

Review of Psychologist Scopes of Practice in  
Aotearoa New Zealand: The exploration of change  
and future proofing the profession.

Psychology Scopes Advisory Group

November 2024

Whakataukī

*Rapua Te Mea Ngaro.*

Seek out the hidden potential in adversity.

A well-known and cited proverb that applies in times of confusion and uncertainty. For the project, find the ways forward, and remove the misunderstandings and difficulties that impact on the public, psychologists, the Board, and other stakeholders.

The Kupu Whakaari of Tāwhiao, the second Māori King

Seek that which is lost.

E Whiti, e Tohu, takoto.  
Rapua te mea ngaro.  
Hoki ake nei au ki tā Rawiri  
He roimata taku kai i te ao i te pō  
Me whakatupu ki te hua o te rengarenga  
Me whakapakari  
Ki te hua o te kawariki

Tohu and Te Whiti, I urge you  
To contemplate that which is lost  
Let me return to the Psalms of David  
For I mourn our fate by day, and by night.  
We will survive on the fruits of the  
rengarenga  
And be nurtured  
On the produce of the kawariki.

Tawhiao – King or Prophet  
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## Executive Summary

In 2023, the New Zealand Psychologists Board (NZPB) commenced a process to review its scopes of practice. This included the release of a consultation paper outlining a potential new framework of scopes and endorsements for psychologists practising in Aotearoa New Zealand (NZ). To further this work, in 2024, the NZPB appointed the Psychology Scope Advisory Group (PSAG), tasked with reviewing consultation feedback and developing up to three options to ensure the scopes of practice align with the Health Practitioners Competence Assurance (HPCA) Act while addressing concerns related to scope clarity, recognition of expertise, and workforce adaptability.

From June to November 2024, the PSAG employed Human-Centred Design (HCD) as a structured approach to deliver on its mandate. This process began with a detailed exploration of the concerns and expectations of the professional body, informed by:

- An analysis of feedback from the consultation process;
- A review of relevant literature and legislation, complaints data, and terminology, such as ‘scope’ and ‘competency’; and
- International comparisons of the regulation of psychologists.

Key themes that emerged included the need for a scope system that is simple, flexible, and competency-focused, rather than heavily legislated. There was also strong support for recognising ongoing professional development and areas of practice expertise, while preserving clarity about the fundamental and unifying aspects of psychologists’ mahi. This review occurred amidst broader organisational changes, including the planned introduction of the Assistant Psychologist role and review of the HPCA Act.

These insights informed a design sprint, as part of the HCD approach, which produced multiple options aligned with the outlined deliverables. These options were refined through feedback from a Collaborative Reference Group (CRG) and a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. As a result, the PSAG developed three finalised recommendations for scopes of practice systems:

1. **“Blue-sky” option:** A highly innovative and forward-thinking approach.
2. **“Resource-constrained” option:** A more pragmatic approach considering resource limitations.
3. **“Status quo” option:** Retaining the current system with minor adjustments.

All options require further development, planning, and consultation with stakeholders, including tangata whaiora (service users). Although this additional work is outside the scope and timeframe of the PSAG’s mandate, work completed by the PSAG offers viable next step options and courses of action for the NZPB.

The PSAG acknowledges the stress and uncertainty many psychologists in Aotearoa NZ are experiencing, partly due to this review and other ongoing challenges within the health sector. Throughout this process, the PSAG has strived to approach its work with transparency, compassion, empathy, and openness. Our shared goal has been to support and uphold the mahi of psychologists, ensuring they can continue practising safely and effectively, growing with their profession, and maintaining a high standard of care for tangata whaiora.

This work has necessarily been shaped by time constraints and the terms of reference set by the NZPB. While these limitations have defined the scope of the analysis and stakeholder engagement, we hope the options presented will lay a strong foundation for future development.

## Kawa and Tikanga

From the first and through all meetings of the Psychology Scopes Advisory Group it became clear that the discussions were centred around uncovering the kawa or principles of the kaupapa or project issues. Once that was understood then it became easier to spot tikanga or the processes that were emerging. It was recognised that kawa was like a policy statement and tikanga were the procedures or processes that actioned the kawa. Put another way, kawa was the what, and tikanga the action.

Understanding that, it became clearer which tikanga were supporting the kawa. Other tikanga which were not supportive could be excluded. The kawa of this project was to be aware of mana and tapu in order to take account of manaaki ki te tangata.

What is mana? Mana is a person's enduring power whose source is Atua which goes hand in hand with tapu sacredness. Given that each client or group has mana which is imbued with tapu, it was understood that psychologists and the profession have a responsibility to manaaki their clients i.e. to care for, protect, and show respect. At the same time it was appreciated too that each psychologist has mana and tapu. And so each psychologist has a responsibility to manaaki her/himself through gaining qualifications, education, training, growing experiences, developing specialisations, attracting endorsements and more, in order to manaaki her/his clients. This was a Te Āo Māori lens that was the basis upon which the project was undertaken at all points of leadership, research, discussions, decision making and write ups.

The kawa of the project was:

*Manaaki ki te Tangata.*

Taking Care of the People by way of Taking Care of the Project.

Brian Emery, NZPB Cultural Advisor

## Introduction

In 2023, the NZPB commenced a process to review its scopes of practice. As part of this review, the Board appointed the PSAG to advise the Board on possible pathways forward, tasking them with the generation of three options that would ensure scopes of practice for psychologists in Aotearoa NZ were fit for purpose and would enable a flexible and responsive workforce.

In understanding the context of the current review of New Zealand's scopes of practice for psychologists and the creation of the PSAG, it is important to understand the history of psychologist practice in Aotearoa NZ and the introduction of scopes.

### *History of Scopes of Practice in Aotearoa NZ*

The history of psychology practice in Aotearoa NZ dates to the early 1900's with clear colonial ties to the United Kingdom. Early practices in psychology in essence mirrored British influences. Over time, more localized and unique contributions were made to psychology practice through the influence of Te Ao Māori and other international methodologies (Haig & Marie, 2012).

The history of scopes is closely linked to the acts that governed psychological practice. Before the introduction of the HPCA Act 2003, the practice of psychology was governed by the Psychologists Act 1981. This earlier legislation aimed to regulate the profession by establishing a registration system and protecting the title "psychologist." Key features of the Act included that psychologists were required to register with the NZPB. The Act also provided basic guidelines for standards of practice and mechanisms for disciplinary procedures for those who had breached professional standards.

In 2003, the HPCA Act replaced the Psychologists Act, with its principal purpose 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 practice their professions". Section 11 of the HPCA Act introduced the concept of scopes of practice, with regulatory authorities (such as the NZPB) required to put in place one or more scopes of practice for their profession. Section 11(2) states that a scope of practice may be described "in any way the authority thinks fit" and can be described by reference to a name or title, an area of science or learning, to tasks commonly performed and/or by reference to illnesses or conditions to be diagnosed, treated or managed.

After a period of consultation, finalised scopes in 2004 were a general scope of psychologist plus two optional vocational scopes, clinical psychologist and educational psychologist. The Board also recognised that the Act would require all psychologists registered under the previous Psychologists Act to continue to be registered under the new HPCA Act.

The general scope was described in the New Zealand Gazette (September 2004), as able to provide:

“...any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting, ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual’s area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.”

A few years later in 2010, after further consultation, counselling psychologist was added as a scope. In the Board’s annual report for 2016 they state:

“The Board has taken a very broad, flexible approach to defining scopes of practice for the profession, thereby minimising any workforce impediments. All psychologists hold the “psychologist” scope, which includes the foundational, core competencies common to all branches of the profession. The Board has also established “vocational” scopes, but only where they are clearly required for public protection. In this way a psychologist is free to practise in any area in which he or she is personally competent, but the public are also able to readily identify those practitioners who have completed specialised training in Clinical, Counselling, or Educational Psychology.”

The neuropsychologist scope was most recently added in 2018. In its 2022 and 2023 annual reports, the Board signalled that the current scopes of practice could be more clearly defined and that a review of the scopes would be included in the Board’s work programme through to the end of 2023 and beyond. The NZPB conducted a consultation via Roadshows across New Zealand from 06 December 2023 to 31 May 2024, also signalling an upcoming review of the scopes.

In December 2023, the Board released a new consultation on scopes of practice. This paper outlined “several issues with the scopes of practice” as the impetus for a review of scopes, as well as noting that scopes are out of date (having not been updated since the introduction of the HPCA Act in 2003). The Board stated that historically, they had made comments about scopes of practice that risk being construed as contradicting section 8 of the HPCA Act, which states that health practitioners must not practice outside their scope. The Board acknowledged that based on this advice many psychologists have, in good faith, developed and expanded their practice beyond the scope of practice in which they are registered. The Board expressed their commitment to rectify this situation, without restricting livelihoods or punishing psychologists who have competently developed their practice over time.

In December 2023, the Board sent out an online survey about a proposed new framework for scopes of practice, introducing a series of potential new scopes (under two clusters with separate sets of core competencies) and the possibility of endorsements in specific areas (such as assessment and diagnosis). The consultation period ran from 6 December 2023 to 31 May 2024, and a total of 53 email submissions and 1349 survey responses were received. This represents a response rate of nearly 27.9% of the total workforce.

During the consultation period, the NZPB stated:

“We hear that some people are concerned about what this [the review of scopes] means for their professional status or ability to work. We are setting up an advisory

group with representation across the profession to do more thinking and contribute to this process...The Board strongly supports the essential work you are doing for New Zealanders. We want all New Zealanders to be able to share our confidence in our skilled and competent psychology workforce.

...

As we develop our collective thinking and hear further from stakeholders, we remain open-minded. Nothing is off the table and any process as a result of floated options from the advisory group and consultations would be expected to take several years.”

The Terms of Reference (ToR) for the PSAG were defined as reviewing feedback from the sector following the Board’s initial consultation, developing other options, making a recommendation to the Board, and providing input into a follow-up consultation document if, consequently, one is required. It is worth noting that PSAG were not mandated to plan or assess implementation of any recommendations put to the Board as this, more extensive task, would come later and would require extensive consultation. The PSAG were given a timeframe of June to November 2024 to complete their task.

### **Human-Centred Design**

Human-Centred Design (HCD) was employed by the PSAG as a strategic approach to achieve the desired deliverables outlined by the NZPB. HCD has emerged as a methodology for addressing complex and evolving challenges within healthcare and regulatory frameworks (Melles et al, 2021). Recognised for its ability to integrate the needs, preferences, and behaviours of users into the design process, HCD facilitates the development of viable, adaptable solutions. By focusing on the practitioners and communities involved in psychological practice – including practitioners, consumers, and the regulatory body – the HCD process ensures that the options generated for a system of scopes of practice will remain safe, relevant, responsive, and adaptable for the future.

Through a user-centred, iterative approach, the HCD framework generates recommendations that prioritise public safety, clarifies professional roles, and enables a flexible and sustainable workforce. This report outlines the use of HCD in the review process and how the resulting recommendations reflect both evidence-based practices and stakeholder needs.

The HCD process began with a deep exploration of the concerns and expectations of the professional body, to ensure that all perspectives were considered in the design of solutions. This inclusive approach was essential in shaping recommendations that are not only functional but also aligned with the evolving roles of psychologists and the expectations of the public.

The key principles of HCD – empathy, collaboration, iteration, and systems thinking – were integral throughout the review process. By utilising feedback from the profession from the outset and involving a representative group in ongoing development, the recommendations were peer reviewed, tested and refined, ensuring their viability before they were finalised. This approach allowed the review to address both the current needs of the profession and anticipate future challenges.

The resulting recommendations provide clarity around the roles and responsibilities of psychologists while safeguarding public safety and ensuring a flexible workforce capable of adapting to future demands. In addition, HCD's integration of evidence-based practice ensured that the solutions developed were scientifically sound and have potential to be implemented effectively. This report details the key stages of the HCD process used in the review and highlights how the resulting recommendations meet the complex needs of both the profession and the public. Its focus on user-centred, iterative problem-solving makes it particularly suited to the task of reviewing the scopes of practice for psychologists in Aotearoa NZ.

### *Evidence for HCD*

This literature review examines the core principles of HCD, its applicability to healthcare contexts, and its potential to inform the review of professional scopes of practice as requested by the NZPB.

According to Plattner (2007), design thinking is a creative and iterative process that seeks to balance practical considerations with innovation, using both deductive and inductive reasoning to generate solutions that are responsive to real-world conditions. HCD is characterised by three core principles: empathy, collaboration, and iteration (Thoring and Müller, 2011; Dorst, 2011). These principles are applied through a structured process that involves understanding user needs, defining key problems, generating ideas, and developing solutions that are continuously refined through feedback.

- *Empathy*: HCD begins with an in-depth understanding of user experiences, ensuring that solutions are grounded in the real-world challenges faced by end-users. In the context of reviewing scopes of practice, this involved engaging with a range of responses to the NZP Scopes Survey, which included psychologists, colleges and organisations/employers.
- *Collaboration*: HCD emphasises the co-design of solutions by involving stakeholders throughout the process. This collaborative approach ensures that diverse perspectives are integrated, increasing the relevance and acceptability of any changes proposed to the scopes of practice. The PSAG engaged with the Collaborative Reference Group (CRG) to ascertain an equitable spread of opinions and responses.
- *Iteration*: HCD employs an iterative process in which solutions are prototyped and refined based on feedback from the PSAG members and the CRG. This approach allows for the development of adaptive solutions that can evolve in response to stakeholder needs and regulatory requirements.

### *The Application of HCD in Healthcare*

HCD has been widely utilised in healthcare to address complex, system-wide challenges, with its strength lying in its capacity to integrate the perspectives of multiple stakeholders within a broader ecosystem (Melles, et al, 2021). In healthcare, HCD has been used to develop patient-centred care models, improve service delivery, and design interventions that consider the socio-environmental context of healthcare delivery (Reñosa, 2024).

In the regulatory domain of psychology, similar complexity exists. The review of scopes of practice must address the needs of a diverse workforce while ensuring public safety and ethical practice. HCD's systems-thinking approach enables the development of solutions that

are context-sensitive and adaptable to the evolving needs of both the profession and the public.

### *Relevance to Scopes of Practice for Psychologists*

The review of scopes of practice for psychologists in Aotearoa NZ presents a multifaceted challenge that requires careful consideration of professional roles, public safety, and workforce flexibility. HCD's user-centred methodology is well-suited to this task. By engaging with a wide range of stakeholders—such as psychologists from different specialisations, kaumatua, and a public/consumer representative—the review process ensured that any changes to the scopes of practice are both inclusive and reflective of the diverse roles as well as common skills and expectations within the profession.

The iterative nature of HCD further supports the process by allowing for continuous refinement of proposed changes. Through prototyping, stakeholder feedback, and iterative adaptation, the recommendations can be tested and adjusted to ensure their practicality and relevance.

### *Integrating Evidence-Based Practice into HCD*

While HCD focuses on user-centred innovation, it is essential to integrate evidence-based practice (EBP) to ensure that changes are scientifically sound and aligned with professional standards and the current as well as future workforce. Incorporating EBP within the HCD process ensures that solutions are grounded in research and best practices. This can be achieved through comprehensive literature reviews, expert consultation, and the use of both quantitative and qualitative data to inform design decisions.

## **Methodology: Human-Centred Design Process**

### *Empathise*

The empathise phase of HCD involves deeply understanding the experiences, needs, and challenges of stakeholders, forming the foundation for defining and solving problems Plattner (2007). In this phase, designers engage with users through observation, interviews, and other forms of inquiry to gather insights that inform the subsequent stages of the design process. For the PSAG, this process was adapted by broadening engagement beyond the initial survey and took a significant portion of the project time. Representatives from the psychology profession (including at least one from each scope of practice), a consumer representative, cultural advisor and the NZPB collaborated to define the key issues surrounding the scopes of practice. This collective engagement ensured a holistic understanding of the varied perspectives and challenges faced by the psychology workforce and its stakeholders, forming a robust basis for problem definition.

However, limitations arose due to the way the NZPB framed the project initially in the ToR put forward, where the desired deliverables were already prescribed and pre-determined. Therefore, the scope of the inquiry was constrained by predefined parameters set by the NZPB, which restricted the range of issues that could be addressed. Furthermore, the timeline for presenting solutions was compressed, limiting the iterative nature of the HCD process. Given the magnitude of the project—reviewing the scopes of practice for an entire profession comprising of 4724 registered professionals (as recorded in the NZBP annual report for 2023)—the time allowed for comprehensive engagement and solution refinement

would limit the testing phase to a table-top peer review process provided by the CRG. This placed constraints on the depth of exploration and potential for more community, trade and stakeholder-centred long-term solutions.

### Overall Problem Statement

Through the empathise process, the PSAG generated an overall problem statement that identified the needs of the NZPB, the concerns of the public, and the profession. The overall problem statement was:

“Recent data indicates some confusion and concern around psychologist scopes of practice on the part of psychologists, workforce stakeholders and the NZPB who represents the public. The scopes have not been reviewed for 16 years. Psychology training programmes and the mental health sector have both evolved over time, with increasing expectations of psychologists in the workforce, further adding to the need for review and reduction of confusion. It is believed by the PSAG that without appropriate resolution, this confusion impacts psychologists’ ability to practice effectively, communicate with clients, and adhere to ethical standards, while also risks affecting the public’s perception and trust in psychological services in Aotearoa NZ.”

### Review of Relevant Information

In preparation for the HCD workshops, the PSAG reviewed a large volume of information that was either provided by the Board or sourced as relevant background in terms of scopes of practice of psychologists in Aotearoa NZ (see Appendix A).

### Analysis of Scopes of Practice Consultation Feedback

Feedback about the NZPB’s initial proposed framework for scopes of practice was independently analysed and this report provided to the PSAG, as well as uploaded to the Board website (see Appendix A). The summary of these submissions noted that numerous concerns had been raised about the consultation process and that feedback had been largely negative in tone, although many were eager to be involved and wanted more collaboration and communication going forward. Whilst some respondents acknowledged the need for change to the current scopes framework, others called for greater justification for the proposed changes and noted concerns that the structure proposed by NZPB was overly restrictive and had potential to negatively impact the public, mostly by reducing access to psychologists due to these restrictions.

While the consultation survey did not specifically ask for suggestions about how scopes could be structured, many respondents offered suggestions nevertheless. Given this feedback was a source of relevant ideas, PSAG requested this data. Due to the large volume of data, submissions from organisations only were provided as a sample, as it was felt that this would provide a reasonable representation of the sector’s thoughts on possible solutions.

The PSAG reviewed the feedback to identify suggestions and collate themes. Six broad themes were identified and a summary of these are outlined below:

1. The scopes system should be simple and flexible
2. The scopes system should focus on competencies rather than be legislatively-bound
3. The scopes system should recognise post-internship skill development

4. There is support for a single scope
5. There is an opportunity to define the fundamental aspects of psychologist mahi
6. The scopes system should recognise Kaupapa Māori practice

See Appendix B for detail of the thematic analysis, including quotes. It should be noted that the survey did not ask psychologists to propose a new system of scopes, nor was this feedback a sample of all responses. It should therefore not be considered representative of the views of all stakeholders.

A question where respondents were asked what kind of endorsements could potentially be added to scopes of practice generated 67 separate ideas. These range from specific disorders or difficulties (i.e.: addictions, neurodiversity), aspects of role performance (i.e.: supervision, advisor), areas of practice (i.e.: Child and Family, Organisational and Health) and specific therapeutic modalities (i.e.: schema therapy).

### Literature Review

A recent report commissioned by the Canadian Health Workforce Network (Carlton et al., 2024) is relevant in considering the scopes framework for psychologists in Aotearoa NZ. This report details a systematic review of 410 published articles and 426 sources of grey literature investigating the elements required to deliver health practitioner regulatory systems that improve the safety, quality, quantity, capability, and effectiveness of health workforces. Although the data sources were drawn from other professions (mostly nurses, midwives and medical personnel) and in overseas contexts (United States, Australia, Canada, United Kingdom), the findings appear relevant to psychologists in Aotearoa NZ.

Briefly, the report notes that registration law is a “blunt instrument” and that health practitioner regulation has generally “not kept pace with the demands for greater flexibility arising from collaborative team-based practice and a more dynamic division of labor in healthcare” (p. 13). The report advises that “restrictive and unresponsive scope of practice regulation inhibits workforce reform and adversely impacts healthcare access and quality” (p.11). Their systematic review found strong evidence that there are costs to the health workforce and health consumers when healthcare practitioners are “prevented by restrictive scope of practice regulation from applying the competencies for which they have been trained” (p.119). The report states that legislatively defined scopes of practice can “impose rigidities in the health workforce that hamper team-based care, stifle innovation and militate the achievement of effective and timely scope of practice reform” (p.110). The report concludes that “decisions about individual scopes of practice are best made at the local level, via formal credentialing or negotiation between employer and employee” (p.113).

Another relevant review of health professional scopes of practice in the US, Canada, Australia and the UK discussed a comparison of different regulatory approaches using a SWOT (strengths, weaknesses, opportunities and threats) analysis (Leslie et al., 2021). This contained similar themes and produced a summary of leading practices, including: 1) clear definitions of professional scopes, 2) sufficiently flexible and responsive regulation, 3) regulation which is transparent and contributes to high-quality and safe client care, 4) optimizing coherence, coordination and communication while maintaining a focus on public safety, and 5) including legitimate stakeholder perspectives in scope of practice consultation and definitions.

Flexibility and overlap was identified at a local level relevant for Aotearoa NZ in Skirrow and Ward (2022). They published a discussion document in relation to the scopes of Clinical Psychology and Neuropsychology following the establishment of the Neuropsychology scope of practice in 2018. The article notes that cognitive and psychometric assessments are a core competency for newly qualified clinical psychologists, but that the Board's competencies are minimum standards, and therefore it is possible for clinical psychologists to develop their skills and knowledge in this area over their practice career. Neuropsychologists can be considered to have a greater degree of knowledge and skill in this area as a minimum standard, but there is still overlap in the competencies of these scopes.

It was also noted that psychology does not have any 'restricted activities' (activities that only psychologists can perform) under the HPCA Act and most neuropsychological tests do not require a person to hold registration in order to use them. Therefore there can also be overlap in the practice of a clinical or neuropsychologist and other registered health professionals, so long as they have undertake appropriate training to administer neuropsychological tests.

### Review of Relevant Legislation and Proposed Legislative Changes

The NZPB provided to the PSAG their current legal interpretation of Section 8 of the HPCA Act, which states that "health practitioners must not practice outside their scope of practice". It is because of this wording that the Board stated in its December 2023 consultation document that its historic comments about scopes of practice risks being construed as contradicting this principle. Over time, many psychologists have in good faith developed and expanded their practice beyond the scope of practice in which they are registered. This was indicated as part of the purpose behind the Board undertaking the current review.

The HPCA Act was brought in to replace the 1981 Psychologists Registration Act for the principal purpose of protecting the health and safety of members of the public. The new Act sought to deliver on these goals through providing mechanisms to ensure that health practitioners are competent and fit to practice their profession. While the HPCA Act is focused on providing the public with health and safety protection, it does not define the terms 'health' and 'safety,' nor does it consider how restricting the availability of health services across Aotearoa NZ might impact on these.

The HPCA Act specifies that while it is possible for a Regulatory Authority (RA) such as the Board to permit multiple scopes, it only requires them to set out a single scope of practice for each profession (s11(1)). In considering qualifications for a scope, the HPCA Act allows the Board to accept experience in the provision of particular health services as its only qualification for a scope, although can impose a series of more exacting qualification based entry requirements (s12)(2)(c). Thus, it appears the Board could legally guide on operating outside of scopes if the clinician has experience and appropriate supervision. Overall, the section on scopes in the HPCA Act is about regulation, not safety. Placing a health practitioner in a scope does not indicate continued or current competent practice. A scope is assumed to bring safety but only defines expertise and knowledge at a single point of time.

The Board is also able under the HPCA Act to impose conditions to use a scope of practice (similar to an endorsement approach), to recognise limitations and expertise in international jurisdictions (s22) such as sub section (c) in association with others, or (f) a specified period

or (d) while as an employee. This is similar to other health roles such as nursing where an employer or workplace can endorse expertise and competence.

What is provided in the HPCA Act in relation to safety of practice is captured in HPCA Act Part 3: Competence, fitness to practice and quality assurance. Therefore, if the Board decided to have only a single scope of practice for psychologists, the Act provides a substantial amount of regulation related to the competency of a psychologist registered in this one scope.

Therefore, in relation to s8 of the HPCA Act guidance that “health practitioners must not practice outside scope of practice”, it is the Board which may outline what is permitted. The Board can therefore endorse any conditions which reflect expertise or task competence and have only a single scope of practice if it so chooses.

There is also currently legislative change underway, with the Ministry of Health reviewing options to improve health workforce regulatory settings with a focus on empowering health workers to grow and develop their skills (Ministry of Health, 2024). This includes a review of the HPCA Act. Key objectives for reviewing regulation include a need to consider safety not just in the context of delivering services, but also in non-delivery of services i.e.: the safety impact in lack of access to services that is resulting from serious workforce shortages and sustainability challenges across the health system.

The Ministry has noted that inefficiencies occur when health professionals are not able to work to their full capability, accorded by their training, education, experience, and competence. There is strong evidence that jurisdictions with more flexible scopes of practice achieve higher supply, improved access, and better health outcomes for patients, especially in rural and underserved areas. The World Health Organisation commissioned 2024 review of global health practitioner regulation systems noted the importance of providing various means to recognise a practitioner’s competence (not just foundational education programmes).

Currently, the HPCA Act authorises Regulatory Authorities (like the NZPB) to describe a scope of practice within broad parameters. This has created inconsistencies across professions, and it is often unclear to a layperson what services a practitioner is competent to provide. The Ministry therefore sees an opportunity to ensure scopes of practice recognise the full competence of a practitioner, identifying shared areas of skills and capabilities between professions, and provides a clear description of the competencies within that profession. They plan to empower practitioners to deliver services in line with their full competence, while recognising that standardisation and rigidity does not recognise the full range of competencies an individual practitioner may develop throughout their career. The Ministry suggests that decisions about a practitioner’s scope of practice are often best made at the local level, or between employer and employee, rather than through centralised regulatory control.

Whilst no changes have yet been finalised, a central recommendation is to utilise the full competence of our health workforce through flexible and responsive scopes of practice. This would involve a practitioner’s baseline scope of practice being their professional scope (i.e.: “psychologist”), and they would then be empowered to broaden their skill set through formal recognition of additional competencies that would then be endorsed and recognised (i.e.: a scope plus endorsements in various specialty areas). This would allow a practitioner

to be registered under “psychologist” as their scope, but hold a bespoke set of competencies based on their qualifications, skills, and experiences, to enable them to meet the specific needs of their local community.

Successful implementation of this new approach to scopes of practice in healthcare will require significant shifts in education, training and employment settings, such as micro-credentialing and staircasing. The proposed regulatory shifts would create an environment that enables and encourages professional development in response to local health needs, improving availability of services in Aotearoa NZ.

### Review of Complaints Data

In order to determine what harm might be occurring to the public through psychologists practicing outside of scope, the PSAG asked the Board: “Have there been any made and upheld complaints about Psychologists practicing outside the current Scopes of Practice?” The Board provided a review that covered complaints data collected February 2018-September 2023. It was noted that some of the data related to very small numbers and may not be generalisable.

The review concludes that in this timeframe *some* upheld complaints were related to psychologists practicing outside current scopes of practice. From the review:

“Complainants themselves seldom refer to scope in the body of the complaint. When this does happen, the term scope tends to be used generically. The implication is that the psychologist, from whichever scope of practice, is acting inconsistently with what is expected from a psychologist.

...

It is important to consider practitioners’ training as well as their scope of practice when considering this data. For instance, complaints resulting in referral to CRPs [Competency Review Panel] for practitioners trained in educational psychology do not relate to educational issues. Preliminary analysis of PCC [Professional Conduct Committee] referrals for general scope psychologists suggests that these practitioners are more likely to be working in ACC sensitive claims treatment or Family Court work, both of which can be extremely complex. In comparison, clinical psychologists referred to PCC were more likely to be working in a range of private practice roles, or in Corrections.”

The review highlights that the number of complaints against psychologists in general are small (201 across approximately five years, with just under 4000 practicing psychologists). Upheld complaints are even fewer, with 41 referred to either a CRP or PCC. The majority of complaints appear to relate to psychologists practicing outside of their *competency* rather than their registered scope.

### Review of Terms and Use of ‘Scope of Practice’ and ‘Competency’

NZPB provided to the PSAG their definition of a scope of practice vs. competence (see Appendix A). In this, they described a scope as setting the parameters of practice for a psychologist. This relates to service provision and the fact that the scope permits the practitioner, in this case the psychologist, to provide service. Competence sets out the application of knowledge, performance skills, interpersonal abilities, critical reasoning skills

and ethical reasoning skills, as demonstrated in the performance of one's professional role. The Board goes on to state; "It is your (the psychologist's) responsibility to limit your practice to areas in which you have been trained and educated, and with which you are familiar and competent."

The CRG also provided feedback about the way in which many employers have used 'scope' rather than 'competence' to guide their employment of psychologists. A case example presented to the PSAG from the CRG illustrates this type of situation: a psychologist registered under the educational scope of practice saw an advertisement for a position within the health sector for a psychologist who holds a 'clinical' scope of practice. When this psychologist reviewed the key skills for the position, they found that they met most of the criteria listed, apart from not holding a 'clinical' scope. As the psychologist was uncertain if they would be eligible for the position, they contacted the health agency's human resources manager, who after hearing more about this psychologist's experience and skills, encouraged them to apply. This example demonstrates that employers, at times, will advertise a position based solely on scope rather than the skills, experience or competencies required for the role. Such examples highlighted the confusion around scope and competence as a key theme in the sector. Given this, a scope of practice may indeed limit a psychologist from working in certain areas, such as health, but also may be limiting the public in gaining access to the psychologists who have the requisite skills necessary for the job.

NZPB has a rigorous Continuing Competence Programme (CCP) that ensures that a psychologist maintains ongoing competence to practice in Aotearoa NZ. This acknowledges the "importance of life-long learning to maintain competence and to maintain currency in our constantly evolving profession." Psychologists must complete an annual CCP and engage in regular supervision of their practice. Further, psychologists are clearly using their level of competence to determine whether they will accept a referral or complete a particular task. Any dilemmas are taken to supervision to be more thoroughly examined. Thus, the CCP and supervision form a key aspect in maintaining ongoing competence, with practitioner self-reflection being integral in both tasks.

### International Comparisons of Psychologist Regulation

The PSAG also analysed the systems of regulation applied to psychologists in other Commonwealth countries. Of particular note is the system of regulation in Australia, due to the existing Trans-Tasman Mutual Recognition Arrangement (TTMRA) that allows for transfer of psychologist registration between Australia and Aotearoa NZ. The CRG were also invited and provided data that contributed to this analysis.

#### United Kingdom

In the UK, psychology is governed by the Health and Care Professions Council (HCPC). There is one broad title, "Practitioner Psychologist," under which psychologists can work. Specializations (e.g., clinical, forensic, educational) are recognized through "protected titles" that reflect additional training and competencies, but there are no strict limits on practice. Psychologists may practice in multiple areas as long as they are competent, but endorsements restrict the use of specialist titles.

#### Australia

Similar to the UK, in Australia psychologists work under a general “psychologist” scope. Specialisations are indicated through endorsements, such as “clinical psychology” “counselling psychology” or “organisational psychology.” Regulation is overseen by the Australian Health Practitioner Regulation Agency (AHPRA) and the Psychology Board of Australia, focusing on maintaining high standards and public safety.

Under the National Law, the area of practice endorsements do not limit the overall scope of practice for psychologists. The only restrictions on a psychologist's practice relate to their individual knowledge and competencies, and they are required to work within their own skill set.

Endorsements are optional, meaning psychologists can practice without them, and about half of those with general registration choose not to pursue one. It's important to note that an area of practice endorsement is distinct from specialist registration.

To obtain an endorsement in a specific area, a registered psychologist must either complete an accredited postgraduate qualification approved by the Board for that area, or a qualification deemed by the Board to be substantially equivalent. Afterward, the psychologist must complete a registrar program or equivalent supervised practice, working in the designated area under the guidance of a Board-approved supervisor who holds the relevant endorsement (or an equivalent qualification from overseas).

## Canada

In Canada, regulations vary by province, but most provinces have a broad "psychologist" designation. Some provinces (like Ontario) have additional titles for specific specialties (e.g.: clinical, counselling), but like in Australia, there is no blanket restriction on practice. Psychologists are generally expected to work within the bounds of their competence, and titles are protected for specialized areas where additional training is required.

## Summary

Most international models analysed operate with a broad scope for psychologists. Psychologists typically hold one general title (e.g. "psychologist") and are expected to practice within their competence. Specializations are recognized through endorsements or protected titles, but these endorsements do not restrict overall practice. Psychologists can practice in various areas if they are competent, and the primary limitation is on the use of specific titles (e.g., "clinical psychologist" or "forensic psychologist").

In the UK, Canada and Australia, psychologists can practice across different areas of psychology (clinical, educational, counselling, etc.) without requiring separate endorsements, if they have the necessary training and competencies. Endorsements are primarily used to protect titles and distinguish areas of advanced expertise, but they do not strictly limit practice. For example, an Australian psychologist with general registration can work in different settings, including clinical or educational, without needing a separate qualification for each. These fluid models allow psychologists to work in different contexts within the broad psychologist designation.

Postgraduate qualifications are also required for specialised practice, but the general title of "psychologist" remains broad. Psychologists may need to complete additional training or supervision for specific specialties or protected titles (e.g., "clinical psychologist," "forensic

psychologist") but once endorsed, they are generally not restricted from broader practice within their competence. This system allows psychologists to be flexible in the types of roles they take on, even across different fields of psychology.

Diverse approaches to managing the scope of practice in psychology are influenced by each country's regulatory philosophy and healthcare needs. Overseas models can only provide examples and can never be copied or explicitly replicated in the Aotearoa NZ context, most importantly because of our obligations under Te Tiriti o Waitangi.

### Introduction of the Assistant Psychologist Role

Although outside of the task of the PSAG to analyse, the Board also provided information on discussions with Health New Zealand | Te Whatu Ora (HNZ) around the development and introduction of the new Assistant Psychologists (AP) role. This is to be a registered mental health professional who undertakes assessment, intervention and case management for a specified range of conditions under the supervision of a registered psychologist (under any scope of practice, so long as they are working within HNZ). Again, the primary rationale for introducing the AP role is due to ongoing substantial gaps in the mental health and addiction workforce in Aotearoa NZ, which represents a significant barrier to accessing psychological services and therefore impacts on the safety of the public. HNZ feels that creating effective frameworks of delegation "would enable registered psychologists...to most effectively utilise their full scope of practice".

Given this, it is an opportune time for the Board to clearly define the core competencies of a psychologist in relation to the AP role, who may in the future be practicing alongside and supervised by psychologists with an overlap in tasks and activities.

### HCD Sprint Phase

Moving through the design phase of the HCD cycle, further articulation was completed during a sprint phase conducted on 20 September and 14 October 2024. Three sub-problem statements were created to address the deliverable specified within the ToR and project scope:

NZPB Desired Deliverable and Respective Sub-problem Statement:

- Deliverable A: Protect the health and safety of Aotearoa NZ public in accordance with the HPCA Act.
  - Sub-problem Statement of Deliverable A: Health and Safety are not clearly defined in the HPCA Act leading to misinterpretation. How do we recognise kawa (protocol) and expand tikanga (how the kawa is enacted). The interpretation of the current Act does not reflect kawa and tikanga (practice) appropriately. The tikanga is not delivering on the kawa.
- Deliverable B: Ensure scopes of practice provide clarity on the core role and responsibilities of a psychologist in Aotearoa NZ, as well as recognising expertise in specialist areas.
  - Sub-problem Statement of Deliverable B: There is inconsistency and vagueness in definitions of the roles and responsibilities of psychologists in terms of their scopes and competency development. The result of this is

uncertainty for the public, stakeholders/employers and psychologists themselves.

- Deliverable C: Enable a flexible and responsive future workforce, by enabling psychologists to safely develop their practice over time, to grow a workforce that can best meet the needs of the public (now and into the future).
  - Sub-problem Statement of Deliverable C: The current model of scopes is inadequate in terms of allowing flexibility for psychologists to move safety from one area of practice to another, to develop competency outside of their original scope of practice, and to have their experience in a particular area of practice recognised (as the scopes only recognise some areas of expertise and not others); this impacts their ability to best meet the needs of the public. The current system is not clear, transparent or easily understood by the public, stakeholders and at times, psychologists themselves.

The respective problem statements were created through the extrapolation and review of the feedback from the NZPB survey responses and other information sourced and provided.

### *Define*

The define phase in the HCD process is crucial for synthesising information gathered during the empathise phase, allowing teams to clearly articulate the problem they aim to solve. In this step, the insights derived from user engagement and data collection are analysed and refined into a coherent problem statement. This stage serves to establish a focused understanding of the user's needs and the specific challenges at hand, which informs the subsequent ideation and solution development phases. According to Plattner (2007), the define phase is essential in framing design problems within their broader context, helping to move from abstract insights to tangible, actionable objectives. By narrowing the scope of the problem and identifying key issues, the PSAG ensured that subsequent solutions were both relevant and aligned with user needs, thereby laying the groundwork for effective intervention strategies. The clarity achieved in this step directly influenced the quality of the design outcomes, as it established the critical criteria for evaluating potential solutions.

The define phase of the HCD approach employed by the PSAG involved the systematic coding and thematic analysis of the data derived from various sources. These included the survey report, a review of relevant literature, relevant legislation and planned legislative changes, a review of complaints data and research into international regulatory authorities, legislation, and registration practices. This process aimed to identify the most pressing issues related to the scopes of practice for psychologists in Aotearoa New Zealand. The gathered data was organised and analysed to extract key themes relevant to specific sub-problems, helping to inform the development of targeted solutions.

Over the course of one day on 20 September 2024, the HCD process was conducted to address Deliverable A and B. During this day the define phase was conducted, the PSAG split into two groups, and each was tasked with addressing a specific sub-problem. Group One focused on the sub-problem statement of Deliverable A, which explored issues around regulatory rigidity and risk management. From this, the group identified the following key themes:

- **Risk-Averse Culture:** A risk-averse culture often manifests in regulatory frameworks prioritising risk minimisation at the expense of innovation or responsiveness. For instance, psychological practice in Aotearoa NZ may lean towards overly cautious boundaries to prevent harm, inadvertently stifling opportunities for culturally adaptive practices. This is particularly evident in how the HPCA Act, as currently interpreted, does not adequately integrate kawa (protocols) or tikanga (their enactment), limiting the scope for culturally nuanced approaches.
- **Control of Risk Through Regulation of Registration:** The HPCA Act's focus on regulation emphasises control through stringent registration processes, ensuring that only those who meet rigid criteria can practise. While this serves to protect public safety, it does so by enforcing a narrow framework that lacks flexibility. The absence of clear definitions for health, safety, and the psychologist's core role under the Act means regulatory emphasis may default to bureaucratic control, rather than fostering a holistic understanding of competency that aligns with Aotearoa NZ's unique bicultural context.
- **Rigid Rather Than Flexible:** The current system prioritises rigid structures, such as the two-part focus on registration and competency, but fails to allow flexibility in interpreting or applying these structures to diverse professional contexts. For example, the current approach does not adequately reflect the dynamic interplay between kawa and tikanga, constraining how psychologists can adapt their practice to meet cultural and community needs. This rigidity restricts opportunities for innovative practice aligned with bicultural principles.
- **Restriction of Practice Rather Than Expansion:** The system's rigidity results in restrictions that prioritise compliance over the expansion of practice. Psychologists may be limited in integrating culturally responsive practices, as the framework does not explicitly support or recognise kawa and tikanga within its operational definitions. This restriction undermines the ability to expand services in ways that better address the diverse needs of tangata whaiora, particularly Māori communities.
- **HPCA Act Two-Part System – Registration and Competency Confusion:** The Act's two-part system—focusing separately on registration and competency—creates confusion regarding psychologists' roles and responsibilities. Without a unified definition of health and safety or the core skills of all psychologists, there is ambiguity in how kawa and tikanga are incorporated into both competency and registration requirements. This lack of clarity may lead to inconsistent interpretations and practices across the profession.
- **No Definition of Core Psychologist Role/Skills:** The absence of a clearly defined core role or skill set for psychologists exacerbates the misalignment between kawa and tikanga. Without a unified understanding of what constitutes fundamental psychological practice, it is challenging to ensure that the delivery of services upholds both the kawa (protocols) and tikanga (practices) necessary for culturally safe and effective interventions.

Meanwhile, Group Two concentrated on the sub-problem statement of Deliverable B, which examined the operational impacts and ambiguities within the scopes of practice. Their thematic analysis highlighted:

- **Unnecessary Restriction:** Regulations or interpretations of those regulations can limit psychologists' practice without clear justification, impeding their ability to meet public or organisational needs. A psychologist trained to competently practice is restricted from providing adapted interventions because these are not explicitly recognised within their scope of practice. This restriction prevents psychologists from addressing the needs of diverse populations effectively, particularly in alignment with *kawa* and *tikanga*.
- **Confusion:** Ambiguity or overlap in scopes of practice can lead to misunderstandings among stakeholders, professional body and/or the public. The public, employers and psychologists all interpret the scope of "clinical psychologist" differently, with some assuming it includes forensic assessment while others believe this is exclusive to "forensic psychologists". This misalignment leads to inappropriate restriction or job descriptions, creating inefficiencies and frustration.
- **Impact:** Consequences of unclear or overly restrictive scopes on psychologists, stakeholders, and the public. For example, psychologists being restricted from different areas of practice, even when they have undertaken appropriate additional training, as they are considered to be practicing outside of scope. This contributes to a lack of employment opportunities for some psychologists in the workforce, lack of access to psychological services for consumers, and ongoing confusion about scope and competency for all.
- **Core Responsibility:** The essential duties and expectations that unify the profession, ensuring psychologists can safely and effectively serve public needs. A psychologist's fundamental role in promoting mental well-being and assessing risk is obscured by unclear scope definitions. For example, "mental health" is mentioned only in the clinical psychologist scope competencies, when psychologists from other scopes are working competently with mental health concerns and/or in clinical settings across Aotearoa NZ.
- **Recognition of Training & Experience:** The acknowledgement of additional skills and expertise gained through professional development or practice. For example, where a psychologist with advanced training in neuropsychological assessments finds no official recognition or endorsement of this expertise in their scope, their contributions in specialist areas like brain injury rehabilitation are undervalued, and the public may not know they can access such services. Psychologists who undertake some accredited training programmes (i.e.: health psychologists or community psychologists) currently have no pathway to recognise specialty foundational training and areas of practice.
- **Vagueness:** Lack of specificity in scope definitions or role descriptions, resulting in uncertainty or misapplication. The term competency is used inconsistently across scopes, leaving psychologists unsure about the standards required to demonstrate

competency in specific areas, such as trauma-informed care. This vagueness complicates workforce development and undermines public trust.

On a second day, 14 October 2024, the PSAG reconvened to focus on Deliverable C, which dealt with refining the understanding of skills versus scopes within the regulatory framework. A smaller group of five PSAG members worked collaboratively to identify the following themes:

- **Endorsements versus Scopes:** The problem highlights the rigidity of scopes compared to the flexibility of endorsements, which could better recognise specific expertise within or across scopes.
- **Understanding Skills Rather Than Scope:** A skills-based model would encourage psychologists to pursue professional development and respond dynamically to the needs of the public, rather than being constrained by fixed categories.
- **Clarity of Registration:** The current system lacks transparency, making it difficult for psychologists and stakeholders to understand competencies within scopes. There is overlap and vagueness in the wording of the current scope competencies. Accredited training programmes have evolved in their teaching content over time.

This process of thematic analysis over two days allowed the PSAG to break down complex regulatory issues into manageable and well-defined themes, ensuring that key concerns across different areas were addressed. Throughout this process the respective groups presented back to each other to allow for a peer review and feedback process. Consequently, by segmenting the sub-problems and using a thematic approach, the PSAG was able to clarify the core issues within each deliverable, laying a solid foundation for proposing the design challenge.

### *Design Challenge*

The design challenge process in HCD plays a role in framing complex problems into clear, actionable questions that guide the ideation phase. According to Plattner (2007), design challenges are constructed based on insights from the define phase and serve to narrow the scope of potential solutions while fostering creative problem-solving. These challenges act as a link between problem definition and ideation, ensuring that the solutions generated are aligned with the needs and constraints identified during the problem refinement and engagement phase. By articulating these challenges as "how might we" questions, The PSAG created a focused pathway for brainstorming and developing innovative solutions.

For Deliverable A (Protect the health and safety of Aotearoa NZ public in accordance with the HPCA Act), the design challenges identified were:

1. How do we address the lack of clarity of health and safety in the HPCA Act so that we can reduce confusion and restriction of practice, and build a strong foundation for the competent practice of psychology in Aotearoa NZ?
2. How do we address the limitation of regulation in growing competency so that we can offer a flexible expanded workforce?

For Deliverable B (Ensure scopes of practice provide clarity on the core role and responsibilities of a psychologist in Aotearoa NZ, as well as recognising expertise in specialist areas), the challenge was:

1. How might we clarify the core responsibilities of psychologists and recognise training and experience so that we can reduce confusion and unnecessary restriction on practice?

For Deliverable C (Enable a flexible and responsive future workforce, by enabling psychologists to safely develop their practice over time, to grow a workforce that can best meet the needs of the public (now and into the future), the design challenges were:

1. How could we allow more flexibility for psychology to move from one area of practice to another and have their expertise recognised?
2. How do we make a registration system that is clear, transparent, and easy to understand for the public, stakeholders, and psychologists?

These design challenges set the stage for the ideation phase, ensuring that brainstorming efforts remain focused on addressing key regulatory issues within the psychology profession.

### *Ideate*

The ideation phase in the HCD process, as outlined by Plattner (2007), is a structured yet creative stage where the design team generates ideas to address the defined challenges. The brainstorming process followed a stepped approach, starting with an individual brainstorming session, in which each group member generated ideas without the restrictions of parameters or feasibility. This allowed for a broad range of possibilities, encouraging innovative and unconventional thinking. Once individual ideas were developed, they were presented to the group, each corresponding to a specific design challenge. This collective sharing allowed for the broad exploration of potential solutions while remaining anchored to the identified problems.

The next step involved overlaying the criteria of desirability—how well the ideas meet user needs—and viability—the practicality and feasibility of implementing those ideas within the given constraints. This step was crucial in filtering and refining the ideas to identify realistic solutions. The solutions were then categorised into three distinct options: one reflecting "blue-sky" thinking without limitations, one focused on resource-constrained solutions, and a final option of maintaining the status quo as a baseline for comparison.

For Deliverable A, the solutions generated included:

1. **Blue-sky solution:** "Change of legislation – HPCA Act to reflect a kawa that provides enduring guidance for the Oranga (wellbeing) of the people, also requiring consumer input so that the kawa is recognised."
2. **Resource-constrained solution:** "The reinterpretation of the HPCA Act, addressing the interpretation of the terms scope, health, and safety of the Public, and how the term psychologist is defined."
3. **Status quo option:** Maintain the current system of scopes.

For Deliverable B, the solutions were:

1. **Blue-sky solution:** "Introduce or refine systems and frameworks that recognise experience and learning, teaching responsibilities. Create a system that acknowledges experience in practice or training and professional development to allow practice to develop and grow. Ensure all accredited training programmes train and upskill psychologists in mental health assessment, conceptualisation, diagnosis, and evidence-based interventions."
2. **Resource-constrained solution:** "Redefine scopes—ensuring all psychologists have a general scope covering core responsibilities, with the opportunity to specialise after consolidation (training, practice, or experience) and obtain endorsements."
3. **Status quo option:** Maintain the current system of scopes.

For Deliverable C, the solutions included:

1. **Blue-sky solution:** Create one scope (psychologist) with endorsements that recognise areas of expertise. These will initially be based on the specialities offered by the current training programmes available in Aotearoa NZ, but alternative pathways to obtain an endorsement can be developed. For example, by completing additional training or short course, number of practice hours under supervision in a specific area, and an application process through the NZPB or an external panel consisting of at least one psychologist with this endorsement.
2. **Resource-constrained solution:** Create one scope (psychologist) without endorsements. The current CCP process remains in place as a pathway to develop competency in different areas. This allows for maximum flexibility of practice but still fits under the current requirements around scopes under the HPCA Act.
3. **Status quo option:** Maintain the current system of scopes.

For the design challenge, *how do we make a registration system that is clear, transparent, and easy to understand for the public, stakeholders, and psychologists?*, the solution identified was: *With any change to the registration system, engage with the public to define what change will look like, and use 21st-century communication strategies to communicate the changes in a relatable, accessible, and easy-to-understand way.* This solution was identified to be separate as it would relate to any change the NZPB would make in future.

## Prototyping

The prototyping phase in the HCD process, as described by Plattner (2007), involves creating tangible representations of the ideas developed during the ideation phase. These prototypes serve to test the functionality, desirability, and feasibility of proposed solutions in a controlled environment. Prototyping is iterative, allowing for refinement based on user feedback and further testing. This phase is critical for moving ideas from abstract concepts to practical applications, facilitating evaluation and improvement before implementation.

In the case of the PSAG approach to generating their proposed Courses of Action (COA), the prototyping phase was conducted through a table-top peer review process. During this step, group members presented the recommended solutions from the ideation phase back to the wider team for discussion and evaluation. The review process focused on three key

criteria: relevance, ensuring the solutions addressed the core issues identified; desirability, assessing how well the solutions met the needs and expectations of key stakeholders; and utility, evaluating the practical implementation and long-term effectiveness of the proposed courses of action. This collaborative review allowed the group to critically analyse and refine their solutions, ensuring they were grounded in both user needs and practical considerations before finalising their recommendations

## Test

The testing phase in the HCD process is essential for validating and refining proposed solutions by incorporating representative feedback. As described by Plattner (2007), this phase focuses on engaging with representative users to critically evaluate prototypes, uncover issues, and ensure alignment with stakeholder needs. Testing is iterative and allows for the identification of gaps in logic, communication, and system design, ensuring solutions are robust and practical.

In the context of the PSAG, the testing phase was conducted on 25 October through a meeting between the Chair of the PSAG and the CRG. The CRG served as the test group, leveraging their diverse knowledge, skills, and expertise to review the drafted prototyped solutions. During this session, the Chair presented the proposed options, inviting the CRG to take three weeks to scrutinise the prototypes against criteria, such as:

- Legitimacy, ensuring the solutions were grounded in evidence and aligned with stakeholder priorities
- Process, assessing whether the development approach was systematic and transparent
- Communication, identifying potential clarity or accessibility issues in how the solutions were conveyed
- Alignment to Te Tiriti O Waitangi, ensuring the principles are threaded through the work; and
- System design, evaluating feasibility and sustainability within the regulatory context.

The intent of this testing phase was to refine the prototypes by uncovering issues in decision-making logic, enhancing process transparency, and improving user-centric design. By involving the CRG, the PSAG ensured that the proposed solutions were critically evaluated and iteratively strengthened, cultivating alignment with the wider stakeholder community. The feedback that was given back to the PSAG from the CRG focused not only on the legitimacy, process and detail of the recommended solutions, but also on the compressed timelines, data and credibility of the review process in general. A major concern that was expressed by the CRG was the lack of clarity in regards to their role and the role of the PSAG, group purpose, and time allocated to their group to review the solutions and pertinent information provided by the PSAG.

Though the timeframe was compressed, the CRG provided feedback, and critically examined the proposed solutions for Deliverables A, B, and C. Below is a structured summary that reflects the depth and scrutiny of the feedback received from the CRG.

## Feedback on the proposed solutions for Deliverable A

### 1. **Blue-sky solution:** Change of legislation

- The proposal requires further qualification, particularly as it reflects a forward-looking approach that intersects with wider structural changes across health professions.
- The specific shortfalls in the HPCA Act intended to be addressed by this solution need to be clearly outlined and substantiated.
- It was questioned whether the need to protect the community from harm has been adequately established. Evidence is needed to demonstrate that confusion or shortcomings in the current practice are causing harm or failing to protect the community effectively.

### 2. **Resource-constrained solution:** Reinterpretation of the HPCA Act and terms

- Similar to A1, this solution would benefit from a detailed explanation of the gaps in the current interpretation of terms such as *scope*, *health*, *safety of the public*, and *psychologist*.
- The context of these reinterpretations within the broader legislative framework should also be clarified.

## Feedback on the proposed solutions Deliverable B:

### 1. **Blue-sky solution:** Introduce or refine systems and frameworks

- The recommendation for all training programmes to upskill psychologists in mental health assessment, conceptualisation, diagnosis, and evidence-based interventions requires additional justification. Specifically, clarification is needed on how these competencies were identified as essential for all psychologists.
- While it seems intuitive that psychologists should possess foundational skills in assessment and intervention, further rationale is required to mandate competencies in mental health diagnosis universally. Additionally, clarification is needed on whether this refers to knowledge of diagnostic categories or the ability to provide diagnoses directly.

### 2. **Resource-constrained solution:** Redefining scopes with general practice and endorsements

- Concerns were raised about the potential implications of this solution for psychologists seeking registration overseas, particularly in specialist areas.
- The impact on the proficiency of psychologists to integrate complex psychological information and create unique interventions requires further consideration.

## Feedback on the proposed solutions Deliverable C:

### 1. **Blue-sky solution:** Create one scope with endorsements

- This solution would require robust assessment processes to reliably evaluate whether competencies have been achieved. An accredited process facilitated by a tertiary education provider was suggested as a potential model.
  - Concerns were raised about the lack of consistency in frameworks for obtaining endorsements across different practice areas, which may lead to confusion or inequity.
2. **Resource-constrained solution:** Create one scope (psychologist) without endorsement
- The CRG questioned whether there is sufficient evidence to indicate that the status quo is ineffective and requires change. Data supporting this need would strengthen the rationale for this option.
  - It was felt that the ease of identification of competencies and areas of practice might be compromised under this model, potentially impacting transparency for stakeholders.
3. **Status quo option:** Maintain the current system of scopes
- The need for clarity on the endorsement and approval processes for training and practice was highlighted as a recurring issue that remains unresolved under the current system.

#### General Observations for Deliverable C

- All options require frameworks that are robust, consistent, and accredited to ensure the validity and reliability of competency assessments.
- Clearer articulation of how proposed changes address perceived shortcomings in the current system is necessary.
- Further feedback was provided around the future process of the scopes review and how the public and professional body is engaged with the process. The CRG further recommended additional consultation of the next phase of the review, where appropriate consultation with the professional body, stakeholders, and public would be considered.

Using this feedback, the PSAG amended the solutions, integrating critical input into revised recommendations detailed below.

#### *Amended Recommendations Based on Feedback*

##### Deliverable A: Addressing Clarity in the HPCA Act

1. **Blue-Sky Solution:**
- "Amend the HPCA Act to reflect a *kawa* (guiding principle) that supports enduring guidance for the *oranga* (wellbeing) of the people. This change would integrate consumer input to ensure the *kawa* is widely recognised and relevant. The amendment should also be situated within the context of broader structural reforms across health professions to ensure alignment."

2. **Resource-Constrained Solution:**

"Reinterpret the HPCA Act to provide clearer definitions of key terms, including *scope, health and safety of the public, and psychologist*. This reinterpretation should directly address any perceived shortfalls in protecting the community and consider whether current processes are sufficient in mitigating harm."

3. **Status Quo Option:**

"Maintain the current system of scopes and legislative interpretation without modifications."

Deliverable B: Core Responsibilities and Recognising Training and Experience

1. **Blue-Sky Solution:**

"Develop or refine systems and frameworks that recognise psychologists' experience and learning while teaching responsibilities. Introduce mechanisms that acknowledge professional development through practice or training. Accredited training programmes should ensure psychologists have foundational competencies in mental health assessment, conceptualisation, diagnosis, and evidence-based interventions, while allowing for flexibility in how these competencies are applied across diverse psychological practices."

2. **Resource-Constrained Solution:**

"Redefine scopes to include a general registration/scope that covers core responsibilities, with pathways to specialise through consolidation of training, practice, or experience. These pathways should offer clear criteria and the opportunity to obtain endorsements for specialised areas of practice."

3. **Status Quo Option:**

"Maintain the current scope system and accreditation processes without modifications."

Deliverable C: Registration Systems and Flexibility

1. **Blue-Sky Solution:**

"Create a single registration category (*psychologist*) with endorsements to recognise areas of expertise. Initial endorsements would align with existing training programme specialities, but additional pathways to endorsement should be developed. These could include supplementary training, supervised practice hours in a specific area, or an application process reviewed by the NZPB or an external panel with relevant expertise."

2. **Resource-Constrained Solution:**

"Create a single registration category (*psychologist*) without endorsements. Current CCP processes would remain in place as pathways for developing and recognising competence in specific practice areas. This approach maximises flexibility while operating within existing legislative constraints."

### 3. **Status Quo Option:**

"Maintain the current system of scopes, which includes defined practice areas under the HPCA Act."

#### *Conclusion of the Test Phase and Next Steps*

The feedback received during the testing phase highlights the need for further refinement of these solutions to address identified gaps in logic, process, communication, and system design. Additional work should focus on aligning the solutions with the needs of the profession, stakeholders, and the public. Ongoing engagement and consultation will ensure that the final recommendations are well-informed, practicable, and legitimate.

The intent of this phase was to leverage the CRG's collective expertise in logic, process, communication, and system design to identify the strengths and weaknesses of each solution. Feedback was robust and highlighted areas for improvement, such as the need for greater contextualisation of legislative amendments, clearer evidence supporting claims of community harm or confusion, and enhanced justification for core competencies across psychological training and practice.

Due to time constraints, further iterations and tests to refine the solutions were not possible, leaving inherent gaps in the proposals and limiting the ability to fully articulate how to implement these recommendations. To navigate this limitation, the PSAG conducted a SWOT analysis to evaluate the feasibility, desirability, and utility of the options using the available data. While this approach helped prioritise the most viable solutions, the absence of additional iterative cycles necessitates further stakeholder engagement to address unresolved challenges and ensure robust implementation strategies.

#### **Options Analysis (SWOT)**

Following the prototyping and testing phases, the PSAG incorporated an additional step to objectively evaluate the amended solutions using a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. This step aimed to ensure a balanced assessment of each proposed solution, highlighting its viability, risks, and potential for implementation. Objectivity was emphasised as critical in this phase to avoid bias and ensure that decisions were grounded in evidence and practicality rather than subjective preference. On 25 October, during the initial test phase, the PSAG requested that the CRG apply the SWOT framework as part of their review process. This approach served as both a simultaneous peer-review mechanism and an HCD-aligned test process, leveraging the expertise of the CRG to analyse the feasibility and impact of the options.

While the CRG provided some valuable input using the SWOT framework, the analysis was only partially completed due to time and resource constraints. To address this gap, the PSAG conducted its own SWOT analysis to evaluate the proposed solutions. This dual approach enabled the synthesis of insights from both groups, ensuring that the final recommendations reflected a more thorough understanding of their strengths, potential risks, and broader implications. The inclusion of this step not only strengthened the rigour of the review process but also underscored the necessity of collaborative evaluation in addressing complex systemic challenges. However, the partial completion of the CRG's analysis

highlights the need for further refinement and iterative testing to fully realise the potential of the proposed solutions. A summary of the SWOT analysis is as follows.

The SWOT analysis for Deliverable A, Option 1 (See Appendix C, Table 1a)

Key themes are He Anga Whakamua (moving forward) and Kia Haumaru (maintaining safety). This option highlights both significant promise and considerable challenges. The strengths lie in modernising legislation to ensure cultural relevance, embedding kawa into the legal framework, and potentially reducing costs through clarity and robustness. Opportunities include integrating Te Tiriti o Waitangi principles, advancing matauranga Māori, aligning with current government priorities, and enhancing public access to services through flexible legislation. However, the initiative has some substantial weaknesses, including its extensive scope, requiring significant advocacy, resources, and collaboration beyond NZPB's capacity, alongside potential redundancy with the proposed HPCA Act and RA reviews. Additionally, threats such as political resistance, unintended restrictive outcomes, and the risk of delays or abandonment due to complexity could undermine progress. While the option offers a forward-thinking and inclusive framework, its ambitious nature demands further refinement and stakeholder engagement to mitigate risks and fully realise its potential.

The SWOT analysis for Deliverable A, Option 2 (See Appendix C, Table 1b)

Key themes are Whakamāramatanga (clarification) and Whaimana (validity). This process outlines a pragmatic approach that leverages the Act's existing flexibility to clarify key terms like scope, health and safety of the public, and psychologist. Strengths include its feasibility and timeliness, as it avoids legislative changes, offering psychologists and consumers clearer expectations. The process aligns with Te Tiriti o Waitangi principles, ensuring cultural consistency and treaty obligations. Opportunities exist to unify the professional identity of psychologists, reduce consumer confusion, and produce broadly supported definitions through meaningful consultation. However, weaknesses highlight the need for substantial legal input, thorough stakeholder engagement, and a risk of inconsistent or subjective interpretations. Threats include the possibility of misinterpretation, further confusion, or rejection of the new definitions by key groups. The time required to implement this process could exacerbate existing uncertainty, and success hinges on the quality of legal guidance and effective communication. Overall, while this option is feasible for a resource-constrained environment, its iterative potential offers a balanced path forward that requires careful navigation to mitigate risks and build trust.

The SWOT analysis for Deliverable B, Option 1 (See Appendix C, Table 2a)

Key themes are Whakamarama (clarity) and Pūrehurehu (indistinction). Strengths include establishing ultimate clarity on the core roles and responsibilities of psychologists while recognising professional growth through improved training standards. This approach fosters continuous learning and raises overall competency through the inclusion of essential skills for all psychologists such as mental health assessment, formulation, diagnosis, and evidence-based interventions in accredited training programmes. However, weaknesses highlight the resource-intensive nature of these changes, potential resistance from psychologists and institutions, and challenges in accommodating psychologists whose skills fall outside these parameters.

The initiative presents significant opportunities, such as embedding culturally specific and consumer-aligned frameworks, fostering interdisciplinary collaboration, and improving clarity and public understanding of psychologists' roles, which could increase service utilisation. Despite these benefits, there are notable threats, including regulatory hurdles, financial constraints, and limited professional enthusiasm for revising existing systems. The complexity of implementation and the potential resistance underscore the need for robust stakeholder engagement and careful planning to ensure that any changes are practical, inclusive, and widely supported.

The SWOT analysis for Deliverable B, Option 2 (See Appendix C, Table 2b)

Key themes are Puta Ki Te Āo Mārama (everything is clearer) and Kia Pōkaikaha Kore (remove confusion). This option highlights the potential to balance foundational competence with specialised expertise in psychology. Strengths include establishing a baseline of core competencies for all psychologists, enhancing quality and consistency across the profession. Flexible pathways for specialisation through endorsements promote professional growth, align with international practices, and provide employers with clarity on training needs. Public trust is bolstered through transparency, as consumers can easily identify psychologists' qualifications and areas of expertise. The approach also reduces hierarchical interpretations of scopes, encourages accessibility in rural areas, and aligns with legislative changes.

However, weaknesses such as resistance to change from some psychologists, public confusion about non-endorsed expertise, and resource-intensive implementation processes pose significant challenges. Defining clear criteria for general scopes and endorsements is essential to avoid overlaps or gaps in responsibilities. Opportunities include the integration of Kaupapa Māori and mātauranga Māori frameworks, flexibility for continuous learning, and pathways to better meet the needs of tangata whaiora and rural communities. This system could foster greater public clarity and choice by clearly defining the roles of generalist and specialist psychologists.

Threats include regulatory hurdles, possible resistance to change from some scopes, and financial constraints that could limit implementation. Balancing flexibility, inclusivity, and clarity while navigating these challenges will be crucial for success. This option offers a sustainable model for professional development and public confidence if well-executed.

The SWOT analysis for Deliverable C, Option 1 (See Appendix C, Table 3a)

Key themes are Haere Ki Mua (go forward) and Manatu (takes heed). The option generated in this design phase was similar to Deliverable B, Option 2. This could possibly indicate a strength in that two separate groups on two different days generated a similar option. This option highlights its transformative potential to modernise the psychologist workforce while acknowledging the complexities of implementation. Strengths include simplifying the system into a unified, egalitarian framework where all psychologists share the same legal practice boundaries, reducing consumer and stakeholder confusion. This approach fosters professional development based on competence rather than rigid scopes, aligns with international standards, and creates flexible pathways for upskilling and specialisation. Endorsements would reflect public needs and adapt over time, providing recognition without restricting practice.

However, weaknesses highlight resource and logistical challenges, including changes to training programmes, accreditation processes, and certification systems. Transitioning to this system would require extensive consultation and risk temporary confusion, with some psychologists potentially resistant to perceived loss of their existing scope. Opportunities lie in promoting workforce flexibility, accessibility for consumers, and formal recognition of expertise in specialist areas like Kaupapa Māori and mātauranga Māori. This model could unify the profession under a shared identity while encouraging diverse skill development through multiple endorsement pathways.

Threats include potentially limited professional and stakeholder support, potential resistance to radical change, and logistical strain on universities and training providers. Without a clear mandate, uptake of endorsement training may lag, leaving gaps in the anticipated benefits. Despite these challenges, this option presents a promising vision for a responsive and adaptable workforce, but success will depend on careful management, consultation, and clear communication throughout the transition.

The SWOT analysis for Deliverable C, Option 2 (See Appendix C, Table 3b)

Key themes are Titiro Ki Mua (look forward) and Kia Haumarū (maintaining safety). This option underscores a flexible, resource-constrained approach that operates within existing legislative frameworks. Strengths include its straightforwardness, simplicity, and appeal to political authorities, as it establishes a uniform legal boundary for all psychologists. This system may reduce confusion for consumers and stakeholders, streamline monitoring processes for the NZPB, and allow professional development to be self-directed rather than mandated. Opportunities lie in reallocating resources saved from overseeing a complex scope system to other priorities and potentially fostering political goodwill through regulatory simplification.

However, weaknesses highlight significant transitional challenges, including potential discontent among psychologists whose specific scopes or areas of speciality will no longer be recognised, a lack of authorised pathways for recognising specialty training, and the absence of oversight to ensure training standards. Threats to this approach include risks of psychologists working outside their competence, reduced stakeholder confidence in professional expertise, and potential increases in consumer complaints. Without formal endorsements, workplaces and consumers may perceive the profession as less reliable, potentially eroding trust in psychology as a regulated field. While this option maximises flexibility, its implementation demands careful planning, consultation, and communication to address these risks effectively.

The SWOT analysis for the Status Quo Options (See Appendix C, Table 4)

Key themes are Me Noho (stay still) but Kaua e hurihia (remain current). The PSAG decided to combine and evaluate all three status quo options that cover the three desired deliverables. The SWOT analysis for Option 3 (status quo) across Deliverables A, B, and C reflects a decision to maintain the current system of scopes, legislative interpretation, accreditation processes, and defined practice areas under the HPCA Act. Strengths include the absence of additional work, the familiarity and stability of the current system, and a reduction in regulatory hurdles for psychologists beyond the CCP process. However, weaknesses highlight significant issues, such as the inability of the status quo to address confusion among stakeholders, psychologists, and the public, or to ensure all psychologists

practise safely. It also limits flexibility for psychologists to transition between practice areas or develop new competencies. The current system fails to align with kawa and perpetuates the perception that the system is effective, while missing opportunities to improve consumer experience and meet diverse needs.

Opportunities lie in recognising the system's limitations and awaiting potential legislative changes that could drive improvements. However, threats include a lack of appetite for change, stifled innovation, and missed opportunities for growth, leaving the profession less responsive to evolving demands. Ultimately, while the status quo provides immediate stability, it risks reinforcing existing inefficiencies and failing to address critical concerns about transparency, clarity, and consumer and professional needs.

The findings from the SWOT analysis and subsequent summary provide a critical foundation for the recommendations outlined in this report. By objectively evaluating the proposed solutions against the strengths, weaknesses, opportunities, and threats, the analysis has highlighted the most viable path forward. These insights, coupled with extensive engagement and kōrero with stakeholders, inform the recommendations that follow, ensuring they are grounded in robust evidence, aligned with professional and public needs, and achievable within current constraints. The recommendations reflect a commitment to progress while balancing practicality and long-term vision.

Whilst it was not within the mandate of the PSAG to plan or operationalise these options, some suggestions are included for “what this might look like” in practicality.

### **Final Recommendations for the Board**

To effectively address the desired deliverables outlined by the NZPB, the PSAG consolidated its options into three courses of action: 1. Blue-Sky, 2. Resource-Constrained, and 3. Status Quo. In this way, the PSAG aimed to provide a coherent structure that allows the NZPB to evaluate the courses of action tailored to varying priorities, resources, and legislative realities. Each option considers governance structures, professional training, and individual practice development to meet the deliverables comprehensively. We outline these options below.

The proposed courses of action were designed through the HCD process to address the desired deliverables in a way that aligns with the HPCA Act, balancing legislative feasibility with the profession's evolving needs. The HCD process and engagement with stakeholders, including consumer representatives and psychologists, informed these options. This collaborative approach ensures that the solutions not only address immediate concerns but also reflect broader professional and public expectations, including the integration of Te Tiriti o Waitangi principles. By framing the solutions into three recommended courses of action called *Blue-Sky*, *Resource-Constrained*, and *Status Quo*, PSAG provides a tiered approach that enables the NZPB to adopt solutions incrementally or in alignment with available resources and political appetite. The way to interpret the following results would be to consider the first element of the recommendations to meet the PSAG ToR Desirables. Each course of action is put forward initially as a stand-alone option to be considered to address the ToR desirables A, B and C. The additional recommendations provided, have been put forward as recommendations that would sit alongside of the proposed course of action. The

additional recommendations should be seen as non-negotiable and considered regardless of what course of action is selected by the NZPB.

## 1. The Blue-Sky Course of Action

A transformative approach that would involve amending the HPCA Act to incorporate a kawa (guiding principle) that provides enduring guidance for oranga (wellbeing) and reflects the principles of Te Tiriti o Waitangi. This amendment would require guidance from consumers and to be aligned with broader structural reforms across health professions.

A single registration category for psychologists would be introduced, with endorsements recognising areas of expertise. These endorsements would initially reflect current training programme specialities, with additional pathways created through supplementary training, supervised practice, or panel review. Enhanced systems would acknowledge psychologists' professional development, ensuring foundational competencies in mental health assessment, conceptualisation, diagnosis formulation, and evidence-based interventions while maintaining flexibility for diverse practice applications.

Strategies may include:

Involvement in legislative change:

- NZPB should consider being involved in current legislative reviews of the HPCA Act and RA's, with a focus on achieving clarity for the profession of psychology in terms of how health and safety are defined, as well as ensuring legislation is flexible and broad enough to enable access to services by the public.
- Advocating for meaningful inclusion of Te Tiriti principles, matauranga Māori, kawa and tikanga in legislation.
- Ensuring legislation represents the views of the profession as well as consumers.
- With an overall focus on maintaining oranga - the wellbeing, health and safety of the public.

Clarity in systems and frameworks and recognising specialist areas:

- A shift from the current system of scopes to one registration scope of practice for psychologists, with clarity around foundational competencies in mental health assessment, conceptualisation, formulation and evidence-based interventions. This scope should be intentionally flexible and broad enough to cover all areas of psychological practice and levels of competence.
- A system to ensure all current accredited training programmes meet this standard in teaching and training.
- The development of a system to ensure the current psychology workforce is practicing to this required standard of competence.
- The introduction of a system of endorsements (rather than scopes). These can initially align with current vocational scopes i.e.: clinical, counselling, educational and neuropsychology, to allow for easy translation of currently accepted competence into a recognised area.
- New endorsements can be introduced for the current accredited training programmes in Aotearoa NZ i.e.: educational and developmental Psychology (possibly could be

combined with the current educational scope or renamed 'child and family' scope to include a title that might more adequately reflect current trends in this area of expertise, i.e. working with across ages and stages of development and families), industrial/organisational, applied behaviour analysis, health psychologist, community psychologist).

- Psychologists currently in the general "psychologist" scope who have completed recognised accredited foundational training, or who have extensive experience in a practice area, can apply for one or more of these endorsements if they wish (but this would not be required to continue practicing in this area).
- The addition of a Kaupapa Māori endorsement to recognise specialty practice in this area can also be created, following appropriate consultation. However, cultural competence and principles of Te Tiriti o Waitangi should be incorporated as an essential aspect of a core psychology scope.

Enabling psychologists to safely develop practice over time:

- Consideration of the addition of other endorsements, depending on the volume of psychologists in Aotearoa NZ practicing in a specific area. This will require consultation with the sector, consumers, and cultural representatives.
- Development of new pathways to obtain an endorsement. For example, submission of a portfolio including further supplementary training, supervised hours of practice, and/or an application process reviewed by the NZPB or an external panel with relevant expertise.
- Creation of "endorsement panels" to receive submissions, which include at least one psychologist with the endorsement being applied for.

## 2. The Resource Constrained Course of Action

A pragmatic approach would focus on reinterpreting the HPCA Act to provide clearer definitions of key terms, including scope, health and safety of the public, and psychologist. This reinterpretation would directly address perceived shortfalls in protecting the community and clarify current processes to mitigate harm.

The registration system would include a general psychologist category, covering core responsibilities with pathways to specialise. These pathways would involve consolidation of training, practice, or experience, enabling psychologists to obtain endorsements for specialised practice areas. Current frameworks would be refined to recognise professional development while ensuring psychologists have baseline competencies, with flexibility in how these are applied across various psychological practices.

Strategies may include:

Involvement in legislative change:

- This option suggests a more "scaled down" approach with NZPB reinterpreting the Act and providing clarity on terms.
- This piece of mahi should involve consultation with the profession, stakeholders, consumers and cultural representatives.

Clarity in systems and frameworks and recognising specialist areas:

- Similar to the above option, the PSAG suggests a shift from the current system of scopes to one scope of practice for psychologists, with clarity around foundational competencies in mental health assessment, conceptualisation, formulation and evidence-based interventions. This scope should be intentionally flexible and broad enough to cover all areas of psychological practice and levels of competence.
- A system to ensure all current accredited training programmes meet this standard in teaching and training.
- The development of a system to ensure the current psychology workforce is practicing to this required standard of competence.
- The introduction of a system of endorsements (rather than scopes). These can initially align with current vocational scopes i.e.: Clinical, Counselling, Educational and Neuropsychology, to allow for easy translation of currently accepted competence into a recognised area.
- New endorsements can be introduced for the current accredited training programmes in Aotearoa NZ i.e.: educational and developmental Psychology (possibly could be combined with the current educational scope or renamed 'child and family' scope to include a title that might more adequately reflect current trends in this area of expertise, i.e. working with across ages and stages of development and families), industrial/organisational, applied behaviour analysis, health psychologist, community psychologist).
- Psychologists currently in the general "psychologist" scope who have completed recognised accredited foundational training, or who have extensive experience in a practice area, can apply for one or more of these endorsements if they wish (but this would not be required to continue practicing in this area).
- The addition of a Kaupapa Māori endorsement to recognise specialty practice in this area can also be created, following appropriate consultation. However, cultural competence and principles of Te Tiriti o Waitangi should be incorporated as an essential aspect of a core psychology scope.

Enabling psychologists to safely develop practice over time:

- In a resource-constrained scenario, there could still be consideration of the addition of other endorsements, however this can be a future consideration.
- The current CCP process remains in place to ensure psychologists can continue to safely develop practice over time.

### 3. Status Quo Course of Action

The *Status Quo* course of action looks to retain the current system and would involve maintaining existing scopes, legislative interpretations, accreditation processes, and defined practice areas under the HPCA Act without modifications. Psychologists would continue to operate within the existing framework, which provides stability and familiarity but does not address confusion among stakeholders, psychologists, and the public, or enhance flexibility and responsiveness to evolving professional and consumer needs. This could be viewed more as a "wait and see" approach, rather than a "do nothing" approach, in terms of the proposed review of the HPCA Act and changes to RA's. However, it does not address

ongoing concerns, such as confusion about scopes of practice among psychologists, stakeholders, and the public, or the lack of flexibility needed to adapt to evolving professional and consumer needs. While this course of action avoids immediate disruptions or additional resource demands, it represents a "wait and see" strategy that risks perpetuating existing inefficiencies and missing opportunities for improvement or modernisation.

*The PSAG Desired Course of Action*

After extensive research, review, CRG engagement, and kōrero with group members, the PSAG recommends that the NZPB adopt the **resource-constrained course of action** generated for Deliverables A, B, and C. This preference reflects the ability of these solutions to address the most critical issues identified in the SWOT analysis while remaining realistic in terms of time, resources, and political feasibility. The resource-constrained approach ensures progress on key priorities, such as improving clarity, enhancing flexibility, and meeting the needs of both the profession and the public. It incorporates input from the profession, stakeholders, and public while enabling iterative development through ongoing consultation. By choosing this course of action, the NZPB can make meaningful, actionable changes that align with the current environment, build trust, and lay the groundwork for potential future reforms.

*Summary of the Recommended Courses of Action that Address the PSAG ToR Deliverables*

The following courses of action address the desired deliverables at varying levels of ambition and resource intensity. They should be looked at initially individually as stand-alone options to address the Deliverables A, B and C of the PSAG ToR:

<b>Course of Action 1: Blue-Sky Solution</b>
<p>A transformative approach involving significant legislative changes to the HPCA Act to incorporate a guiding kawa (principle) that prioritises oranga (wellbeing) and reflects the principles of Te Tiriti o Waitangi. Key features include:</p> <ul style="list-style-type: none"> <li>● Establishing a single registration category with endorsements recognising areas of expertise, supported by new pathways for specialisation.</li> <li>● Enhanced professional development systems ensuring psychologists meet foundational competencies while maintaining practice flexibility.</li> <li>● Advocacy for broader legislative reforms to integrate matauranga Māori, tikanga, and consumer-informed principles.</li> </ul> <p>This course of action aims for systemic change but requires extensive resources, political support, and time to implement.</p>
<b>Course of Action 2: Resource-Constrained Solution (PSAG Preferred Course of Action)</b>

A pragmatic approach focused on reinterpreting existing legislation to clarify key terms (e.g., “scope,” “health and safety”) and address shortfalls in current frameworks. Key features include:

- Introducing a general psychologist scope with endorsements for specialisation.
- Refining existing training programmes and pathways for professional growth, including options for supplementary training and panel-reviewed endorsements.
- Involvement in legislative reviews to address ambiguity and advocate for inclusivity and public accessibility.

This approach balances immediate feasibility with meaningful progress, making it the most achievable and resource-efficient option.

### Course of Action 3: Status Quo

Retaining the current system, maintaining existing scopes, accreditation processes, and legislative interpretations. While providing continuity and stability, this option fails to address stakeholder confusion or modernisation opportunities. It may serve as a short-term necessity while other courses of action are evaluated but is not recommended as a long-term solution.

It should be noted that, if desired, the NZPB could adopt a staged approach to implementing Options 1 and 2 for both Deliverables A and B, recognising that each course of action represents a step towards long-term reform. For Deliverable A, maintaining the status quo is an inevitable short-term necessity while the NZPB considers how to best address the current interpretation of the HPCA Act. This could involve initiating a review of key terms and definitions to provide greater clarity and alignment with professional and public needs. Over the long term, the NZPB could leverage insights from these reinterpretations to petition the New Zealand Government for amendments to the Act, ensuring it reflects a guiding kawa that supports the oranga of the public. Similarly, for Deliverable B, the NZPB could initially request to refine and expand pathways for training and specialisation within the existing system, with a view to evolving towards more significant frameworks that comprehensively address the competencies and flexibility needed for the profession to grow and adapt over time. This staged approach allows for iterative progress while ensuring that each step builds on a strong foundation of evidence and consultation.

#### *Additional Recommendation that Sits Alongside the Recommended Courses of Action*

It was clear in the development of these options, that both Course of Action 1 and Course of Action 2 will require longer term strategic planning to operationalise. This includes the necessity for sustainable and adaptive reform within the psychology profession, continuous engagement with the professional body, and public representatives, in order to balance immediate needs with the flexibility to adapt to future challenges of the profession. A long-term strategy will ensure that the NZPB can address current limitations while maintaining momentum for meaningful reforms.

The inclusion of a multi-step strategic framework can provide a structured timeline to implement and evaluate incremental changes, ensuring alignment with professional standards, public safety requirements, and the principles of Te Tiriti o Waitangi. This recommendation acknowledges the complexity of large-scale reforms and the importance of evidence-based decision-making. By initially focusing on the achievable steps outlined in this report, the NZPB can establish a foundation of trust and demonstrated progress, which can later support a transition towards more ambitious, 'Blue-Sky' solutions as resources and conditions permit.

Developing community engagement strategies, in collaboration with communications specialists, ensures that reforms are transparent and inclusive, fostering trust and understanding among the public, profession and stakeholders. This recommendation reflects a commitment to sustainable growth and continuous improvement, enabling the NZPB to navigate complex reforms while safeguarding the wellbeing of the public and supporting professional development.

#### Recommendation for Long-Term Strategic Direction

To support sustainable reform, it is recommended that the NZPB adopt a staged approach with a long-term strategic plan of 5, 10 and 20 year increments. Key elements include:

- Developing comprehensive community engagement strategies, with input from communications specialists, to enhance public and professional understanding.
- Iterative refinement of training, scope definition, and endorsement systems to align with evolving professional and consumer needs.
- Create a comprehensive implementation strategy that is designed by subject matter experts and informed by this document and the resulting NZPB strategic plan.

#### Conclusion

The process involved in arriving at these outcomes and recommendations has been a haerenga (journey) for the PSAG members. The group took the responsibility of their individual advisory roles seriously and treaded with great care to examine all possibilities as to how, we as psychologists, move forward together in Aotearoa NZ. The PSAG was made up of representatives of all scopes of practice, plus a consumer and a cultural advisor - all of whom had great passion for upholding the mana of our profession, and equally that of the tangata whaiora we serve. From the start it was clear that there would be a constructive and measured approach to the work completed. Each PSAG member contributed to this document and the recommendations put forward were guided by the terms of reference outlaid by the Board.

In today's climate of an ever-changing sociopolitical landscape and the potential for polarization, it was refreshing, heartening and exciting to be able to work through this problem-solving process together. Each participant consistently remained curious and open to evaluating all possibilities and valued the unity amongst our profession, above our differences. This indeed is a testament to the coming together of not only the range of psychologists from different scopes of practice, but also the widely varied backgrounds and experiences of each individual. It is with our guiding principle to approach our mahi with

transparency, compassion, empathy and openness that the PSAG members collectively worked toward a goal of delivering tangible courses of action for the NZPB.

We are available for further kōrero, guidance, queries or mahi related the contents of this document, should this be required or invited by the Board. We wish to express our sincere gratitude for the Board's selection and convening of this group and the important mahi we have been able to participate in.

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## **Appendix A: Information Provided to the PSAG by NZPB**

Developing an Associate Psychologist Workforce in New Zealand, Health New Zealand Te Whatu Ora.

Discussion document: Defining Assistant Psychologist (AP) place in workforce, Health NZ Te Whatu Ora, September 2024.

Legal interpretation of Section 8 of the HPCA, NZPB.

NZPB definitions of Scope of Practice, competence and the practice of psychology (provided for the PSAG).

Review of Complaints Data for New Zealand Psychologists Board for the Professional Scopes Advisory Group July 2024 (Haidee Westwater, Psychology Advisor to the NZPB).

Scopes of Practice Consultation Feedback (June 2024)

<https://psychologistsboard.org.nz/wp-content/uploads/2024/07/NZPB-Scopes-of-Practice-Feedback-Analysis.pdf>

## Appendix B: Thematic Analysis of Feedback from Organisations (sample of submissions in the Scopes of Practice Consultation Feedback June 2024)

### 1. *The scopes system should be simple and flexible*

Many of the submissions included comments about how the psychologist scopes system needs to be both simple to understand and flexible enough to meet the current and future needs of the public.

*“That the resulting system is simple to understand and operate – for the public, employers, psychologists and the Board.”*

*“In designing systems for flexibility, principles such as adaptability, maintenance/administration, functionality for users and scalability are important.”*

### 2. *The scopes system should focus on competencies rather than be legislatively-bound*

One submission noted that there was merit in the competency-based structure of 2004:

*“Adopting a competency-based framework for the profession of psychology in 2004 positioned the profession here in Aotearoa New Zealand at a leading edge internationally”*

The same submission quoted a recently published Australian review of health practitioner systems which described the limitations of legislatively defined scopes of practice:

*“Legislatively defined scopes of practice, particularly those that are detailed and task-oriented, inevitably become inflexible and unresponsive to change. They can impose rigidities in the health workforce that hamper team-based care, stifle innovation and militate the achievement of effective and timely scope of practice reform. Indeed we found many studies in the published literature that documented the adverse impacts on access to and quality of care of legislated restrictions of this kind.” (Carlton et al., 2024, p. 110)*

### 3. *The scopes system should recognise post-internship skill development*

Several submissions criticised the approach of binding scopes of practice to internship training as this “would serve to severely restrict the capacity of the profession to flex as the profession changes.”

Another submission states similarly:

*“We suggest that moving towards more of a competency-based assessment rather than a limited qualifications-based assessment would better accord with the NZPB’s aim of protecting the public.”*

Aligned to this, other submissions noted the importance of a system that acknowledges skill development post- internship training i.e., *“recognise expertise acquired post-internship year and [that] does not rely only on formal postgraduate training in that area.”*

Others noted that a process of endorsement could serve this purpose by providing *“alternative pathways to gain endorsements that do not rely solely on postgraduate training programmes”* and that *“include professional development, supervision and recognition of other training and experience.”*

The idea of endorsements being used to recognise developing skills in new areas is also demonstrated in this quote:

*“Endorsements being available long term to recognize and enable people’s ongoing development into new areas of psychology. This could also recognize areas that don’t have formal training paths yet – e.g., sports and coaching psychology?”*

*“The competencies and scope must be written to ensure this growth of psychologist is represented, and the concept of endorsements could work well in this regard.”*

#### 4. *There is support for a single scope*

Some submissions proposed a single scope structure:

*“It is our view that it would be better to have a single psychologist scope with the ability to receive endorsements for specific areas of psychological practice. The focus should be on registered psychologists in New Zealand being trained to practice across a wide variety of settings, by focusing on a set of core competencies.”*

*“There is strong support for having only one “Psychologist” Scope that is well defined and robust - such that all psychologists registered in NZ have the competencies to do a wide breadth of work.”*

*“The purpose of a single Scope would be to differentiate the practice of psychology from other human service practices, not to differentiate one psychological practice (‘guild’) from another. Reverting to a single Scope would fully meet the requirements of the Act..... There is a better way of resolving the Board’s concerns, which is to have just a single Psychologist Scope, specified so as to comprehensively cover those aspects of practice that are needed for public safety. I urge that solution be adopted.”*

It was also argued that larger numbers of scopes posed problems with flexibility and capacity:

*“Larger numbers of narrower categories typically reduces rather than increases system flexibility and capacity to adapt to changing inputs, demands, or outcomes sought.”*

#### 5. *There is an opportunity to define the fundamental aspects of psychologist mahi*

Several submissions noted that the scopes review provides an opportunity to re-define the fundamental skills of registered psychologists across all scopes.

*“There is an opportunity to re-define the fundamental knowledge, skills, and attributes that are expected in all registered psychologists.”*

Others proposed that assessment and intervention are core to psychological practice, although there was variation about whether diagnosis skills are core to all psychologist mahi:

*“We would suggest that assessment and intervention/therapy are core to psychology practice for every psychologist and, therefore, should not require an endorsement. The ability to diagnose is currently dependent on an individual’s training and competencies; the benefit of an additional endorsement for this is unclear.”*

*“All of our Psychologists are required to assess, diagnose and provide intervention.”*

#### 6. *The scopes system should recognise Kaupapa Māori practice*

Many of the submissions commented on the importance of recognising Kaupapa Māori practice and that consultation with Māori was critically important:

*“We completely support the development of a kaupapa Māori scope of psychology practice.”*

*“While we defer to NSCBI and He Paiaka Totara in consideration of what would work best for Māori, our members have noted potential benefit in having a Scope for Kaupapa Māori.”*

*“We broadly support the idea of a Kaupapa Māori scope of practice.... However, this needs to be given greater thought and consideration.”*

*“Meeting obligations to Māori health and psychological wellbeing as agreed to in He Whakaputanga and Te Tiriti o Waitangi: a commitment to resourcing Kaupapa Māori psychology strategic planning and development is essential.”*

*“Partner with Māori psychologists to develop an appropriate pathway and mechanism for recognition of Kaupapa Māori practice, alongside the cultural competency requirements.”*

*“Consultation on this will no doubt be occurring with iwi health leaders, tangata whenua, and with the Māori psychology workforce. We will support whatever outcome is decided, and continue to build our capacity to work effectively with whānau Māori in accordance with te Tiriti.”*

However, there was variation about how this should be structured and concerns about the Board’s ability to manage such a process.

*“With regard to the possibility of a Kaupapa Māori scope of practice, we have concern that the Board does not have the internal capacity to oversee such a scope of practice and are unclear how this might be framed and managed. For example, would a group of Māori psychologists (which are limited in number) oversee this process?”*

*“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. There will be a substantial time investment required to plan, develop and implement this scope effectively. We draw the Board’s attention to Whaea Moe Milne’s Kaupapa Māori and Psychology report produced in 2005 as a guide to developing a Kaupapa Māori Scope of practice.”*

Concern was also raised that a Kaupapa Māori scope should not replace the need for all psychologists to be culturally competent:

*“It is also important to consider the application of Kaupapa Māori for psychologists regardless of whether they are working as Clinical, Educational, Community etc. Here we recognise that different aspects of psychology prioritise different approaches and each are layered, with overlap, rather than discrete practices. We recommend that a strategic plan is developed in regards to Kaupapa Māori recognition and practice.”*

*“We support the need for recognition of Kaupapa Māori but suggest this could be an endorsement available across all the scopes to recognize the different contexts this may be needed and used.”*

*“The implementation of a Kaupapa Māori scope should not replace the need for all psychologists to be culturally competent and uphold Te Tiriti in their practice.*

*“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.”*

## Appendix C: PSAG Options Analysis (SWOT)

Table 1a: Deliverable A: Protect the health and safety of Aotearoa New Zealand public in accordance with the HPCA Act (option 1).

Option 1 (blue sky): Change of legislation – HPCA Act to reflect a kawa (guiding principle) that provides enduring guidance for the oranga (wellbeing) of the people. This change would integrate consumer input to ensure the kawa is recognised and relevant. The amendment should also be situated within the context of broader structural reforms across health professions to ensure alignment.	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>● Legislation will be up to date and fit for purpose</li> <li>● Kawa - protocols and tikanga can inform legislation</li> <li>● Clear and robust legislation saves significant cost</li> <li>● Legislation can be made flexible to guide kawa in new situations and challenges</li> <li>● It will provide a framework that is useful on an ongoing basis, “future proofing” the provision of psychological services</li> <li>● Enables consumer involvement/input</li> </ul>	<ul style="list-style-type: none"> <li>● This will take considerable advocacy, time, and resources</li> <li>● It may sit outside the scope of what the NZPB is able to do</li> <li>● May be pre-empting work that is already underway (review of RA’s and HPCA Act)</li> <li>● Requires all other health practitioners to adapt, requires consultation and work well beyond the practice of psychologists</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>● NZPB and psychologists would be able to be involved in legislative review</li> <li>● Provides an opportunity to reflect Te Tiriti articles and principles and to endorse matauranga Māori in health legislation</li> <li>● Would align regulatory bodies in healthcare, create relationships with all healthcare professions, having to work together to review legislation</li> <li>● May prevent the misuse of legislation to unduly regulate professions</li> <li>● Opportunity to define clearly the definitions of health and safety</li> <li>● Lack of service is a risk to consumers, creating legislation to be flexible and broad supports access to services for the public</li> <li>● Can have meaningful inclusion of consumer perspectives in the review</li> <li>● This aligns with the current governments position on making changes to regulatory authorities and the HPCAA</li> </ul>	<ul style="list-style-type: none"> <li>● No clarity on how psychologists should practice in the meantime, whilst awaiting legislative change</li> <li>● There is little political appetite to reflect Te Tiriti principles in healthcare and legislation with the current government</li> <li>● The unintended consequence could be even more restrictions on practice</li> <li>● NZPB would have no control over the interpretation of submissions for a review of legislation, this is much broader than the profession of psychology</li> <li>● Any changes might be abandoned due to the scale of legislative review</li> <li>● This option will take considerable time to see any meaningful change</li> </ul>
Key Theme from Strengths and Opportunities	Key Theme from Weaknesses and Threats
He Anga Whakamua (Moving forward)	Kia Haumaru (Maintaining safety)

Table 1b: Deliverable A: Protect the health and safety of Aotearoa New Zealand public in accordance with the HPCA Act (option 2).

Option 2 (resource constrained): The reinterpretation of the HPCA Act to provide clearer definitions of key terms, including <i>scope</i> , <i>health and safety of the public</i> and <i>psychologist</i> . This reinterpretation should directly address any perceived shortfalls in protecting the community and consider whether current processes are sufficient in mitigating harm.	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>● Does not aim to change legislation, but rather how terms are interpreted and defined, so easier to achieve and can be implemented more quickly</li> <li>● The HPCA Act allows this to happen in its current state - it provides flexibility in interpretation by the professional body</li> <li>● Consumers are clear on what is offered and expected from the profession</li> <li>● Psychologists are clear on what they can and cannot do in practice</li> <li>● Can be iterated</li> <li>● Can be aligned with how other health professionals use and interpretate the HPCA Act</li> <li>● Ensures consistence with Te Tiriti O Waitangi, and maintaining the NZPB's responsibility as a treaty partner.</li> </ul>	<ul style="list-style-type: none"> <li>● Will require further time and legal input</li> <li>● Other legislation may impose restrictions</li> <li>● Needs appropriate consultation with the profession, consumers, and stakeholders</li> <li>● Lack of clarity around the interpretation of the Act, and difficulty in keeping objective and transparent</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>● This allows the NZPB to define interpretations, through consultation with the profession and stakeholders, with a focus on addressing current and future needs of the profession</li> <li>● It provides an opportunity to allay concerns and fears for psychologists</li> <li>● May bring the field together and unify the professional body's identity and what it is to be a psychologist</li> <li>● Eliminates consumer confusion and misapprehension about psychological services</li> <li>● To produce interpretations and definitions that have wholesale agreement and support</li> <li>● To seek information on how other health professions interpret the HPCA Act and use this to inform psychologists interpretation, in such a way that allows for a wider breadth of service to be provided and generalise practitioners (thus better meeting the needs of the public)</li> </ul>	<ul style="list-style-type: none"> <li>● Reinterpretation of existing legislation may not be seen as sufficient to solve the problem</li> <li>● New interpretations and definitions may create other unforeseen issues</li> <li>● Misinterpretation of legal guidance and or a lack of consultation may lead to further confusion for psychologists and consumers</li> <li>● The time it takes to fully complete this process, will continue the uncertainty, and distrust of the NZPB</li> <li>● At the mercy of the quality of legal guidance/interpretation</li> <li>● Different levels of risk tolerance/decision risk that the NZPB may be willing to accept</li> <li>● The professional body, public and or stakeholders may not accept this proposed change</li> <li>● How will consumers find, understand, and access the information</li> </ul>
Key Theme from Strengths and Opportunities	Key Theme from Weaknesses and Threats
Whakamāramatanga (Clarification)	Whaimana (Validity)

Table 2a: Deliverable B: Ensure scopes of practice provide clarity on the core role and responsibilities of a psychologist in New Zealand, as well as recognising expertise in specialist areas (option 1).

Option 1 (blue sky): Develop or refine systems and frameworks that recognise psychologists' experiences and learning while teaching responsibilities. Introduce mechanisms that acknowledge professional development through practice or training. Accredited training programmes should ensure psychologists have foundational competencies in mental health assessment, conceptualisation, diagnosis, and evidence-based interventions, while allowing for flexibility in how these competencies are applied across diverse psychological practices.	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>● Ultimate clarity on core role, responsibilities, teaching, training, and accreditations that refine systems and frameworks</li> <li>● Professional growth – acknowledging experience and professional development encourages continuous learning and skill enhancement</li> <li>● Improved training standards: ensuring all accredited programmes include comprehensive training in mental health and evidence-based interventions will raise the overall competency of psychologists</li> </ul>	<ul style="list-style-type: none"> <li>● Some vagueness might persist</li> <li>● Little flexibility</li> <li>● Change to training programmes might involve considerable time and resource</li> <li>● Unclear how psychologists who do not fit into these parameters would upskill</li> <li>● Developing and implementing new systems and frameworks can be complex and resource intensive</li> <li>● Some psychologists and institutions may resist changes to established practices and training programmes</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>● Can ensure frameworks and systems integrate consumer values and preferences</li> <li>● Can embed culturally specific frameworks into the system</li> <li>● Clearer roles and responsibilities can foster better collaboration between psychologists and other healthcare professionals</li> <li>● Improved clarity can enhance public understanding of the psychologist's role, potentially increasing the utilization of psychological services</li> </ul>	<ul style="list-style-type: none"> <li>● Little professional appetite for refinement of systems and frameworks</li> <li>● Changes in scopes of practice may face regulatory challenges and require extensive approval processes</li> <li>● Financial limitations could hinder the implementation of new training and development programs</li> </ul>
Key Theme from Strengths and Opportunities	Key Theme from Weaknesses and Threats
Whakamarama (Clarity)	Pūrehurehu (Validity)

Table 2b: Deliverable B: Ensure scopes of practice provide clarity on the core role and responsibilities of a psychologist in New Zealand, as well as recognising expertise in specialist areas (option 2).

Option 2 (resource constrained): Redefine scopes to include a general registration/scope that covers core responsibilities, with pathways to specialise through consolidation of training, practice, or experience. These pathways should offer clear criteria and the opportunity to obtain endorsements for specialist areas of practice.	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>● Establishing a general scope ensures all psychologists meet a baseline of core competencies, enhancing overall quality and consistency in the profession</li> <li>● Flexibility for specialization: allowing psychologists to specialize after gaining experience and additional training promotes professional growth and expertise</li> <li>● Flexibility for employers as they will know that all psychologists have the competencies to do a wide breadth of work and they can identify the additional training or experience required to cater for their work environment</li> <li>● Clear career pathways: defined and flexible pathways for specialisation via endorsements can attract new talent to the field and provide clear goals for career advancement</li> <li>● Public trust: clarity and consistency as to what a psychologist does can increase public confidence in the qualifications and capabilities of psychologists; consumers can also easily see who has a specific area of specialisation</li> <li>● Reducing the current hierarchical interpretation of the scopes through respecting a greater range of specialisations with endorsements</li> <li>● More flexible practice especially relevant in geographically spread out and rural areas – increased accessibility to generalist trained psychologists will better meet public need</li> <li>● Lines up with how scopes and endorsements are used by other health professionals and overseas</li> <li>● Allows continuation of the trans-Tasman relationship</li> <li>● Is in line with the legislative changes proposed</li> <li>● Endorsements can match existing scopes (i.e.: Clinical, Counselling, Educational, Neuropsychologist) providing ease of implementation and recognition of existing areas of speciality</li> <li>● Overlap in areas of endorsement or competence less a concern; no psychologist will be practicing outside of scope</li> </ul>	<ul style="list-style-type: none"> <li>● Some psychologists may not want to change from a scope system to an endorsement system</li> <li>● May still be unclear to the public or stakeholders who holds expertise in a specific area (for example, if a psychologist is competent in an area of practice but chooses not to obtain an endorsement)</li> <li>● Implementing a more refined and comprehensive general scope of practice may require a significant transition period during which existing practitioners need to adjust to new standards</li> <li>● Developing and maintaining systems for endorsements and specialized training can be resource-intensive</li> <li>● There may be challenges in clearly delineating a general scope and endorsements, leading to potential overlaps or gaps in responsibilities</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>● Specialist areas can be well covered including kaupapa Māori and mātauranga Māori</li> <li>● New endorsements could match accredited training pathways in Aotearoa NZ to provide recognition of specialist training that the current</li> </ul>	<ul style="list-style-type: none"> <li>● Changes in scopes of practice may face regulatory hurdles and require extensive approval processes</li> <li>● Some practitioners and institutions may resist changes, preferring to stick with established</li> </ul>

<p>system does not allow (i.e.: Educational and Developmental Psychology, Industrial/Organisational Psychology, Applied Behaviour Analysis, Health Psychology, Child and Family Psychology, Community Psychology)</p> <ul style="list-style-type: none"> <li>• Can enable multiple pathways for psychologists to obtain an endorsement post-foundational training</li> <li>• A flexible system that allows for ongoing growth of skill and competency will best meet the needs and preferences of consumers and whanau</li> <li>• Similarly, a flexible system can best meet the needs and preferences of tangata whaiora Māori</li> <li>• Potential for increased accessibility for Kaupapa Māori services and tangata whaiora to the profession</li> <li>• Removal of legislative barriers through the use of endorsements allowing for greater flexibility and change</li> <li>• Endorsements can encourage continuous learning and professional development, leading to a more skilled workforce</li> <li>• The public would have a clear idea of what all psychologists are trained to do and then being able to choose among the various endorsements offering specialised services, if they wish – ultimate clarity and choice</li> </ul>	<p>practices especially those in currently favoured scopes such as 'Clinical'</p> <ul style="list-style-type: none"> <li>• Financial limitations could impact the ability to implement and sustain the new system.</li> </ul>
<b>Key Theme from Strengths and Opportunities</b>	<b>Key Theme from Weaknesses and Threats</b>
Putā Ki Te Āo Mārama (Everything is Clearer)	Kia Pōkaikaha Kore (Remove Confusion)

Table 3a: Deliverable C: Enables a flexible and responsive future workforce, by enabling psychologists to safely develop their practice over time, to grow a workforce that can best meet the needs of the public (now and into the future) (option 1).

Option 1 (blue sky): Create a single registration category ( <i>psychologist</i> ) with endorsements to recognise areas of expertise. Initial endorsements would align with existing training programme specialities, but addition pathways to endorsement should be developed. These could include supplementary training, supervised practice hours in a specific area, or an application process reviewed by the NZPB or an external panel with relevant expertise.	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>● All psychologists will have the same legal boundaries for practice - a simple and egalitarian system</li> <li>● Less confusion for consumers and other stakeholders – a psychologist is a psychologist</li> <li>● Legislation has less specific oversight over the profession which could be the ‘right touch’ for legal regulation</li> <li>● A single scope would be easier to monitor and cost less for the Board</li> <li>● Professional development for psychologists can be self-directed rather than mandated by legislation</li> <li>● Provides pathways to develop expertise (and recognition of this) in specific areas of interest over the course of a career</li> <li>● Creates a more flexible system that is less tied to legislation</li> <li>● Ensures psychologists have a diverse range of skills and abilities when engaging with consumers, and can upskill where there is need</li> <li>● Practice is based on competence rather than scope</li> <li>● Lines up with how scopes and endorsements are used by other health professionals and overseas</li> <li>● Allows continuation of the trans-Tasman relationship</li> <li>● Endorsement in areas of expertise allows for recognition of expertise, without “ring-fencing” other areas of practice</li> <li>● Is in line with proposed legislative changes and adaptable – endorsements can be added or removed as public need changes, helping to future-proof the practice of psychology</li> <li>● Allows continuation of the trans-Tasman relationship</li> <li>● Endorsements can match existing scopes (i.e.: Clinical, Counselling, Educational, Neuropsychologist) providing ease of implementation and recognition of existing areas of speciality; also enables an easy pathway for new training programmes to be recognised or psychologists from an area of specialty practice from overseas to be recognised</li> <li>● Overlap in areas of endorsement or competence less a concern; no psychologist will be practicing</li> </ul>	<ul style="list-style-type: none"> <li>● May become over-complicated</li> <li>● Change to training programmes or accreditation to ensure all psychologists start with the same level may involve considerable time and resource</li> <li>● Unclear how psychologists who do not fit into these parameters would upskill</li> <li>● Raises questions about how this would work - Who will provide training in endorsements? Who will monitor quality standards for endorsements? Who provides certification in endorsements?</li> <li>● Not a quick solution - will take time to transition to a new system including extensive further consultation</li> <li>● Confusion may be temporarily exacerbated in the transition to a new system</li> <li>● Psychologists currently registered in scopes other than the general scope may feel aggrieved that their scope is ‘being taken away from them’</li> </ul>

outside of scope and all will be encouraged to continue to upskill	
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>● Specialist areas can be well covered including kaupapa Māori and mātauranga Māori</li> <li>● More flexibility in practice may mean increased accessibility for consumers</li> <li>● More formal recognition of upskilling may increase confidence and competence of the workforce</li> <li>● Potential to create unity rather than divisiveness across the profession – ‘we are all psychologists’</li> <li>● With endorsements not tied to legislation, psychologists would have more flexibility to develop in areas that are relevant to them and that interest them</li> <li>● Would create opportunities for universities and private providers to offer endorsement training – more choice for psychologists</li> <li>● Can enable multiple pathways for psychologists to obtain an endorsement post-foundational training</li> <li>● New endorsements could match accredited training pathways in Aotearoa NZ to provide recognition of specialist training that the current system does not allow (i.e.: Educational and Developmental Psychology, Industrial/Organisational Psychology, Applied Behaviour Analysis, Health Psychology, Child and Family Psychology, Community Psychology)</li> </ul>	<ul style="list-style-type: none"> <li>● Little professional appetite for refinement of systems and frameworks</li> <li>● Uncertain support from stakeholders may inadvertently create further division rather than unity</li> <li>● A radical change to the status quo may create further frustration and confusion</li> <li>● Without a mandate, psychologists might not take up additional training to gain endorsements</li> <li>● University programmes are already stretched to capacity and so may not be willing to take on endorsement training.</li> </ul>
<b>Key Theme from Strengths and Opportunities</b>	<b>Key Theme from Weaknesses and Threats</b>
Haere Ki Mua (Go Forward)	Manatu (Takes Heed)

Table 3b: Deliverable C: Enables a flexible and responsive future workforce, by enabling psychologists to safely develop their practice over time, to grow a workforce that can best meet the needs of the public (now and into the future) (option 2).

Option 2 (resource constrained): Create a single registration category ( <i>psychologist</i> ) without endorsements. Current CCP processes would remain in place as pathways for developing and recognising competence in specific practice areas. This approach maximises flexibility while operating within existing legislative constraints.	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Could be a straightforward move to a single regulatory system</li> <li>• Simplicity may appeal to political authorities</li> <li>• All psychologists will have the same legal boundaries for practice - a simple and egalitarian system</li> <li>• Less confusion for consumers and other stakeholders – a psychologist is a psychologist</li> <li>• Legislation has less specific oversight over the profession which could be the ‘right touch’ for legal regulation</li> <li>• A single scope would be easier to monitor and cost less for the Board</li> <li>• Professional development for psychologists can be self-directed rather than mandated by legislation</li> </ul>	<ul style="list-style-type: none"> <li>• Weaknesses of one scope are exposed</li> <li>• Not a quick solution - will take time to transition to a new system including extensive further consultation</li> <li>• Confusion may be temporarily exacerbated in the transition to a new system</li> <li>• Psychologists currently registered in scopes other than the general scope may feel aggrieved that their scope is ‘being taken away from them’</li> <li>• No authorized pathway for psychologists to have additional training or specialities recognized</li> <li>• No oversight in specialty training to ensure standards are met</li> <li>• No oversight to ensure psychologists are working within their competence</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Could be a straightforward move to a single regulatory system</li> <li>• Simplicity may appeal to political authorities</li> <li>• Can redirect the money saved on monitoring the current (more complex) scopes system to other areas of need</li> </ul>	<ul style="list-style-type: none"> <li>• Psychologists might be more likely to work outside of their competence creating risk to consumers and workplaces</li> <li>• Workplaces hold more risk as psychologist is have less oversight from external regulatory authority</li> <li>• Lack of official endorsement means stakeholders may not have confidence that psychologists have the necessary skills to do specialised work</li> <li>• May result in overall loss of confidence in the psychology profession</li> <li>• Complaints of psychologists working outside their competence could increase</li> </ul>
Theme from Strengths and Opportunities	Theme from Weaknesses and Threats
Titiro Ki Mua (Look forward)	Kia Haumarū (Maintaining Safety)

Table 4: Deliverable A, B & C (status quo)

Option 3 for Deliverable A, B & C (status quo): Maintain the current system of scopes	
<ul style="list-style-type: none"> <li>- Including current legislative interpretation without modifications</li> <li>- Current accreditation processes without modifications</li> <li>- Defined practice areas under the HPCA Act</li> </ul>	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>● No further work is required</li> <li>● System is known and comfortable</li> <li>● Current system exposes pros and cons</li> <li>● Fewer “hoops” for psychologists to jump through in regard to regulation post-qualification, other than CCP process to develop ongoing competence</li> </ul>	<ul style="list-style-type: none"> <li>● Does not solve the problem or address concerns</li> <li>● Current system has resulted in confusion for stakeholders, psychologists, and the public; is not clear, transparent, or easily understood</li> <li>● May mean some psychologists are not currently practicing safely</li> <li>● Current system is less flexible for psychologists to move from one area of practice to another, or develop competency outside of their original scope of practice</li> <li>● Harder for a psychologist to have a particular area of expertise recognised, unless this exists as a scope (i.e.: Health Psychologists)</li> <li>● The tikanga continues to not deliver on the kawa</li> <li>● Maintains a false sense the current system is working effectively and efficiently for the consumer</li> <li>● Missed opportunity to provide an enhanced consumer experience that meets their diverse preferences and needs</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>● Acknowledges that there is potential to improve the current system</li> <li>● Provides an opportunity to await legislative changes</li> </ul>	<ul style="list-style-type: none"> <li>● No appetite to change the current system of scopes</li> <li>● Stifles innovation, growth, and evolution for a more responsive profession</li> <li>● Promotes stagnation and missed opportunities</li> </ul>
Key Theme from Strengths and Opportunities	Key Theme from Weaknesses and Threats
Kaua e Hurihia (Remains Current)	Me Noho (Stay Still)