things they have not been trained to do.”

### 2.8.2. Overseas precedent

A common critique or question was the inconsistency with overseas precedent. Submitters were confused as to why New Zealand should significantly deviate from other similar countries.

- “The NZPB has proposed a more restrictive set of Scopes of Practice in Aotearoa than UK, Australia and Canada. It is not clear why there is a greater perceived risk in Aotearoa to the public from our psychologists compared to those operating in similar legal jurisdictions.”
- “It is in our opinion that the proposed scopes are overly restrictive compared to regulations in similar jurisdictions overseas and do not fit with international conventions on the restriction of titles.”
- “The Board’s proposals are disproportionately restrictive compared to Regulatory Authorities in similar jurisdictions overseas.”
- “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.”

### 2.8.3. Conflict with the Code of Ethics

Some respondents pointed out that the profession has a code of ethics, and that the proposed changes are in conflict with it. This was mostly in relation to possible negative impacts to the public.

- “We have a Code of Ethics to “do no harm”. The proposed changes would make waitlists longer, reduce capacity of already-stretched services, and would worsen workforce issues as restrictions would deter potential psychologists from joining the profession.”
- “We request a consultation process that aligns with the principles of our Code of Ethics. Te Tiriti o Waitangi must be considered first and foremost. The consultation process as implemented and outlined by the Board has not considered culture adequately. Cultural competence must be considered first for any

professional changes rather than scopes.”

- “The consultation document seems at odds with the Psychologists Code of Ethics. Our code of ethics state that ‘Psychologists recognise that vulnerability is increased by unfamiliar cultural settings, unfamiliar clinical settings, unfamiliar language, overwhelming numbers of staff and/or lack of advocate support’. We believe the proposed consultation document will increase vulnerability because a psychologist will be required to restrict services for their client to their ‘scope’ rather than meeting the identified needs of the client.”

#### **2.8.4. Comments on endorsements**

There was general confusion around how endorsements would work and why they are necessary. Although small, there was also some support for this idea.

- “Would I need to gain endorsements in all of these areas to continue to practise in them? I don’t think that would make sense, and I suspect my situation is mirrored by many others.”
- “It is unclear what legal mechanism the Board proposes to implement practise ‘endorsements’. There is no reference to ‘endorsements’ within the HPCA Act, which only gives the Board the authority to define ‘Scopes’ of practice.”
- “The proposal to introduce a transition pathway and endorsements for psychologists who later undertake additional and extensive training is an excellent idea, although the endorsement titles may need consideration.”

# SURVEY DATA FINDINGS



# 3. Survey data findings

- There were 1,349 respondents to the survey (at the time of writing there were 4,835 registered psychologists in Aotearoa, New Zealand).
- The respondent demographics were captured in survey questions 1-6.
- Questions 7-20 contain the responses to the proposal.
- Note that respondents were allowed to skip questions, so the total respondent number varies per question.
- The analysis of the free-text answers revealed many repeated themes from the email submissions.

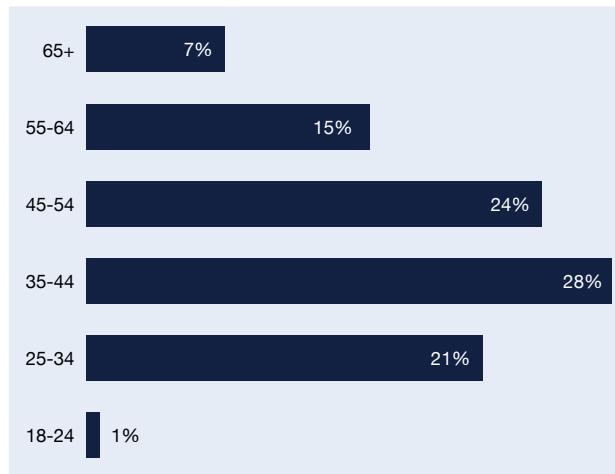
## 3.1. Responder demographics

### 3.1.1. Professional status (Q1)

Professional status	Percentage
A registered psychologist (including intern and trainee psychologists)	96.3%
A member of the public	1.6%
A representative of an organisation with an interest in this matter	1.6%
A registered health practitioner who is not a psychologist	0.5%
A psychologist who hopes to register in the neuropsychologist scope of practice within the next 5 years	0.0%
A psychologist who is not registered in the neuropsychologist scope of practice and does not intend to apply in the next 5 years	0.0%
A registered intern or trainee psychologist	0.0%

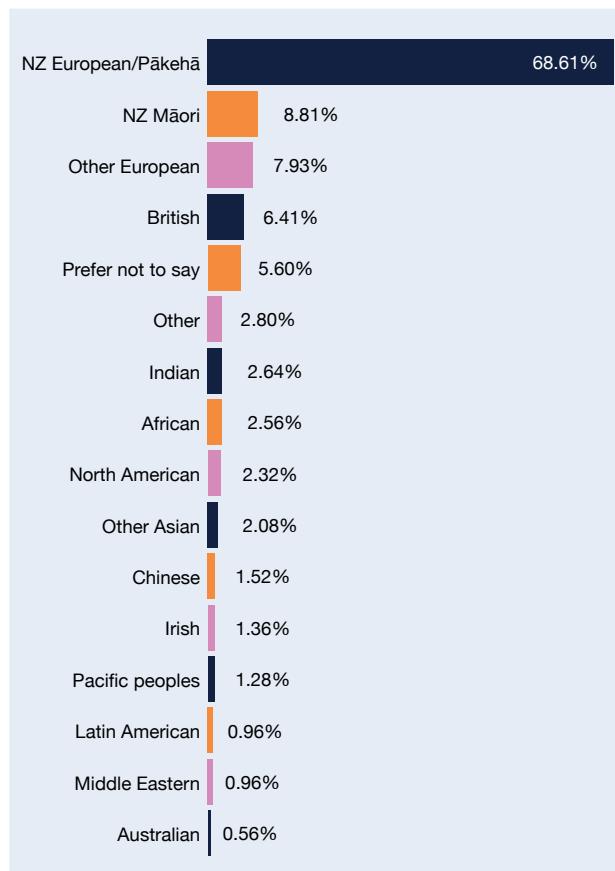
### 3.1.2. Age range (Q2)

3% of respondents who answered preferred not to say their age range, and 8% of respondents skipped the question.



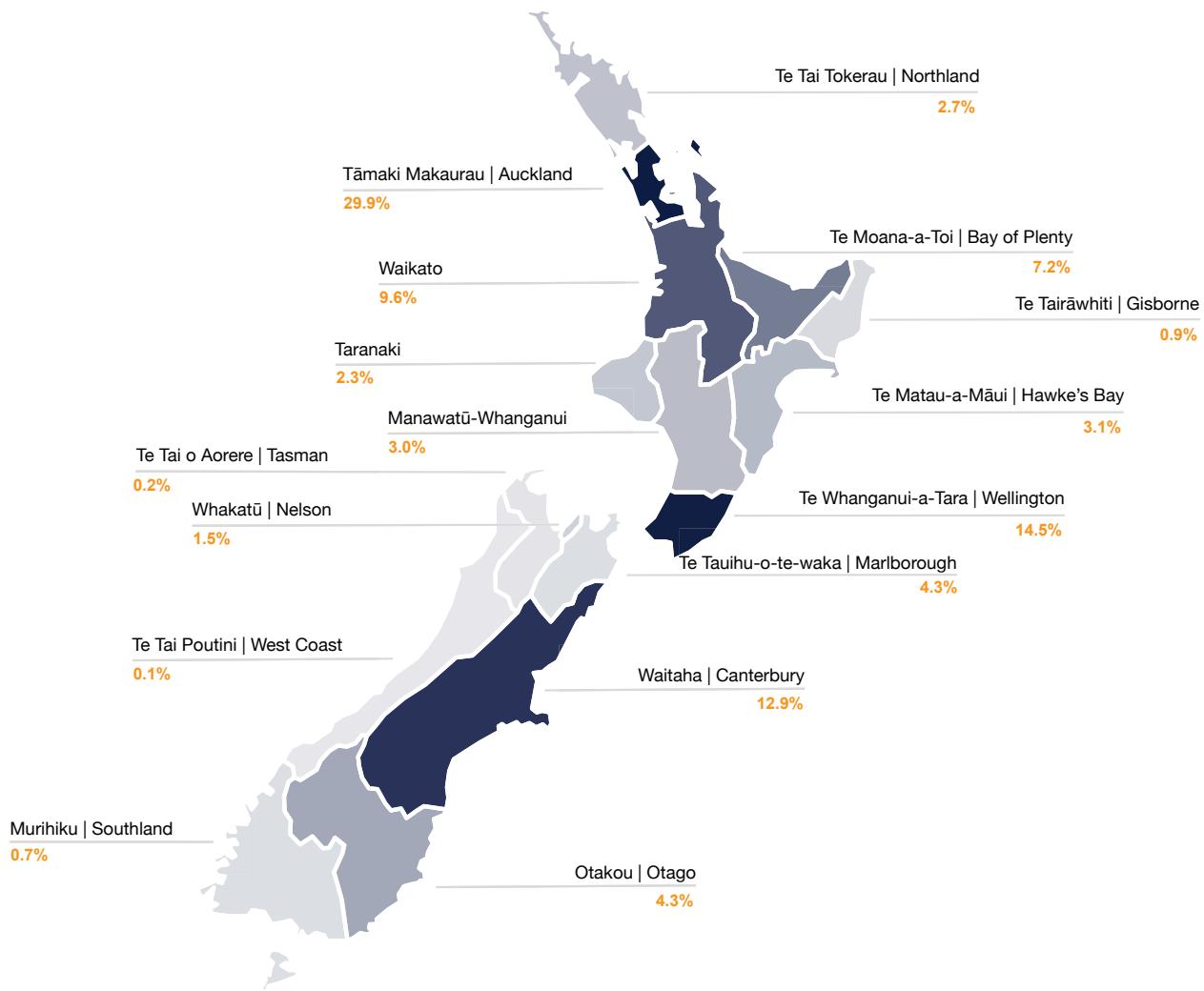
### 3.1.3. Ethnicity or ethnicities/nationalities (Q3)

5.6% of respondents who answered this question preferred not to say their ethnicity, and 7.4% of respondents skipped the question.



### 3.1.4. Geographic region (Q4)

15% of respondents who answered this question preferred not to say which region they are from, and 6% of respondents are not currently in Aotearoa, New Zealand.



### 3.1.5. Registered scopes of practice (Q5)

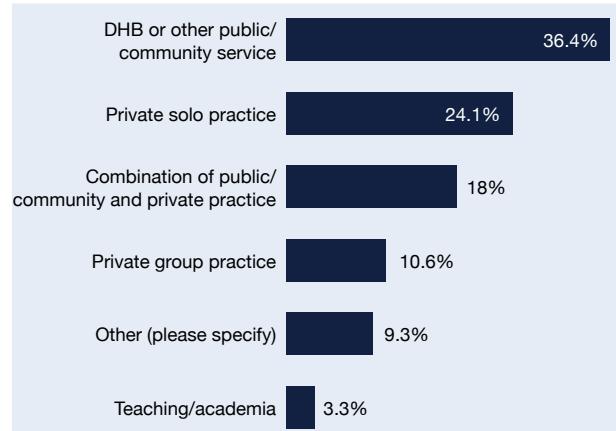
(respondents could choose multiple categories)

7.7% of respondents skipped the question.



### 3.1.6. Best option that aligns with practice setting (Q6)

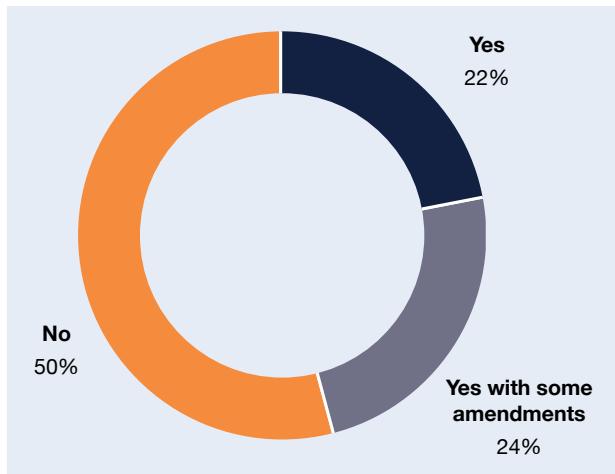
7.9% of respondents skipped the question.



## 3.2. Respondent answers to the proposal

### 3.2.1. Broadly speaking, do you think the proposed approach will address the current issues with scopes of practice? (Q7)

Of the 63% of people who answered:



### 3.2.2. If you answered “yes, with some amendments” or “no” please let us know what you think needs to be changed (Q8)

The following are some themes from the free text answers.

Note: Often it wasn't clear which of the response options people were responding to and whether their comments reflected an amendment or a reason for their 'no' response. To protect respondent anonymity, the analysts received the free text responses in bulk and could not map data to the Yes/No options.

#### 3.2.2.1. Yes and No - Changes to scope structure and clusters:

- a. Scopes seen to be overly restrictive
  - “Confining a psychologist to only be able to develop skills and practice, within the domains they were trained, is very limiting.”
- b. The new clusters and scopes don't reflect the complex realities of practice
  - “It isn't clear how this framework was developed and I fundamentally disagree

with this way of compartmentalising people in terms of ‘mental health’ and ‘other’. This draws upon traditional, harmful narratives of people and is not in line with current holistic understandings of individuals.”

#### c. Other considerations

- “A focus on tightening up the CCP to focus on competence over scope to address any perceived need.”
- “Educational psychologists do provide counselling and mental health support, and were trained for this.”
- “I would like to see a Clinical Child and Family scope.”

#### 3.2.2.2. No - Concerns around the impact to the public:

##### a. Reduced access to psychologists

- “With a worldwide mental health crisis, and the impact of this on a small country such as ours, I argue that we live in a time where public safety is already at risk in Aotearoa New Zealand, as there are not enough mental health professionals to meet the need as it is. We need our people to be permitted to practise more broadly, not have their practice restricted.”

##### b. Conflict with the Code of Ethics

- “We have a Code of Ethics to ‘do no harm’. The proposed changes would make waitlists longer, reduce capacity of already-stretched services, and would worsen workforce issues as restrictions would deter potential psychologists from joining the profession.”

#### 3.2.2.3. No - Evidence to support the need for change:

##### a. Lack of evidence for the problem

- “This question indicates that there is agreement on the ‘current issues’ that the board have raised. I don't believe that there has been adequate information or evidence to justify that these ‘issues’ are valid and therefore do not believe that any proposed approach can be properly consulted on without first agreement on and clarity of the issues at hand.”

##### b. Lack of evidence that the proposed changes solve the problem

- “scopes are not the issue - competence is what protects the public - scopes are simply patch protection - and do not have an impact on public safety”

- c. Problems and any evidence were not communicated clearly
  - “You have laid out a few issues in the consultation doc, quoted below. However, I don’t think you have made the issues clear. This makes it impossible to know if your proposed framework would be effective.”

#### **3.2.2.4. Yes and No - Consultation process:**

- a. The consultation process should have been approached differently
  - “The Board needs to engage in a competent, high-quality strategic change process by first carefully formulating the problem they see and providing data/evidence to all stakeholders to show a problem exists that needs fixing.”
- b. Desire for more clarity
  - “There is not clarity about what the current ‘issues’ are so this can not be answered”
  - “It is hard to tell without more clarity about what each scope’s criteria is and how these are applied.”

#### **3.2.2.5. Yes and No - Impact on the psychology workforce and profession:**

- a. Concern around the impact of the consultation and the impact that the changes would have on the workforce
  - “Creating financial challenges and job uncertainty for any psychologists (unless you are clinical) to gain employment that is not a short-term contract in New Zealand since you have made these proposed scope changes.”
- b. Professional discord
  - “It seems unworkable in its current state and will only fuel division between scopes and lead to confusion for the public.”

#### **3.2.2.6. No - Impact on psychologists trained overseas:**

- a. Concern that the proposed changes would unfairly detriment people with overseas training
  - “...but I think we have to be careful how rigid we become on what that looks like as a lot of people were not trained in NZ and still may be amply qualified to be in the spaces they are.”
  - “It can be difficult to put psychologists in categories, especially those trained in overseas”

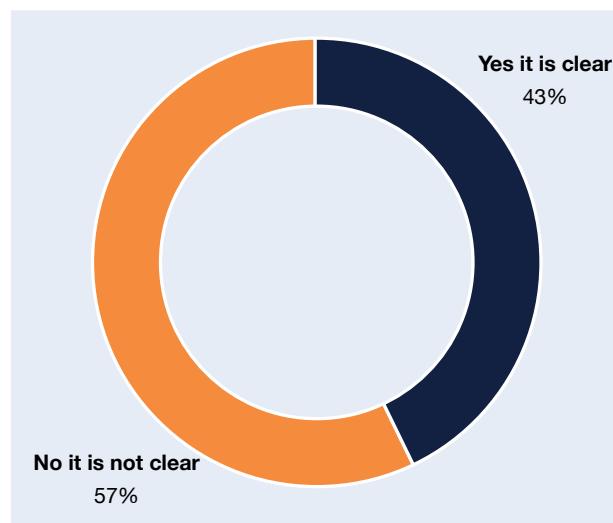
- “...does not consider the positive contributions which Overseas Psychologists make and as it is raised without positivity comes across as bias to NZ Perspective”

#### **3.2.2.7. Other salient issues:**

- a. The label of ‘Applied Behavioural Analysis’ should be corrected to ‘Applied Behaviour Analysis’

### **3.2.3. Is it clear from the information provided whether you, as an individual, would need to apply for an endorsement(s) to continue performing the full range of your current practice? (Q9)**

Of the 62% of respondents who answered:



#### **3.2.4. If you answered “no it is not clear” please let us know what you think is unclear (Q10)**

The following are some themes from the free text answers:

#### **3.2.4.1. Uncertainty around scopes:**

- a. Uncertainty around which scopes an endorsement would/could be applied to
  - “No indication as yet from the Board around which scopes will require an endorsement, so this is not clear.”
  - “The Board has not stated the scopes to which the endorsements would apply and it has provided no indication as to how the

existing scopes might be reworded.”

#### **3.2.4.2. Lack of clarity in the consultation:**

##### a. Lack of definitions

- “You’ve split everyone into scopes grouped in two clusters, haven’t defined what each can do or what is in each scope, and then said we’ll need to apply for endorsements. How do I know if I need to apply for an endorsement if I don’t have a clear definition of what I can do in that scope?”

##### b. Lack of transparency

- “I assume a clinical psychologist will require an educational psychology endorsement if an educational psychologist requires a therapy endorsement? There is no clarity on this and there is a fear that this is about patch protection, rather than safety of the public.”

#### **3.2.4.3. Uncertainty around current practice:**

##### a. Uncertainty around continuing current practice - based on the proposed changes

- “With the current proposal it is unclear whether I would be entitled to work across various scopes that may overlap (e.g. ABA Psychology, Child and Family Psychology) or if I would be more restricted within my role than I currently am, without clear definitions of what would be covered within each of the scopes.”
- “The definition of the scopes is vague and not reflective of the diversity of my current practice.”

#### **3.2.4.4. Trained overseas:**

##### a. The scopes and endorsement process did not consider those with overseas training

- “Because I’m an overseas trained Psychologist with a varied breadth of training that doesn’t meet the limiting definition here in NZ.”
- “As mentioned above, the pathway and transition period are not clear for overseas-trained psychologists.”

#### **3.2.4.5. Difficulty expanding practice:**

##### a. Concern that the endorsement process would make it difficult for psychologists to expand their learning and practice

- “It is clear and it’s hugely demoralising. The untold and unpaid hours required to apply

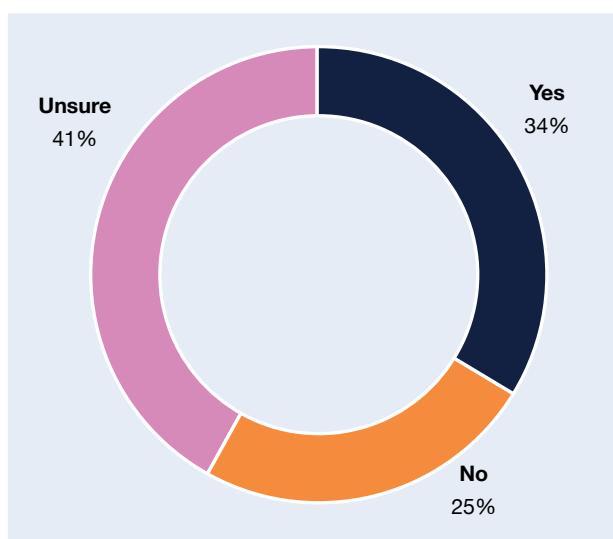
for an endorsement feel like a punishment for wanting to develop my professional practice and expand my skillset.”

- “I would also like to expand my range of practice in future. I’m not clear how the revised approach would make this possible.”

#### **3.2.5. Are you a practitioner who thinks you would need to apply for an endorsement? (Q11)**

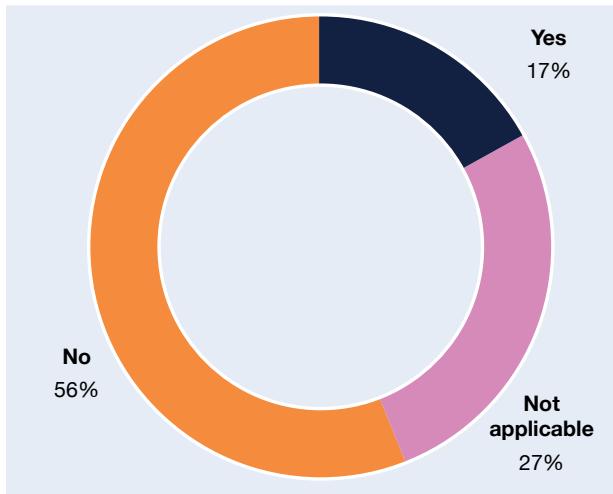
(Note, the purpose of this question is to help us understand the number of applications we may need to work through if this framework proceeds – not to identify or “chase up” individuals who answer “yes.” Your answers to the survey are anonymous unless you provide your email address at the end of this questionnaire).

Of the 63% of respondents who answered:



**3.2.6. If you are a practitioner who would need to apply for an endorsement to continue performing the full range of your current practice, do you think the proposed assessment approach is fair? (Q12)**

Of the 62% of respondents who answered:



**3.2.7. If you answered that you do not think the assessment process is fair, please let us know why you think it is unfair. Please also provide any suggestions as to how you think it could be fairer (Q13)**

The following are some themes from the free text answers:

**3.2.7.1. Support with changes:**

- a. Some respondents were supportive of the process - but were concerned that it is too time consuming
  - “I think it is fair but onerous. If as outlined it includes an extensive portfolio of evidence required, then as a practitioner at nearing the end of my career, I would consider ceasing work rather than engaging with it. I’m not sure this is ideal given the lack of skilled psychologists in the workforce.”

**3.2.7.2. Professional discord:**

- a. The process could unfairly target general and educational psychologists

- “I don’t think it is fair when my training to be an educational psychologist covered some of the things that I think you would be excluding from the scope of practice but like I said I am unsure of where the boundaries of the scope.”

b. Unfair preference to clinical psychology

- “I am concerned that clinical psychologists are capturing a broad scope of practice that appears to be elitist, and patch driven.”
- “It is clear that the Board is targeting scopes such as general and educational that it views as less than the clinical scope. There needs to be clarity on scopes that would be impacted. In the end it does not seem legally that the Board is entitled to do this.”

**3.2.7.3. Impact on psychologists:**

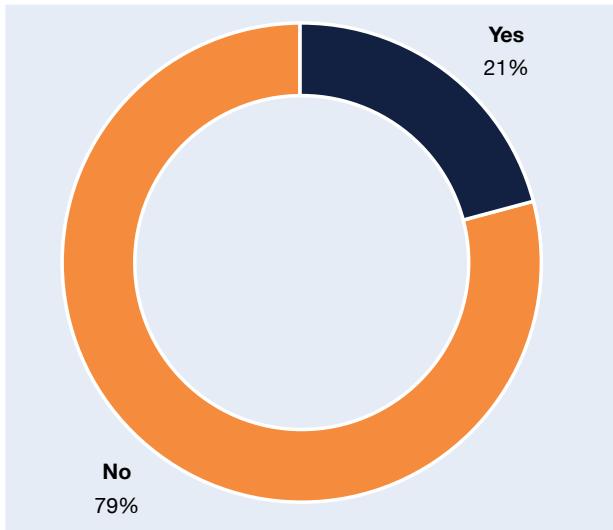
- a. The process of proving competence is degrading
  - “Therefore it feels unfair to have to jump through hoops and essentially prove ourselves capable when our training and professional competence has enabled us to do the work well in and of itself.”
- b. Undermines practical experience and supervision
  - “To provide this info required for an endorsement is likely to be onerous, and disregards the diligence with which we complete our CCP records, our supervisor’s competence and obligation to keep the public safe and the ethics of both supervisor and supervised.”
- c. The process undermines trust and professional autonomy
  - “As part of my continuous reflective practice, supervision, commitment to professional development and adherence to the board’s CCP requirements I have always ensured that I work within my scope and competency.”
- d. The process would be time consuming and costly
  - “The new process seems heavily weighted towards those clinically trained, and extremely time consuming for those who have completed other training pathways to demonstrate their competency.”

#### 3.2.7.4. Can't answer:

- a. Some people felt they could not answer the question due to a lack of clarity and information on the process
  - “Not sure what you are referring to with regards to assessment process. I have attended the roadshow and read documentation - the fact that I am unsure of how to answer this question means there is insufficient information about how everything is linking up i.e. scope, assessment process....?”
- b. Could not answer due to lack of evidence for a need for change
  - “Questions cannot be answered in a meaningful way. The proposed assessment is based on a made-up solution to an unsubstantiated problem.”

#### 3.2.8. Are there other endorsements to existing scopes of practice you think should be introduced? (Q14)

Of the 59% of respondents who answered:



### **3.2.9. If you answered “yes” please let us know what endorsements you think should be added (Q15)**

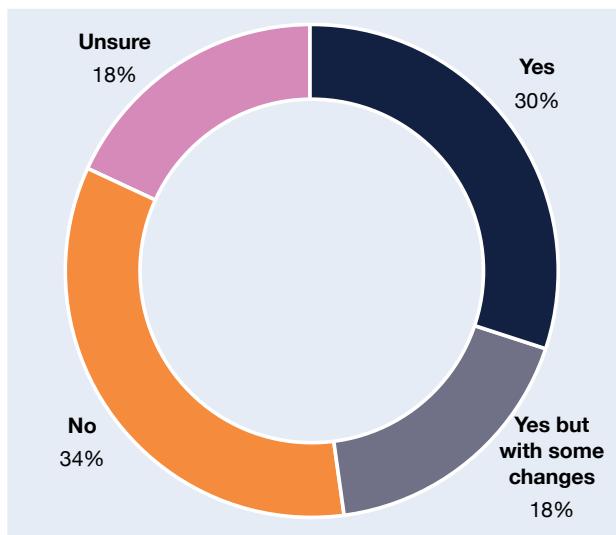
The free text responses reflected many comments about not understanding or not wanting new endorsements and/or a lack of understanding between ‘scopes’ and ‘endorsements’.

Nevertheless, respondents also gave their views on what areas should be considered. Those were:

- Infant mental health
- Child and family
- Child psychologist
- Paediatric psychology
- Adolescent/Young Adult
- Adult
- Older adult
- Couples
- Developmental psychology
- Psychodynamic psychology
- Neurodevelopmental disability
- Research psychologist
- Organisational psychologist
- Military
- Sports
- Sports performance
- Sports and exercise
- Sports and mental skills psychologist
- Health psychology
- Educational
- Evaluation
- Coaching
- Supervision/supervisor
- Management
- Consultant
- Specialist
- Facilitation
- Advisor
- Psychology assistant
- Student psychologist
- Limited neuropsych testing
- Neuropsychological testing
- Neuropsychology with a clinical endorsement
- Supervising psychologist/senior psychologist
- Clinical educational
- Developmental psychologist
- Psychotherapy
- Schema therapy
- Registered psychologist - clinical assessment, diagnosis, and treatment
- Registered psychologist - non-clinical
- Neuropsychology
- Online ACT, DBT, CBT training
- Primary/secondary/tertiary (aligning to mild/moderate/severe)
- Kaupapa Māori
- Indigenous Psychologist
- Community psychology
- Cultural psychology
- Forensics
- Correctional (different to forensic)
- Family court (counselling and report writing)
- Health Improvement Practitioner (HIP)
- Neurodivergence
- Intellectual disability
- Physical disability
- Eating disorders
- Psychosis
- Addictions
- Autism
- Intellectual disability
- Sensory support
- Addictions
- Trauma/trauma informed pain management
- End of life
- Neuropsychology
- General health
- Gender dysphoria
- Rainbow community

### 3.2.10. Do you agree with the proposal to introduce additional scopes of practice? (Q16)

Of the 63% of respondents who answered:



### 3.2.11. If you answered “yes, but with some changes” or “no” please let us know your thoughts (Q17)

The following are some themes from the free text answers:

#### 3.2.11.1. Yes - Support for additional scopes, with some changes:

- a. Theoretical support for new scopes, but more information was needed
  - “We need to see the details before can agree.”
  - “As long as there is clarity on what it all means and does not cause too much disruption to people’s lives and livelihoods and public access to care.”
  - “Probably, but they don’t apply to me directly and I would need more details before I could be sure.”
- b. Further consultation and information before agreeing
  - “More consultation is needed about the details of this.”
  - “It is definitely needed, but developing the competencies that differentiate, may take longer than anticipated and will be contentious. I am likely to need to apply for a second and possibly third scope of practice when I see the criteria.”

- c. General support
  - “More consultation/communication.”
  - “I think it is a good idea to extend the scopes. The current scope of Psychologist is currently too broad.”
  - “Yes - I think additional scopes would be great!”
  - “Yes - strongly advocate for a health psychology scope, well overdue given the volume of health psychologists and health psychology roles. ”
- d. Many specific changes
  - “Broader less specific categories.”
  - “Small changes to scope categorisations.”
  - “More alignment with international systems.”
  - “Include therapy in cluster two, or rearrange the clusters.”
  - “Your proposal needs a lot more fine tuning.”
  - “The hierarchy of scopes seems to favour clinical psychologists in NZ. It would be helpful for a more egalitarian approach and fair representation from a variety of scopes in developing and communicating this new process.”

#### 3.2.11.2. No - Disagreement with scope structure:

- a. The new clusters and scopes don’t reflect the complex realities of practice
  - “In general, I believe that the ‘scope of practice’ construct is simply too blunt an instrument to adequately reflect the appropriately diverse forms of practice that psychologists in Aotearoa New Zealand develop into and execute for the benefit of individuals and groups within this relatively (in an international sense) small nation and small workforce (psychology - and all other professions) of generalists.”
- b. Scopes seen to be overly restrictive
  - “The proposed clusters of scope of practice are limiting and would have negative impacts for many psychologists in terms of professional growth and their livelihoods.”

### **3.2.11.3. No - Impact on the public:**

- a. Confusing scopes
  - “Anecdotally, many people in the public struggle to tell the difference between psychologists, psychiatrists, psychotherapists, counsellors, life coaches, and other helping professions.”
- b. Reduced access to psychologists
  - “Need to think about whether the additional scopes makes it even more confusing or difficult for the public to get access to psychological services that they may need.”

### **3.2.11.4. No - Impact on psychologists:**

- a. Division of the profession
  - “Creating artificial barriers based on arbitrarily defined constructs of what defines scopes is unhelpful and divisive.”
- b. Time and cost
  - “It seems an unnecessary layer of bureaucracy, which will silo practitioners into particular areas.”

### **3.2.11.5. No - Disagreement with premise:**

- a. Lack of evidence for the problem
  - “It is difficult to respond in a Yes/No way to this..The Scopes review is a major change..but it is very unclear where this has come from..and not matched by the stats regarding Ed Psychs complaints.. which are very low. The premise of why the Review is being undertaken as espoused by the Board is in my opinion unclear and flawed.”
- b. Lack of evidence that the proposed changes solve the problem
  - “The function of additional scopes would need to be justified against the problem trying to be solved and show why additional scopes would solve the problem and be better than what is currently in place.”

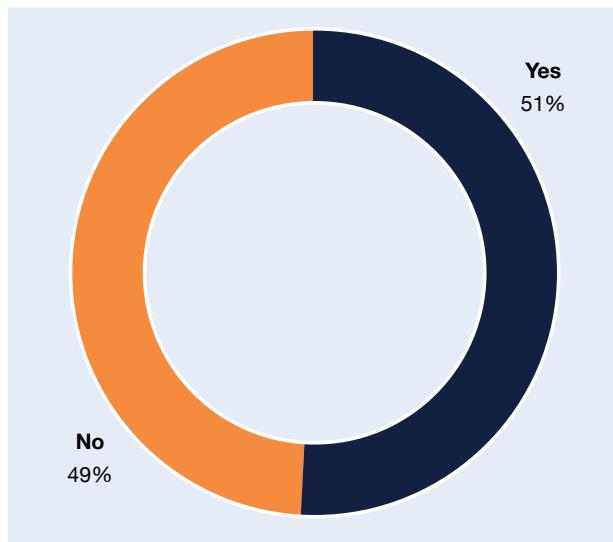
### **3.2.11.6. Other salient issues:**

- a. Single generalist scope of practice
  - “There should only be the single scope of psychologist.”
  - “GET rid of scopes - 1 scope ‘Psychologist’ with titles being protected but ‘psychologist’ can do whatever as long

as they are competent such as assessment and diagnosis.”

### **3.2.12. Do you think a kaupapa Māori scope of practice should be developed? (Q18)**

Of the 57% of respondents who answered:



### **3.2.13. Please let us know reasons for your thoughts on a kaupapa Māori scope of practice (Q19)**

The following are some themes from the free text answers:

#### **3.2.13.1. Supports a kaupapa Māori scope of practice:**

- a. Generally supportive but want more information
  - “We have not been given any information on what this would look like, which makes it very hard to judge if it is a good idea.”
  - “I don’t think the board has provided enough information for me to provide an informed comment here regarding what a particular scope would include. I am not sure whether this will limit me from working with Māori clients who seek out my intervention or not, hence potentially limiting their choice of who they want to provide the assessment and intervention for them or their child.”
- b. Need to consult with Māori - for whether this should be developed, and how it would be developed

- “Lets consult with Māori”
  - “I think it is much needed, however it is not the Board’s place to decide what that scope would look like, or who would be eligible for that scope. Only Māori can decide that.”
  - “I feel this should be up to tangata whenua practitioners to decide whether they need one, and do not feel it’s up to me as a pākeha to decide whether they should have one or not”
  - “This needs to be done in conjunction with Māori communities and psychologists - this is not for the general public to answer.”
- c. More cultural competency and a focus on better serving Māori communities
- “All psychologists should have a good understanding of Te Ao Maori, Te Tiriti, and tikanga. This should be incorporated into university programs regardless. Most post qualification trainings are inadequate due to lack of depth.”
  - “...it has been needed for years to change that which I’m glad to see it has. However we need to do more to address our cultural incompetence and this is one way to start.”

### **3.2.13.2. Does not support a kaupapa Māori scope of practice:**

- a. All psychologists should have this competency - this scope could mean people feel they don’t have to, or can’t, offer those services in their general practice
- “I think this should be everyone’s cultural responsibility working in NZ, I think it’s unhelpful to define a specific Scope in this way. Perhaps some may develop specialisms and have that endorsed... but I firmly believe all Psychologists should have this as part of their kete and ongoing development.”
  - “This feels that then there is a risk that those not registered under the Kaupapa Maori scope will step back from learning about and incorporating te reo and te ao Maori into their work to the extent they are now, as this would be ‘outside their scope’ and therefore unethical.”
- b. Concern that this will cause reduced access to psychologists for Māori
- “The existing barriers for Māori to access healthcare are well documented. Like with the other proposed scopes, if this means that non-Māori are restricted from working

with Māori due to the additional scope of practice it is likely to increase barriers to Māori accessing psychological input.”

- “Yes to intention. But no if it restricted kaimahi to only work in this scope. Would this stop a person not registered in this scope from kaupapa Maori led practice?”
- “To better meet the needs of Māori but this should not be used as a tool to limit practise as we already know we currently work in a strained system and therefore to limit the work of Māori and non-Māori clinicians would be detrimental to Māori accessing psychological services.

### **3.2.14. If there is anything else you think we should consider in relation to scopes of practice, please let us know your thoughts (Q20)**

The following are some themes from the free text answers. Many of the answers to this question reflect themes expressed throughout the previous questions.

#### **3.2.14.1. Support:**

- a. Support for the consultation and the need for the proposed changes
- “I am just grateful that you are reviewing it and appreciate your willingness to do so. I believe it will lead to the improvement of psychological practice and services provided in Aotearoa New Zealand in the future.”
  - “I think this is a sensible and considered approach, I applaud the decision to look at this.”
  - “I am very supportive of additional scopes of practice. For too long we have endured those not trained or skilled in our scopes to play around in them, often with negative client outcomes. This has been recommended often in the past and I’m very happy there is now serious consideration of a change.”

#### **3.2.14.2. The changes:**

- a. The problem, or evidence for the proposed solution, was not communicated
- “I am uncertain this approach will reduce those practitioners who believe they can ignore boundaries and ethics, and work beyond their skill base. Is there a link

between complaints to the board, and this proposal? Is there any evidence that the proposal will achieve its intentions.”

- “There appears to be a lack of evidence and clear communication in this process, particularly in terms of the actual problem. I have found it confusing and I am unclear of the rationale.”

#### **3.2.14.3. Consultation process:**

- a. Critique of the consultation process
  - “It is disappointing to read that the board has pre-conditioned ideas of what they want to do and change, rather than consult with the professionals up front with clear rationale and an opportunity to accept feedback on suggestions for even pursuing a review.”
  - “Adequate consultation requires that those involved and likely to experience change need to be well-informed about the purpose of the review and changes proposed so as to provide well-informed comment (and possibly improved ideas on how desired changes can be achieved).”
  - “Please meet with the Institutes of the scopes themselves to gain a more accurate understanding of their competencies. It would be appreciated if you could keep the inequities of the scopes in mind to advocate for the scopes outside of the clinical scope.”
  - “I think there should be a more detailed proposal prepared. The current ones are not well thought out.”

#### **3.2.14.4. Impact on the public:**

- a. Concern of increased confusion to the public was re-emphasised
  - “A much wider range of scopes will only confuse the public - who still don’t often know the difference between a psychologist and a psychiatrist.”
  - “Please be more flexible in your definition of scopes. You are confusing employers, and esp confusing our clients.”
- b. Practical experience is not recognised in the proposed changes
  - “I think that a psychologist should be granted registration under a scope of practice if they can demonstrate/provide evidence that they hold the equivalent knowledge/experience that an accredited

program for that scope would cover without having to go back and complete additional training.”

- “An opportunity to change scope should be considered during this process if a psychologist can provide evidence of training and experience in that scope, for example changing from ‘psychologist’ to ‘clinical psychologist’ if training and experience in the relevant core competencies (under appropriate supervision) could be demonstrated.”
- c. The new structure and processes do not fit the complex realities of practice
  - “The proposal with the clusters doesn’t capture the nature of work entailed within my scope & practice, and seems hierarchical in nature.”
  - “These aspects of psychological work go hand in hand, and while some professionals focus on assessment or intervention in certain roles due to the restrictions of those roles, this does not mean that psychologists with certain training backgrounds are only capable of doing one or the other.”
  - “There is a lot of overlap in the competencies required to work in the different scopes. If the scopes become more specific then they will likely require frequent reviews to keep up-to-date with current practices.”

#### **3.2.14.5. Other salient points:**

- a. More consideration was needed for those with overseas training
  - “I strongly disagree with this proposal and it was upsetting as an overseas psychologist to see more hoops being developed to have to jump through. I feel it signals a lack of trust in what we do already to ensure competence. I believe the board is already in a position to gatekeep sufficiently.”
  - “Making the criteria less strict for overseas psychologists to register in NZ. We all know there is a high need for mental health services in NZ and a low availability of clinicians. Making it harder to become a clinician or introducing endorsements so there are fewer clinicians able to work in certain areas will disadvantage clients in Aotearoa.”

b. Single psychologist scope - with endorsements added to it

- “I would like to see the Board having one scope and a more robust competency programme and for psychologists to be better supported in gaining the necessary skills to work within their choice of work places.”
- “Scopes should be scrapped and all psychologists should be one scope, with different competencies or endorsements as skills broaden or narrow.”

# Conclusion



## 4. Conclusion

The written responses to the consultation tended to be negative. However, it is important to be mindful of factors like positive-negative asymmetry (or negativity bias in surveys) which could have some impact. In any case, it is clear there was a lot of emotion and energy towards the proposed changes.

From the analysis, the same, or very similar, themes reappear throughout. These manifest in different combinations depending on the consultation question, and are sometimes subtly different to other similar themes. However, on the whole, the same concerns and points recur. The key sentiments are summarised below:

1. The most prominent theme was a desire for more justification for the proposed changes - evidence for the problem, and evidence that the changes will solve this problem.
2. Submitters were worried about the potential negative impact to the public, especially given the current state of mental health in Aotearoa, New Zealand.
3. There was an acknowledgement by some responders of the need for change, and appreciation to the Board for taking action. But many commented that they did not feel the consultation process was conducted well. However, a key point was an eagerness to be involved. People wanted more collaboration and communication going forward, and they wanted to help form a solution.