

CONSULTATION

Scope of Practice, Title, Competencies and Supervision Requirements for the proposed new role, 'AP'

Executive Summary

Due to demand, many people are waiting for psychological services in Aotearoa New Zealand. Within current constraints, it can also be difficult to extend care to the families/whānau of tāngata whaiora/clients. Health New Zealand's / Te Whatu Ora's Mental Health and Addiction Workforce Plan 2024-2027¹ recognises the need to increase the mental health and addiction workforce. This includes encouraging postgraduate clinical psychology training programmes to increase capacity by ten more students per year 2025-2027 and funding ten more internships annually up until and inclusive of 2027. In addition, to help meet the demand for mental health and addictions services, it is also proposed that the workforce is increased by creating a new scope of practice. The development of such a role would add another layer of services provided within the wider profession of psychology. The intent is that people with less complex needs would have increased access to psychological support, albeit at a different level to that of a psychologist.

The development of such a workforce (the 'psychological wellbeing practitioner'), was also considered in 2022. Building on this, in 2024 Health New Zealand/Te Whatu Ora (Health NZ) initiated tasks required for the development of the role. The name Associate/Assistant Psychologist² has been used as a placeholder awaiting finalisation of the registered title. This included setting up an advisory group comprising representatives with Lived Experience, potential employers, Māori psychology representative, Pacific peoples psychology representative, psychology professional organisations, tertiary education organisations and Te Poari Kaimātai Hinengaro o Aotearoa/ New Zealand Psychologists Board (NZPB). It was advised that the role be registered under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and regulated by the NZPB, whose responsibility is to protect the public.

Health NZ then contracted NZPB to develop the proposed new scope of practice and regulatory framework, within the profession of psychology, with reference to the health sector principles of Pae Ora³. During this phase, this proposed new group of health professionals is referred to as APs, as no decision has been made about the title of the role. Establishing a scope and role for the new professional group is expected to enable registered psychologists who are employed in mental health and addictions settings to most effectively utilise their full scope of practice. In addition, services will be better placed to provide holistic care options. The governance body of the NZPB ultimately make the final decision about whether to approve the new scope of practice.

Therefore, the role of an AP is intended to be a registered health professional providing a limited range of psychologically informed services. APs will work with supervision, in the context of teams. The AP scope will

¹ <https://www.tewhatauora.govt.nz/publications/mental-health-and-addiction-workforce-plan-2024-2027>

² The title is yet to be confirmed but is currently being referred to as AP (Assistant/Associate Psychologist). The term Associate Psychologist is used when directly referring to documentation from Health NZ, as it is their preferred title.

³ [Pae Ora \(Healthy Futures\) Act 2022 No 30 \(as at 25 October 2024\), Public Act 7 Health sector principles – New Zealand Legislation](#)

be a distinct scope from that of psychologist and will work with supervision of a psychologist on a limited range of tasks intended to supplement and complement psychological services. The role is intended to add to the mental health workforce and not be an alternative or replacement for psychologists. The proposed new AP scope of practice is meant to establish and grow AP roles for at least 20 students per year once individuals with a suitable undergraduate qualification complete a further period of training. The role will work towards the mental health target of increasing the mental health and addiction workforce, with the aim of improving outcomes for people affected by mental health and addictions.

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Overview

- Consultation is an important part of developing a new scope of practice.
- To inform the development of qualifications, training organisations require the preliminary results of this consultation. Based on the outcome of the initial consultation and resulting Board decision, it is intended that further consultation regarding prescribed qualifications would be undertaken if required for next steps.
- The Board had hoped to also have the consultation material available in te Reo Māori and have not been able to satisfactorily achieve this within our allocated timeframe.

Therefore, your feedback is invited on the following questions at this stage:

A.	A proposed new scope of practice for APs.	
B.	Your preferred option for the role title:	
	<i>Option 1</i>	Psychology Assistant (New Zealand Psychologists Board preference)
	<i>Option 2</i>	Associate Psychologist (Health NZ preference)
	<i>Option 3</i>	Assistant Psychologist
	<i>Option 4</i>	Psychology Associate
C.	Seven core competencies for APs are proposed for your consideration and feedback.	
	1.	Diversity, culture and te Tiriti o Waitangi
	2.	Ethical and Legal Practice
	3.	Communication and relational skills
	4.	Knowledge and research
	5.	Foundational skills in assessment, and therapeutic support
	6.	Therapeutically oriented case management and coordination, and administration

	7.	Reflective practice and supervision
D.	Proposed supervision requirements are presented for your consideration and feedback including:	
	<i>Option 1</i>	Psychologist supervisor with minimum five years post registration experience (not Board approved)
	<i>Option 2</i>	Board approved psychologist supervisor
E.	Questions for training providers only	
F.	Questions for potential employers only	

Explanatory notes and a rationale for these options are provided in each section of this document. Additional information can be found in the appendices.

INTRODUCTION

What is the NZPB?

The NZPB is the regulator of the profession of psychology in Aotearoa New Zealand. Our primary purpose is to protect the public by ensuring that psychologists are competent and fit to practise. One of the key regulatory functions under the HPCA Act is the registration of psychologists. The HPCA Act also provides the mechanism to protect the title “Psychologist”. Only practitioners registered with NZPB can legally use this title. Scopes related to the wider profession of psychology, in addition to psychologists, can also be proposed under the HPCA Act. The title needs to be clearly linked to the profession of psychology.

In Aotearoa New Zealand, there are currently five scopes of practice for psychologists who have completed training, as well as two scopes for those currently training. Eligibility for registration depends on the individual requirements for each scope. Most programmes accredited by the NZPB are Post-Graduate Diplomas which require the minimum of a Masters degree in psychology for entry or incorporate a Masters or Doctoral degree as part of the qualification. In addition, there are two pathways for Supervision to Registration, through the Department of Corrections and the New Zealand Defence Force. All training programmes incorporate a closely supervised internship of 1500 hours culminating in an external assessment.

What would an AP be?

An AP would be a psychology graduate from an NZPB-accredited training program who gains applied experience in a professional setting while assisting and working with supervision of a psychologist. APs would contribute to psychological care within a team environment for tāngata whaiora experiencing mental distress, mental health, or addiction issues. They may work in diverse health sector settings, including primary, secondary, and NGO services, or in other areas utilising psychological services.

APs would be registered in a new scope of practice. To be eligible for registration within the AP scope of practice applicants must have completed one of the Board’s accredited AP training programmes and meet the NZPB’s requirements for registration:

- (a) is fit for registration in accordance with [section 16](#) of the HPCA Act; and
- (b) has the qualifications that are prescribed, under [section 12](#) of the HPCA Act, for that scope of practice; and
- (c) is competent to practise within that scope of practice.

Key Points:

- APs must work in a team with clear clinical responsibilities and cannot practice independently.
- Supervision by a registered psychologist is mandatory.
- APs engage with consumers of psychological services, including caregivers, families/whānau, professionals, students, or research participants, based on their scope.
- APs differ from registered psychologists, as they have not completed the training required for NZPB registration as a psychologist.
- APs cannot make independent diagnostic decisions. Over time, with experience and training, APs will be able to make some treatment decisions.

Preliminary information from Tertiary Education Providers

- Feedback from this consultation regarding the proposed new AP scope is required before the qualification can be developed.
- The universities will develop the new qualifications to meet the required competencies and scope of practice as defined by the NZPB.
- The Committee on University Academic Programmes (CUAP) process guides the development of new qualifications. This process usually includes consultation with the academic community and key industry and community stakeholders (e.g., Health NZ) to determine that there is a need for the new qualification and how the qualification might best meet this need.
- The proposed qualifications will be extensively reviewed within each of the respective universities, before being sent to all other NZ universities for peer review, as part of the CUAP process required for all new courses / programmes of study.
- The NZPB is required to accredit the new qualifications.

Implementation and transition period

If the proposal is accepted by the NZPB, the next step in the process would be to gazette a notice regarding the new AP scope of practice. This means making a legal declaration which makes the new scope official. Any changes would take effect for APs starting training in 2026 and commencing practice in 2027. To minimise any adverse effects on stakeholders and give accredited training providers time to prepare for this additional scope, we propose that this would apply to applicants wanting to register from 2027.

PART 1: Information about options

Sections

- A. Proposal for AP Scope of Practice
- B. Options for title of proposed AP role
- C. Proposed Core Skills and Competencies for APs
- D. Proposed Supervision Requirements

Part 1. Section A. Proposal for AP Scope of Practice

- ❖ A practitioner registered in the AP scope is defined as rendering or offering to render to individuals, families/whānau, groups, organisations or the public, a limited range of services informed by psychological knowledge, principles, methods and procedures of understanding, predicting, ameliorating, or influencing relevant aspects of wellbeing, including te taha hinengaro (mental wellbeing), te taha whānau (family wellbeing), te taha wairua (spirituality), and te taha tinana (physical health).
- ❖ The following limitations and conditions apply to those registered in the AP scope of practice:
 - Locations of practice. The AP may work within community or residential settings. APs may work within primary, secondary or tertiary healthcare settings as well as non-government organisations (NGOs) and Primary Health Organisations (PHOs), correctional or other settings where mental health and addictions services are delivered. The AP must always work under the supervision of a registered practitioner psychologist. See the supervision requirements for more information.
 - The registered AP practitioner must work within teams that include a senior registered mental health professional. The AP practitioner is not permitted to act as a senior practitioner within a team. The AP must not work in isolated or independent roles.
 - Conditions of practice are placed on the AP practitioner that limits their work to the organisation and area of practice completed as part of their qualification practicum. A transfer to a new employing organisation or area of practice cannot occur without Board approval with submission of an appropriate training and supervision plan (an example of such a move may include an AP moving from a secondary mental health service team to the Department of Corrections).
- ❖ The following qualifications are prescribed for registration in the AP scope of practice:
 - a minimum of a Bachelors degree in Psychology AND
 - a Board accredited *Post Graduate Diploma in AP qualification (name to be determined by the TEOs)* from an accredited educational organisation.

- ❖ The third requirement to be eligible to register in the AP scope is a Board approved practicum involving a minimum of 500-750 hours (*this is under consideration and to be finalised*) of supervised practice, which will be completed as part of the AP Post Graduate Diploma.
- ❖ The following roles, tasks and responsibilities are specified as being in and out of scope for the registered AP:

Inclusions to AP Scope of Practice	Exclusions to AP Scope of Practice
<p>Assessment: Screening and triage assessments for service prioritisation, in discussion with clinical leads. Semi-structured (qualitative based) assessment interviewing. File review. Routine risk of harm screening (under supervision of a registered psychologist and/or in consultation with a senior registered mental health professional). Completing low-moderate intensity treatment need analysis for interpretation/ supervisory approval by a registered psychologist and/or suitably qualified registered professional or multi-disciplinary team. Level A and B psychometric tests and their equivalents^[1]. Individual psychometric tests where the test author specifications clearly indicate the AP education and training level meets administration requirements. Support the broader development of intervention plans.</p>	<p>Assessment: Comprehensive and specialist/ sub specialty assessments that are inclusive of and not limited to: diagnostic or opinion based assessments (such as ACC supported assessments, any and all assessments/ reports to courts/ quasi-judicial bodies, fitness to stand, capacity/competency assessments, assessments under the IDCCR act 2003, forensic mental health assessments, cognitive testing, neurological assessment, ASD, dyslexia, ADHD, risk of offending, personality assessments, mental health capacity evaluations, pre surgical evaluations, acute medical specialty consultations, evaluations where conclusions will with inform high stakes decision making, determining risk of harm to self and others where rights of individuals may be affected by outcomes, child custody or family court matters, assessments informing public safety matters, evaluations of fitness for work or duty). Use of specialty psychometrics and subspecialty tests. Level C and equivalent psychometric tests are excluded from Scope.</p> <p>The AP is not qualified to select psychometric tests for assessment. They are limited to psychometric testing as per service specifications or as directed by a psychologist (where this meets the level A and B and test author specifications for education and training).</p>
<p>Intervention: Provision of evidenced based therapeutic interventions (i.e. motivational interviewing, CBT, DBT, ACT, FACT) for manualised/standardised interventions. This can include: Low-moderate intensity individual and group manual based/standardised interventions within a range of high intensity services. Co-facilitation of group-based manual-based/standardised interventions.</p>	<p>Intervention: High needs/severity individual interventions (without direct involvement of registered psychologist in delivery). Non-prescribed/non-standardised/non-manualised interventions. Specialist, individualized and complex therapy interventions</p>

<p>The AP can co-facilitate high intensity manual based/standardised interventions when paired with a registered psychologist. Psychoeducation based interventions.</p>	
<p>Case Management: Case noting all contact with tāngata whaiora/ clients. Onward referral to a registered psychologist or suitable alternative service, in discussion with clinical leads. Contributing to and supporting case and progress reviews. Attendance at multi-disciplinary meetings.</p>	<p>Supervision: The AP is not able to provide supervision to others.</p>
<p>Whānau work: Co-ordination and leading whānau hui for tāngata whaiora/clients as part of wider service delivery. Provision of psychoeducation to tāngata whaiora/clients and their whānau/supports.</p>	<p>Independent/Private Practice: Out of scope.</p>
<p>^[1] Psychological Test Services - Information Pack.pdf</p>	

Part 1.
Section B.
Options for title of proposed AP role

Option 1	<p>Psychology Assistant (NZPB preference)</p> <p><i>Rationale</i></p> <p>Feedback indicates many stakeholders including psychologists have concerns with the title including the word ‘Psychologist’ as this could be confusing for the public. The title Psychology Assistant may therefore better differentiate this role from that of a psychologist. This title indicates that the Psychology Assistant broadly provides assistance informed by psychology. Introducing this role would expand the profession of psychology to become multi-tiered.</p>
Option 2	<p>Associate Psychologist (Health NZ preference)</p> <p><i>Rationale</i></p> <p>In considering their preferred title, Health NZ consulted broadly across the mental health and addictions systems of care, employment, management and policy, including feedback from the AP Advisory group. While also noting a range of perspectives, advice was received that the title Assistant Psychologist does not fit well in the Aotearoa/New Zealand health workforce context. Associate Psychologist was preferred by Health NZ as it better reflects the level of training which will be required, the roles which will be undertaken, and will not limit or place unnecessary limits on the salary range.</p>
Option 3	<p>Assistant Psychologist</p> <p><i>Rationale</i></p> <p>The title Assistant Psychologist denotes a healthcare role informed by psychology, subordinate to Psychologists. This is a title used in some overseas jurisdictions, such as the UK, where role requires the minimum of an accredited undergraduate degree in psychology, and is regarded as a stepping stone towards full qualification as a registered psychologist.</p>
Option 4	<p>Psychology Associate</p> <p><i>Rationale</i></p> <p>The title Psychology Associate is considered to denote a healthcare role informed by psychology but differentiated from the role of Psychologists. The term Associate indicates an entry-level role, in this case expanding the profession of psychology to become multi-tiered. To become a psychologist would require additional training in an accredited training programme.</p>

Part 1.
Section C.
Proposed Core Skills and Competencies for APs

The **NZPB proposed competencies, responsibilities and tasks for an AP are proposed.**

You are asked to consider these proposed core skills and competencies and whether they are adequate and clear for employers, psychologists, APs.

There are seven proposed competencies for the AP scope of practice:

1. Te Tiriti o Waitangi, Diversity and Culture: Cultural Competency and Cultural Safety
2. Ethical and Legal Practice
3. Communication and relational skills
4. Knowledge and research
5. Foundational skills in assessment, and therapeutic support
6. Therapeutically oriented case management and coordination, and administration
7. Reflective practice and supervision

This set of proposed competencies aims to equip APs to provide effective, culturally attuned, and ethically sound psychological support.

1. Te Tiriti o Waitangi, Diversity and Culture: Cultural Competency and Cultural Safety

This set of competencies addresses the knowledge, skills and attitudes involved in providing culturally safe practice. Psychologically informed practice in Aotearoa /New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people of different cultural backgrounds. Cultural competence requires cultural safety, including an awareness of the practitioner’s own cultural identities and values, as well as an understanding of subjective realities and how these relate to practice. Cultural mores are not restricted to ethnicity but also include (and are not limited to) those related to gender, spiritual beliefs, sexual orientation, abilities, lifestyle, beliefs, age, social status or perceived economic worth. (Reference must also be made to the Board's "Cultural Competencies" document). An AP will be able to demonstrate:

Knowledge	Skill
<p>Understanding of the place of the te Tiriti o Waitangi/Treaty of Waitangi as the founding document of <u>Aotearoa</u>/New Zealand.</p> <p>Understanding of the articles of te Tiriti o Waitangi and the Treaty of Waitangi - and their implications for psychologically informed healthcare.</p> <p>Recognition of the significance of the te Tiriti o Waitangi/ Treaty of Waitangi for health care in <u>Aotearoa</u>/New Zealand.</p>	<p>Use of te Tiriti o Waitangi articles in healthcare decision making.</p> <p>Ability to apply principles from Pae Ora (Healthy Futures) Act 2022 and the Ministry of Health’s Te Tiriti o Waitangi framework in regard to equity, engagement, opportunities for decision making, and choice of services, and the protection and promotion of people’s health and wellbeing.</p>

Awareness and knowledge of own cultural identity, values and practices.	Exploration of their own and others' assumptions with respect to cultural differences (e.g. beliefs, practices and behaviours).
<p>Awareness and knowledge of the cultural identity, values and practices of tāngata whaiora/clients, including but not limited to:</p> <ul style="list-style-type: none"> - cultural beliefs and values situated within tikanga Māori. - cultural practices of Pacific peoples and other cultures relevant to practice. - Understanding of mātauranga Māori models of health and wellbeing (e.g. Te Whare Tapa Wha) and Pacific health models (e.g. Fonofale). 	<p>Shows respect for cultures and languages (including but not limited to culturally appropriate behaviour in Māori settings, taking care with pronunciation of names and common words in te reo Māori, ability to engage in whakawhānaungatanga⁵).</p> <p>Work from a non-prejudicial and affirming stance.</p> <p>Recognises and acknowledges when discrimination or exclusion has occurred (based upon but not limited to ethnicity, gender, sexual orientation, disability, or religious beliefs). Works to address this within the limitations of role.</p> <p>Being able to understand whānau needs and work with whānau.</p> <p>Application of culturally safe practice in response to diversity.</p>
Knowledge and awareness of the cultural bases of psychological theories, models, instruments, and therapies.	Active inclusion of others' understandings in their work, including involvement in data collection (through assessment or research), and the delivery of psychologically informed services.
Knowledge of diversity, individual differences and abilities.	Recognition and application of the differing requirements for cultures in approaches to psychometric assessment and background history taking, psychologically informed intervention, consultation and other areas of practice.
Knowledge of the importance of different cultural approaches to the provision of psychologically informed assessment, intervention and tāngata whaiora/client care.	Consultation with culturally knowledgeable people, and to use supervision as a forum to reflect on own limitations.
Knowledge of the proper use of interpreters.	<p>Awareness of when and how to engage interpreters.</p> <p>Effective use of interpreters.</p>

2. Ethical and Legal Practice

This set of competencies is concerned with the ethical and legal aspects of working as an AP, including the use of problem-solving skills and weighing up relevant evidence. It also addresses the knowledge and skills required for professional development and continued education through engagement with updates relevant to the practice of an AP. The requisite values and responsibilities are codified in legislation, standards, practice guidelines and the Code of Ethics. It is the duty of APs to be familiar with the relevant documents as well as cultivating reflective practice supported by on-going professional development and supervision. Attainment of competency in professional and ethical practice comes from supervised practice that allows the identification of ethical and professional

practice issues and support in generating solutions for identified problems. An AP will be able to demonstrate:	
Knowledge	Skill
Knowledge of the boundaries of their personal competence within the AP scope of practice.	Practice that creates and maintains safe, supportive and effective environments for tāngata whaiora practitioner and profession. To recognise and work within the limitations of training and scope of practise and seek supervisory support when needed. Commitment to reflective practice of core competencies within the AP scope.
Working knowledge of all legislation (e.g. HPCA Act 2003) relevant to area of practice.	Ability to access, and make accurate reference to, relevant legislation, standards and guidelines, explain essential principles therein, and apply the principles in practice.
Knowledge of codes of practice and conduct relevant to the community and to the workplace.	
Knowledge of the most recent version of the "Code of Ethics for Psychologists Working in Aotearoa/New Zealand", and ethical decision-making processes.	Practice in accordance with relevant ethical codes (including the Code of Ethics for Psychologists Working in Aotearoa New Zealand and Code of Conduct). Seeks advice to assist with reconciling conflicts between codes and legislation where appropriate. Recognition of the ethical features, values and conflicts that may exist in work with tāngata whaiora/clients (organisational, personal, professional or legal). Engages with supervisor on identifying, raising and applying ethical decision-making processes to ethically complex situations.
Knowledge of best practice guidelines relevant to an AP scope of practice in area of practice.	Practice based on best practice guidelines and individual data collected from the tāngata whaiora/client within a scientific practice framework, within the AP scope of practice.
Knowledge of all applicable work setting policy and sector standards.	
Awareness of the range and types of tāngata whaiora/clients AP may work with.	
Knowledge of rights and interests of tāngata whaiora/clients, with reference to relevant	Advocacy for the needs of the tāngata whaiora/client (in balance with consideration of safety issues and the needs of the wider community).

<p>codes and legislation including but not limited to:</p> <ul style="list-style-type: none"> - human rights legislation - Code of Health and Disability Services Consumers Rights - Code of expectations for health entities' engagement with consumers and whānau. 	<p>Advocates for tāngata whaiora/client when recognises that racism and discrimination are occurring.</p>
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3. Communication and Relational Skills	
<p>This set of competencies deals with communication and the ability of APs to build and maintain professional working relationships with tāngata whaiora/clients (individual or organisational or community), families/whānau, psychologists and other APs, other professionals and the public. It recognises the importance of clearly conveying psychologically informed ideas derived from discipline, knowledge and research, and includes the response of APs to feedback and information from others. An AP will be able to demonstrate:</p>	
Knowledge	Skill
<p>Knowledge of effective interpersonal communication skills with a range of tāngata whaiora/clients, including individuals of different ages, families/whānau and groups.</p> <p>Awareness of needs of groups who are culturally and linguistically diverse.</p> <p>Awareness of diversity of tāngata whaiora/clients with additional communication needs.</p> <p>Knowledge of the tikanga based approaches to communication and appropriate protocols and principles to apply.</p> <p>Understands methods of non-verbal communication within a therapeutic context.</p>	<p>Effective and appropriate communication, including both written and oral communication of relevant services to potential and existing tāngata whaiora/clients, families/whānau and professionals.</p> <p>Effective application of tikanga and Māori principles to guide and inform communications with potential and existing tāngata whaiora/clients, whānau etc.</p> <p>Adequate professional standard of introducing psychoeducational materials, assessment interviewing, including, but not limited to:</p> <ul style="list-style-type: none"> - the establishment of and maintenance of therapeutic rapport - ability to gather relevant information - reflective listening skills. Including the ability to summarise and conceptualise based on psychological theories and principles. <p>Ability to work with individuals of different ages, with families/whānau, and with groups (depending on placement).</p> <p>Ability to adapt information or use appropriate resources to respond to the unique communication needs of tāngata whaiora/clients.</p>
<p>Knowledge of methods for presenting of psychological information and findings.</p>	<p>Ability to write professional case notes.</p> <p>To write or contribute to reports as per limitations of Scope.</p>

Multi-disciplinary team work.	Ability to take a tāngata whaiora/client-centred approach in effectively communicating, coordinating and working alongside a range of multidisciplinary professionals.
Knowledge of techniques that promote the development and maintenance of rapport and working alliances with tāngata whaiora/clients and whānau.	Ability to develop therapeutic working alliances with tāngata whaiora/clients, families/whānau maintaining appropriate personal and professional boundaries.
Systemic understanding of health, social services and support sectors. Understanding of the impact of colonisation, racism and migration on health, social services and support sectors, particularly for ngā iwi katoa (Māori peoples).	

4. Knowledge and research

This set of competencies is concerned with the knowledge base for APs required for adequately collecting, integrating, and explaining information, and supporting tāngata whaiora/clients, family/whānau in making changes. They cover the possession of foundational knowledge of psychological theories and models, empirical evidence relating to them and methods of psychological enquiry, as well as an understanding of the interplay between the AP framework and practice. They are concerned with basic understanding of, and respect for the scientific underpinnings of the AP framework, as well as cultural systems of knowledge including Mātauranga Māori. They cover awareness of research principles and methods, to support informed decision-making in the use of research. They are the foundation upon which the other competencies depend. An AP will be able to demonstrate:

Knowledge	Skills
Background knowledge about the theories, knowledge and methods of inquiry which relate to the bases of behaviour, cognition and emotion.	Reference to psychology evidence base to guide practice.
Knowledge of some psychological theories and models of change relevant to areas of practice.	Incorporate evidence-based developments into daily practice.
Foundational knowledge of scientific approaches to psychological investigation and techniques of measurement.	Awareness of issues related to applicability of research for the Aotearoa/New Zealand context.
Awareness of ways in which Mātauranga Māori frameworks can inform approaches to wellbeing.	Ability to consider te ao Māori (Māori worldview) in working with Māori tāngata whaiora (clients) and whānau.
Awareness of evidence-based decision-making. Awareness of scientific principles and methods.	Ability to use evidence base to engage in ethical decision-making. Draws on evidence-based psychological knowledge including that drawn from research, practice and lived experience.

Developing knowledge and awareness of current research paradigms (principles and methods), literature and practice as they apply to the area of practice.	Engages in reflective practice about new approaches will only adopted these after review in supervision of their efficacy, safety and validity.
Awareness of some research/audit and evaluation techniques.	Ability to contribute to basic service audit/research as appropriate, in consultation with supervisor.
Awareness of diverse lived experiences of mental health and addictions_people with experience of mental health and addictions.	Ability to incorporate lived experience perspectives values and models into practice. Uses appropriate language to describe the lived experience community.
Awareness of mental health and addiction conditions_relevant to the area of practice, and ways in which they are described.	Ability to recognise signs that may be indicative of mental health and addictions conditions relevant to the area of practice.
Awareness of trauma informed approaches to experiences of mental health and addiction conditions, as well as recovery models.	Ability to apply key components of trauma informed approaches to practice.
Awareness of systems theory and cultural approaches to working with families	Ability to effectively engage with families with reference to relevant systemic/cultural models

5. Foundational skills in assessment and therapeutic support

This set of competencies relates to work that the AP will engage in relating to the structured use of standardised and prescribed qualitative and psychometric assessments, the delivery of psychoeducation and psychologically informed interventions. An AP will be able to demonstrate the following:

Knowledge	Skills
Knowledge of semi-structured, qualitative, and psychometric based approaches to data collection.	<p>Demonstration of interpersonal and rapport skills to enable effective data collection through administration of assessment protocols.</p> <p>To be able to work with referral questions and use recommended assessment measures relevant to the presenting problem.</p> <p>Ability to administer and collect data using psychometric tools appropriate for the AP level of training.</p> <p>Ability to work with a psychologist to interpret the results of relevant psychometric assessments.</p> <p>Ability to review files and gather background information into a cohesive narrative.</p>

Knowledge of relevant Māori and other cultural models and frameworks that may support the collection of assessment information.	To work together with the tāngata whaiora/client, families/ whānau to prioritise their perspectives when gathering information.
Knowledge of motivational and general interviewing skills, techniques and styles relevant to the referral question and service specification.	
Understanding the strengths and limitations of the prescribed methods of assessments utilised within the service where the AP works.	To recognise where a tāngata whaiora/client's presenting problems extend beyond the utility of the prescribed assessments, seeking case consultation and supervision when this arises.
Knowledge of different methods of evidence based psychologically informed interventions (psychoeducation, individual intervention and group-based intervention).	Complete components of assessment or therapy delegated by registered psychologist and/or endorsed by supervisor e.g. behavioural observations, in vivo exposure, mindfulness, mood recording. Ability to work well with whānau/ family settings. Ability to facilitate structured, skills based groups.
To have knowledge of factors which impact readiness for change and ability to engage and how these may present in an assessment and intervention setting.	Provision of psychoeducation to tāngata whaiora/clients, including whānau/ families.
	Ability to work with other team members to support planning and implementation of care programmes.
Knowledge of risk factors related to harm to/from self/others.	Ability to complete basic screen for risk of harm to/from self/others. Ability to seek appropriate supervision and support around safety planning. Engages in consultation with experienced colleagues and/or supervisor around risk.

6. Therapeutically oriented case management and coordination, and administration

This set of competencies addresses the knowledge, skills and attitudes involved in the role of case management and coordination. This includes establishing and maintaining effective relationships with tāngata whaiora/clients, whānau/family members, other psychologists, and with members of other professional and non-professional groups. It recognises the importance of people skills in the role of the AP as well as clarifying roles and responsibilities. APs work collaboratively and respectfully with a wide range of people. They listen actively to understand other's perspectives and (as appropriate and within ethical bounds) adapt their approaches to practice and communication in response to the audience and the circumstances. APs may at times take on advocacy roles. APs will be able to demonstrate:

Knowledge

Skill

<p>Knowledge of the systems (including whānau/families, hapori (communities) and organisations being worked with and how to work with them.</p> <p>Knowledge of the skills and strengths of other health professionals.</p> <p>Knowledge of methods for establishing and maintaining effective working relationships.</p> <p>Understanding of the role of the <u>AP</u> in relation to 'key' and other stakeholders.</p> <p>Knowledge of application of relevant psychological theory when discussing tāngata whaiora/clients.</p> <p>Knowledge of how to consult effectively in a range of settings.</p>	<p>Describing the role of the AP and the role of others in systems they are working with.</p> <p>Rapport building maintaining engagement with the tāngata whaiora/client and relevant significant others.</p> <p>Able to provide a psychologically informed case summary that guides team formulation and intervention planning.</p> <p>Provide support at transitional stages of intensive therapy with other health professionals.</p> <p>Supporting the development and implementation of care plans.</p> <p>Monitors, reviews and communicates progress and outcomes.</p> <p>Working together with the tāngata whaiora/client to enhance self-management skills.</p> <p>Works with whānau/families to provide support and psychoeducation.</p> <p>Participates as an AP in team discussions.</p> <p>Ability to establish professional relationships.</p> <p>Work with other team members, in accordance with treatment plan.</p> <p>Collaborates with others in planning and decision-making at the individual, group and systems level.</p> <p>Consultation sought from others in ways that are effective.</p> <p>Engages in ethical consultation about tāngata whaiora/clients.</p> <p>Advocates as appropriate.</p> <p>Appropriately communicate/liases with other professionals/services regarding referrals and support.</p> <p>Prepares session materials and resources.</p> <p>Securely and appropriately manages documentation, information filing and management aligned with clinical, organisational and legislative guidelines.</p>
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7. Reflective practice and supervision

This set of competencies covers the steps involved in the attainment and integration of information regarding one's practice. It includes critical and constructive self-reflection and seeking external review of one's practice (including supervision). Reflective practice and professional development as an AP is

viewed as a continuous process of accurate self-assessment, understanding the skills necessary to be an AP and undertaking activities for professional development. This is often done in consultation with a supervisor. In terms of reflective practice and participating in supervision, an AP will be able to demonstrate:

Knowledge	Skill
Understanding of their personal strengths and weaknesses, patterns of behaviour, emotional and cognitive biases, motivation, beliefs and values and how these may impact on tāngata whaiora/clients and professional functioning.	Accurate reflection on and evaluation of their own practice (skills, knowledge, and bias). Management of the impact of personal characteristics on professional activities.
Understanding of the limitations and boundaries of their competence.	Recognition of and practice only within the limits of their professional competence.
Knowledge of the need for professional development and how to identify areas for their own professional development.	Planning for, establishment, prioritisation, implementation, and evaluation of professional development plans based on critical self-evaluation and critical feedback.
Knowledge of potential occupational risk factors.	Articulation of clear learning objectives. Effective use of supervision and constructive use of feedback. Integration of learning. Effective self-care.
Knowledge of models of supervision, including the role of the supervisee.	Ability to effectively engage in supervision and work with a supervisor.

Part 1.
Section D.
Proposed Supervision Requirements

You are asked to consider the proposed supervision requirements and whether they are adequate and clear for employers, psychologists, APs.

1.	Rationale
	<ul style="list-style-type: none"> a. Supervision is an important aspect of good psychological practice, ensuring ethical, professional and high-quality service delivery. It is required as part of the Continuing Competence Programme and applications for Practising Certificates. b. APs must work with supervision from a psychologist who provides guidance and support for the AP in their work, to ensure they remain within their scope of practice and protect the public.
2.	Objectives
	<ul style="list-style-type: none"> a. APs work ethically and competently within their scope. b. APs develop reflective practice c. APs develop a Continuing Competence Programme (CCP) to guide their professional development in line with core competencies d. APs provide safe and effective support to tāngata whaiora/clients by reviewing their work in supervision and receiving guidance e. APs maintain compliance with employer policies and relevant professional standard
3.	Options for Role as Supervisor
	<ul style="list-style-type: none"> a. Option 1: Psychologist supervisor with minimum five years post registration experience (not Board approved) <ul style="list-style-type: none"> i. Supervisor holds current Practising Certificate ii. Supervisor has completed training in supervision b. Option 2: Board approved psychologist supervisor meeting the following criteria: <ul style="list-style-type: none"> i. 5 years post registration practice experience ii. Minimum 2 years post registration supervision experience iii. Experience supervising intern and/or newly registered psychologists iv. Experience supervising allied health professionals v. Board reviewed and approved CCP/audit history
4.	Responsibilities
	<ul style="list-style-type: none"> a. The supervisor is responsible for their supervision, advice and guidance b. The AP is responsible for their own practice following registration c. In some limited situations, APs will be able to carry out additional designated tasks under close supervision from a psychologist. This comes in when the AP progresses in experience, training and skills to be able to work beyond the foundational tasks their training prepares them for. This may include more advanced assessment, intervention, and supervision of other APs. In this situation, the AP works more closely with their supervisor, and the supervising psychologist is professionally accountable for the advanced work by the AP.

	<p>d. APs must be transparent about their role when interacting with consumers of psychological services, students, research participants, and colleagues, and should always obtain informed consent, ensuring awareness of their position.</p>
5.	<p>Frequency of Supervision and Focus</p> <p>In accordance with a developmental model of supervision, new APs will have access to more frequent supervision as they enter practice. The supervising psychologist should establish and regularly review suitable levels of autonomy to facilitate the AP's learning and development while ensuring safe practice and robust support.</p> <p>a. Training/Practicum Phase</p> <ol style="list-style-type: none"> i. Minimum of the equivalent of one hour weekly from a registered practitioner psychologist supervisor. ii. University to draft supervision training as supervisee including reflective practice model and keeping reflection log and practicum log. iii. For non-practicum phases of the professional training, supervision is paused whilst priority is given to academic teaching. iv. As with trainee/intern psychologists, it is expected that a higher level of supervision will be provided for trainee APs. v. Focus: supporting the trainee AP in their first practicum experiences and applying learning in a practice context. <p>b. From Registration up to Year One Post Registration:</p> <ol style="list-style-type: none"> i. Minimum of the equivalent of one hour weekly by a psychologist supervisor ii. Focus: consolidating practice and enabling AP to establish skills and parameters of scope and limitations to practice <p>c. Following Board approved sign off</p> <ol style="list-style-type: none"> i. Equivalent of one hour fortnightly with a practice-based psychologist. This supervision should focus on Continuing Competence Programme (CCP), reflective practice and clinical work. ii. Focus: post year one will be about extending experience and competency
6.	<p>Format</p> <p>a. Base requirements for supervision should be met by individual supervision.</p> <p>b. This can additionally be supplemented by peer supervision and group supervision where helpful and necessary.</p> <p>Supervision ideally should be provided in person but remote supervision by video conferencing is considered acceptable</p>
7.	<p>Supervision tasks</p> <p>Supervision should include, but is not limited to, record-keeping, workload, and wellbeing.</p> <p>a. Record keeping</p> <ol style="list-style-type: none"> i. Expected that the AP would learn to keep good notes of supervision including a record of items discussed, reflections, key supervisory advice and actions to be taken. ii. It is expected similarly that the supervisor would maintain appropriate records of all supervision sessions and content discussed. <p>b. Observation and feedback</p> <p>Inclusive of and not restricted to, in-vivo observation, video review, review of written materials, psychometric reviews.</p>

8.	Models of supervision
	It is expected that supervision adopts and is guided by an appropriate psychological and/or cultural model. This can be negotiated between supervisee and supervisor.
9.	Refer to NZPB Best Practice Guidelines which cover:
	<ul style="list-style-type: none"> • Setting supervision objectives • Using self reflection • Using models of learning • Support and promotion of culturally competent practice • Enables focus on developing and maintaining professional competency through the Continuing Competence Programme • Enables focus on case work discussions • Enables work observation, appraisal and feedback • Focuses on practitioner wellbeing and self-care • Reviews of supervision • Access to formal cultural supervision for any culturally related components of professional practice.
10.	Advice for employers
	<ol style="list-style-type: none"> a. Create pathways for registered psychologists to supervise APs b. Ensure APs have access to additional forms of support and guidance should the need arise, such as consultation with experienced team members c. For future consideration: Support senior APs in developing supervision competencies through specialised training in supervision, with seniority defined by workplace frameworks d. Develop and resource supervision models, including hub-based options, as well as virtual supervision where face-to-face supervision is not available e. Consider contracting psychologists to provide supervision, given the identified shortages in some workplaces

PART 2: Consultation Questions

To inform the Board's decision making, we are interested in your feedback on the following questions:

Before providing your feedback, do you want your responses to remain anonymous **Yes/No**

A.	Scope of Practice
1.	Do you agree with the proposed new scope of practice for APs? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
2.	Do you believe that the proposed new scope of practice reflects values, needs and opportunities relevant to Māori, families/whānau and people with lived experience? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
3.	Do you believe the proposed new scope of practice reflects the principles of Pae Ora? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>

B.	Title for the role
1.	Which option do you prefer for the title? 1,2,3, or 4 <i>Please provide your rationale, including explaining the advantages of your preferred option, in comparison to the other options.</i> <i>Please also describe any risks you see to the options, including how they could be mitigated.</i>
	<i>Option 1: Psychology Assistant (NZPB preference)</i>
	<i>Option 2: Associate Psychologist (Health NZ preference)</i>
	<i>Option 3: Assistant Psychologist</i>
	<i>Option 4 : Psychology Associate</i>

C.	Proposed core skills and competencies for APs
This section asks for overall feedback about all the proposed skills and competencies for APs, followed by an opportunity to provide feedback about each of the seven sets of competencies.	
1.	Do you agree with the proposed new core skills and competencies for APs? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
2.	Do you believe the proposed new core skills and competencies reflects values, needs and opportunities relevant to Māori, families/whānau and people with lived experience? Yes/No

	<i>Please explain your reasons or suggest changes for alternative wording.</i>
3.	Do you believe the proposed new core skills and competencies reflect the principles of Pae Ora? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
Questions about each competency	
1.	Do you agree with proposed AP Competency 1. Te Tiriti o Waitangi, Diversity and Culture: Cultural Competency and Cultural Safety? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
2.	Do you agree with proposed AP Competency 2. Ethical and Legal Practice? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
3.	Do you agree with proposed AP Competency 3. Communication and Relational Skills? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
4.	Do you agree with proposed AP Competency 4. Knowledge and Research? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
5.	Do you agree with proposed AP Competency 5. Foundational Skills in Assessment and Therapeutic Support? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
6.	Do you agree with proposed AP Competency 6. Therapeutically Oriented Case Management and Coordination, and Administration? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
7.	Do you agree with proposed AP Competency 7. Reflective Practice and Supervision? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>

D.	Supervision requirements
1.	Do you agree with the proposed supervision requirements for APs? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
2.	Do you believe the proposed supervision requirements reflects values, needs and opportunities relevant to Māori, families/whānau and people with lived experience? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
3.	Do you believe the proposed supervision requirements reflect the principles of Pae Ora? Yes/No <i>Please explain your reasons or suggest changes for alternative wording.</i>
4.	Which option do you prefer: <ul style="list-style-type: none"> i. Option 1: experienced supervisor does NOT have to be Board approved ii. Option 2: Board approved supervisor

E.	Questions for training providers only
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1.	Is the tertiary education institution you work for likely to be interested in developing an accredited training programme for APs? Yes/No <i>Please provide your rationale.</i>
2.	Part of the rationale for developing the AP role is to develop a new mental health workforce by providing a training qualification for psychology undergraduates. Do you think there will be demand from psychology undergraduates for this new qualification? Yes/No <i>Please provide your reasoning.</i>
3.	Based on the proposed scope and competencies, what is your view on how many hours practicum the AP should complete as part of their training? <i>Please provide your reasoning.</i>
4.	What is your view about the appropriate length for a training programme leading to registration as an AP? <i>Please provide your reasoning.</i>

F.	Questions for potential employers only
1.	Do you think there a need for a new role in the mental health workforce to meet demand? Yes/No <i>Please provide your rationale</i>
2.	Is your workplace likely to offer opportunities for intern APs to gain supervised experience as part of their training programme? Yes/No <i>Please provide your rationale</i>
3.	What factors would make it more/less likely that your workplace could offer AP internships? <i>Please provide your rationale</i>
4.	Is your workplace likely to create roles for APs within a multi-disciplinary team? Yes/No <i>Please provide your rationale</i>
5.	What capacity does your workplace have to provide APs with access to supervision by a suitably experienced psychologist? <i>Please provide your reasoning</i>
6.	Do the attached scope and competencies fit with your workplace/context or practise (if outside of mental health/addictions service provision)? Yes/No
7.	Does your workplace have team(s) which could provide sufficient support as per the scope description for an AP? Yes/No
8.	Within your workplace/sector, would any of the title options create potential challenges for you as an employer? Yes/No <i>Please provide your reasoning</i>

Submissions

We invite you to provide feedback. This will be considered carefully before we make any decisions.

Please provide written submissions by completing the [survey questions online](#). Alternatively, you can email your submission to projects@nzpb.org.nz. The consultation closes on 16 June 2025.

Any decision made as a result of this consultation will be shared with stakeholders and all consultation respondents.

Publication of submissions

Any submissions that contain offensive or inappropriate language or comments will not be considered.

Submissions will be treated confidentially unless you have given us permission to share your details. We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation.

Appendix I

Excerpts from the Health Practitioners Competence Assurance Act Part 2

11. Authorities must specify scopes of practice

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

(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.

(3) A notice under this section is secondary legislation (*see Part 3* of the Legislation Act 2019 for publication requirements).

12. Qualifications must be prescribed

(1) Each authority must, by notice, prescribe the qualification or qualifications for every scope of practice that the authority describes under [section 11](#).

(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 describes 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.

(3) A notice under subsection (1) may state that 1 or more qualifications or experience of 1 or more kinds, or both, is required for each scope of practice that the authority describes under [section 11](#).

(4) An authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a), and may monitor any overseas educational institution that it accredits for that purpose.

- (5) An authority may, at any time, give notice to an educational institution accredited under subsection (2)(a) that the institution's accreditation is revoked.
- (6) The revocation of an educational institution's accreditation does not affect the registration of a health practitioner who qualified to practise within a scope of practice on the basis of having a degree or diploma from that institution.
- (7) A notice under this section is secondary legislation (*see* [Part 3](#) of the Legislation Act 2019 for publication requirements).

Appendix II

Background Information:

October 2024 Role Description Guidance from Health NZ

Workforce parameters

An associate psychologist is a registered health professional who supports and enhances psychological care within a service/team for tāngata whaiora who are experiencing mental distress and/or mental health and/or addiction conditions. This role is being developed for employment in the health sector (primary, secondary and NGO) and in sectors that utilise psychological services in mental health and addictions team environments. As a condition of registration associate psychologists are required to:

- *work within a team environment where there are defined lines of clinical responsibility (i.e. not permitted to work independent of a clinical team environment)*

AND

- *work with supervision from a registered psychologist or a senior associate/assistant psychologist*

To enable registered psychologists to work at top of scope, associate psychologists may be

employed to provide direct assistance to one or more registered psychologist/s by carrying out delegated tasks.”

Core skills and competencies

Cultural competency.

- *A foundation of mātauranga Māori and knowledge of Pacific models of health, to ensure culturally responsive practices that acknowledge the unique cultural perspectives, histories, and challenges faced by Māori and Pacific communities.*
- *Familiarity with Te Tiriti o Waitangi and commitment to upholding its principles in practice.*
- *Understanding of culturally safe practice across the diversity of Aotearoa NZ’s populations*
- *Understanding of ethics and reflective practice.*
- *Orientation to ethical practice with reference to (but not limited to) the NZPB code of ethics.*
- *Orientation to relevant legislation and associated obligations.*
- *Understanding the human rights as a foundation to a rights-based mental health system.*
- *Maintenance of professional boundaries.*
- *Consent, privacy and information safety.*
- *Working to core competencies and scope of practice including responsibilities/obligations as a registered health professional.*
- *Reflective practice skills and adherence to continuing competence programme.*

Communication and relational skills.

- *The practice of whakawhānaungatanga.*
- *Understanding of interpersonal skills (soft skills) for working with people – such as reflective listening, developing therapeutic engagement.*

- *Understanding diverse lived experience perspectives, CPSLE values and models.*
- *Orientation to team functioning and valuing the knowledge and experience of the diverse roles within the team and wider system.*
- *Systemic orientation to health, social services and other support sectors.*

Basic psychological knowledge.

- *Understanding human behaviour and development across the lifespan.*
- *Understanding social determinants of mental health/wellbeing/health, including cultural identity, discrimination, socioeconomic status, and other factors that disproportionately affect Māori, Pacific, and other communities.*
- *Theoretical framework of psychology, particularly in the areas of applied and developmental psychology.*
- *Foundation of understanding of the recovery model of mental health care and other dominant models including their value and limitations.*
- *Practicing from a trauma informed perspective that recognises the impact of historical, systemic, and intergenerational trauma on Māori, Pacific, and other communities.*
- *Supporting diversity.*
- *Basic understanding of commonly occurring mental health and addiction conditions.*
- *Understanding of the value and limitations of diagnostic classification systems.*
- *Understanding and responding to distress.*

Responsibilities and Tasks

Assessment and data collection from a culturally sensitive perspective, with an emphasis on understanding the cultural, social, and historical contexts that may shape a person's mental health and wellbeing.

- *Supporting triaging and screening assessments to enable prioritisation*
- *Psychometric assessments – administration and inputting data (not interpretation)*
- *Semi-structured history taking assessments*
- *File reviews and gathering background information*

Therapeutic support including utilisation of Hauora Māori and Pacific models to guide culturally appropriate assessments, care plans, and interventions.

- *Within team environment support planning and implementation of programmes of culturally adapted care and structured therapy for tāngata whai ora (individual and group) who have low/moderate intensity/complexity needs, or while on wait list e.g. protocol driven CBT, FACT*
- *Complete components of assessment or therapy delegated by registered psychologist and/or endorsed by supervisor e.g. behavioural observations, in vivo exposure, mindfulness, mood recording*
- *Provision of psychoeducation*

Therapeutically oriented case management and coordination.

- *Supporting the development and implementation of Wellness Recovery Action Plans*
- *Provision of skills oriented strategies for self management*
- *Providing a culturally responsive approach in step-up and step-down phases of therapy, recognising that transition periods may require additional support and resources for Māori, Pacific, and other identified service users to achieve sustainable outcomes*
- *Support and psychoeducation for whānau*
- *Interprofessional communication and service liaison (eg navigation and referrals)*
- *Supporting people by addressing broader determinants of mental health, such as employment, housing, social engagement, and loneliness, while considering community-specific barriers, such as lack of culturally appropriate services or language support*
- *Monitoring, evaluating and communicating of progress/outcomes*

Administration.

- *Preparing session materials and resources*
- *Letters/ written summaries (checked and signed by clinical line management or supervisor)*
- *Information filing and management*

Research and quality assurance.

- *Literature reviews and research*
- *Audit/service evaluation*

Supervision issues

Two issues requiring mitigation have been identified in relation to the diversity of services that have expressed a need for this workforce.

- *the high level of need for mental health and addiction support, and the deficits in workforce, introduces a risk that the associate psychologist may experience pressure to engage in tasks that are beyond defined competencies.*

AND

- *it is understood that an associate psychologist may be employed to a clinical team that does not have a registered psychologist on site OR registered psychologists on site who do not have capacity to provide supervision.*

Supervision has a supportive function as part of continuing professional development and life-long learning. For associate psychologists, supervision will also have a focus on support of work within identified competencies, and to identify and mitigate pressures to extend beyond these.

The minimum requirements for frequency of supervision will be identified by the NZ Psychologists Board as part of the development of the scope of practice and competencies for the role.

The associate psychologist role is intended to be supportive of registered psychologists, allowing them to work at top of scope on duties such as supervision. It is acknowledged however, that this new role may also place a demand on the supervisor capacity. The following will be required as part of the role development to increase acceptability and success by reducing this demand.

- *For workplaces to identify a pathway on the psychology career framework for early career registered psychologists to provide supervision to an associate psychologist .*
- *Enabling sufficiently experienced associate psychologists to develop the competencies required to provide supervision to as senior associate psychologists (seniority to be determined by workplaces as part of their career frameworks).*
- *Requiring models for provision and resourcing of supervision to be developed by employers. This may include virtual or hub style supervision.*

To support ongoing professional development the NZ Psychologists Board will identify what is required for an associate psychologist Continuing Competence Programme.

Appendix III

Background Information:

Initial feedback from survey on Health NZ Role Description Guidance for AP

In October 2024, Health NZ published Role Description Guidance for the development of the AP role. Following this, NZPB sought initial feedback from psychologists and other stakeholders via a survey. Themes from this feedback is included here for your consideration.

Initial feedback on suggested Workforce Parameters in the Health NZ Role Description Guidance

This feedback indicated that psychologists emphasised the importance of clearly defining the roles and responsibilities of APs to prevent them from performing tasks meant for fully qualified psychologists; ensuring high standards of care; and maintaining the integrity of the profession. Respondents expressed the opinion that APs should work with tāngata whaiora/clients of low to moderate intensity and saw potential roles for APs across various age groups and sectors. There was an expressed preference for APs to work in Primary Health Organisation settings, with many believing that APs should only practise on the same site as a psychologist. However, some stakeholders noted that requiring a psychologist on-site could limit the role of APs and suggested that initial trials of APs might involve having psychologists on-site.

Initial feedback on suggested AP competencies/responsibilities and tasks in the Health NZ Role Description Guidance

The pre-consultation survey highlighted the need for more clarity on the training, skills, and competencies of APs before the role is formalised. Cultural competence was a key concern, with a focus on understanding a wide range of cultures, including disability, Rainbow+ communities, and culturally diverse groups. Training in cultural safety and competencies like working with interpreters and understanding intersectionality was emphasised. APs are also expected to have strong ethical understanding, including knowledge of international and national rights and guidelines.

Feedback recommended training should cover communication and relational skills, such as working with children and families, applying psychological theories, and being able to engage with Māori communities. There was also a call for basic psychological knowledge, particularly in child and youth mental health and developmental disabilities, with an emphasis on practical application.

Concerns exist about APs being involved in assessments, and there were mixed opinions on their involvement in planning or implementing care plans, with some stakeholders urging the use of group-based interventions. Delegating tasks such as assessment or therapy by psychologists is seen as problematic by many, with concerns about client burden and the therapeutic relationship. Some also questioned the need for the AP role over engaging other trained professionals.

When it comes to case management, few respondents supported the idea, fearing it overlaps with other mental health roles. There's a preference for administrative tasks to be handled by dedicated staff, and concerns about APs being reduced to a support role rather than a competent practitioner. Research and quality assurance

tasks also generated mixed opinions, with many believing these should be reserved for those with higher qualifications and could draw practitioners away from the healthcare role they were trained for.

Initial feedback on suggested Supervision Requirements in the Health NZ Role Description Guidance

It was clear in the pre-consultation survey that many stakeholders felt that introducing APs could increase the workload for registered psychologists, who would be responsible for supervising APs, potentially worsening the shortage of psychological resources. It was noted by respondents that supervision is viewed as crucial for safe practice, but that it is also seen as an additional burden on already stretched psychologists. Some recommended that supervisors receive training, ideally mandatory, to ensure high-quality supervision.

A clear career pathway for APs was highlighted as important, including opportunities for professional development and consideration of AP experience in applying to train as a registered psychologist, with training and supervision to take on more responsibilities over time. Stakeholders expressed that supervision should ideally be provided by experienced registered psychologists, with additional resources needed to support this, such as increased full-time equivalents (FTEs) for supervisors or contracting private sector support.

A combination of group and individual supervision was suggested, with a focus on both developmental and reflective practice. Early career APs should receive more intensive supervision, with a recommended initial frequency of weekly sessions, transitioning to fortnightly. Stakeholders highlighted that it is also important to address the shortage of available supervisors and regulate supervision to maintain ethical standards and prevent APs from exceeding their scope of practice. Clear feedback channels and risk management processes should be in place, with legal liability for treatment by APs clearly defined.

Appendix IV

Health Sector Principles from Pae Ora (Healthy Futures) Act 2022

7. Health sector principles

(1) For the purpose of this Act, the health sector principles are as follows:

(a) the health sector should be equitable, which includes ensuring Māori and other population groups—

(i) have access to services in proportion to their health needs; and

(ii) receive equitable levels of service; and

(iii) achieve equitable health outcomes:

(b) the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes:

(c) the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—

(i) the strength or nature of Māori interests in a matter; and

(ii) the interests of other health consumers and the Crown in the matter:

(d) the health sector should provide choice of quality services to Māori and other population groups, including by—

(i) resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services); and

(ii) providing services that are culturally safe and culturally responsive to people's needs; and

(iii) developing and maintaining a health workforce that is representative of the community it serves; and

(iv) harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and

(v) providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and

(vi) providing services that reflect mātauranga Māori:

(e) the health sector should protect and promote people's health and wellbeing, including by—

(i) adopting population health approaches that prevent, reduce, or delay the onset of health needs; and

(ii) undertaking promotional and preventative measures to protect and improve Māori health and wellbeing; and

(iii) working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and

(iv) collaborating with agencies and organisations to address the wider determinants of health; and

(v) undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.

(2) When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles—

(a) as far as reasonably practicable, having regard to all the circumstances, including any resource constraints;
and

(b) to the extent applicable to them.

(3) In subsection (1)(d), **lived experience** means the direct experience of individuals.

Appendix V

Glossary

AP	refers to the yet-to-be titled role (originally from Associate or Assistant Psychologist)
CBT	Cognitive Behavioural Therapy - an evidence based psychological approach focussing on thoughts, feelings and behaviour
CCP	Continuing Competence Programme - professional development programme for practitioners registered with the NZPB
CPSLE	Consumer, Peer Support and Lived Experience
FACT	Focussed Acceptance and Commitment Therapy - a brief therapy model including experiential exercises, mindfulness, values
Fonofale	a holistic model of health based on values and beliefs of Pacific peoples (Fuimaono Karl Pulotu-Endemann, 2001)
Gazette/gazetting	Making a legal notification
Hauora Māori	Māori health
HPCA Act	Health Practitioners Competence Assurance Act 2003. - <i>“The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.”</i>
Health NZ	Health New Zealand/Te Whatu Ora - “Manages all [public] health services, including hospitals and specialist services, and primary and community care” across Aotearoa/New Zealand
HQSC/Te Tāhū Hauora	Health Quality and Safety Commission/ Te Tāhū Hauora - works with clinicians, providers and consumers to improve health and disability support services. Functions under the Pae Ora (Healthy Futures) Act 2022
Lived Experience	“Lived experience can be described as a person or peoples’ experiences, feelings and reflections about their health and wellbeing, health condition or a health care process or health care service. It is sometimes described as being an ‘expert by experience.’ ” In this context, we are referring to people with lived experience of mental health and addictions conditions. (HQSC)
Mātauranga Māori	“The body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices”. (Te Aka - Māori Dictionary)
NGO	Non-Government Organisation - a community-based not-for-profit organisation that is independent from government, although they may receive financial and/or other support from government (from the Office of the Auditor-General)
NZPB	New Zealand Psychologists Board - Regulatory Authority for psychologists under the Health Practitioners Competence Assurance Act 2003
Pae Ora principles	Pae Ora (Healthy Futures) Act 2022 “The purpose of this Act is to provide for the public funding and provision of services in order to — (a) protect, promote, and improve the health of all New Zealanders; and (b) achieve equity in health outcomes among New Zealand’s population groups, including by striving to eliminate health disparities, in particular for Māori; and (c) build towards pae ora (healthy futures) for all New Zealanders.”
Pasifika	“A collective reference to Pacific peoples who have made Aotearoa their home and is also inclusive of New Zealand-born Pasifika people.” (J Matapo, 2017- He Kupu, 5 (1), 44-52)

Tāngata whaiora	“Tāngata whaiora’ means ‘a person seeking health’ – acknowledgements to Professor Mason Durie.” (MHAIDS Glossary, 2022)
Te Reo Māori	“The indigenous language of Aotearoa/New Zealand. It is one of two official languages of the nation.” (Te Puni Kōkiri/Ministry of Māori Development)
Te taha hinengaro	Mental and emotional dimension of health and wellbeing (Te Whare Tapa Wha)
Te taha tinana	Physical dimension of health and wellbeing (Te Whare Tapa Wha)
Te taha wairua	Spiritual dimension of health and wellbeing (Te Whare Tapa Wha)
Te taha whānau	Family and social dimension of health and wellbeing (Te Whare Tapa Wha)
Te Whare Tapa Wha	1984 Māori model developed by Sir Mason Durie, describing health (hauora) as a meeting house (wharenuī) with four walls, each representing a dimension of health. Our connection to the land (whenua) forms the foundation. When a wall is out of balance, our wellbeing is impacted. (from Health NZ https://www.ourhauora.nz/blog/te-whare-tapa-wha)
Tertiary Education Organisation	An organisation which supplies tertiary education and /or training and /or assessment services (www.tec.govt.nz)
Tikanga Māori	The process of practising Māori values (from Te Puni Kōkiri/Ministry of Māori Development)
Whakawhānaungatanga	<ul style="list-style-type: none"> - “...making a connection/building relationships...” Pitama et al (2017) - “helps to build trust and empowers whānau Māori to engage in their care planning and make decisions in their care journey.” (HQSC)
whānau	Family/families