

Analysis of Consultation for the AP role

New Zealand Psychologists Board

24/06/2025



nicholson
CONSULTING





Table of Contents

| | |
|--|-----------|
| Table of Contents | 2 |
| Executive Summary | 3 |
| Introduction | 5 |
| Background | 5 |
| Supporting Material | 5 |
| Objectives of this Analysis | 6 |
| Exclusions | 7 |
| Methodology | 7 |
| Data Preparation for Demographic, Geographic and Role data | 7 |
| Approach for Analysis of Free Text | 8 |
| Overview of the Submissions | 10 |
| Questions 1 to 7 | 10 |
| Questions 8 to 38 | 11 |
| Title for the Role | 34 |
| Proposed Core Skills and Competencies for Aps – Part One | 39 |
| Proposed Core Skills and Competencies for APs – Part Two | 54 |
| Questions for Training Providers Only | 120 |
| Questions for Potential Employers Only | 127 |
| Submissions outside of the Survey Template | 145 |
| Additional Analysis | 152 |



Executive Summary

The New Zealand Psychologists Board has been tasked with developing the Associate/Assistant Psychologist (AP) role. This task includes developing its scope of practice, title, core competencies, and supervision requirements, with APs expected to have at least four years of psychology training and work under the supervision of registered psychologists as part of multidisciplinary teams. To develop the role, the Board sought consultation feedback from stakeholders, including clients, families, health professionals, employers, and training organisations, to inform the decision-making processes about the development of the AP role and ensure it meets the needs of communities across Aotearoa New Zealand.

The purpose of this report is to summarise the feedback that the New Zealand Psychologists Board (Te Poari Kaimātai Hinengaro o Aotearoa) received for its consultation on the “Title, Scope of Practice, Competencies and Supervision Requirements for the proposed new role, ‘AP’”. Public consultation was open from May 5th 2025 to June 16th 2025.

In analysing the responses, Nicholson Consulting found:

- There were 396 valid survey responses and 42 free format responses
- The vast majority of respondents were Psychologists (83%)
- Other characteristics of respondents reflect the demographic profile of New Zealand’s Psychologists
 - Many more women than men
 - Very few people outside the 26 to 65 age range
 - The majority are Pākehā
- For each of the Yes/No questions, approximately 70% selected “No”. This indicates that a clear majority of responders disagreed with the proposed scope, competencies, supervision requirements etc.
- Psychologists and 26 to 65 year old respondents were most likely to respond “No”
- Respondents who were more positive towards the proposal tended to accentuate the themes of:
 - Access – allowing more people to receive services of some level
 - Workforce – increasing the size and diversity of the workforce
 - New pathways – as a way to reduce barriers to entry
 - Tiered approach to task allocation
- Respondents who were more negative towards the proposal tended to accentuate the themes of:
 - Training – indicating that it was too short and too theoretical
 - Supervision – indicating that the supervision requirements would place additional demand on psychologists
 - Impact on existing pathways – that funding and supervision time may be moved away from, for example, interns



- Confusion – the inclusion of “psychologist” in the name was thought to potentially confuse the public
- Safety – that the use of staff with less training could impact client safety. There was also mention of safety in their work for APs and supervisors
- Risk to the Psychology profession - use of the protected title “psychologist”, public trust and saving money by substituting cheaper resources.
- The role of the Psychologist Board - the independence of the Board, adherence to its governance processes and potential conflicts of interest.
- The consultation process – some felt it was proceeding too quick and that the outcome may be predetermined
- Employment limitations for APs – that they may only have a limited number of employers

Based on the analyses and key findings, it is evident that the consultation has received a narrow response rate - with 83% of valid submissions coming from psychologists, and a clear majority of responders (approximately 70%) who disagreed with the proposed scope, competencies, supervision requirements etc.

Many submissions also included recommendations or suggestions as it related to the competencies and proposed scope, which have been included within each question to support any further deliberation.



Introduction

Background

Aotearoa New Zealand faces a significant shortage of mental health professionals, including psychologists, resulting in many people waiting for support with mental health and addiction issues. In response, Health New Zealand | Te Whatu Ora is increasing funding for psychologist training and has proposed the creation of a new workforce role—provisionally titled Associate/Assistant Psychologist (AP)—to expand access to psychological support for those with less complex needs.

The New Zealand Psychologists Board has been tasked with developing the Associate/Assistant Psychologist (AP) role. This task includes developing its scope of practice, title, core competencies, and supervision requirements, with APs expected to have at least four years of psychology training and work under the supervision of registered psychologists as part of multidisciplinary teams. To develop the role, the Board sought consultation feedback from stakeholders, including clients, families, health professionals, employers, and training organisations, to inform the development of the AP role and ensure it meets the needs of communities across Aotearoa New Zealand.

The Public consultation was open from May 5th 2025 to June 16th 2025.

Supporting Material

Alongside the survey a consultation document was provided. For additional background and to support your contextual understanding of the feedback, we have inserted 'The executive summary' for your reference.

Due to demand, many people are waiting for psychological services in Aotearoa New Zealand. Within current constraints, it can also be difficult to extend care to the families/whānau of clients experiencing mental health and addictions. Te Whatu Ora/Health New Zealand's Mental Health and Addiction Workforce Plan 2024-2027¹ recognises the need to increase the mental health and addiction workforce, including increasing capacity for psychologist training programmes. In addition, to meet the demand for mental health and addictions services, it is proposed that the workforce is also increased by establishing a new scope of practice.

The development of such a workforce (the 'psychological wellbeing practitioner'), was also considered in 2022. Building on this earlier work, Te Whatu Ora/Health New Zealand initiated a programme of work in 2024, to develop and establish a model initially referred to

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



as Associate Psychologist (AP)². This included the development of an advisory group comprising representatives with Lived Experience, potential employers, tertiary education organisations and Te Poari Kaimātai Hinengaro o Aotearoa/ New Zealand Psychologists Board (NZPB). The decision was made that the role would be registered under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and regulated by the NZPB, whose responsibility is to protect the public.

Te Whatu Ora/Health New Zealand then contracted NZPB to develop the proposed new scope of practice and regulatory framework, within the profession of psychology, with reference to the health sector principles of Pae Ora³. The development of such a role would add another layer of services provided within the wider profession of psychology. During this phase, this proposed new group of health professionals is referred to as APs, as no decision has been made about the title of the role. Establishing an effective, appropriate framework for APs as a new professional group is expected to enable registered psychologists who are employed in mental health and addictions settings to most effectively utilise their full scope of practice. In addition, services will be better placed to provide holistic care options.

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

Objectives of this Analysis

There are four objectives of this analysis:

- Understand the demographic, geographic and role make up of respondents
- Understand whether respondents agree or disagree with different aspects of the AP role including the scope of practice, the name and the different competencies. This included identifying differences by demographic, geographic and role variables.
- Understand the themes respondents used in the free text rational supplied for most questions

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

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



- Surfacing any technical suggestions for wording changes in the scope and different competencies

The analysis also applies the same methodology to understanding the themes respondents used in the free form submissions received by the Psychologists Board.

Exclusions

The survey received a total of 507 responses. An analysis of the responses revealed that 111 out of 507 responses did not have any response to the survey questions 8 – 30 (i.e. they included only demographic, geographic and role information without any substantive feedback). These 111 responses were removed from the analysis.

Methodology

Data Preparation for Demographic, Geographic and Role data

Some of the fields in the data needed to be processed/transformed - especially where multiple choices were available for the responders. For example, question 5 which states “Which of these groups do you belong to for the purposes of completing this consultation? (please select all that apply)” has 10 selectable choices for the users. To keep the analysis meaningful and manageable we created groups to simplify the interpretation of the results.

Ethnicity

Total count ethnicity was used - the respondents who identified themselves with a certain ethnicity were counted in that group. This means that when respondents identified themselves belonging to multiple groups, they were counted more than once in the breakdowns by ethnicity shown in this report. The respondents who identified themselves other than *NZ Māori*, *Pacific Peoples*, *NZ European\Pākehā*, and *Prefer not to say* categories were classified as *Other*. This was due to the very low number of respondents in the other ethnicity groups.

Region

Everyone who selected multiple regions are assigned to a group called *Multiple regions* and all others are assigned to the individual regions they selected.

Response groups

We found that respondents from Psychologist group had a large representation while others did not. The choices available were:

1. Psychologist
2. Other Mental Health Professional
3. Other Health Professional



4. Client/Tāngata Whaiora
5. Family Member/Whānau of Client/Tāngata Whaiora
6. Member of the Public
7. Psychology Student
8. Tertiary Education Provider
9. Prefer not to say
10. Other (please specify)

To deal with the ability to select multiple options, we used the following rules to assign a response group to respondents:

1. Respondents who selected Psychologists and another response group are assigned to a new group called Psychologist and another group.
2. The remaining respondents are assigned to the groups listed above on that priority.

Note that written analysis of the demographic, geographic and role trends is provided for questions early in the survey. However, the results are broadly consistent from one question to the next so for brevity's sake we don't provide the written interpretation for all questions.

Approach for Analysis of Free Text

The free text responses for each question were analysed using a combination of Natural Language Processing (NLP) and manual reading of responses. The NLP analysis allowed the identification of common keywords, which assisted the analysis team when they were reading the responses and attempting to identify themes.

Key points to note in the NLP analysis:

- Te reo Māori words were identified first to ensure that they were not modified by other steps in the process. The same approach was used for Samoan words.
- No responses were entirely written in te reo Māori. Te reo words used were very common words (31 distinct words in total).
- Spell checking was trialed, however, so few words were misspelled that it was decided that spell checking wasn't necessary.
- Lemmatisation was used to reduce similar words to the same core word. For example, run, running, ran and runner would all be reduced to run.
- Small connecting words that have no meaning were removed (these are known as "stop words")

Another key point is that AI was not used in the analysis at all. This is to ensure that the themes picked up are the words of the respondents and to avoid hallucinations (when a generative AI model produces incorrect or misleading information that is presented as factual - <https://www.ibm.com/think/topics/ai-hallucinations>).



The free text responses of those who respond “Yes” to the corresponding Yes/No question are analysed separately from those who responded “No”. This is to allow for different themes to surface based on the sentiment of the respondent.

Word clouds are provided where there is enough written feedback to make them stable. This gives the reader an idea of the words that differentiated the text provided with the “Yes” responses from those provided with the “No” responses. It should not be expected that the largest words will be the themes. For example, training is often a theme for both “Yes” and “No” respondents so wouldn’t appear in either of the word clouds (because its consistent across both rather than differentiating “Yes” and. “No”).



Overview of the Submissions

Overall Respondents Statistics:

- There were 396 valid responses to the survey
- The vast majority of respondents were Psychologists (83%)
- Other characteristics reflect the demographic profile of New Zealand's Psychologists
 - Many more women than men
 - Very few people outside 26 to 65 year old
 - The majority are Pākehā
- There were also 42 free form responses, these are analysed separately on page 144 onwards.

Questions 1 to 7

The opening questions of the consultation identify the demographic, geographic, and role data of the responders.

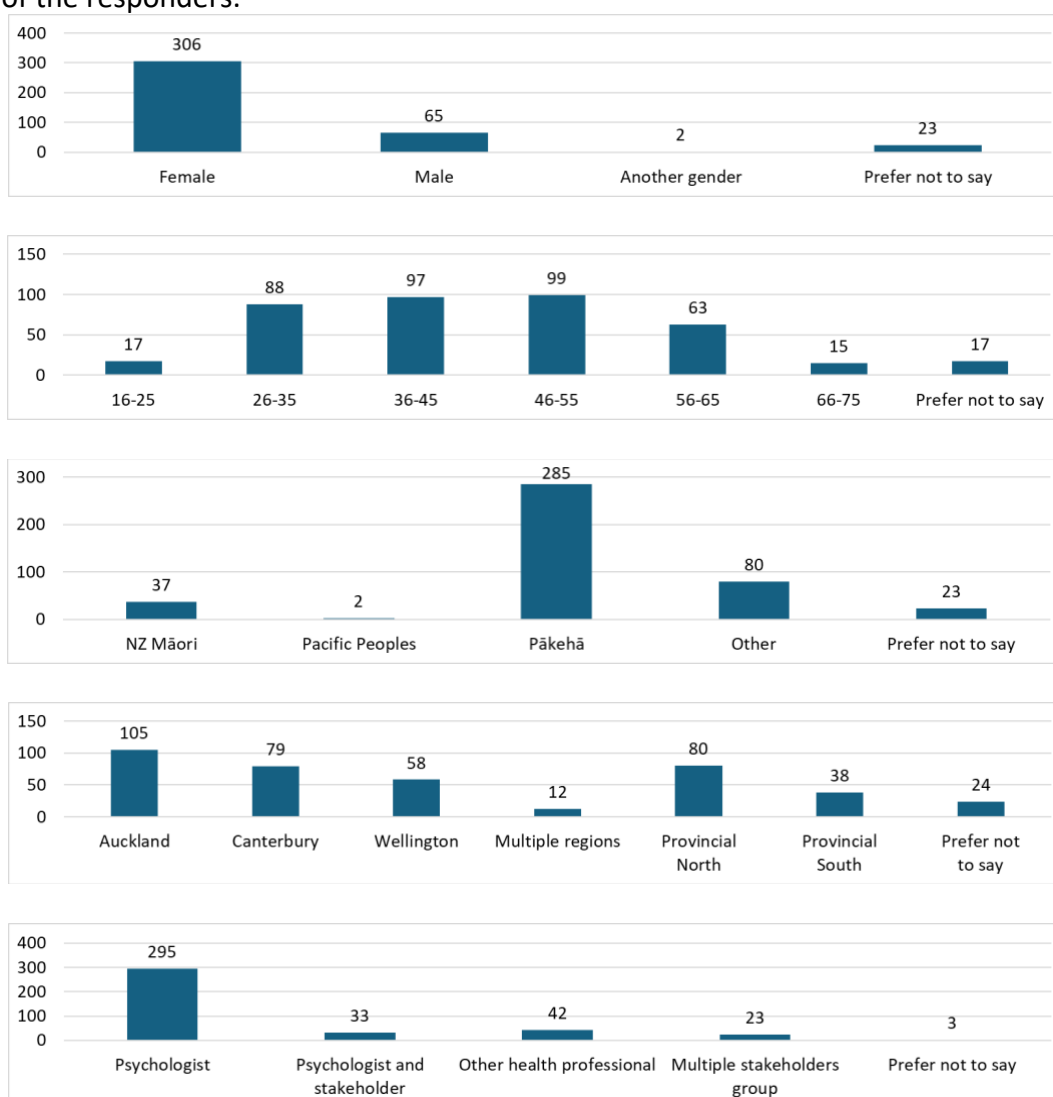


Figure 1: Breakdown of 396 responses by gender, age, ethnicity, region, and stakeholder groups.



Questions 8 to 38

Each response is analysed both for the structured (close ended selections from the provided choices) and unstructured data (open ended free text).

Question 8 – Do you agree with the proposed new scope of practice for APs?

Highlights

- Just under 70% of respondents disagreed with the scope of practice
- Just under 30% agreed and very few did not respond
- Most respondents in the age group 26 – 65 do not agree with the scope
- There is more support for the scope in those aged 25 and under, and those older than 65 years of age, and those who are not psychologists
- The free text part of this response included general feedback because it was the first place respondents could use free text
- Those who agreed identified access as the key theme, followed by pathways for students.
- Risk/Safety and role confusion were key themes for those who disagreed
- The need for supervision and the additional demand that might be placed on Psychologists was a theme for both those who agreed and disagreed

Detailed analysis

Out of the responses received via the open survey option, 69% of the respondents disagreed with the proposed scope of practice while 28% agreed and 3% did not choose either of the options, “Agree” or “Disagree” as shown in Figure 2.

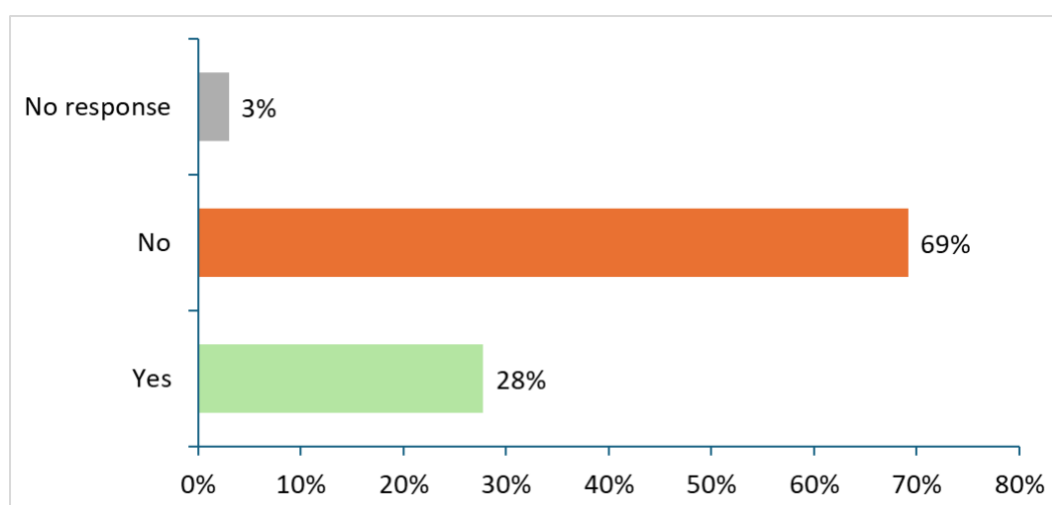


Figure 2: Do you agree with the proposed new scope of practice for APs?

A demographic breakdown of the respondents suggests that the agreement rate is similar across gender and ethnicity, except for the people identifying with another gender and



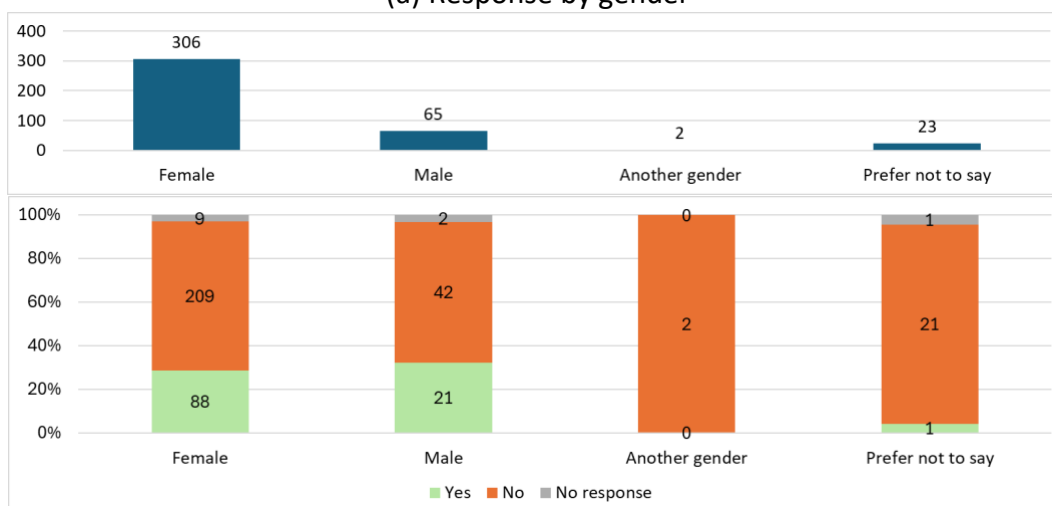
Pacific peoples. As shown in Figure 1 (a), (b) and (c) the Pacific people and people who identified with another gender and have small representation in the survey (2 responses each) and they all disagreed with the scope (note that, with so few respondents this pattern is not statistically reliable).

The agreement rate was lowest among 26 to 65-year-olds and higher outside this range, particularly for younger people. This is likely to also be related to Psychologists having the lowest agreement rate and 'Other Health Professional' having a higher agreement rate.

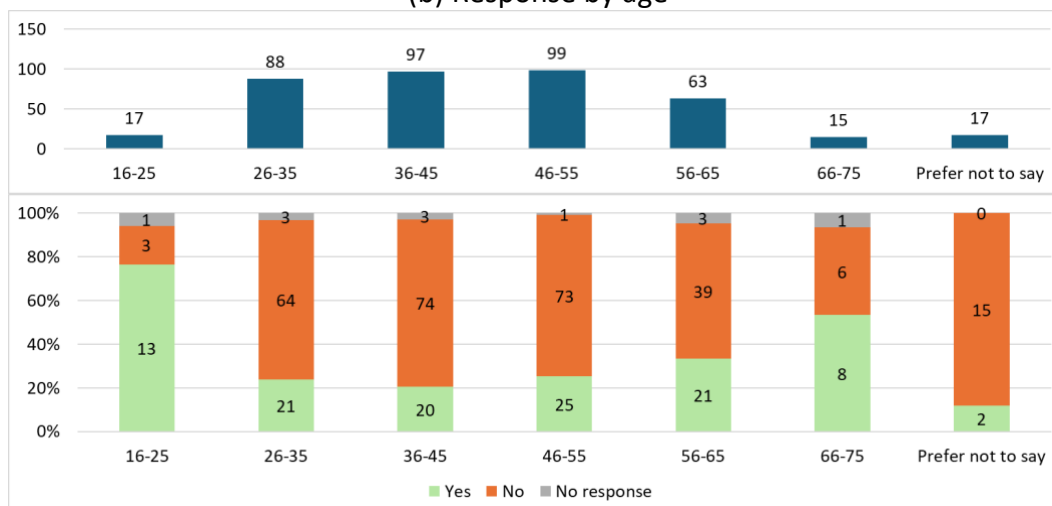
The respondents who disagreed with the proposed scope have provided more free text feedback on average than the respondents who agreed. Also, the respondents who did not provide a response to this question have provided the least (16 words on average) free text feedback as shown in Figure 4 (c).



(a) Response by gender



(b) Response by age



(c) Response by ethnicity

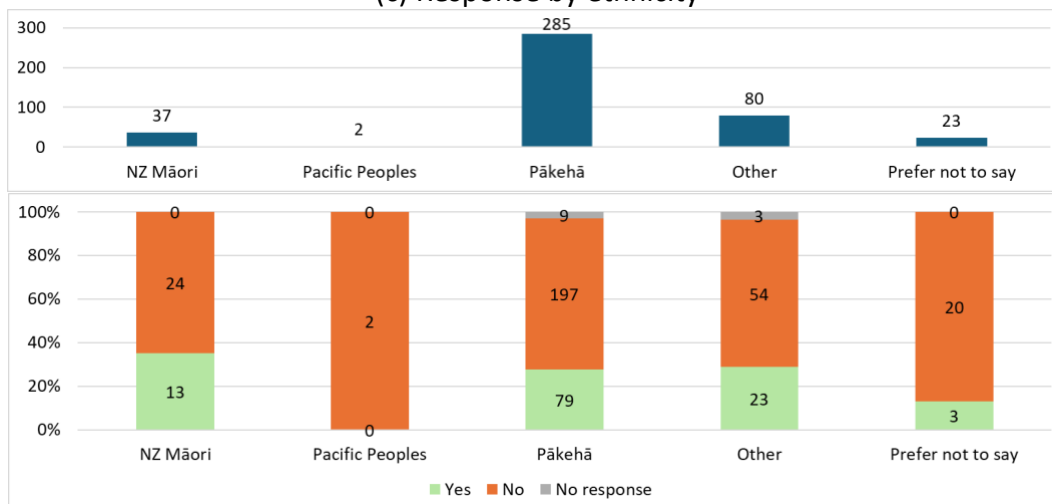
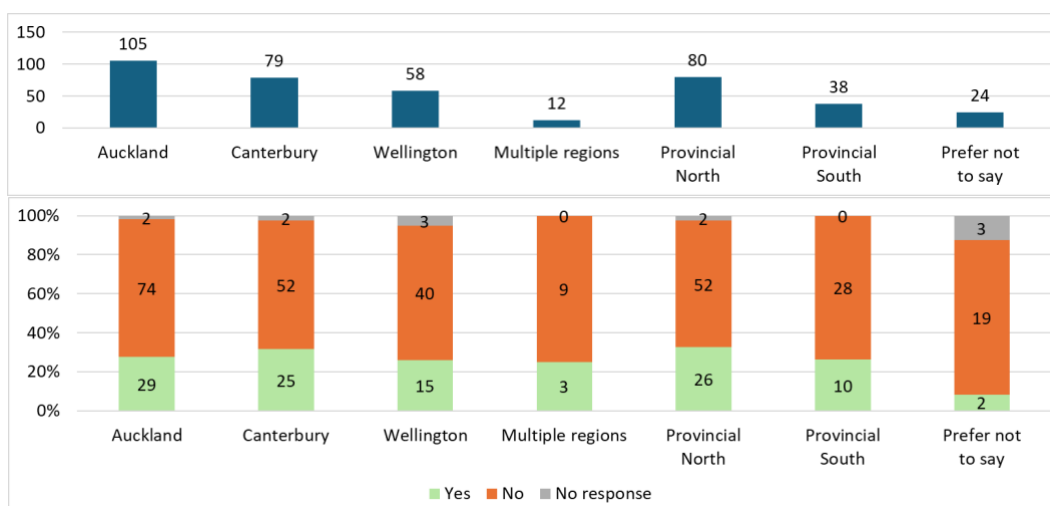
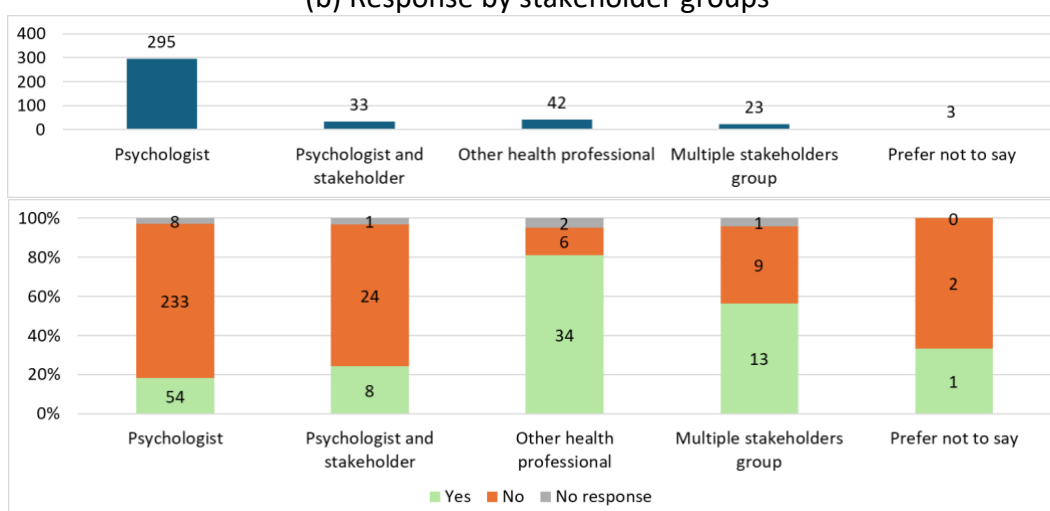


Figure 3: Breakdown of responses by gender, age and ethnicity for the survey question.

(a) Response by region



(b) Response by stakeholder groups



(c) Length of free text responses by response type

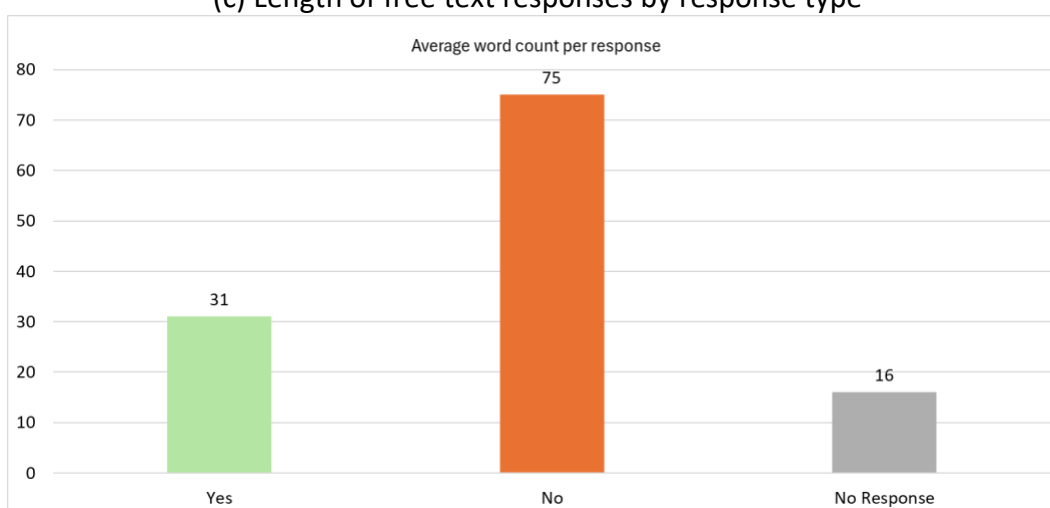


Figure 4: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is 'Agree'

As noted above, respondents didn't include as much free text feedback when they agreed. However, common terms included need, access, and student.



Figure 5: Word cloud for responses that agreed with the scope.

Theme 1 – Access

Keywords/Phrases:

- Access
- Unmet need
- Workforce
- Shortage
- Demand

Summary

The strongest theme amongst those who agree is access to Psychology services. This is expressed both in terms of shortages on the supply side and high demand/unmet need on the demand side. Responders also talked about a tiered approach with the ability to address low to moderate complexity.

Examples

- “If developed well, this has the potential to serve unmet need in the community.”
- “Demand is larger than we can supply at the moment”
- “I believe support is required for low to moderate level primary mental health however we do not have enough resource in NZ. We do however have an under-utilised potential workforce with bachelors degrees who could serve in this area.”
- “I agree that creating a specific role, that is focused on providing evidence-based therapies to people presenting with mild to moderate difficulties is likely to be beneficial to Aotearoa/NZ.”



Theme 2 – Student Pathway

Keywords/Phrases:

- Student
- Pathway
- Train

Summary

Responders who agreed saw the AP role as a pathway to getting more graduates into the mental health profession. This feedback was often from students/young people and spoke about difficulties/length of the registered Psychologist pathway.

Examples

- “As a Psychology student, the pathway to becoming a registered Psychologist (Specifically a Clinical Psychologist) is long. I believe the new AP role would allow for a more structured pathway for Psychology graduates to enter the workforce early on, addressing the mental health professionals shortage.”
- “The system is having a real shortage of psychologists, waiting list is long for psychologists. Many psychology students, but limited opportunities to get registered. Psychology pathway is too high for many students”
- “Provides a pathway for psych undergrads to enter clinical practice”

Theme 3 – Supervision

Keywords/Phrases:

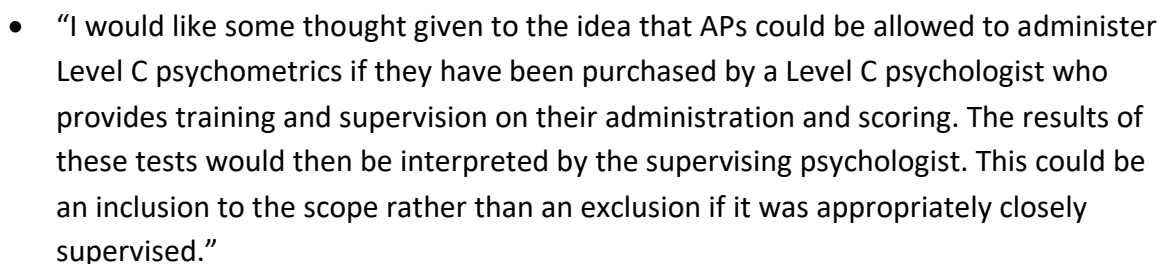
- Supervision
- Close
- Appropriate

Summary

Responders who agreed noted the importance of clear, robust supervision and frameworks to support it as being critical to the success of APs.

Examples

- “Clear guidelines, robust supervision structures, and well-defined pathways for training and professional development will be essential to ensure consistency and safety in practice. ”
- “Appears to be clear and aligns with other professions who have a similar qualification. The framework of requiring supervision of practice by a psychologist seems appropriate as is required disciplines undertaking provision of psychological therapies such as CBT.”

[illegible]

Theme 1 – Risk/Safety

- Risk
- Safety
- Harm
- Dangerous
- Error

This theme was presented in different ways with respondents talking about the risk to clients and APs. They often also spoke about training and supervision in relation to this theme.

Examples



- “The proposal is dangerous and will increase risk of harm to service users”
- “potentially put both clients and APs at risk by placing them in positions they would not be adequately trained for”
- “I think the screening process will be too loose and could lead to significant harm to vulnerable patients”
- “Clear concern with ability to perform ‘routine risk of harm assessment’: I strongly believe there is no such thing as a routine assessment of harm.”

Theme 2 – Role Confusion

Keywords:

- Confusion
- Differentiate
- Public

Summary

Responders who disagreed often felt that the term Associate Psychologist would be confusing. This is particularly for clients and the public who may struggle to differentiate between Associate Psychologist and Registered Psychologist.

Examples

- “The name "associate psychologist" dilutes the protected name of "psychologist". It will confuse the public who will think this clinician has the same level of training as a competent psychologist. There are "health improvement practitioners" who already do the kind of jobs the "associate psychologists" will do”
- “I think the title needs to be changed and not include the word Psychologist! Something like psychology assistant would be acceptable, but the title psychologist will be undermined with this new role - the public cannot differentiate! They cannot differentiate between clinical psychologist, educational psychologist or psychologist.”
- “Calling them associates makes it sound like they have a level of expertise that is not accurate. The public will not differentiate this. The public will not be informed on the level of expertise that the mental health professional has.”

Theme 3 – Supervision

Keywords:

- Stretched
- Demand
- Risk/Safety
- Burden

Summary



Responders who disagreed felt that the supervision demands of the AP role would place additional burden on psychologists and that APs were unlikely to receive the level of supervision they actually require.

Examples

- “the supervision process is extremely worrying and confusing; they can be supervised by any psychologist (WTF), and they can't be supervisors themselves, but later on it says after a few years they can be - blind leading the blind.”
- “will reduce availability of existing psychologists due to high supervision demands of the AP role”
- “Lack of Appropriate Supervision: It is essential that associate psychologists are supervised by registered psychologists, and do not work independently (especially in private practice), however:
 - Many psychologists in New Zealand are already stretched thin with high caseloads and complex cases, making adequate supervision difficult to guarantee.
 - Supervision of Ass Psychs is likely to require intensive input at a level greater than what is already required for Intern Psychologists - who have 6+ years of training and 2 years of clinical experience by their Internship year.”



Question 9 – Do you believe that the proposed new scope of practice reflects values, needs and opportunities relevant to Māori families/whānau and people with lived experience?

Highlights

- Most of the psychologists aged 26 – 65 do not believe that the proposed new scope of practice reflects values, needs and opportunities relevant to Māori families/whānau and people with lived experience.
- Most respondents aged over 65 years old as well as people from the Other Health Professionals believe that the proposed scope does reflect values, needs and opportunities relevant to Māori and people with lived experience.
- The clear difference of opinion between psychologists (27% agreement) and Other Health Professionals (80% agreement) is interesting
- Both respondents who Agreed and Disagreed had a theme of Cultural Supervision
- Those who disagreed also had a theme of Inadequate Training

Detailed Analysis

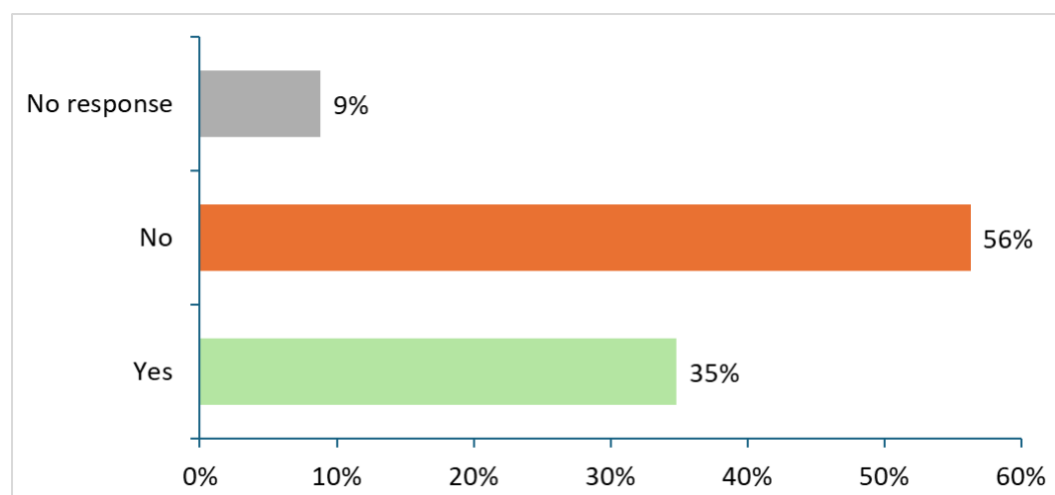


Figure 7: Do you believe that the proposed new scope of practice reflects values, needs and opportunities relevant to Māori families/whānau and people with lived experience?

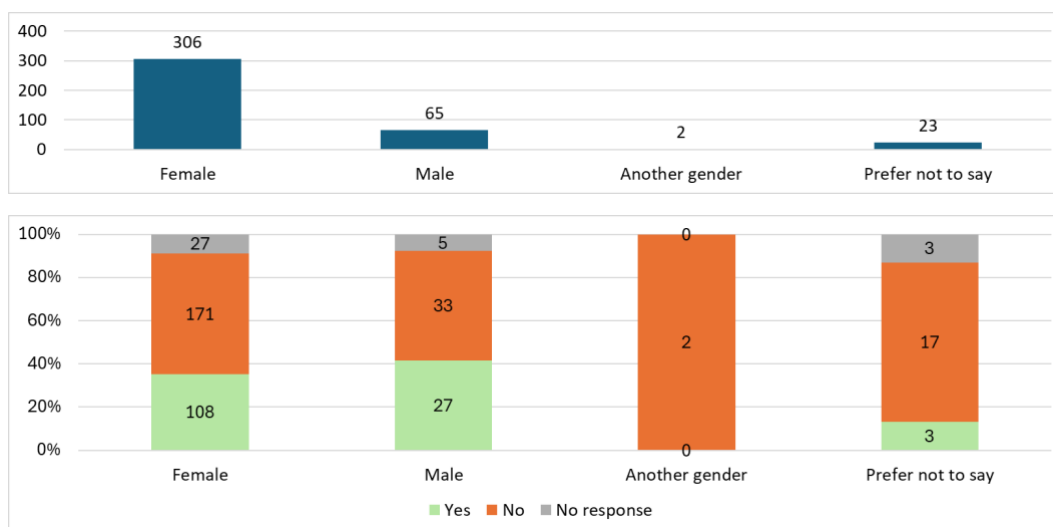
A majority of respondents (56%) do not believe that the proposed new scope of practice reflects values, needs and opportunities relevant to Māori families/whānau and people with lived experience while 9% neither agreed nor disagreed as shown in Figure 7.

In terms of age patterns, as with the previous question, agreement was highest among people under 26 and people over 65. There is a clear trend towards disagreement for respondents around 40 years of age.

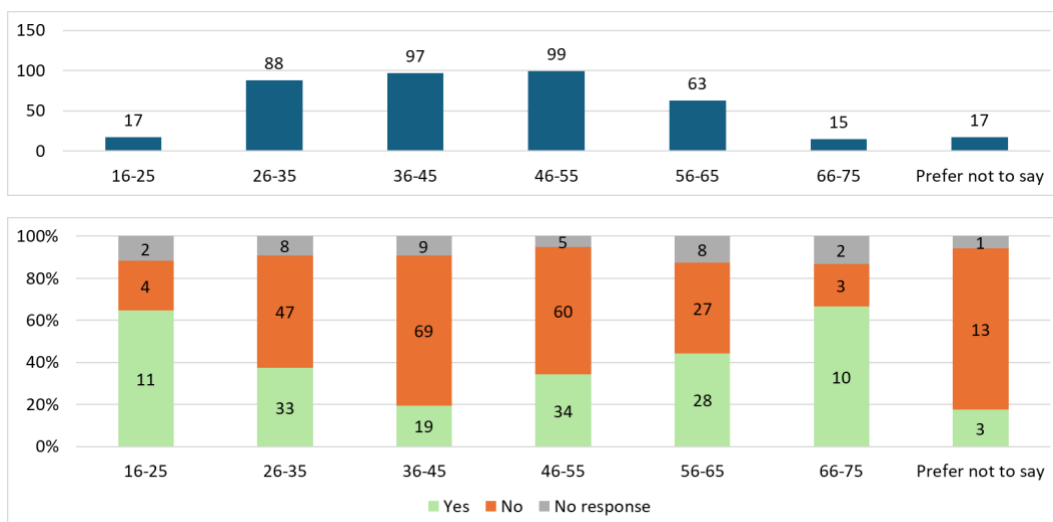
There is a clear difference in opinions between psychologists (27% agreement) and Other Health Professionals (80% agreement).



(a) Response by gender



(b) Response by age



(c) Response by ethnicity

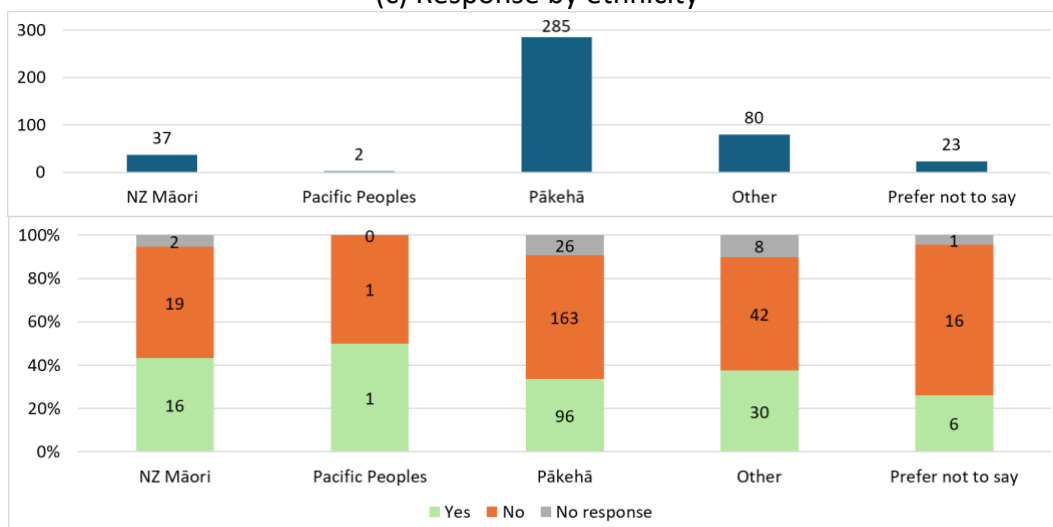


Figure 8: Breakdown of responses by gender, age, and ethnicity for the survey question.

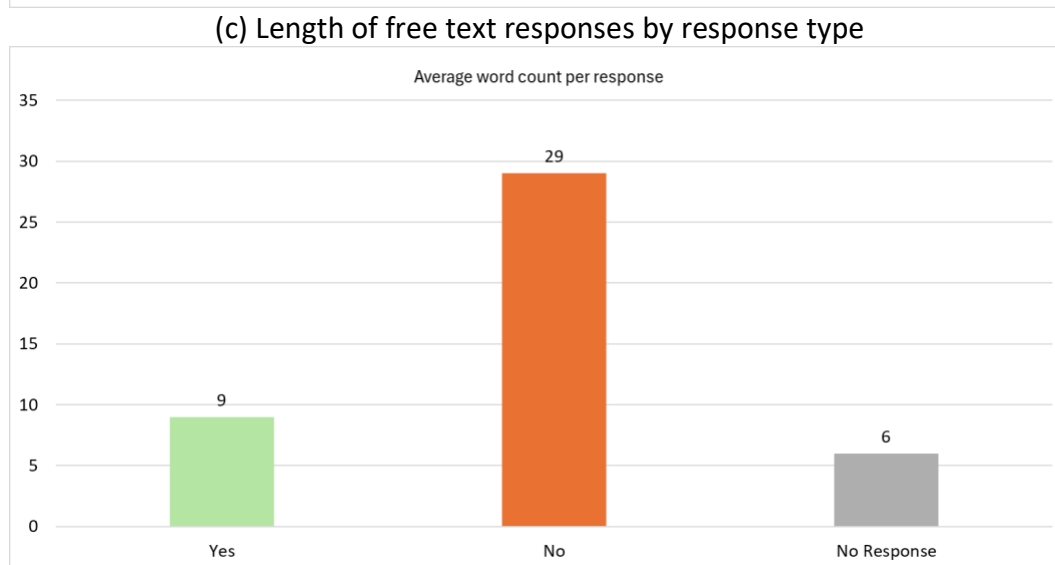
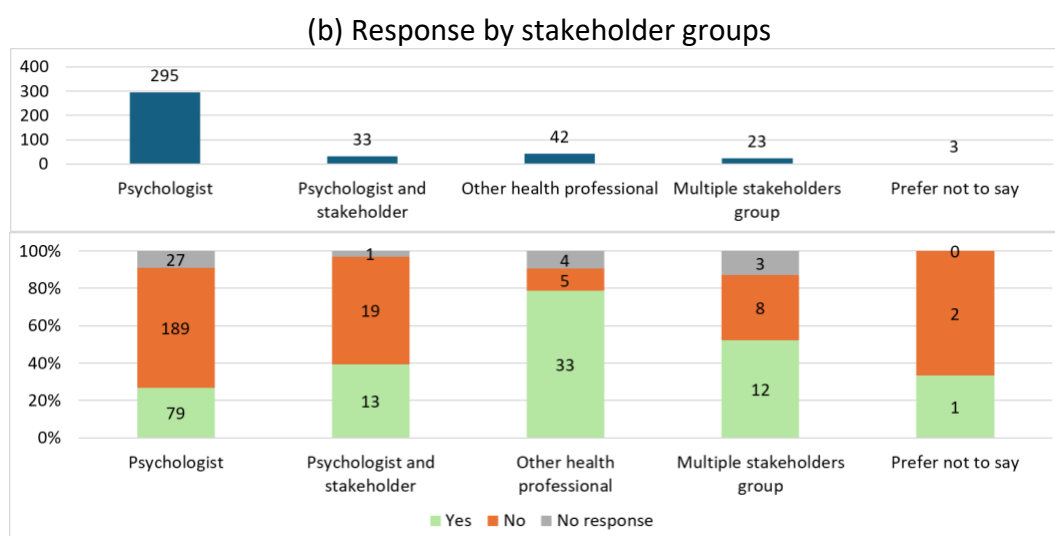
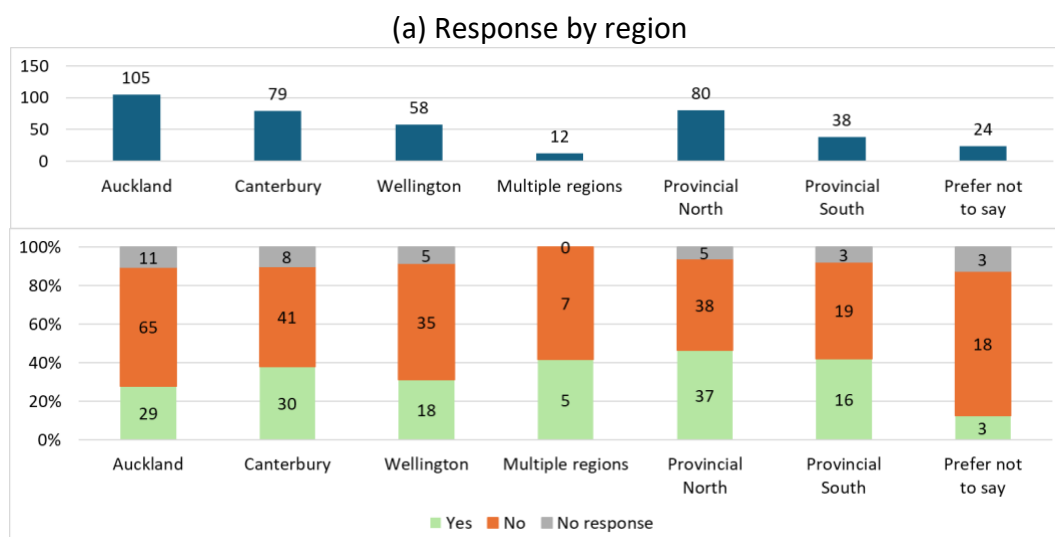


Figure 9: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows average word count of free text responses by response types.

-
- A word cloud visualization of the abstract content. The words are arranged in a circular pattern, with 'clinical' being the largest and most central word. Other prominent words include 'bachelor', 'improve', 'increase', 'reduce', 'include', 'mention', 'address', 'indigenous', 'high', 'treatment', 'require', 'huge', 'whānau', 'criterion', 'pathway', 'assessment', 'far', 'represent', 'theatre', 'psych', 'help', 'resource', 'risk', 'mh', 'great', 'feel', 'around', 'workforce', and 'psychology'.



supervision and mental health care. True integration of Māori values, worldview, and collective practices requires more than adding cultural components—it involves embedding kaupapa Māori principles, whānau engagement, and tikanga into the core of supervision. Without these deeper structural changes, the model risks being culturally superficial and may not fully meet the needs of Māori and other Indigenous clients. To reduce Eurocentric bias, supervision frameworks should actively incorporate Māori-led models, include kaumātua or cultural supervision as a core component, and ensure supervision practices respect relational, holistic, and collective aspects central to Māori wellbeing.”

When the response is 'Disagree'



Figure 10: Word cloud for responses that disagreed with the survey question.

Although this question asked respondents to provide alternative wording, none of them did so. The key concerns raised were around inadequate cultural supervision, safety, inadequate training and availability of supervision.

Theme 1 – Cultural Supervision

Keywords:

- Inequities
- Cultural supervision
- Experience
- Safety



Summary

Respondents did not believe the proposed supervision requirements allowed for adequate cultural supervision for APs. Care provided to Māori would be compromised by this lack of supervision.

Examples

- “Effective supervision is critical to ensuring culturally responsive, safe, and high-quality care—particularly for Māori, whose mental health needs require practitioners with strong cultural competence and an understanding of Te Ao Māori perspectives. Given the limited training and experience of Assistant Psychologists (APs), supervision must be robust, frequent, and provided by clinical psychologists with expertise both in advanced clinical practice and culturally grounded frameworks. The current supervision proposals lack clarity on the depth and frequency of cultural supervision and do not guarantee that supervisors will have the necessary cultural expertise or capacity to advocate effectively for Māori clients. Furthermore, insufficient or inappropriate supervision risks further marginalising Māori and whānau by exposing them to practitioners who may lack the skills, knowledge, or cultural sensitivity needed to engage meaningfully and safely. This could deepen existing inequities in access to specialist psychological care, especially as more experienced clinicians leave public services. To truly reflect Māori values and needs, supervision must be culturally informed, uphold the principles of partnership and protection under Te Tiriti o Waitangi, and ensure that APs are supported in delivering care that honours whānau ora and Māori models of health. Without this, the supervision framework falls short of supporting the wellbeing and rights of Māori clients and their families.”
- “While the proposed supervision requirements provide a solid foundation for professional oversight, they currently lack explicit reference to cultural supervision and safe practice training – both of which are essential to meet the needs of Māori, whānau, and people with lived experience. We recommend that cultural supervision be included as a distinct and required component, alongside regular clinical supervision. This would ensure that APs are supported to practice in ways that are culturally safe, uphold Te Tiriti o Waitangi, and reflect the lived realities of the communities they serve.”

Theme 2 – Inadequate Training

Keywords:

- Supervision
- Safety
- Experience
- Insufficient



Summary

Responders felt that the proposed level of supervision for APs was inadequate for their level of training and that psychologists do not have the capacity to provide the level of supervision required to ensure safety. The proposed level of supervision would not reflect the needs, values and opportunities relevant to Māori, whānau/families and people with lived experiences.

Examples

- “The supervision requirements are less than for an intern who is better trained - the supervision requirements are not sufficient.”
- “I do not agree with the proposed new role of an AP. A one year PGDIP is not enough time to develop all of these competencies safely.”
- “The AP role, by design, introduces a workforce with limited clinical training and even less cultural preparation. The proposed one-year postgraduate pathway does not contain sufficient depth or breadth to equip practitioners with the nuanced skills necessary to build therapeutic relationships with Māori or to safely navigate complex clinical and cultural dynamics. Cultural competence cannot be developed through a few token modules; it requires years of training, reflection, and supervised practice.”



Question 10 – Do you believe the proposed new scope of practice reflects the principles of Pae Ora?

Highlights

- Most of the psychologists aged 26 – 65 do not believe that the proposed new scope of practice reflects the principles of Pae Ora.
- Most of the under 26 and over 65 people believe that the proposed new scope of practice reflects the principles of Pae Ora.
- Most of the Other Health Professionals and Multiple Stakeholders Group believe that the proposed scope does reflect the principles of Pae Ora.
- The theme for those who agreed was “In theory but it will come down to implementation and training”
- The themes for those who disagreed were Training, Equity and Safety/Risk

Detailed Analysis

Most of the responders do not believe that the proposed new scope of practice reflects the principles of Pae Ora (55%) while a small percentage (13%) does not have an opinion in response to this question, as shown in Figure 11.

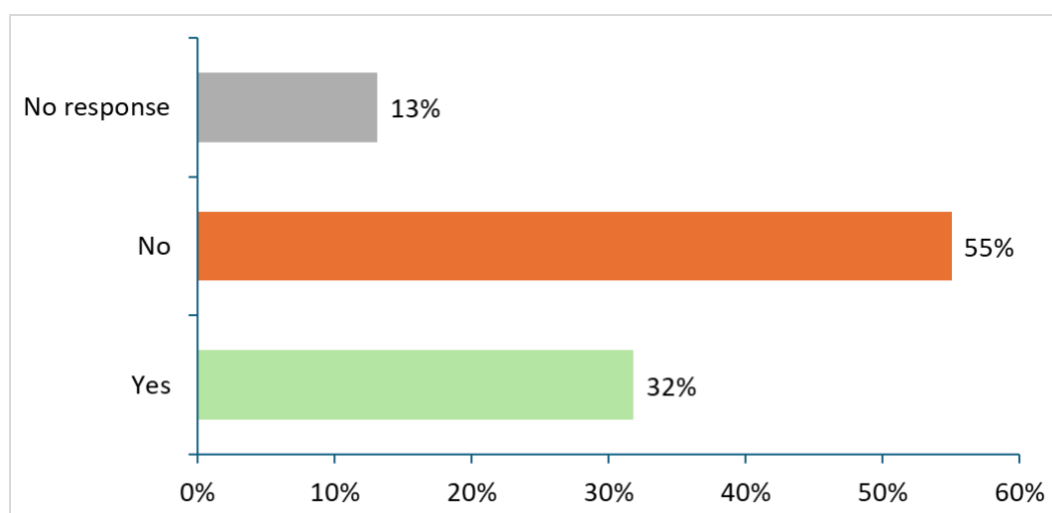


Figure 11: Do you believe the proposed new scope of practice reflects the principles of Pae Ora?

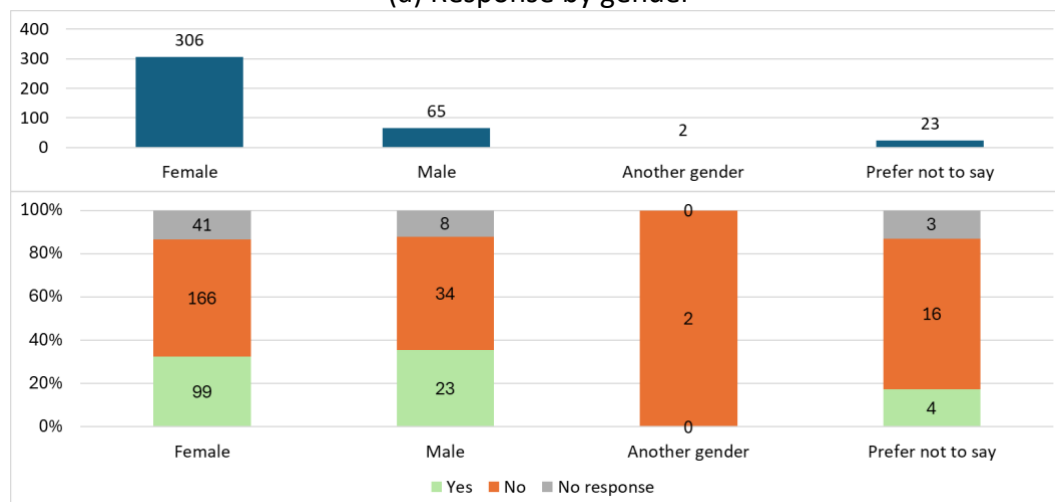
There is difference in opinion while responding to this question by age groups as shown in Figure 12(b). Most of the 35 – 45 years old responders (67%) have disagreed that the proposed new scope of practice reflects the principles of Pae Ora. This disagreement is lesser on both sides of this age. Most of the responders who are younger than 26 and older than 65 (about 65%) agree that the proposed scope reflects the principles of Pae Ora.

The response to this question is similar across males and females, all the ethnicities and all the regions as shown in Figure 12(a), 12(c), and 13(a).

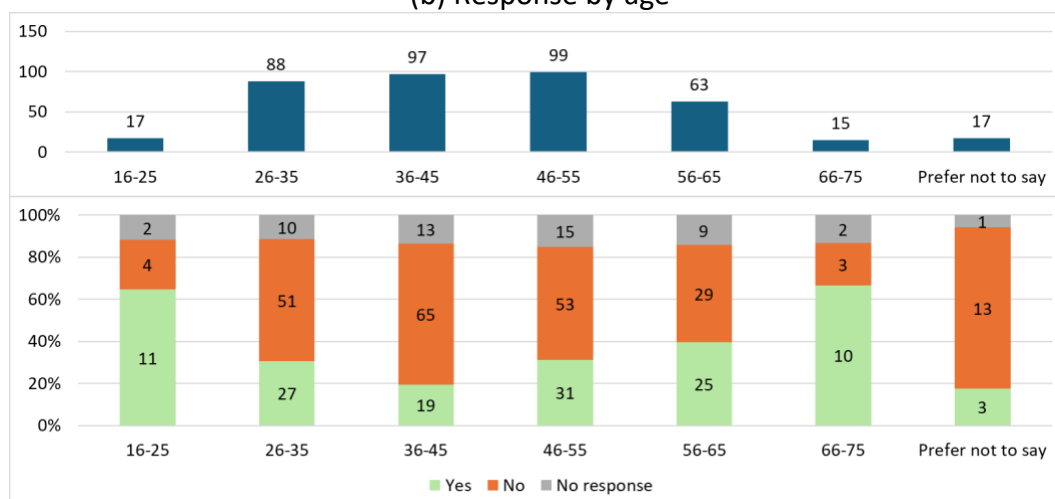


Most of the psychologists (over 60%) do not believe that the proposed scope of practice reflects the principles of Pae Ora while most of the Other Health Professionals (just under 80%) and Multiple Stakeholders Group (over 50%) believe that the proposed scope does reflect the principles (see Figure 13(b)).

(a) Response by gender



(b) Response by age



(c) Response by ethnicity

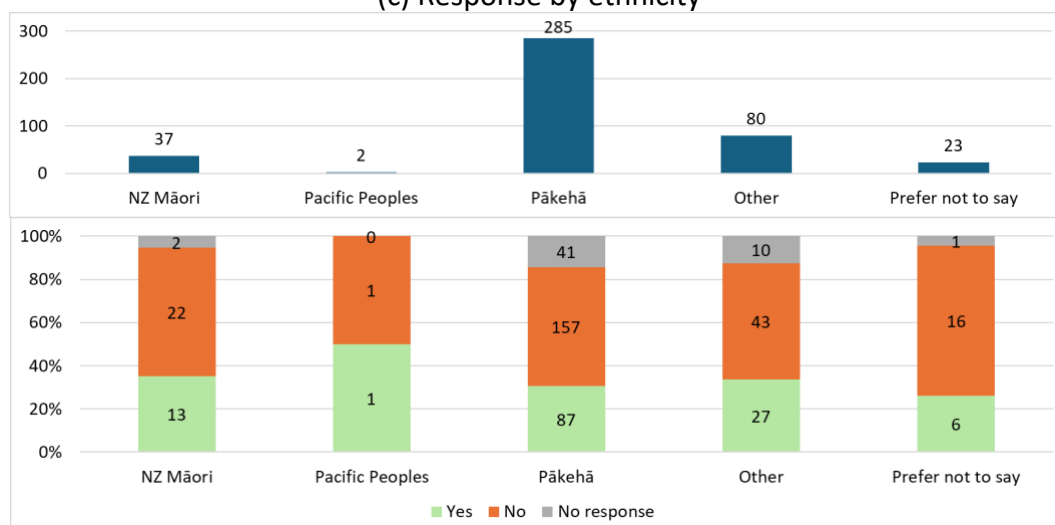


Figure 12: Responses to the survey questions by gender, age group, and ethnicity.

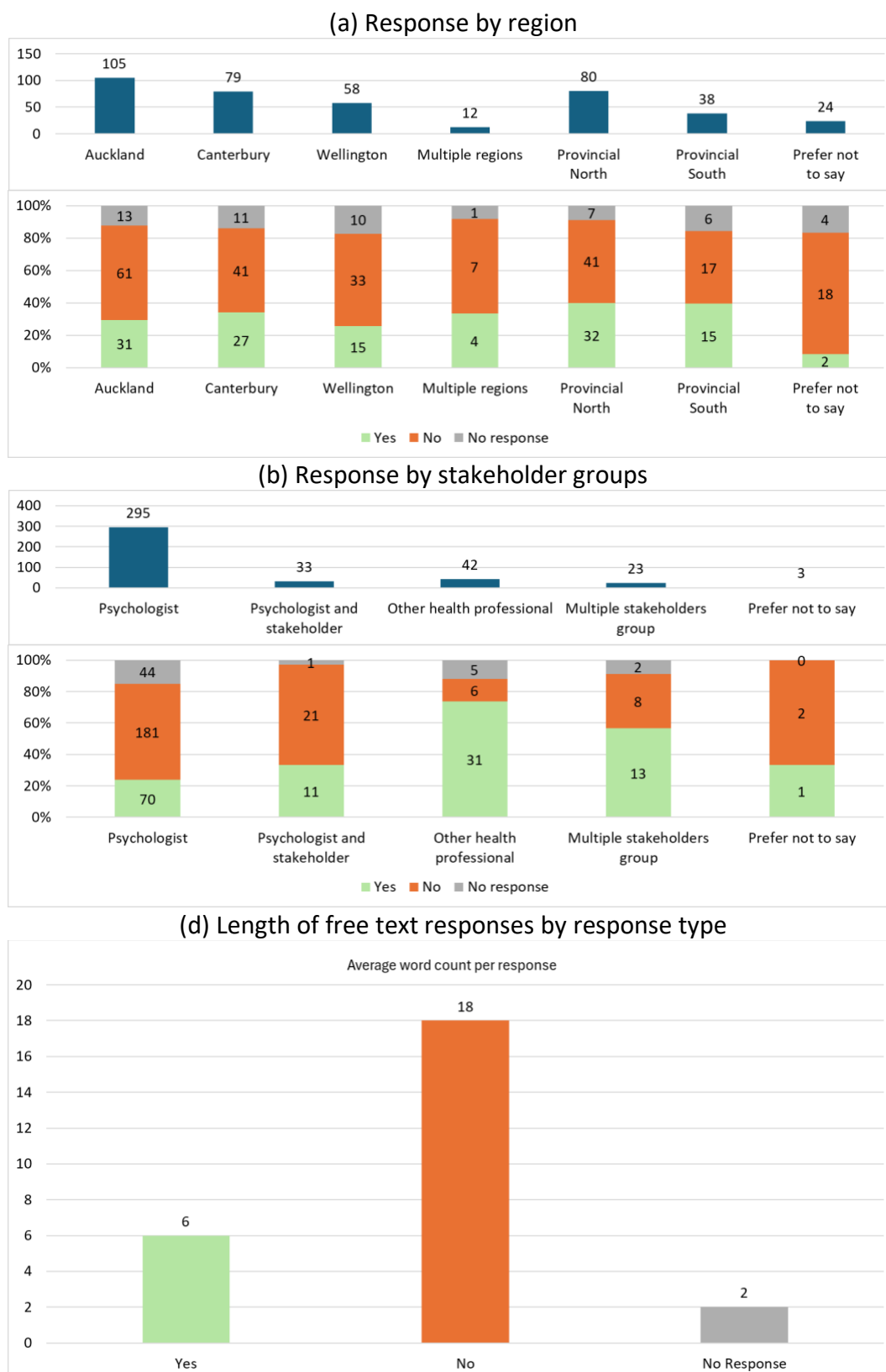


Figure 13: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows average word count of free text responses by response types



When the response is 'Agree'



Figure 14: Word cloud for responses that agreed with the survey question

Theme 1 – In theory but it will come down to implementation and training

Keywords:

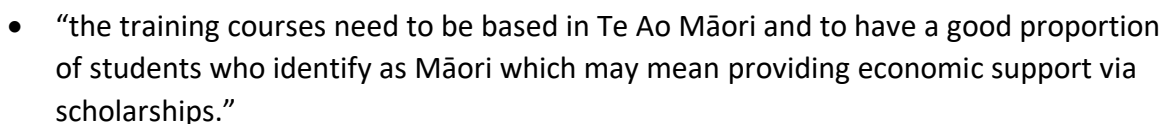
- Theory
- Practice
- Training
- Applied

Summary

Respondents thought that, in theory, the scope of practice reflected the principles of Pae Ora. However, they often felt that it would have to be seen if this was the case in practice. Its success would come down to how it was implemented and to the training involved.

Examples

- “In theory yes, but not sure in practice.”
- “Preliminarily yes, but the implementation of APs is the critical part in actually delivery improved and more equitable services to the right communities, right settings, at an appropriate level. However as noted above, it theoretically allows for improved access and choice of services, and with this associated protections and improvements of client's wellbeing.”

[illegible]

Theme 1 – Training

- Limited
- Inadequate
- More

Respondents thought that the 1-year training programme would not be sufficient to provide them with the skills they required and that instead more effort should be put into training psychologists.

- “I think more training is required than a bachelors plus a one year programme to safely work with anyone 1:1. Most people undertake a bachelors degree with no counselling or intervention training at all. How can they be effective and safe in one year?”



- “It takes funding away from psychology training positions where it could be otherwise used.”
- “The training pathway proposed is too short to allow full understanding of clinical application of te Tiriti principles and how we can meet Māori needs”

Theme 2 – Equity

Keywords:

- Access
- Training

Summary

Respondents felt that equity would be better achieved by focusing on delivering appropriately skilled care and by training more Māori and Pacific people to become psychologists.

Examples

- “reducing equity of access to appropriately skilled care appears to be contrary to the Pae Ora principles.”
- “True equity would involve training more Māori as psychologists and providing more training for all psychologists in te ao Māori - not creating a lower paid, less trained workforce”

Theme 3 – Safety/Risk

Keywords:

- Harm
- Risk
- Unsafe
- Training

Summary

Respondents felt that there was a risk to client safety from the AP role due to the limited training APs would receive.

Examples

- “The proposed scope of practice will endanger the safety of service users/clients and threaten the integrity of the psychology profession as a whole.”
- “No, I do not believe that it reflects the principles of Pae Ora. I do not believe that the training requirements are enough to provide enough time for people to become competent to practice and have just as much potential to cause harm.”
- “This puts many of our vulnerable clients at risk. Furthermore negative experiences within services from working with clinicians who are not appropriately trained for



the level of risk or complexity of presentations will result in some individuals feeling they have failed at getting help, and may push them further from seeking support or intervention in the future.”



Title for the Role

Question 11 – Which option do you prefer for title?

Highlights

- Most of the respondents prefer Psychology Assistant as the title for the proposed new scope of practice (65%).
- Psychology Associate is the least preferred title (4%)
- Majority of younger than 26 respondents (about 40%) prefer the Psychology Associate title.
- Almost 80% of the Psychologists prefer the Psychology Assistant title for the proposed role
- Most of the Other Health Professionals (55%) prefer the Associate Psychologist title for the proposed role.

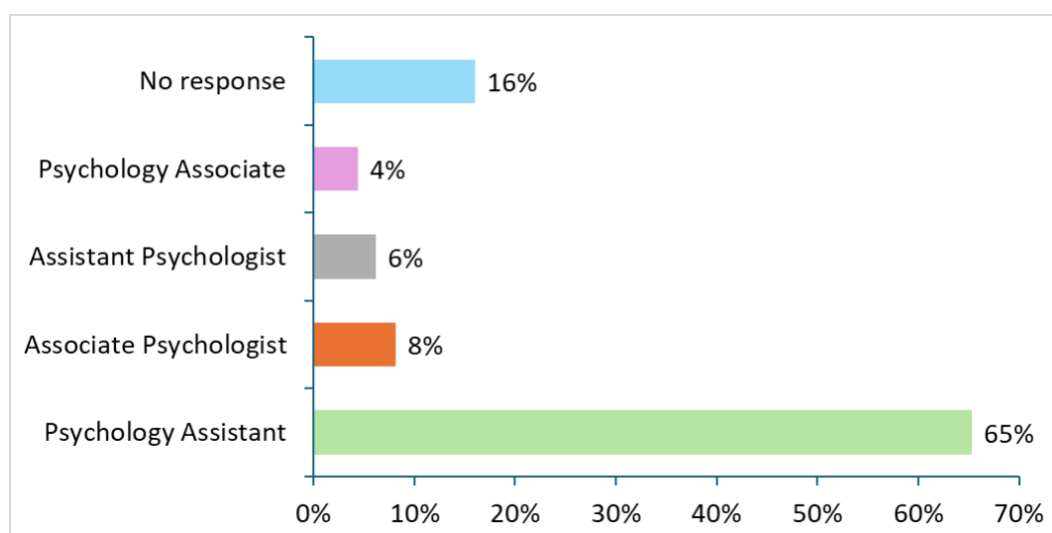


Figure 10: What option do you prefer for the title?

Detailed Analysis

Psychology Assistant is the preferred title for people of both the female (69%) and male (49%) genders as shown in Figure 17(a). Respondents who are younger than 26 years prefer the Associate Psychologist title for the proposed new role.

The Psychology Assistant is the preferred title for the proposed role across respondents from all ethnicities and regions.

The clear majority of Psychologists (about 75%) prefer Psychology Assistant as the title for the new proposed role. Other Health Professionals (55%) prefer Associate Psychologist as the title for the newly proposed role.

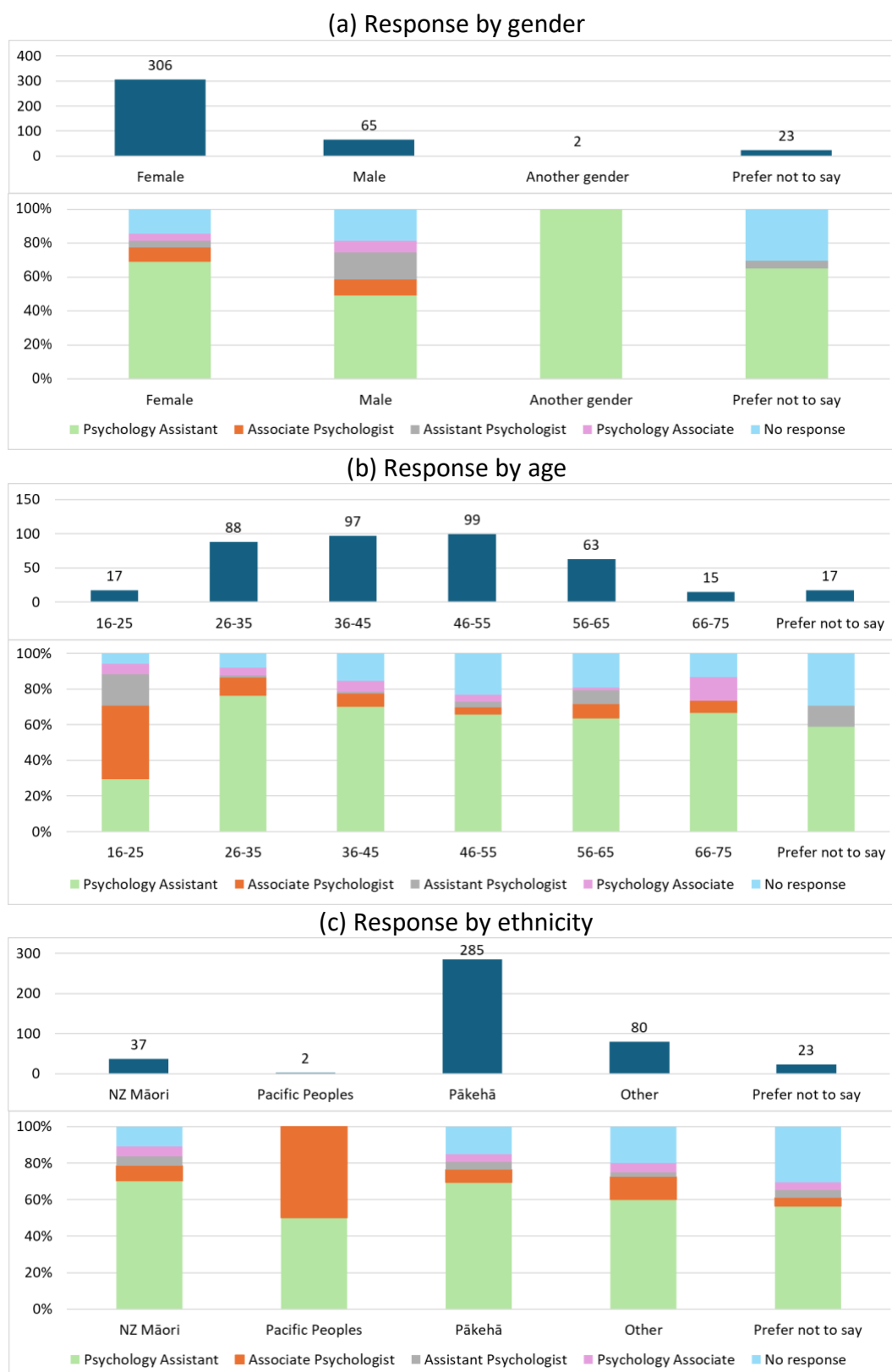


Figure 11: Breakdown of the responses to the survey question by gender, age, and ethnicity

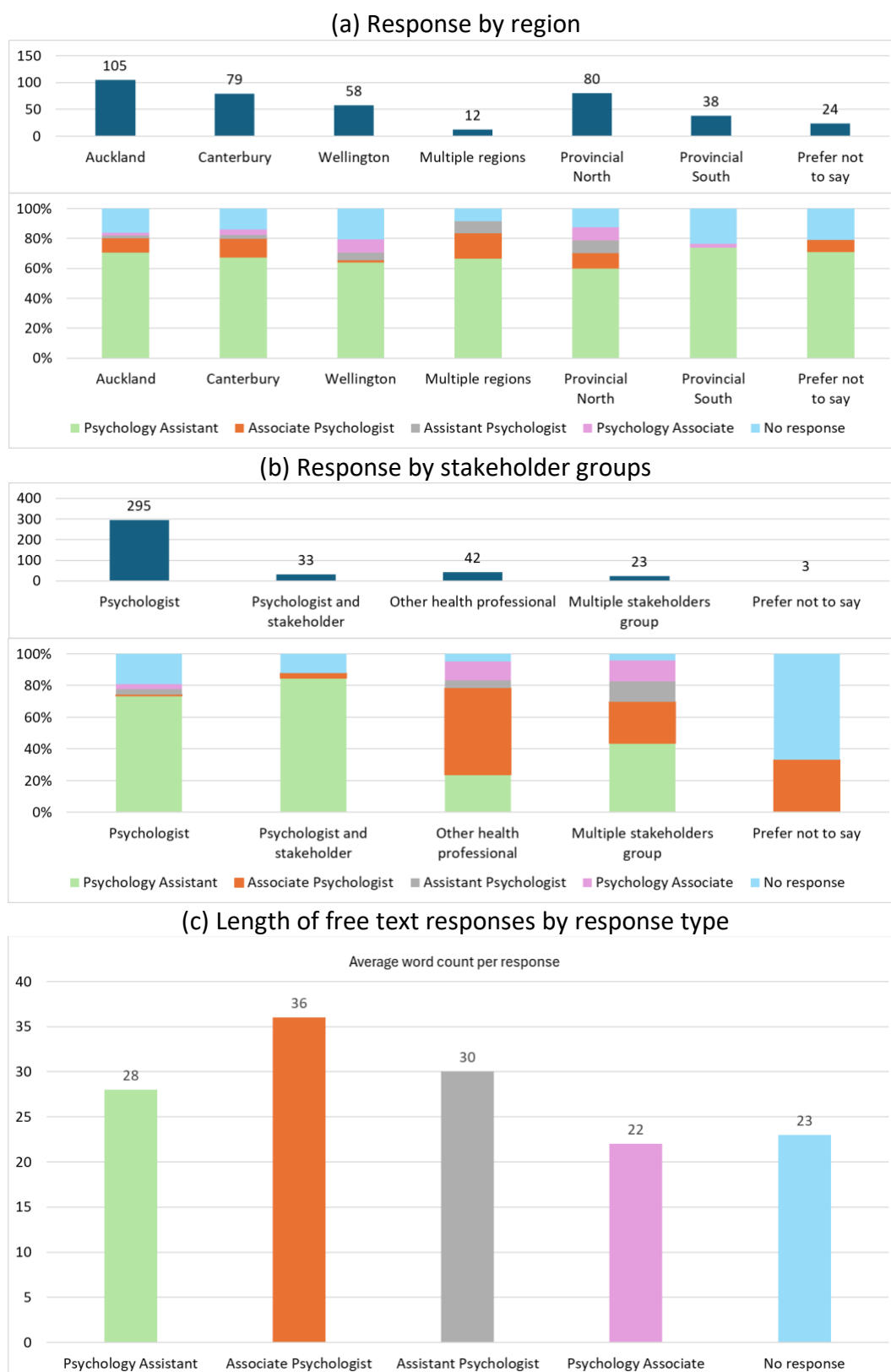


Figure 12: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows average word count of free text responses by response types



When the preferred title is 'Psychology Assistant'

Key Reason – Confusion

Keywords:

- Confusing
- Protected
- Clear
- Psychologist

Summary

Respondents wrote that this option gave the best clarity to the public/clients about the role and how it fits with other roles, particularly in relation to the protected title of "psychologist". While Psychology Assistant was the most popular choice, many respondents thought it was the least bad option.

Examples

- “Mental Health Assistant may be a better title as Psychologist is a protected term and having the word psychology in the title may easily be confused.”
- “I think using the word 'Assistant' is very important. Associate has connotations of seniority (for instance in law) whereas assistant is more reflective of the true level of training provided (i.e. one-year post-graduate which is very minimal for MH work). Avoiding the term 'psychologist' is likely to be more helpful in trying to ensure the public/clients are not confused about the level of training the clinicians have. It might be better to avoid any reference to 'psychology' or 'psychologist'”
- “Being called a psychologist is extremely confusing and potentially harmful for the public. It poses the risk of damaging the reputation of psychologists”

When the preferred title is 'Associate Psychologist'

Key Reason – Client Confidence

Summary

Respondents thought that Associate Psychologist would give clients the confidence and trust that is necessary to work effectively. They felt that the word Assistant was dismissive.

When the preferred title is 'Assistant Psychologist'

Key Reason – Confusion

Summary



Respondents gave the same rationale for this option as for Psychology Assistant. However, no reason was clear for why Psychology Assistant was so much more popular, even though the titles are similar.

When the preferred title is 'Psychology Associate'

Summary

Although some respondents chose this option almost none actually liked it. Mostly they didn't like having psychologist in the name at all or didn't like having assistant in the name.



Proposed Core Skills and Competencies for Aps – Part One

Question 12. Do you agree with the proposed new core skills and competencies for APs?

Highlights

- The results broken down by demographic, regional and role variables are similar to previous questions.
- Both those that agreed and disagreed had Training as a significant theme
- The other theme for those who agreed was Clarity
- The other themes for those that disagreed were Broad and Vague

Detailed Analysis

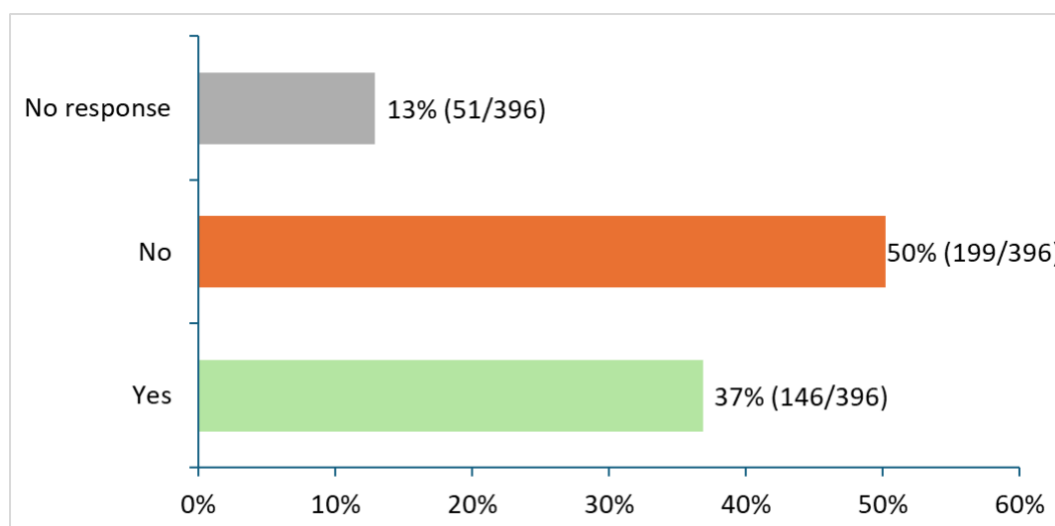


Figure 13: Number of respondents who agree with the proposed core skills and competencies for APs.

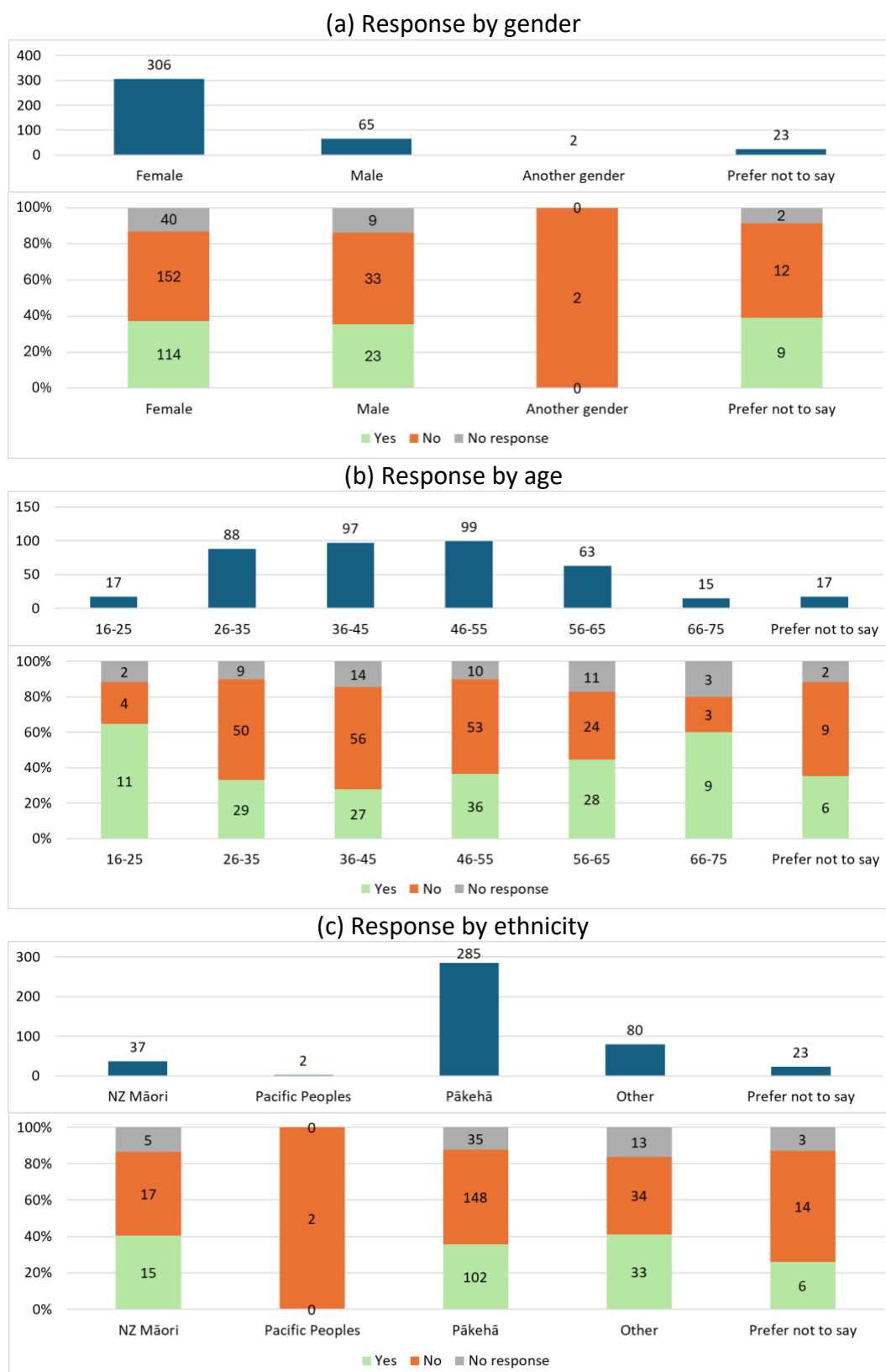


Figure 14: Breakdown of the responses to the survey question by gender, age, and ethnicity.

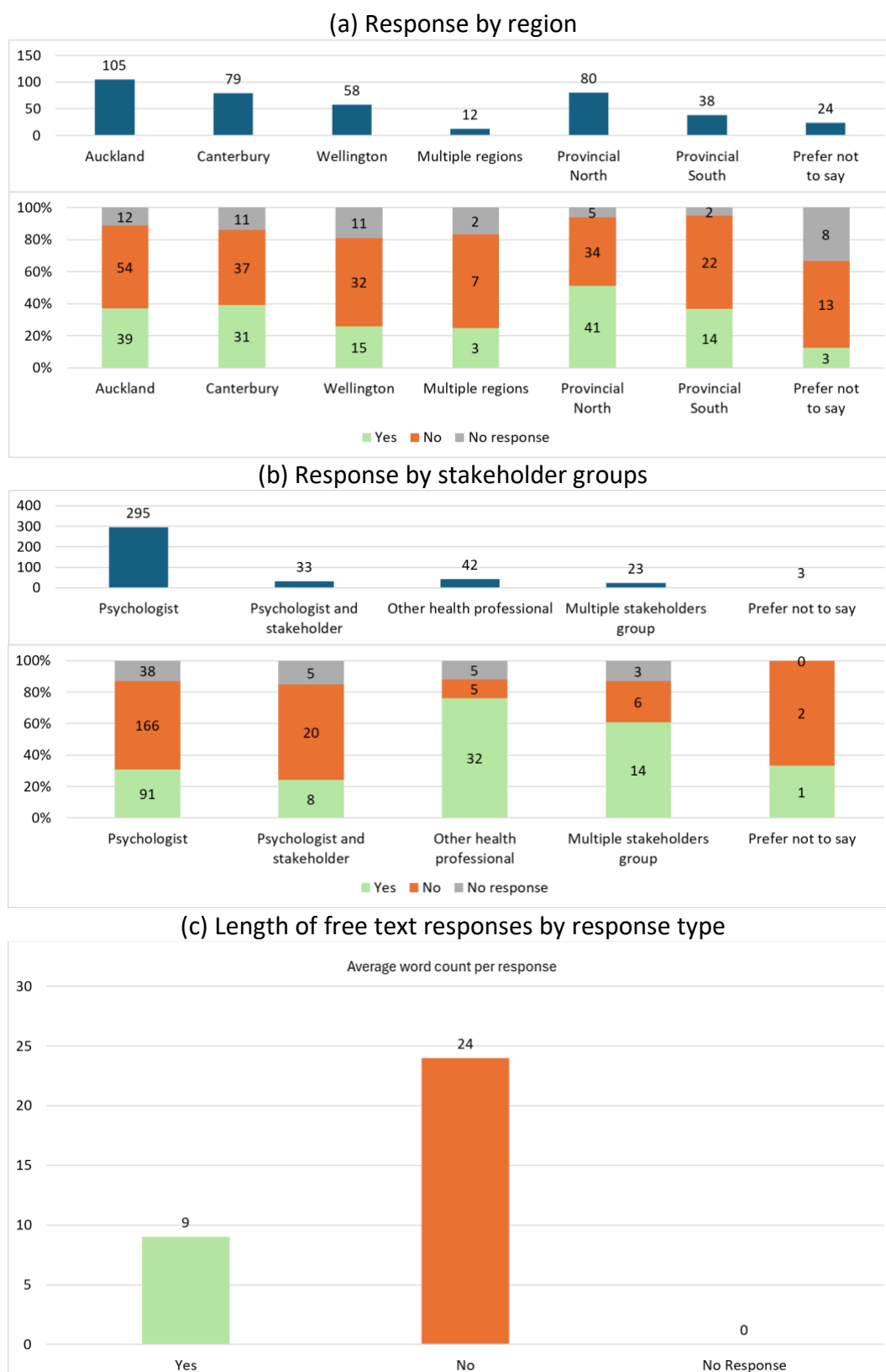


Figure 15: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows average word count of free text responses by response types.



When the response is 'Yes'

Theme 1 – Clear

Keywords:

- Reasonable
- Well developed

Summary

Respondents thought that core skills and competencies were well articulated and clear. They thought that the core skills and competencies were well developed and reasonable.

Examples

- “I think they are clearly articulated and well defined.”
- “They ensure that APs are well prepared and skilled to deliver their services to the best of their ability under supervision. The competencies also cover essential areas such as ethic, communication and cultural competency.”
- “Yes, I agree with the proposed core competencies for Associate Psychologists (APs), as they provide a comprehensive foundation for safe, effective, and culturally responsive practice.”

Theme 2 – Training

Keywords:

- One year
- Theory
- Practical

Summary

Respondents were concerned about the feasibility of someone learning all the skills and competencies in one year. They were particularly concerned about the practical skills.

Examples

- “They fit with the psychology competencies. But all of that is a lot to learn in one year.”
- “While I agree with the core skills/competencies it's a lot to expect from a one year course, even including a placement.”
- “I am impressed with the core skills and competencies but also think this is a huge task for a one-year course. If a BA in psychology stays in its current form it does not



really address any of these areas in a meaningful way. I am concerned about trying to cram so much theory and practice into one year”

When the response is ‘No’

Theme 1 – Training

Keywords:

- One year
- Theory
- Practical

Summary

Respondents were concerned about the feasibility of someone learning all the skills and competencies in one year. They were particularly concerned about the practical skills.

Examples

- “Too complex and would not be able to safely master in 12 months and 750 hours.”
- “It is hard to see how this could be learnt effectively in a year without being alongside real world practice. I think it would need to be people who have already had several years of counselling work? If not then this year should be realistic that it is theory with very foundational practical counselling skills.”
- “I don’t believe that the training is sufficient to support the proposed skills and competencies. I am gravely concerned that this will be an undertrained workforce working beyond their scope”

Theme 2 – Broad

Keywords:

- Resemble Psychologists
- Broad
- Extensive

Summary

Respondents felt that the core skills and competencies were too broad and that APs would struggle to learn them in the allotted training time. Many also thought that the skills and competencies resembled those of a psychologist too closely.



Examples

- “Many of the competencies closely resemble those of fully registered psychologists, yet the proposed training pathway for APs is significantly shorter and lacks essential components”
- “Appears to be a 'watering down' of psychologists' core skills and competencies.”
- “Too deep, too broad. Reign it in for public safety and the integrity of the psychologist workforce.”

Theme 3 – Vague

Summary

A smaller number of respondents felt that the core skills and competencies were too vague and could be clarified.

Examples

- “This is all incredibly vague and I can't see how a one-year postgraduate degree is going to upskill someone enough to provide quality care according to the proposal.”
- “Again, they are denoted too vaguely. They seem extremely similar to that of a registered psychologist and I struggle to see where the differences would lie and what level of knowledge/skills this role would be required to have compared to that of a registered psychologist.”
- “It would be good to be more specific around the competency related to therapeutic skills”



Question 13. Do you believe the proposed new core skills and competencies reflects values, needs and opportunities relevant to Māori, families/whānau and people with lived experience?

Highlights

- Those that disagree slightly outnumber those that agree
- The pattern broken down by demographic, geographic and role are similar to those seen for previous questions
- Key themes include Training and Cultural Supervision as well as reduction in barriers and engagement

Detailed Analysis

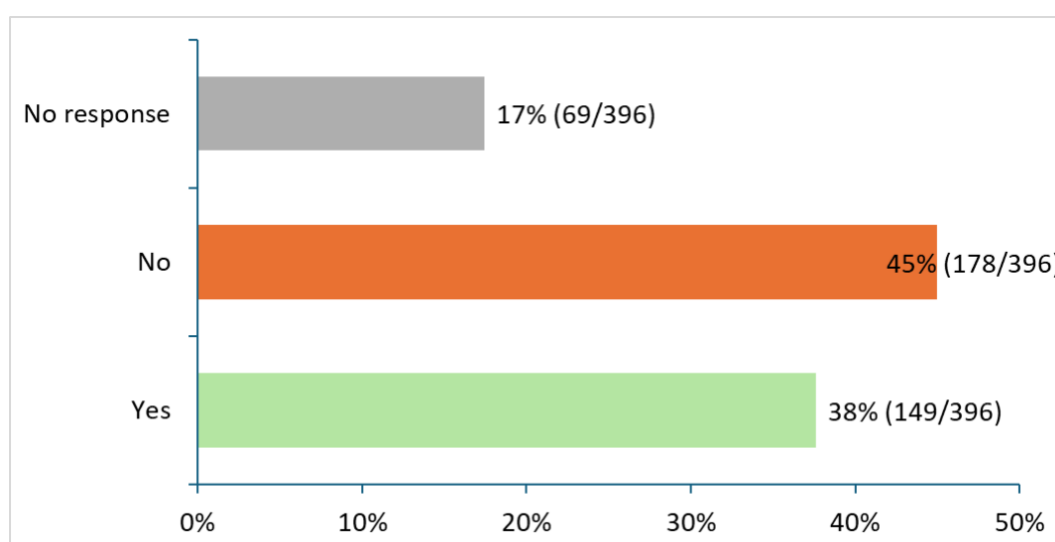
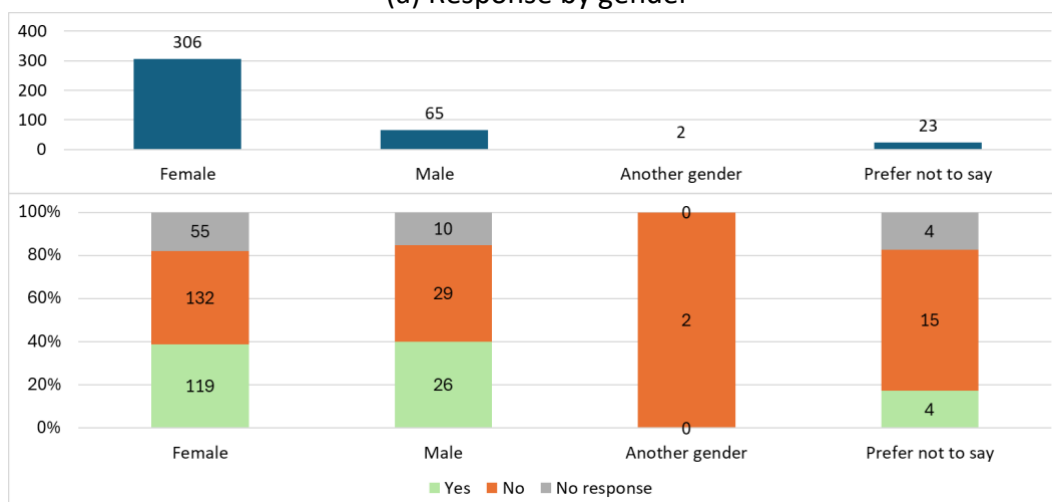


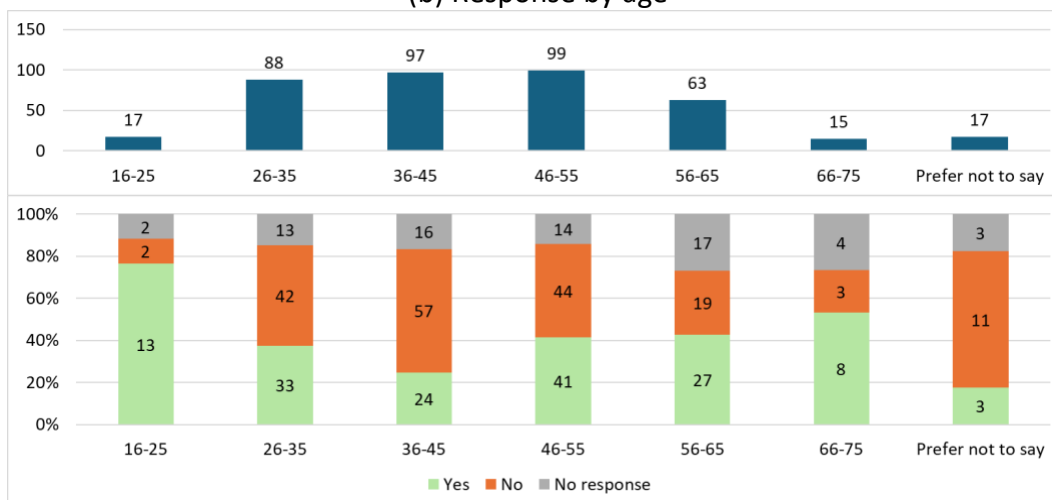
Figure 16: Number of respondents who believe that the proposed new core skills and competencies reflect values, needs and opportunities relevant to Māori, families/whānau and people with lived experience.



(a) Response by gender



(b) Response by age



(c) Response by ethnicity

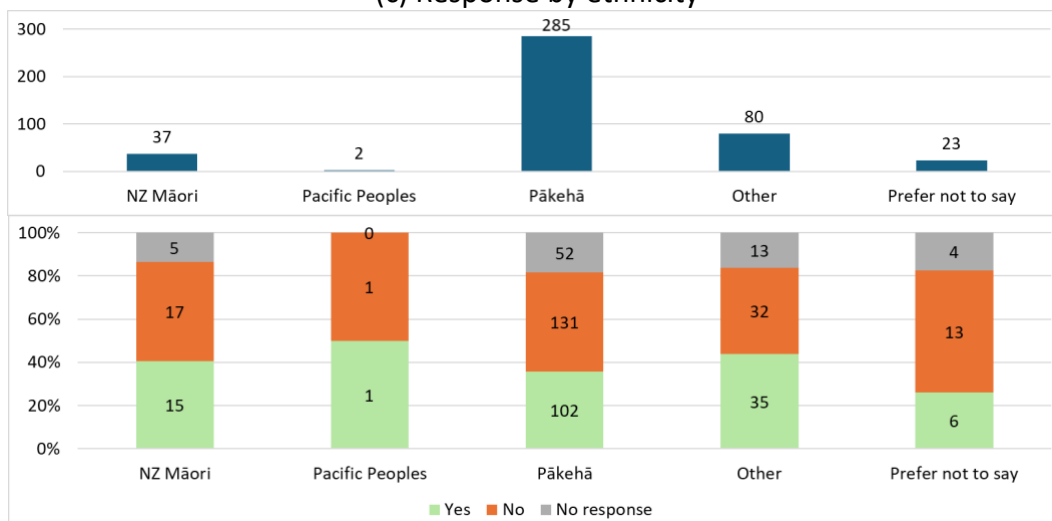


Figure 17: Breakdown of the responses to the survey question by gender, age, and ethnicity.

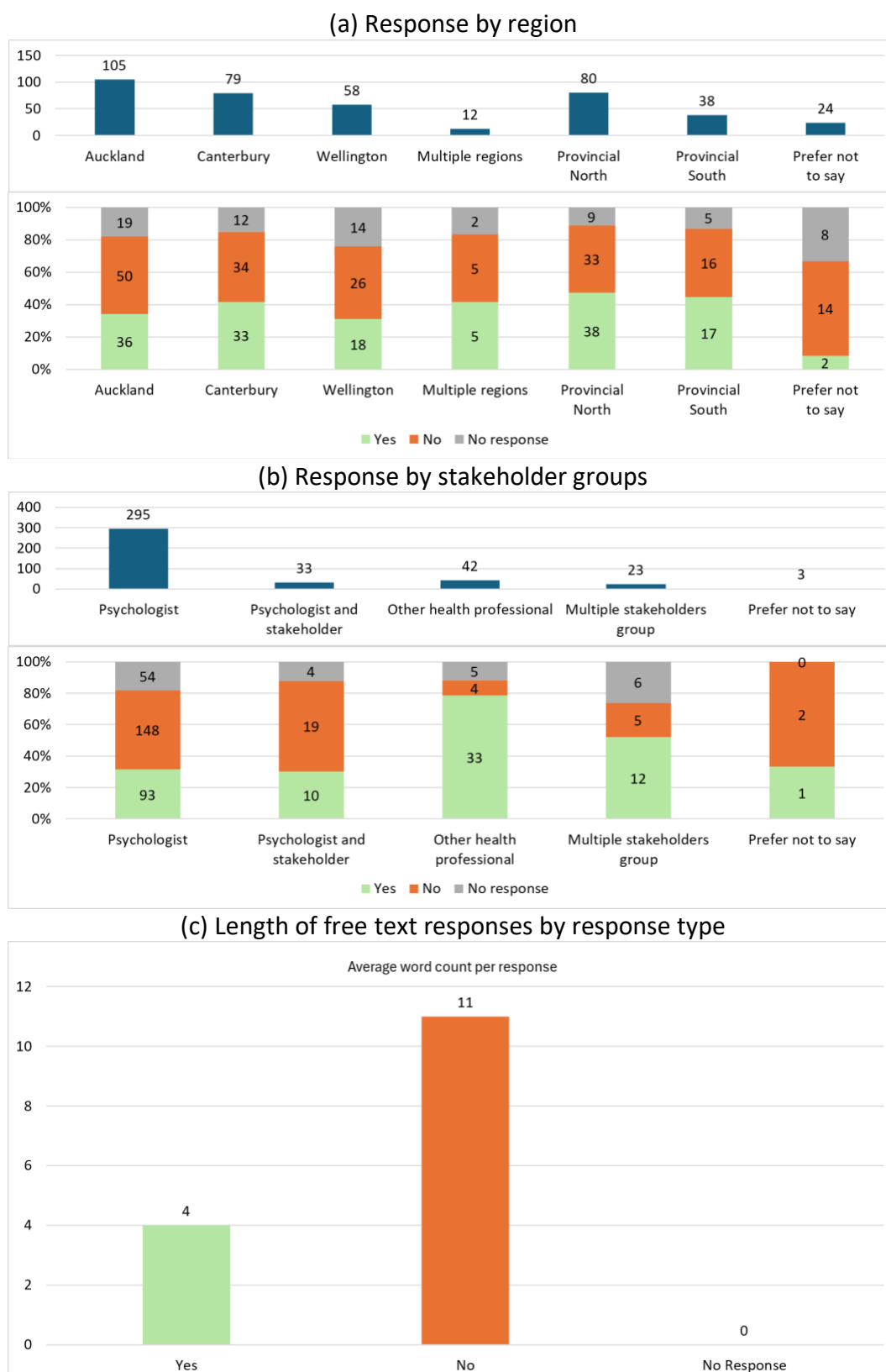


Figure 18: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows average word count of free text responses by response types.



There is not a lot of free text feedback for this question and the bulk of the feedback there lacks depth. The same key themes of Training and Cultural Supervision come through in both the “Yes” and “No” answers. The “Yes” answers tend to focus more on reduction in barriers while the “No” answers have a greater emphasis on engagement. Part of two of the more thoughtful answers are presented here to illustrate the similarity and differences.

When the response is ‘Yes’

Example:

- “Key considerations:
 - Opportunity for inclusion: The role opens a new entry point into the psychology workforce, which – if supported by culturally responsive training and supervision – could help diversify the profession and better reflect the communities it serves.
 - Need for culturally embedded competencies: To truly meet the needs of Māori and whānau, the competencies must go beyond general cultural awareness. They should explicitly incorporate cultural supervision and safe practice training.
 - Bridging and support pathways: To ensure equity, there should be alternative or supplementary pathways for those who may not have followed a traditional academic route but bring valuable lived experience, community knowledge, or qualifications from related disciplines.”

When the response is ‘No’

Example:

“While the proposed core skills and competencies appear to acknowledge the importance of culturally responsive practice and engagement with Māori, families/whānau, and people with lived experience, the actual implementation framework does not reflect these values in a meaningful or sustainable way. The competencies list culturally grounded practice and partnership principles, which are commendable in theory. However, without the depth of training, supervision, and experience required to embody these principles safely and respectfully, the values risk becoming tokenistic. Māori communities and tangata whaiora require skilled, reflective, and deeply grounded practitioners, particularly in light of the intergenerational trauma, systemic inequities, and socio-political complexities they face. Furthermore, the way the AP role has been introduced, through a process that has largely ignored the voices of the psychology profession and disregarded widespread concerns, fundamentally contradicts the very principles of partnership (Te Tiriti o Waitangi), equity, and mana-enhancing practice that the competencies claim to uphold. Excluding professional input undermines trust and reflects a process more focused on workforce cost-efficiency than authentic, needs-based service design. This incongruity between proposed values and the actual development process poses a risk to both practitioners and those they are meant



to serve. Placing under-trained individuals in front-line roles with vulnerable populations, including Māori and those with lived experience of trauma, could result in unintended harm, breakdowns in therapeutic relationships, and further disenfranchisement of those already underserved by the system. In summary, although the document includes language reflecting important cultural values, the training model, role boundaries, and implementation process do not uphold those values in practice. The risk is not just that opportunities will be missed, but that existing inequities may be exacerbated under the guise of improvement.”



Question 14. Do you believe the proposed new core skills and competencies reflect the principles of Pae Ora?

Highlights

- 36% of respondents agreed that the proposed new core skills and competencies reflect the principles of Pae Ora and 43% did not
- The key themes for both those who agreed and those who disagreed were Training and Engagement
- The key difference was whether the AP approach or strengthening existing pathways would be the more effect approach to increase Access.

Detailed Analysis

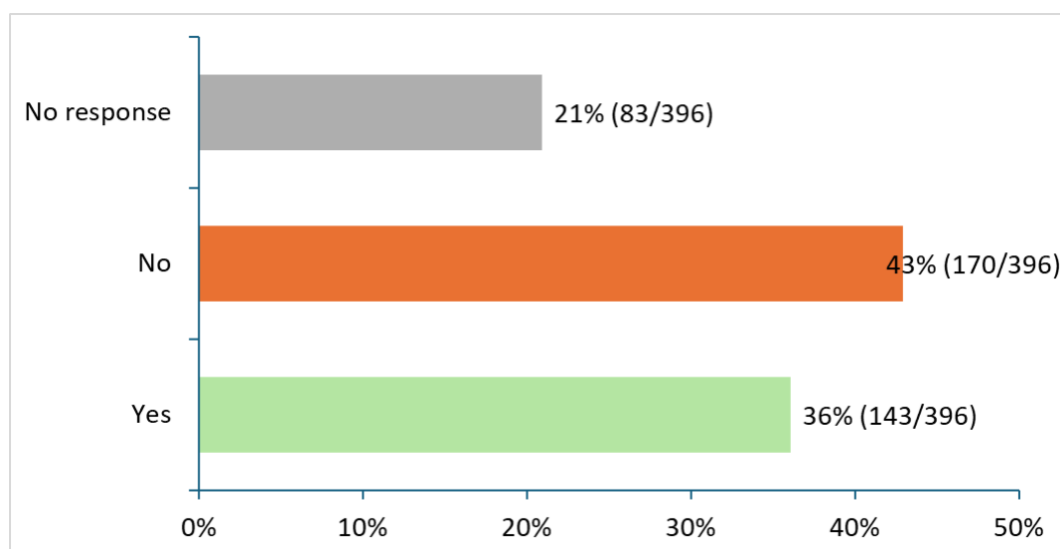
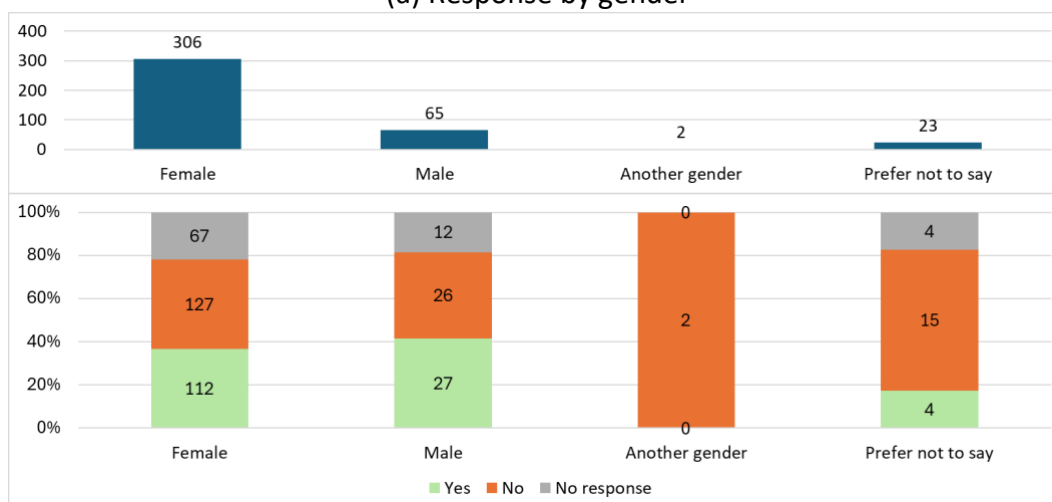


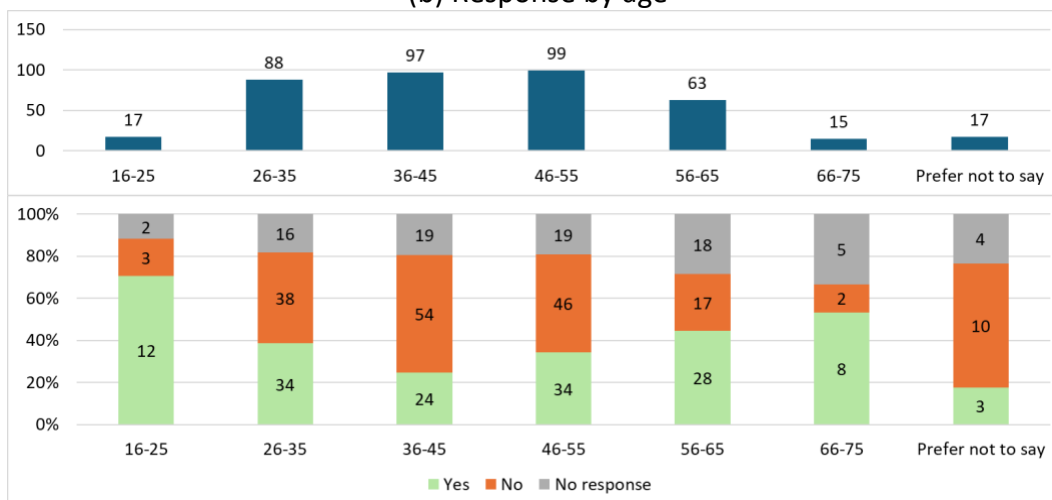
Figure 19: Number of respondents who believe that the proposed new core skills and competencies reflect the principles of Pae Ora.



(a) Response by gender



(b) Response by age



(c) Response by ethnicity

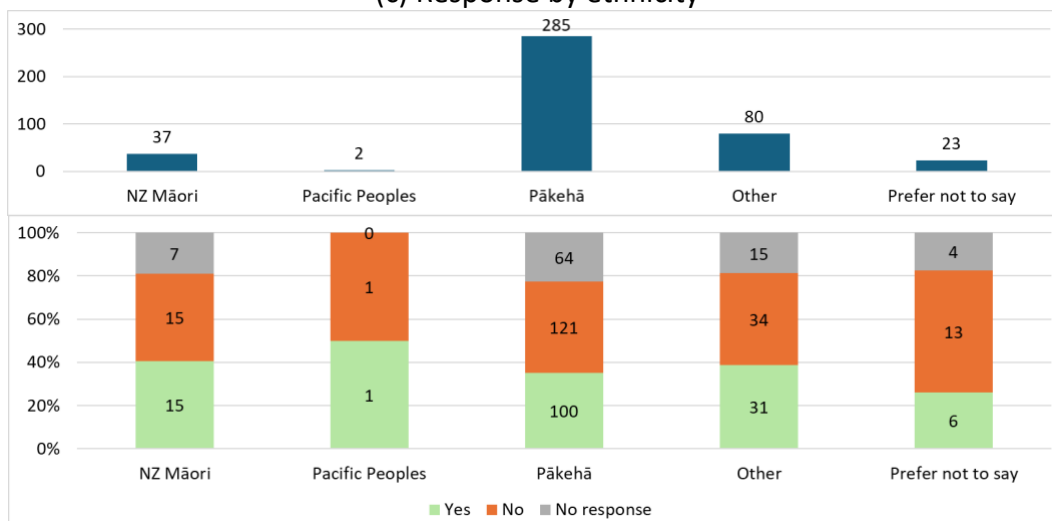


Figure 20: Breakdown of the responses to the survey question by gender, age, and ethnicity.

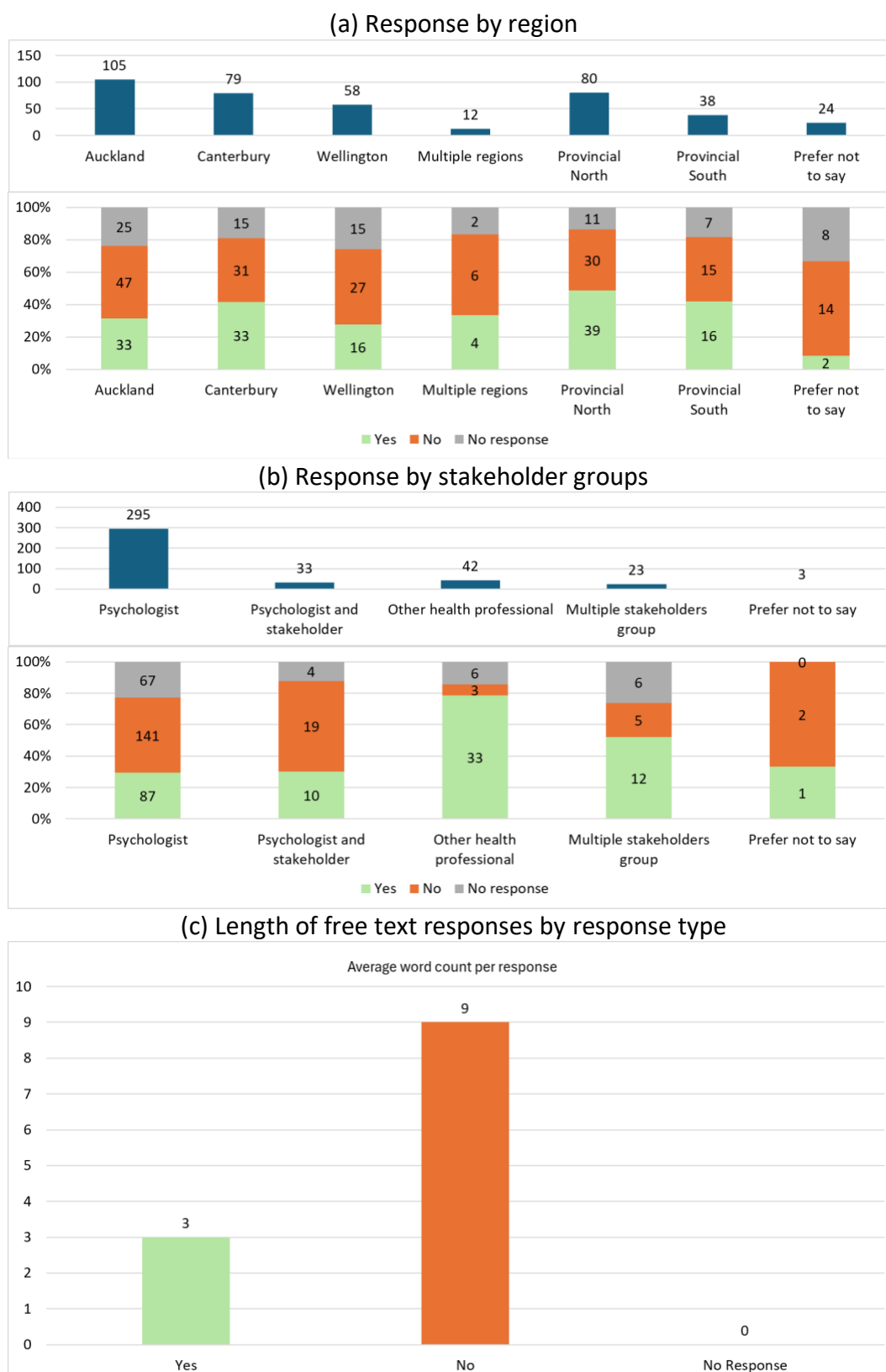


Figure 21: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows average word count of free text responses by response types.

As with the previous question there is very little free text feedback. Where thorough feedback was provided, both those who agreed and those who did not focused on:



- Training. Both felt that the 1-year training was too short and that longer training would increase the effectiveness of APs.
- Engagement. Both felt engagement with Māori in particular would be critical to the design of a suitable role.

One key difference is Access. The “Yes” group believed APs would reduce barriers to access while the “No” group thought strengthening other existing pathways were a better way to increase access.

Part of two of the more thoughtful answers are presented here to illustrate the similarity and differences.

When the response is ‘Yes’

Example

Yes, the proposed new core skills and competencies for Associate Psychologists (APs) do reflect the principles of Pae Ora—Mauri Ora (healthy individuals), Whānau Ora (healthy families), and Wai Ora (healthy environments). The explicit inclusion of Diversity, Culture, and Te Tiriti o Waitangi supports Mauri Ora by fostering culturally safe, person-centred care that honours identity and holistic well-being. Whānau Ora is supported through the emphasis on Communication and Relational Skills and Therapeutically Oriented Case Management, which encourage whānau-inclusive practices and strengthen community connections. Meanwhile, Reflective Practice and Supervision promote ongoing self-awareness and accountability, which are essential for maintaining safe therapeutic environments, aligning with the goals of Wai Ora. To ensure these principles are fully upheld in practice, it will be important to embed kaupapa Māori frameworks and ensure Māori governance and co-design across education, training, and supervision of APs.

When the response is ‘No’

Example

A single year of postgraduate training, following a generalist undergraduate degree in psychology, does not provide sufficient foundation to equip APs with the deep cultural understanding, relationship-based practice, and clinical judgment necessary to support Mauri Ora or Whānau Ora. Māori whānau deserve clinicians who are not only clinically competent but also culturally confident and engaged in ongoing bicultural practice. The current AP proposal does not meet this standard. Furthermore, Wai Ora requires a health environment that is structurally safe and supportive for Māori. Yet this model risks further entrenching a two-tiered system, where Māori are disproportionately exposed to minimally trained workers due to systemic under-resourcing of public services. The likely exodus of Clinical Psychologists from Te Whatu Ora, in response to this model, would further reduce Māori access to specialist care, directly contradicting the aims of Pae Ora.



Proposed Core Skills and Competencies for APs – Part Two

Question 15 – Do you agree with proposed AP Competency 1. Te Tiriti o Waitangi, Diversity and Culture: Cultural Competency and Cultural Safety?

Highlights

- 51% of respondents agreed with this competency and 25% did not
- The themes for those who agreed were Training and Foundational
- The themes for those who disagreed were Training and Tokenism

Detailed Analysis

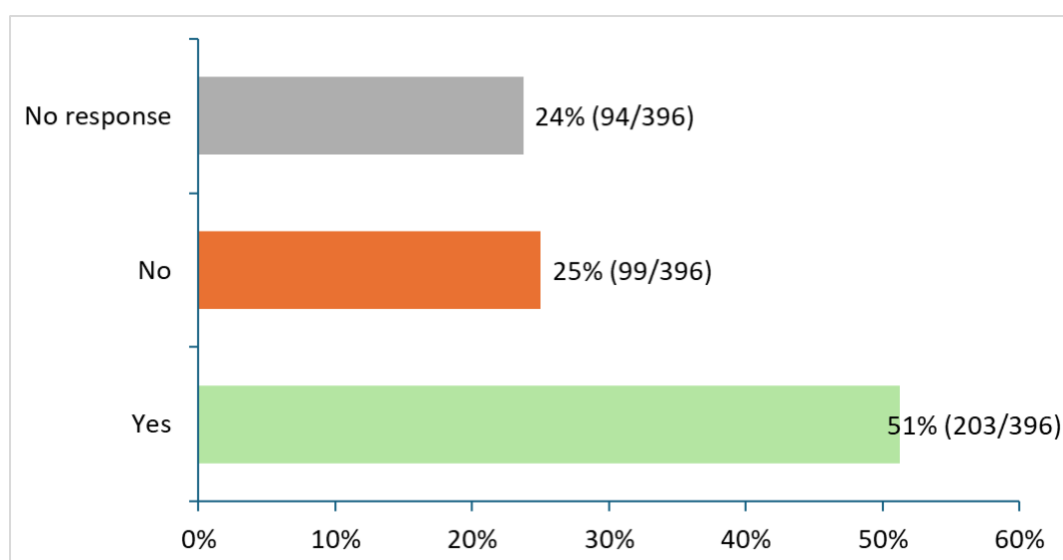


Figure 22: Number of respondents who agree with proposed Competency 1, Te Tiriti o Waitangi, Diversity and Culture: Cultural Competency and Cultural Safety.

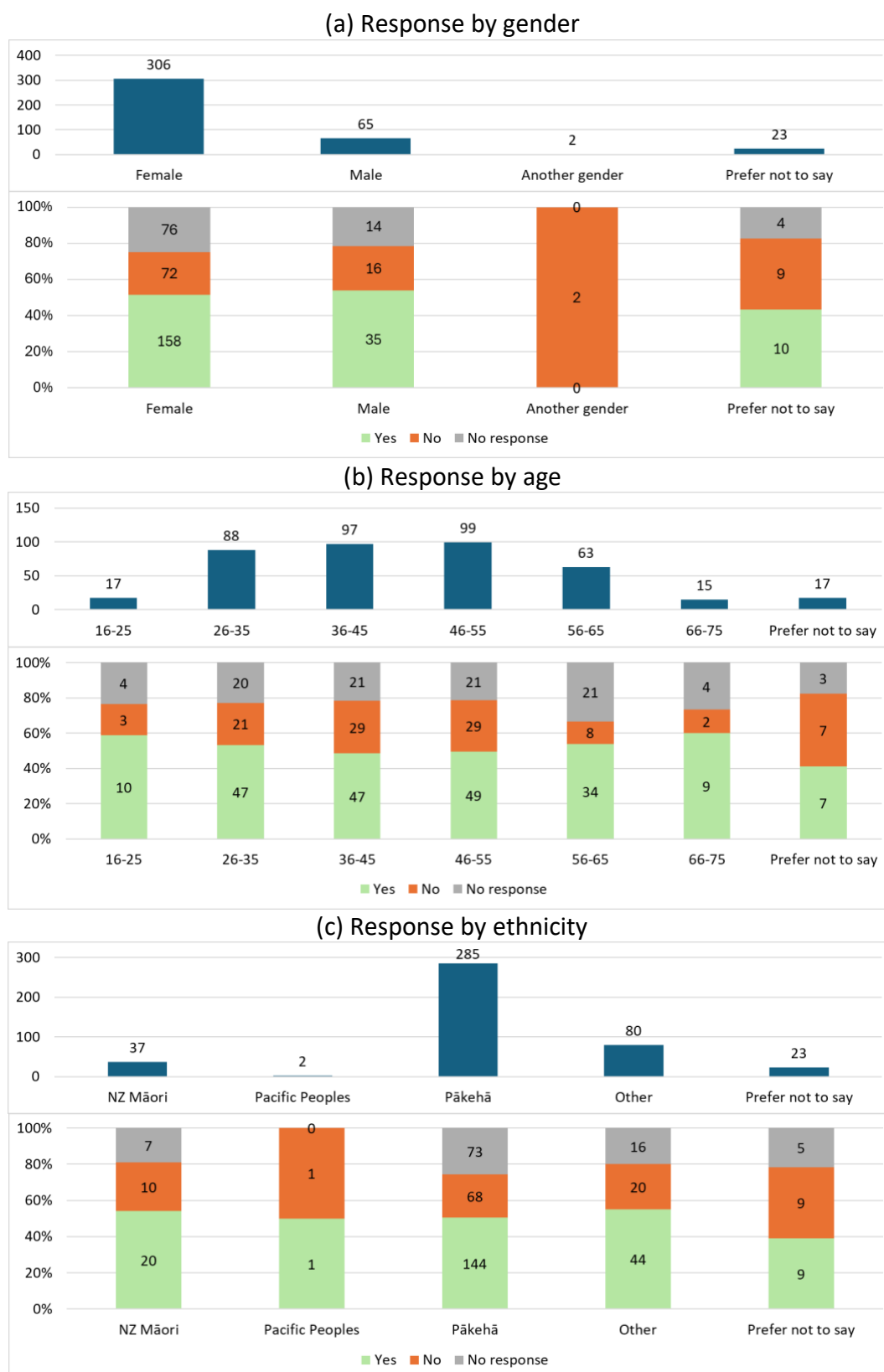


Figure 23: Breakdown of the responses to the survey question by gender, age, and ethnicity.

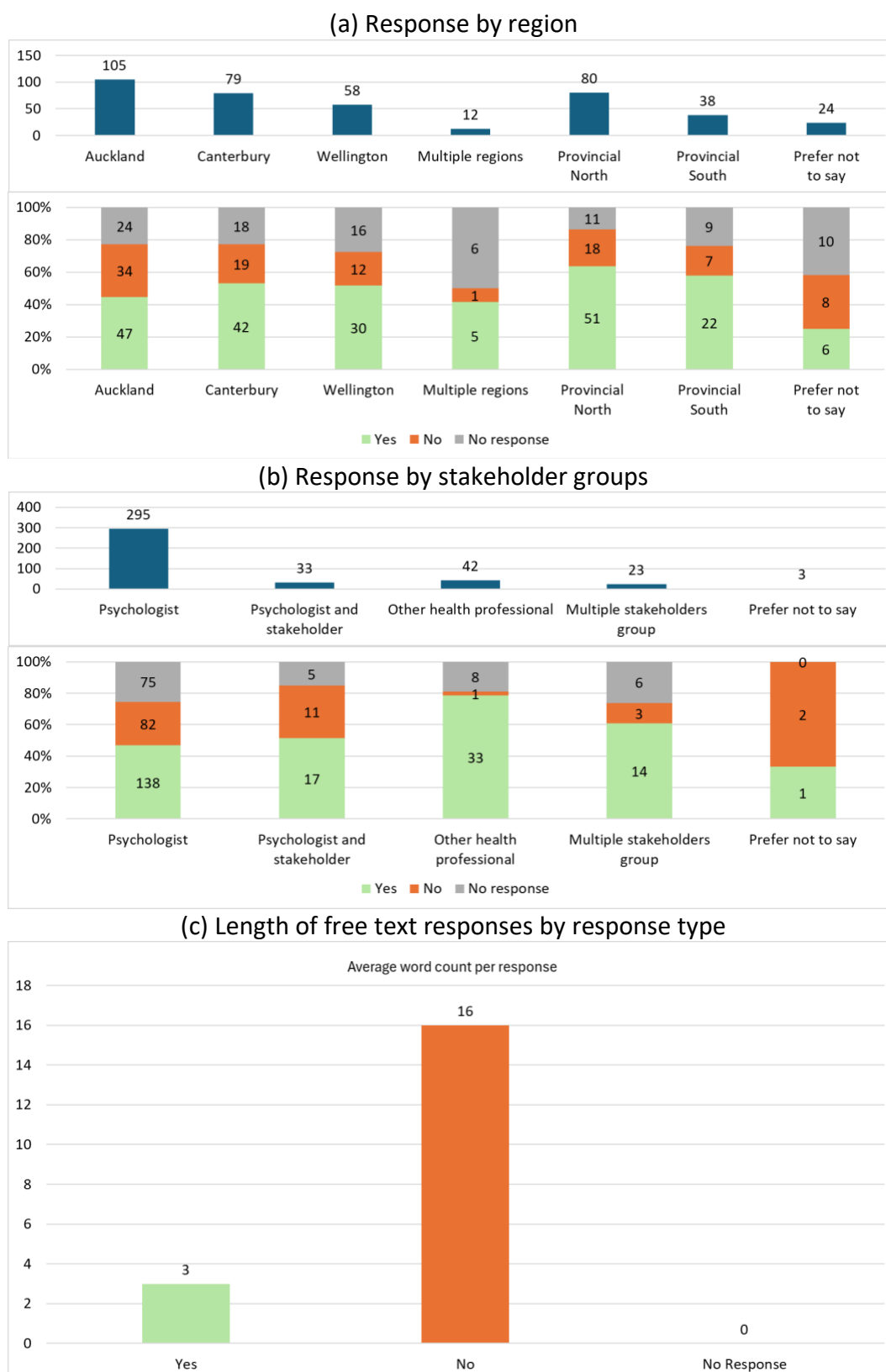


Figure 24: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows average word count of free text responses by response types.



When the response is 'Yes'

Theme 1 – Training

Keywords/Phrases:

- Inadequate
- Mismatch
- Supervision

Summary

A key theme for respondents who agreed with the proposed wording for Competency 1 was a concern for the timeframe in which the APs would receive training on the competencies for this role. They did not feel it was enough time to learn about cultural competency and cultural safety alongside all of the other requirements in one year of training.

Examples

- “In principle I agree with each of the competencies but not with having this role as I do not believe that it is achievable within the proposed training time frame, nor sustainable within the existing work force.”
- “Will this be reflected in sufficient training and examination of this area including specific training around cultural competency/safety and working with Māori?”

Theme 2 – Foundational

Keywords/Phrases:

- Essential

Summary

This was seen as a foundational competency needed for the AP role (and for all those in this sector).

Examples

- “This competency is essential and must be considered core for anyone working in mental health. Upholding Te Tiriti o Waitangi and ensuring cultural safety are foundational to delivering equitable, respectful, and effective care in Aotearoa New Zealand.”
- “All health practitioners in Aotearoa should be required to demonstrate and maintain cultural competence.”
- “I unequivocally agree with the proposed Competency 1. Grounding this competency in Te Tiriti o Waitangi is fundamentally important for all health practitioners in Aotearoa. Furthermore, extending this to include broader diversity and cultural safety is essential for meeting the needs of New Zealand's increasingly multicultural population. My perspective as an international PhD student from China highlights the practical importance of this. There is a large and growing Chinese community in



New Zealand, and for them to access psychological services effectively, they need to feel culturally and linguistically understood. Ensuring that APs are competent in providing culturally safe care for Māori, Pasifika, and various migrant communities, including Chinese, will build trust, reduce barriers to seeking help, and ultimately lead to more equitable and effective mental health outcomes for all New Zealanders. This competency is vital for the profession's future.”

When the response is ‘No’

Theme 1 – Training

Keywords:

- Unrealistic
- Supervision
- Incompetent

Summary

Those who answered ‘No’ to this question also felt that the proposed one-year of training for APs would be inadequate to equip them with cultural competency and the cultural safety knowledge to work safely in this field.

Examples

- “The competencies outlined strongly align with those of registered psychologists who have completed advanced, specialist training. With this in mind, it is unrealistic to anticipate individuals develop and consolidate these competencies in a year. Adaptations would likely need to reflect this and could be considered alongside other mental health disciplines in how they support safe practice for the public.”
- “The training does not allow sufficient time to complete an acceptable level of training in this to provide safe care to the public”
- ““understanding” “awareness” and “knowledge” is not enough for developing rapport and working alongside with unwell Whaiora and distressed whānau. How will these skills be assessed in one year?”
- “This requires substantial training and supervision which cannot be met by the proposed training plan.”

Theme 2 – Tokenism

Keywords:

- Equity
- Depth

Summary



Some respondents felt that the wording was not in-depth enough to cover all that was required in this competency for the AP role.

Examples

- “While it is essential to have a competency relating to Te Tiriti o Waitangi, the way it is currently framed in the Associate Psychologist scope lacks depth, accountability, and clarity. Merely naming Te Tiriti is not sufficient—it must be grounded in structural application, not symbolic acknowledgement. A meaningful competency would:
 - Clearly articulate how tino rangatiratanga (self-determination) is upheld in service delivery and in the design of the role itself.
 - Include expectations for ongoing cultural safety training and supervision grounded in Māori models of health and wellbeing.
 - Be co-designed with Māori and embedded across all aspects of practice—not siloed as a standalone item.
 - Ensure accountability mechanisms that measure adherence to Te Tiriti-based practice, not just intent.

The current framing feels tokenistic and risks being performative without structural integrity or sufficient training to uphold these commitments in practice.

Furthermore, the broader AP scope has not been co-designed with Māori and risks creating a tiered system in which Māori and underserved communities receive care from less qualified professionals. This directly contradicts the principles of equity, partnership, and active protection. Therefore, while I support a strong, actionable Te Tiriti competency, I do not support the current wording or positioning within this scope.”

Competency 1 – alternative wording suggestions

Some respondents provided alternative wording suggestions:

- “Some refinement of wording is needed. It is unrealistic for students to learn about any culture that they may need in practice.”
- “Please broaden examples of Māori models of health beyond Te Whare Tapa Wha, which is decades old now.”
- “To add:
 - Seeking cultural supervision for all relevant cases
 - Utilising practices such as karakia, waiata to enhance mana
 - Knowledge of historical and current system discrimination by services/barriers to access/way to mitigate (not just “be affirming”)
 - Use of Māori models of health (not just knowledge of them).”



Question 16 – Do you agree with proposed AP Competency 2. Ethical and Legal Practice?

Highlights

- 47% of respondents agreed with this competency and 29% did not
- The theme for those who agreed was Training
- The themes for those who disagreed were Training and Code of Ethics

Detailed Analysis

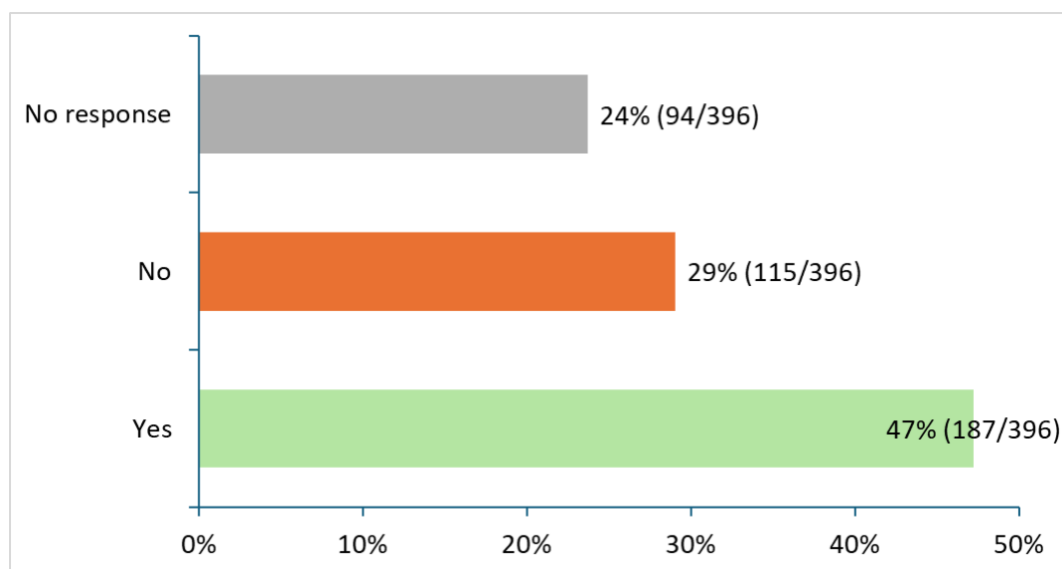
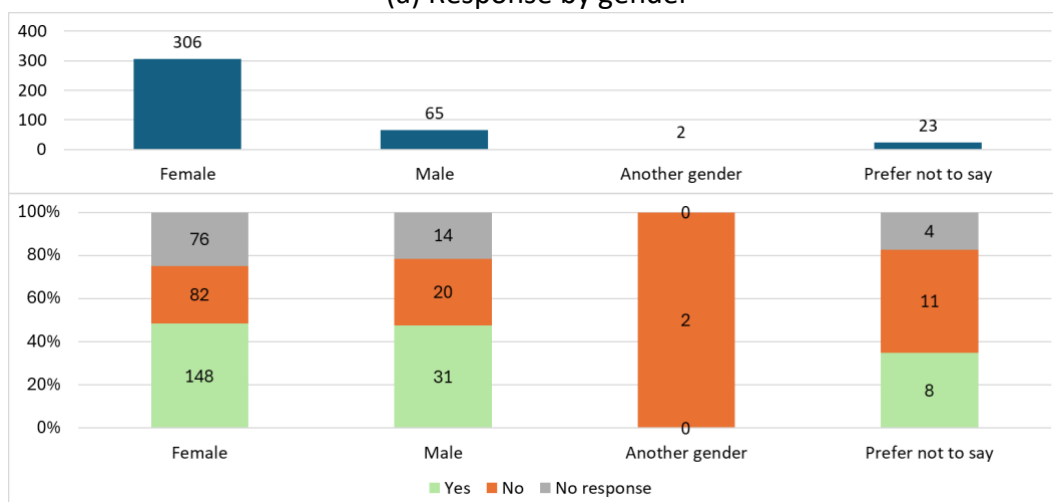


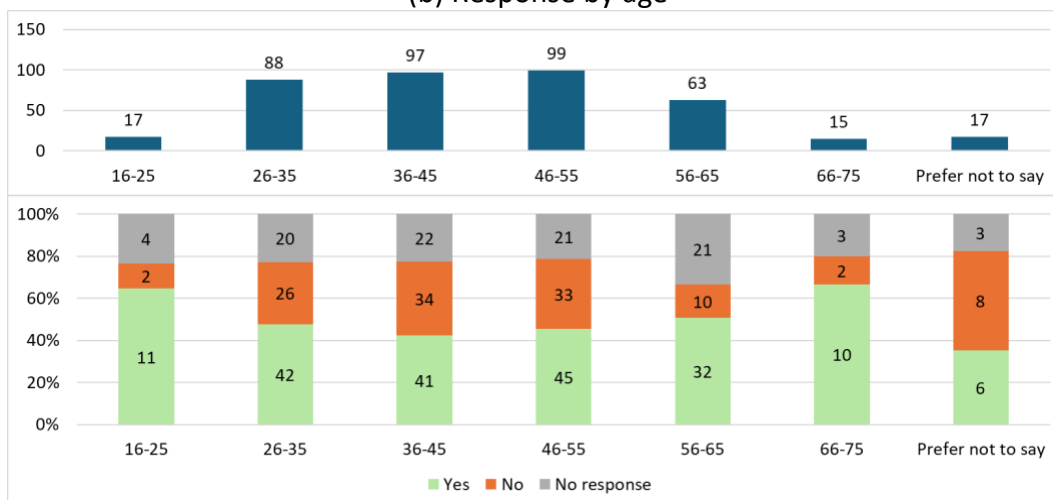
Figure 25: Number of respondents who agreed with proposed Competency 2, Ethical and legal Practice.



(a) Response by gender



(b) Response by age



(c) Response by ethnicity

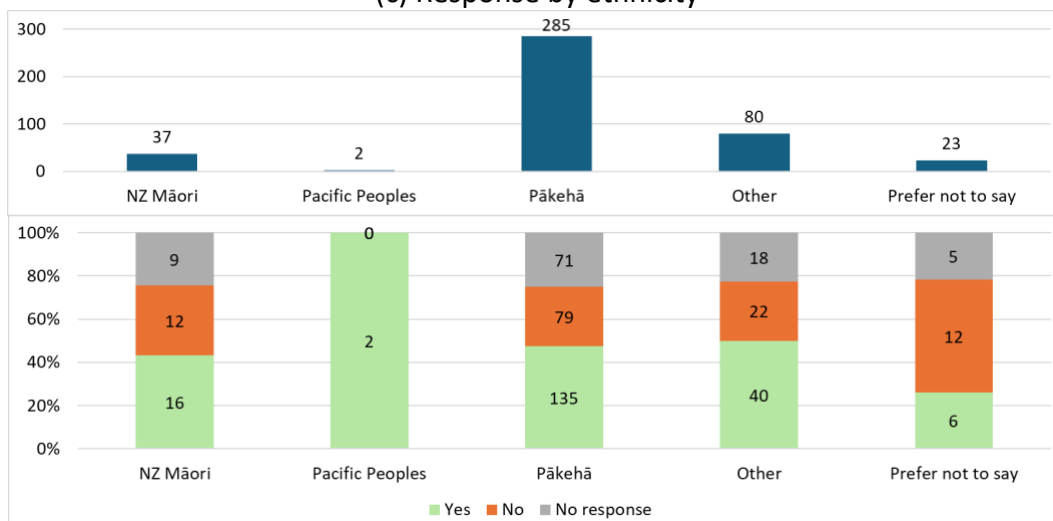


Figure 26: Breakdown of the responses to the survey question by gender, age, and ethnicity.

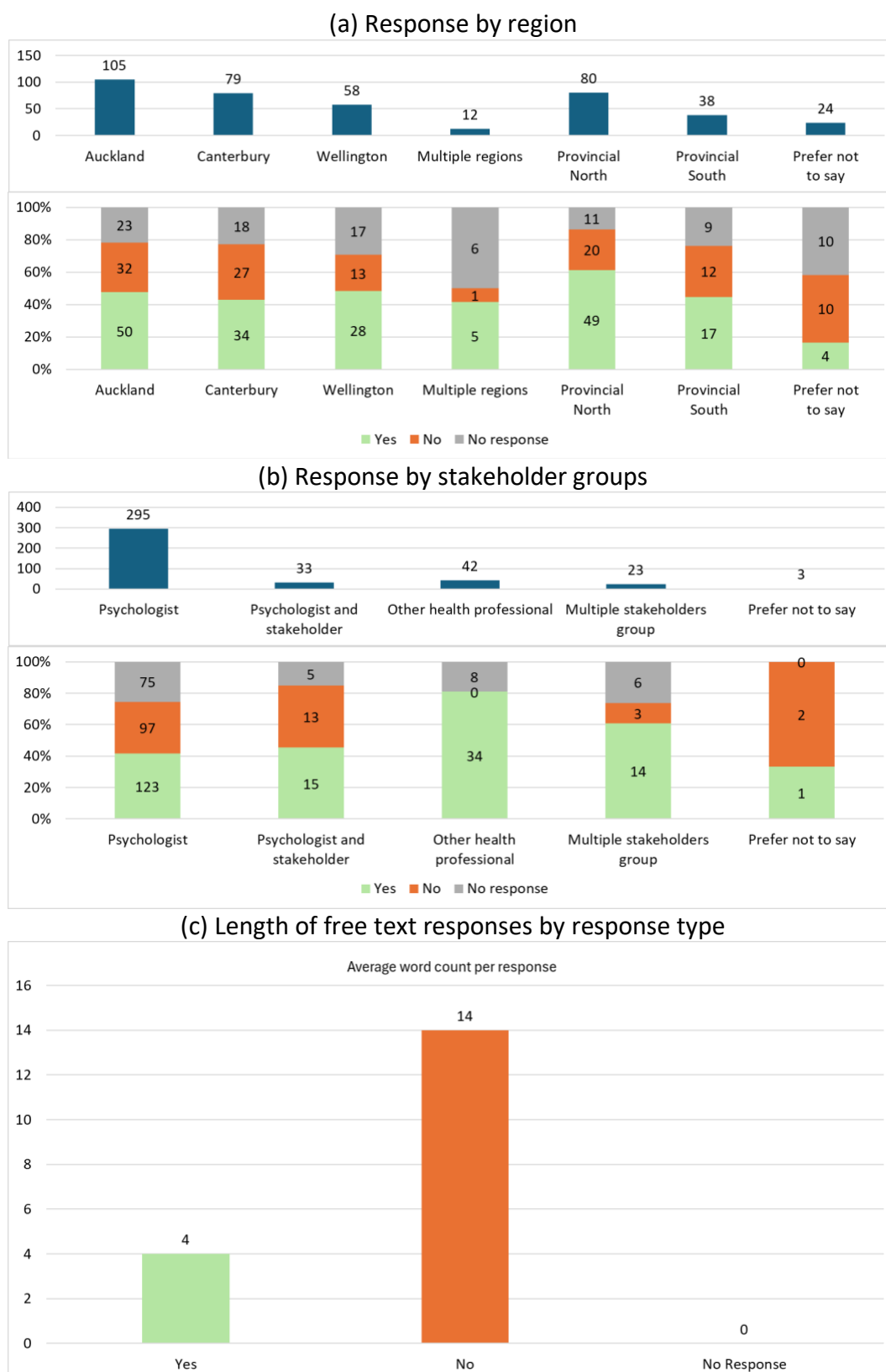


Figure 27: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows average word count of free text responses by response types.



When the response is ‘Yes’



Figure 28: Word cloud for responses that agreed with Competency 2.

Theme 1 – Training

Keywords/Phrases:

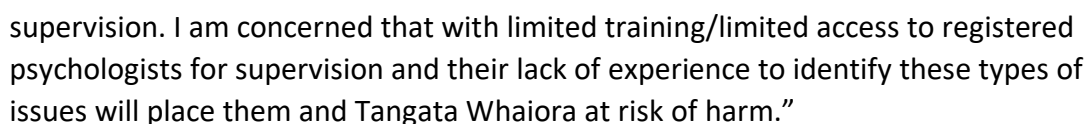
- Supervision
- Safety
- Reflection

Summary

Those that agreed with the wording proposed for Competency 2 often raised concerns that the AP training would not be sufficient to do the competency justice. They also felt that the level of supervision proposed would not support APs learnings in this area.

Examples

- “This is an important competency, but the training time and level of supervision means that depth of competency will not be reached and this will be an undertrained workforce unprepared for clinical practice and the supervision requirements will not be sufficient to counterbalance the lack of true competence achieved in the proposed training programmes.”
- “With one-year post-graduate training and the proposed supervised placement hours I am concerned this competency will not be met once in the workforce. This is an area that is getting increasingly complex in Te Whatu Ora mental health services. One needs to be able to identify these in the first place in order to bring it to

[illegible]

Theme 1 – Training

- Complex skillset
- Safety
- Inexperience

Again, the lack of training was seen to be of concern in regard to this competency. Respondents who responded 'no' felt that one year was an inadequate timeframe to equip APs with the skills within the competency. They felt there was significant risk that these expectations would not be safely or consistently met in practice.

- “Ethical and legal practice are highly complex skills. One year of training would give limited engagement with and exposure to this. How much would fall back on the supervising psychologist?”



- “I do not think the proposed training pathway for APs will provide sufficient opportunity to develop, enhance and practice such competencies, and therefore the risks of practicing in an unethical or unsafe way are too high.”
- “Ethical and legal practice in psychology is not simply about knowing codes or laws — it involves developing sound clinical judgment, critical thinking, and the ability to navigate complex, ambiguous, and often high-stakes situations. These capabilities are built over years of training, supervision, and reflective practice, not in a condensed one-year course following a theoretical undergraduate degree. The current proposal places APs in roles that involve direct engagement with vulnerable individuals and complex presentations, including risk, trauma, and diagnostic uncertainty. Yet, these practitioners would not have the depth of training or experience needed to apply ethical frameworks in practice, particularly in situations where there are competing duties (e.g. balancing client autonomy and risk management) or limited clinical oversight — which is increasingly common in overstretched public services. There is a serious risk that undertrained APs may unintentionally breach ethical boundaries or make decisions that place kiritaki, themselves, or others at risk.”

Theme 2 – Code of Ethics

Summary

A number of respondents felt that the Code of Ethics for psychologists should not be also used for APs. They felt that a less complex one should be developed for APs.

Examples

- “Expectations to have an understanding of and adherence to the code of ethics for psychologists seems out of scope and unrealistically high for non-psychologists.”

Competency 2 – alternative wording suggestions

Some respondents provided alternative wording suggestions:

- “Knowledge of all applicable work setting policy and sector standards.” – it is impossible to train for every work setting policy or sector standard. This will need to be learned on the job.”
- “It will be difficult to teach “all legislation” to AP students. I recommend changing it to relevant legislation.”
- “Further clarification is needed regarding:
 - Medico-legal responsibility: It must be clearly stated that the duty of care lies with the supervising registered clinician
 - Definition of “safe” practice: It would be helpful to distinguish what “safe” means in the context of an AP versus a registered psychologist or other mental health professionals



- Consistency with allied health standards: The expectations should align with those for other allied health roles, including adherence to ethical codes, legal obligations, and professional indemnity insurance.

Overall, this competency reflects standard expectations, but clearer delineation of responsibility and scope would strengthen its application.”

- “Ambiguity in Scope Boundaries: The proposed scope is restrictive, yet APs are expected to engage with complex ethical tensions (e.g., dual relationships, privacy, risk). This level of ethical complexity may be too advanced for practitioners in their first year.

Lack of Clarity on Accountability: It’s unclear who holds legal responsibility in complex ethical situations—particularly when APs work across different sectors under supervision.

Recommendation: Clarify ethical expectations with context-specific examples and define responsibility hierarchies more explicitly within multidisciplinary teams.”

- “I believe there needs to be a much stronger emphasis on the limitations of the AP role — both in terms of scope and the ethical implications of that limited capacity. This is critical not only for ethical practice but for maintaining the integrity of the wider health system. One particular concern is the ethical ambiguity that may arise when APs are perceived as “therapy providers.” This term is complex and often misunderstood by the public. Without careful and explicit boundaries, APs may be placed in ethically challenging positions that exceed their intended role, especially if they are expected to deliver psychological interventions without the depth of training required for safe and effective therapy. Therefore, the framework should include:
 - A clear emphasis on the limits of competence and role
 - Ethical guidance around role clarity and communication with whai ora
 - Greater attention to the ethical dilemmas unique to “intervention-lite” or mid-tier mental health roles
 - Education on public perception and potential role confusion
 - More broadly, I would advocate for a stronger focus on ethical reasoning and ethical literacy in general — not just on compliance with codes, but on reflective and context-sensitive ethical practice.”



Question 17 – Do you agree with proposed AP Competency 3. Communication and Relational Skills?

Highlights

- 48% of respondents agreed with this competency and 28% did not
- The theme for those who agreed was Training
- The themes for those who did not agree were Training and Scope

Detailed Analysis

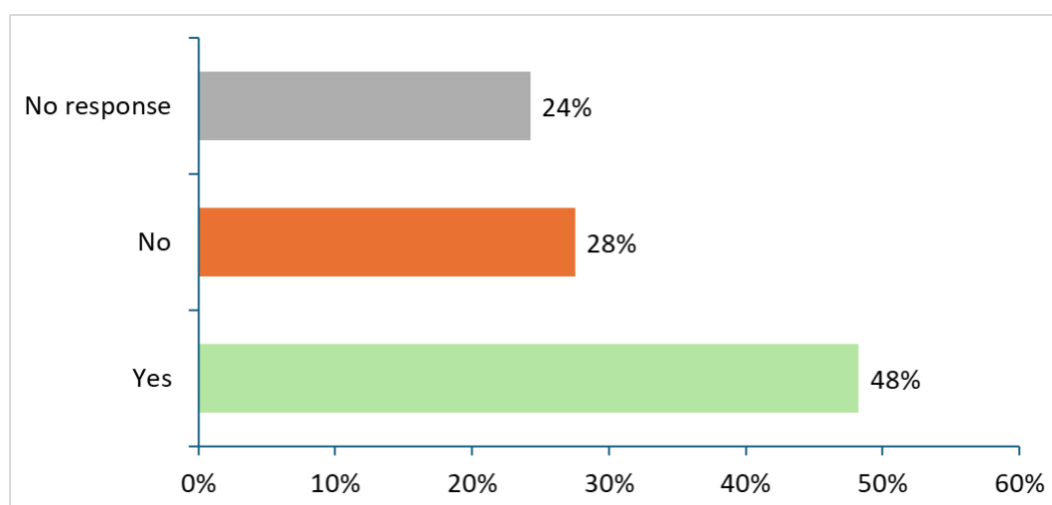


Figure 30: Do you agree with proposed AP Competency 3. Communication and Relational Skills?

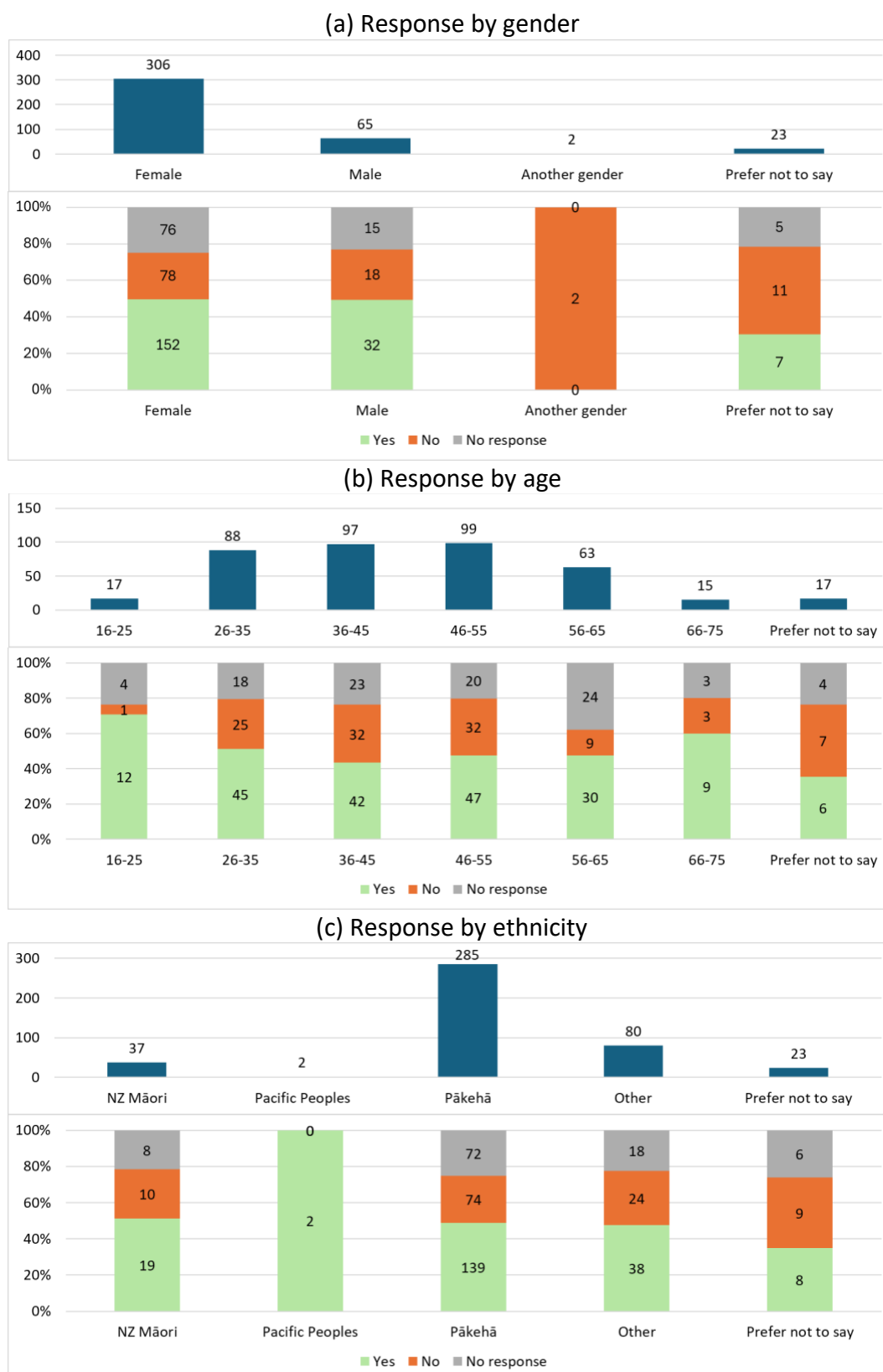


Figure 31: Breakdown of responses to the survey question by gender, age, and ethnicity?

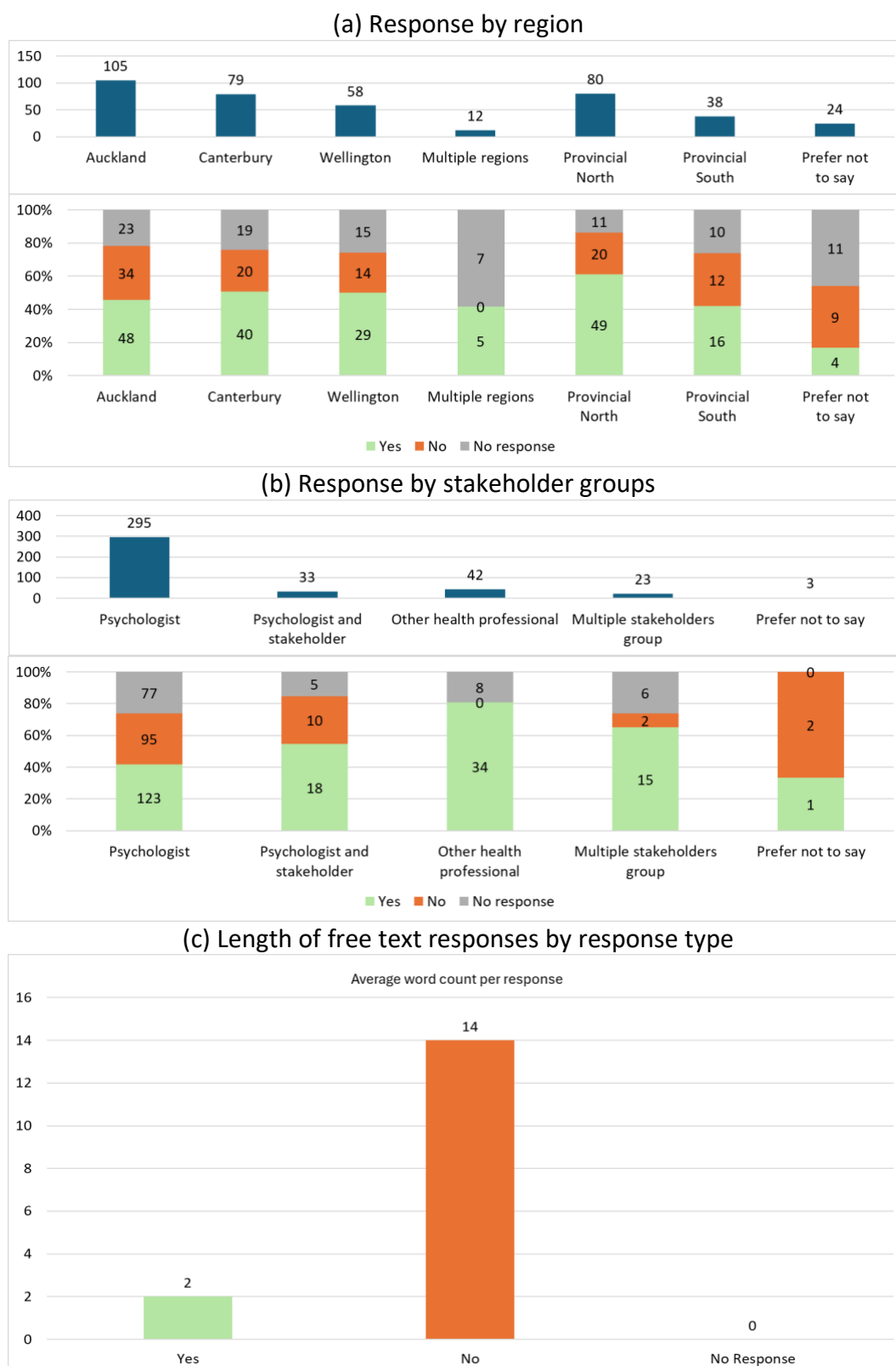


Figure 32: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is 'Yes'

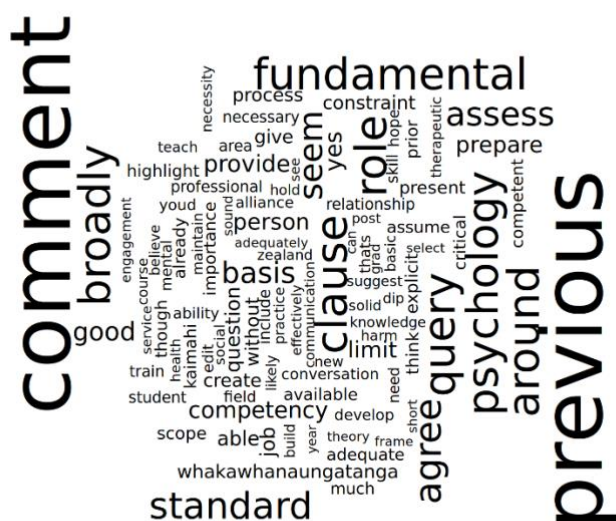


Figure 33: Word cloud for responses that agreed with Competency 3.

Theme – Training

Summary

Mirroring previous questions, some respondents were concerned that the depth of training for APs would not provide them with the necessary skills within the timeframe for this competency (and others).

Examples

- “I question how the limited training will prepare for these skills.”
- “Again, it all sounds solid in theory, but I can't see how a one-year course will provide this.”



interpersonal dynamics with sensitivity and clinical insight. These skills require time, depth, and real-world clinical exposure to develop. There is also a risk that undertrained APs may unintentionally cause harm through misattunement, invalidation, or overstepping relational boundaries. The proposed competency appears aspirational but lacks evidence that APs will receive the intensity or quality of supervision, modelling, and feedback necessary to embody this skillset. Without this, the risk of therapeutic rupture, poor engagement, or harm increases significantly.”

- “There is no way they will be able to take such meagre training in this competency and be of effective use in treating clients.”

Theme 2 – Scope

Keywords:

- Broad
- Role clarity
- Expectation

Summary

Respondents thought that this competency showed a lack of role clarity for APs. The wording for this competency was seen as being too broad and the scope of the competency being unrealistic.

Examples

- “Note re contributing to reports "as per limitations of scope" is vague and could easily be abused and argued overtime leading to practice outside of scope. This also is concerning that it is based on 'psychological information and findings', which would be unethical to come from a non-psychologist (even under the supervision of one).”
- “Communication and relational skills are essential in psychological practice; however, the way this competency is currently described in the AP scope raises concerns about role clarity, scope creep, and client safety. “

Competency 3 – alternative wording suggestions

Some respondents provided alternative wording suggestions:

- “Regarding “Systemic understanding of health, social services and support sectors.” – This is too broad to be trained within the 120 points. Suggested wording is “An understanding of the structure of mental health and addition service delivery in NZ.” The expectation is that students will learn about services specific to their placement during their training in their workplace. Also, we suggest to include here the knowledge of Māori systems (iwi, hapu etc).”



- “Ambiguity in Scope Boundaries: The proposed scope is restrictive, yet APs are expected to engage with complex ethical tensions (e.g., dual relationships, privacy, risk). This level of ethical complexity may be too advanced for practitioners in their first year.
Lack of Clarity on Accountability: It’s unclear who holds legal responsibility in complex ethical situations—particularly when APs work across different sectors under supervision.
Recommendation: Clarify ethical expectations with context-specific examples and define responsibility hierarchies more explicitly within multidisciplinary teams.”
- “I would suggest the edit of: "the ability to develop AND MAINTAIN therapeutic working alliances.”
- “Relational skills training needs to also include specific training in empathic skills. There is extensive research on the value of training in empathy for medical and other health professionals (eg, F.A.W.M. Derksen, T.C. Olde Hartman, A.L.M. Lagro-Janssen, A.W.M. Kramer, Clinical empathy in GP-training: Experiences and needs among Dutch GP-trainees. “Empathy as an element of personal growth”, Patient Education and Counseling, Volume 104, Issue 12, 2021, Pages 3016-3022; Rachel Winter, Navin Leanage, Nia Roberts, Robert I. Norman, Jeremy Howick, Experiences of empathy training in healthcare: A systematic review of qualitative studies, Patient Education and Counseling, Volume 105, Issue 10, 2022, Pages 3017-3037; Paulus CM, Meinken S. The effectiveness of empathy training in health care: a meta-analysis of training content and methods. Int J Med Educ. 2022 Jan 26;13:1-9). Given that the training of this new role will not be as extensive as that for psychologists, there should be a specific module of focus to ensure they have basic relational skills to support their role.”
- “It is much too vague and contains many inconsistencies. It needs to be edited for clarity and specificity.”
- “The last point around systemic understanding does not appear to be about communication and relationality - it would seem to fit better under current Competency 1.”



Question 18 – Do you agree with proposed AP Competency 4. Knowledge and Research?

Highlights

- 41% of respondents agreed with this competency and 36% did not
- The theme for those who agreed was Knowledge
- The theme for those who disagreed was Post graduate study

Detailed Analysis

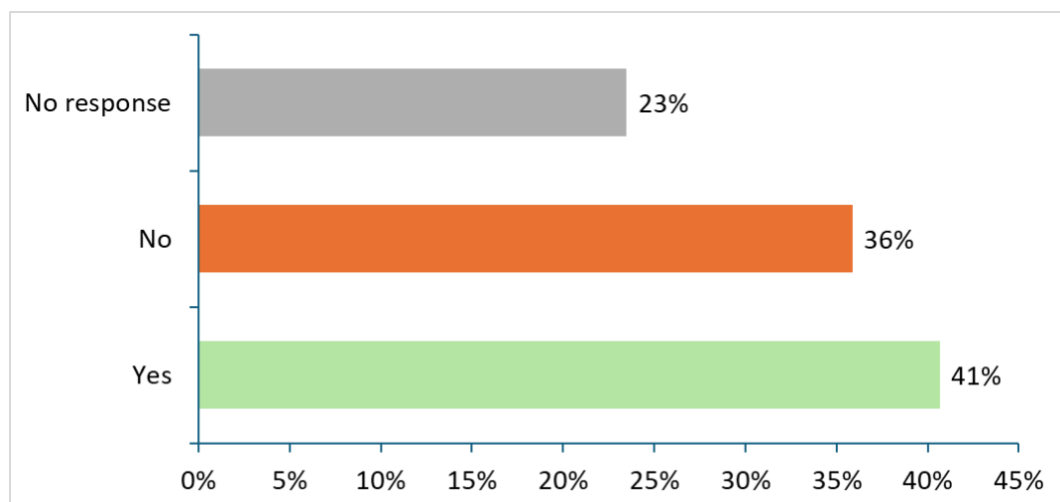


Figure 35: Do you agree with proposed AP Competency 4. Knowledge and Research?

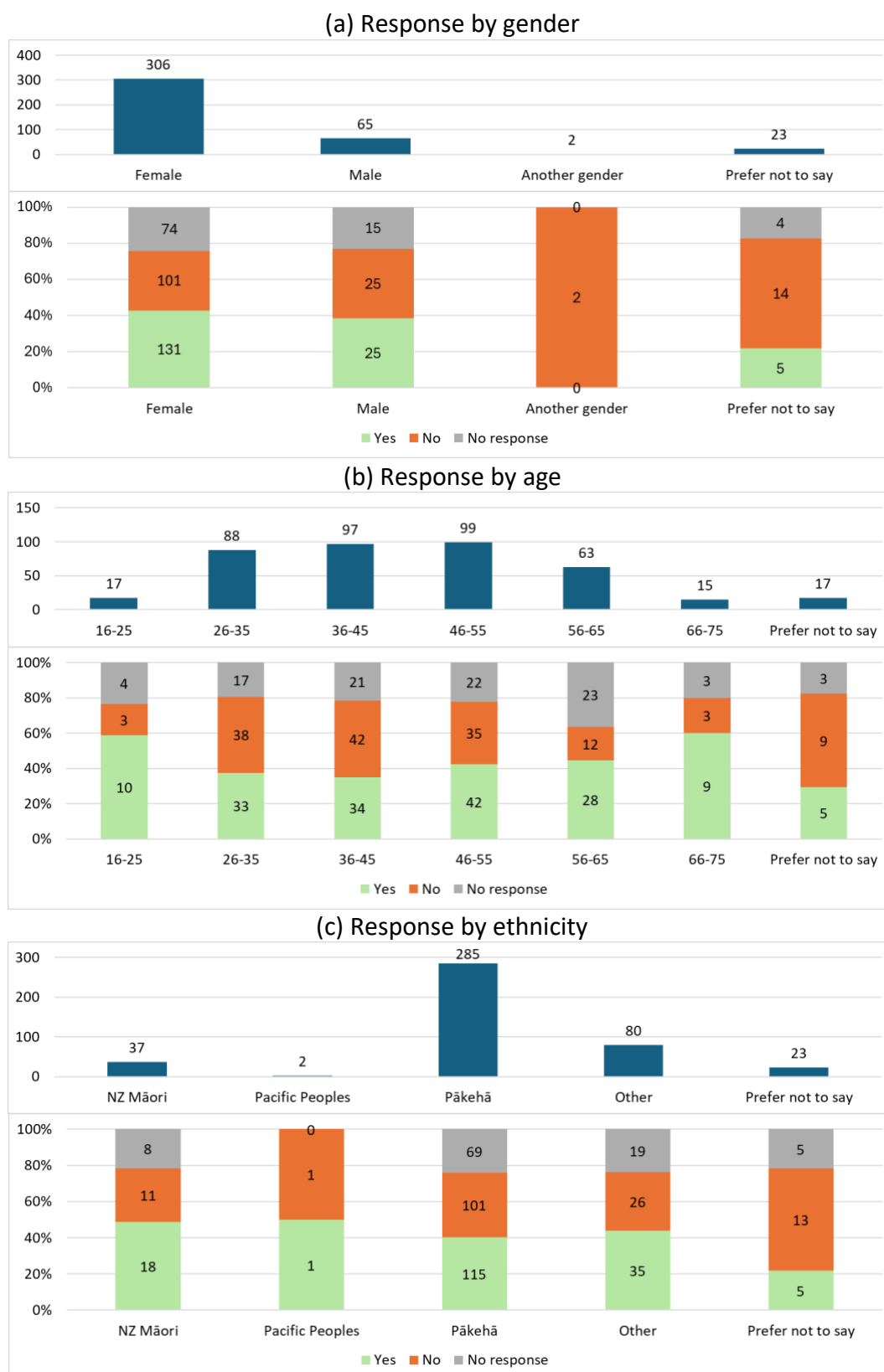


Figure 36: Breakdown of responses to the survey question by gender, age, and ethnicity.

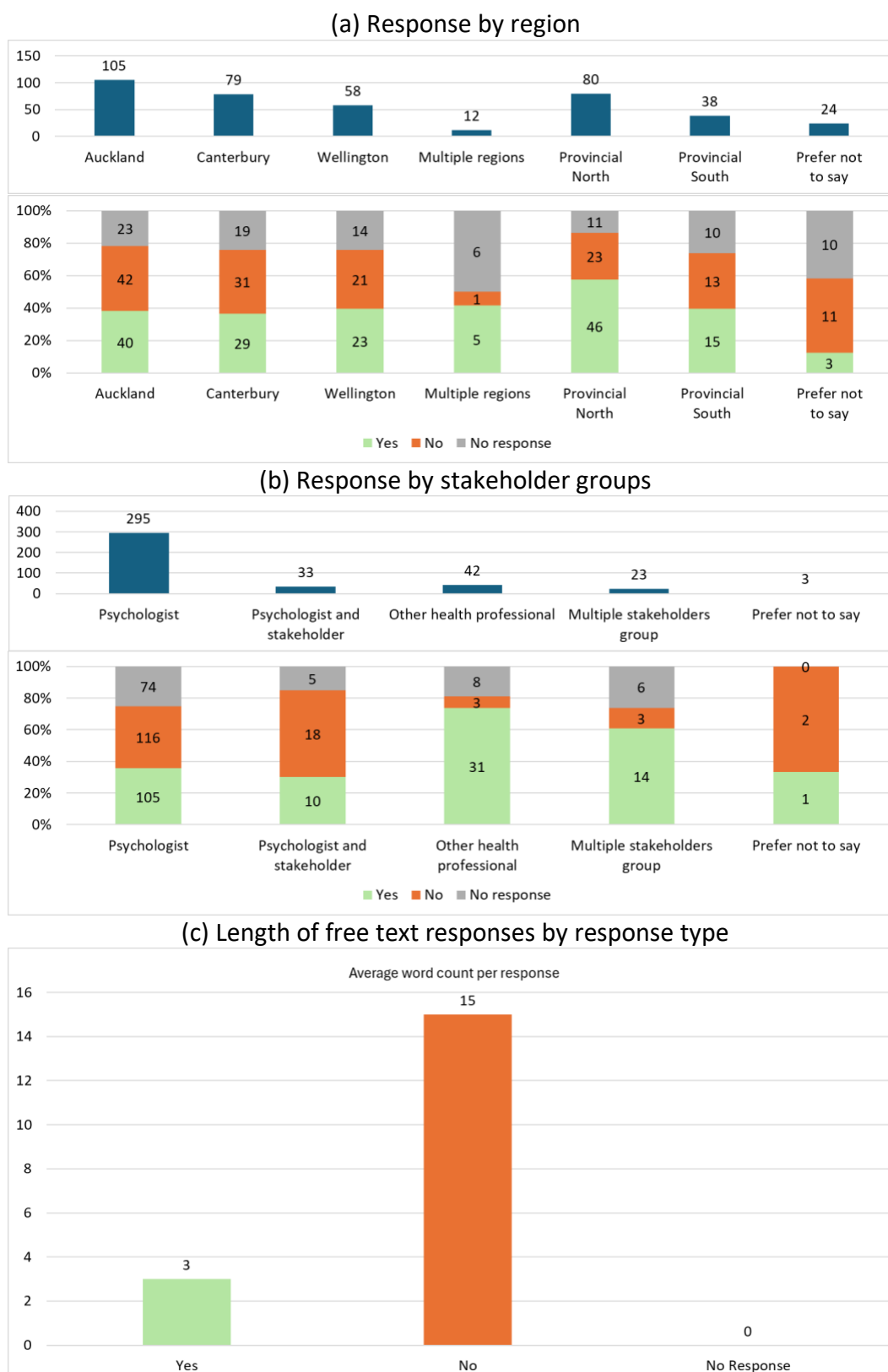


Figure 37: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is 'Yes'

Respondents didn't include as much free text feedback when they agreed. However, common terms included Knowledge, Training and Scope.

Theme – Knowledge

Keywords:

- Foundation
- Scope
- Evidence based

Summary

Respondents talked of the need for learning to be a life-long practice. They wanted to ensure that some foundational knowledge would be included in this competency as well as evidence-based knowledge.

Examples

- "Learning of new knowledge is a life long journey. Relevant knowledge of this discipline and the most current research is necessary to ensure and support the models and treatment practices one might use in specific situations. Knowing the theories to models of practice is necessary - to share with service users and whanau as to why an option of treatment/therapy supports the problems/difficulties they may be facing at that time. New learning and new research is an ongoing professional development process in effective practice."
- "We wonder if in the skills section whether there needs to be more emphasis on psychological theories that inform practice rather than just on evidence based research. Where is the piece about understanding basic human developmental stages, etc."

When the response is 'No'

Theme – Post graduate study

Keywords:

- Academic standards
- Research
- High level skills
- Analytical thinking

Summary

Respondents felt that the proposed Knowledge and Research competency was too broad, and it covered what should be expected of those undertaking postgraduate education or the level of analytical thinking and applied knowledge expected of registered psychologists



who have undergone years of training. Respondents therefore thought the expectations were too high in this competency for APs.

Examples

- “There is absolutely no way that the proposed AP training pathway will provide sufficient opportunity to develop in-depth understanding of psychological theories, research and other forms of knowledge needed to do this role.”
- “After 8 years of study and 6 years of fulltime work, I think I am only just starting to meet this proposed competency. Given that an undergraduate degree in psychology is largely theoretical, it is a fantasy to suggest that a one-year course could provide this level of knowledge.”
- “A major limiting factor in the proposal is that the AP's require only an undergraduate degree. It is postgraduate study that explicitly teaches about the production and consumption of scientific research.”
- “This seems a high expectation for the scope of the role and limited training they will receive.”
- “While I agree with the principle of this competency, I believe it significantly underestimates the complexity and depth required to meaningfully engage with psychological research. The ability to reason with empirical data — to interpret, evaluate, and thoughtfully apply research findings — is a high-level academic skill. It goes far beyond reading a single article or summarising a meta-analysis. It involves understanding methodology, identifying limitations, weighing conflicting evidence, and translating research into practice in a context-sensitive way. This type of scientific literacy is not superficial — it requires advanced training and academic development. At minimum, I would expect someone practising at this level to have: Completed an independent research project (e.g., an Honours dissertation), taken Honours-level coursework that teaches critical appraisal of scientific literature, developed the ability to evaluate not just what research says, but how and when it should be applied. This should be the baseline standard for a competency of this nature. However, based on the current description of the AP training pathway, I do not believe the proposed programme will offer the academic foundation necessary to support this competency in practice. As such, this appears to be more of an aspirational goal than a realistic expectation — unless the training is significantly revised to support this level of research engagement.”

Competency 4 – alternative wording suggestions

Some respondents provided alternative wording suggestions:

- “Re “Awareness of systems theory and cultural approaches to working with families” – please add a new point in this section “Knowledge of risk and resilience factors and their impact in human development and across the lifespan.””



- “I think something about espousing to be a "scientist-practitioner" ought to be added here (i.e., keeping up to date with relevant literature, and perhaps also something about being motivated to contribute to literature when possible).”
- “Ability to incorporate lived experience perspectives values and models into practice.” - I don't understand what this means. Would a better wording be honouring the lived experience of clients/whaiora? It suggests that the APs have lived experience, which shouldn't be necessary for any clinicians. This seems to blur the lines with peer support workers. “Ability to effectively engage with families with reference to relevant systemic/cultural models” - Ideal, but unlikely given amount of training.”
- ““Awareness of issues” is not a skill, it is knowledge. Ability to *use* Māori frameworks of wellbeing (not just consider them). Decision-making should be with clinical supervision. Overall, these skills are vague: “appropriate language; engage effectively; reference to evidence base”. ”
- “In the second to last point - “Awareness of trauma informed approaches”, the description of the skill needs to replace “approaches” with “principles”. The limited scope means these roles will not be delivering approaches but do need to be aware of and implement trauma-informed PRINCIPLES in how they work.”



Question 19 – Do you agree with proposed AP Competency 5. Foundation Skills in Assessment and Therapeutic Support?

Highlights

- 36% of respondents agreed with this competency and 40% did not
- The theme for those who agreed was Clarification
- The themes for those who did not agree were Assessments and Scope

Detailed Analysis

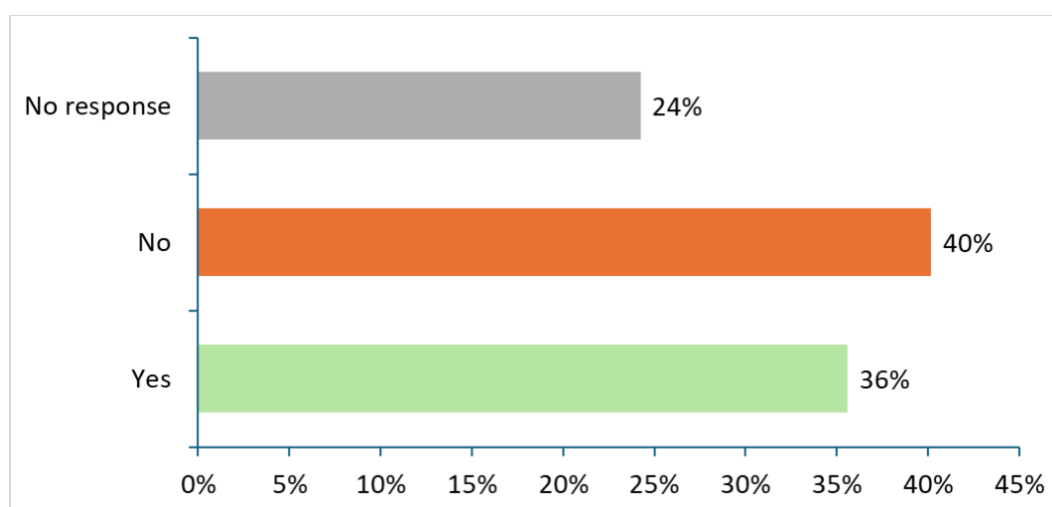
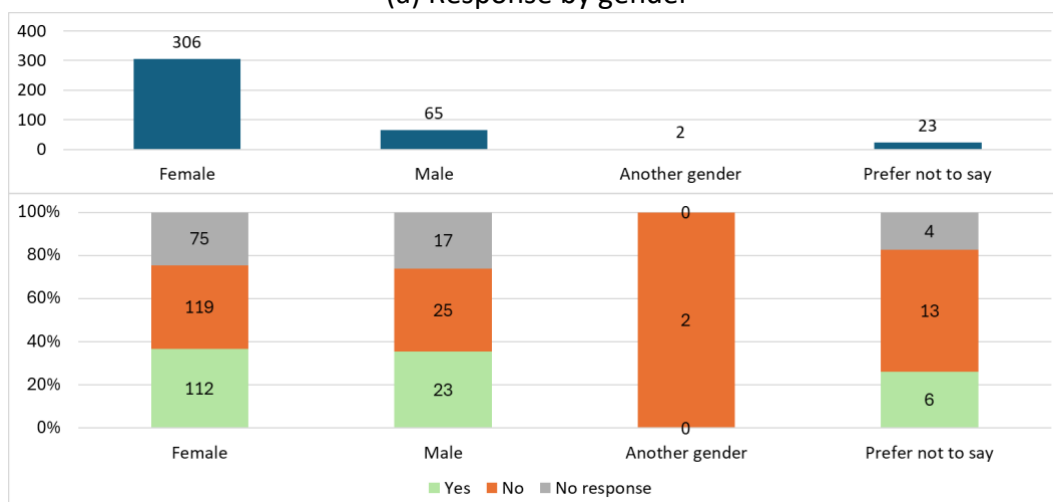


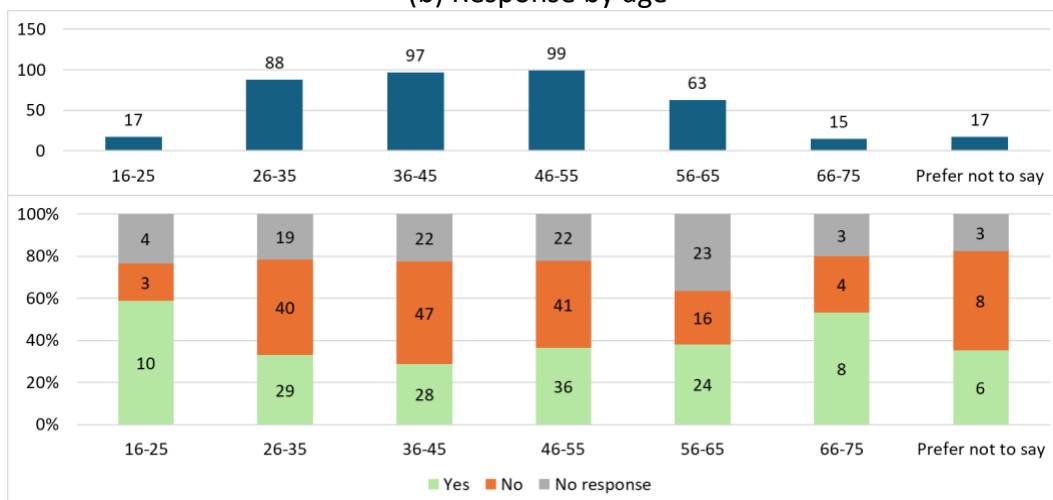
Figure 38: Do you agree with proposed AP Competency 5. Foundation Skills in Assessment and Therapeutic Support?



(a) Response by gender



(b) Response by age



(c) Response by ethnicity

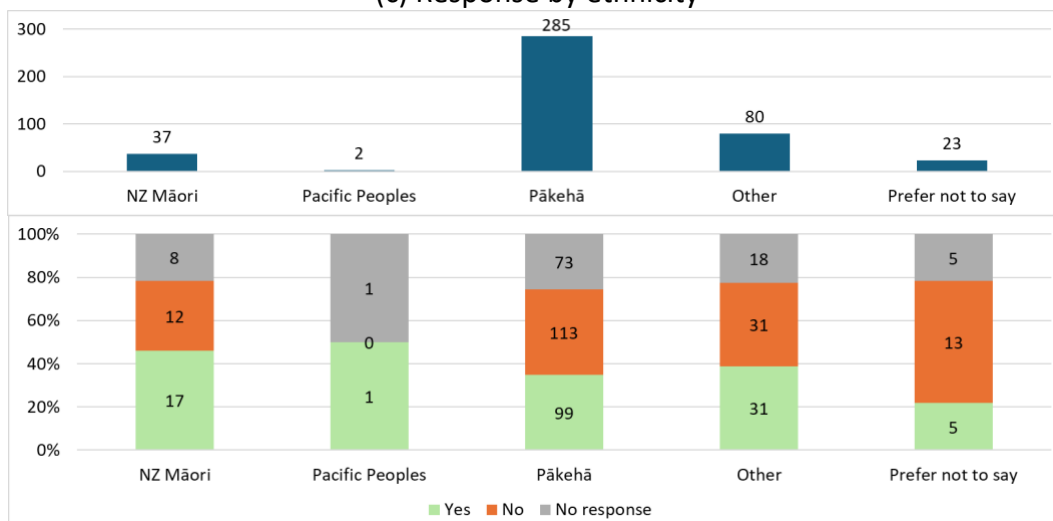


Figure 39: Breakdown of response to the survey question by gender, age, and ethnicity..

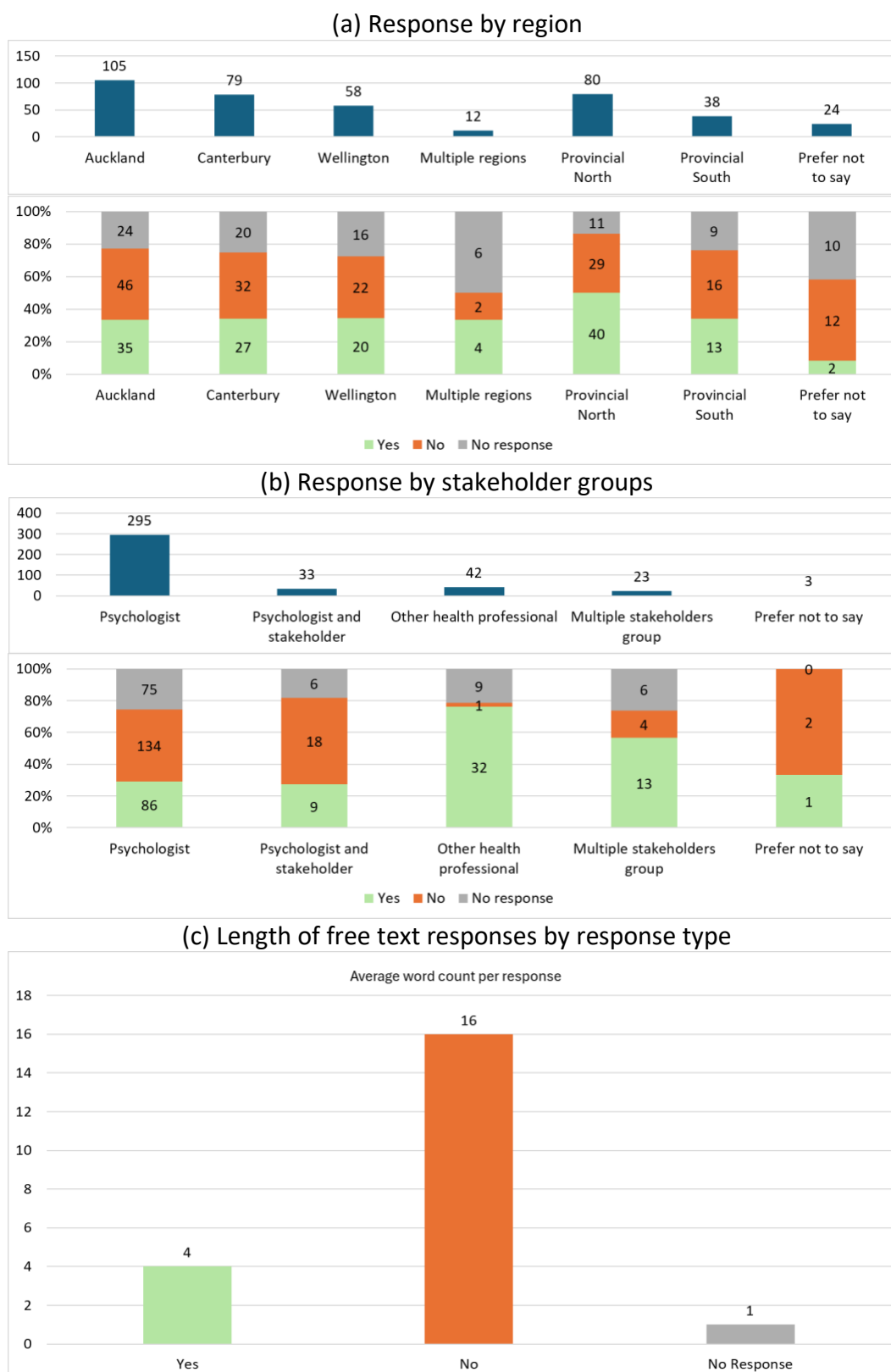


Figure 40: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is 'Yes'

Respondents didn't include as much free text feedback when they agreed. However, common terms included Scope Creep, Supervision, Training.

Theme – Clarification

Keywords:

- Scope creep
- Skills
- Assessments

Summary

Respondents thought that other skills should be added to the wording of this proposed competency to provide clarification.

Examples

- “There appears to be some contradiction regarding what APs can and cannot do – particularly around psychometric testing and assessment.
 - Clarification needed: Some sections suggest APs will not engage in psychometric testing, while others list it as a learning objective. This creates a grey area that needs to be resolved
 - Training requirements: Psychometric testing requires specific training and supervision. Awareness of these tools is appropriate, but administration and interpretation should remain restricted unless proper qualifications are met
 - Alignment with standards: The competency should be clearly aligned with existing professional standards and scopes of practice across mental health professions.”
- “I think APs should have a thorough grounding in at least two therapeutic models. I have noted that some professional programmes have not directly taught therapy in the past and the students reported being very lost. While a clinical psychologist will provide supervision, I am concerned if assessments are basic and structured that major issues may be missed e.g. dissociation and the role of trauma in anxiety presentations.”
- “I would add advanced risk assessment skills into the competency as many people present to community, primary care services with moderate to high risk and do not wish to access crisis resolution services and advanced skills is necessary to both identify key risk factors, both static and dynamic for management irrespective of access to SMH and limitations of privacy and how to deal with these dynamically.”
- “I note that the competency identifies knowledge or risk factors relating to harm to/from others and the need to have competency to complete basic screen for risk. I note that it is difficult to predict risk status at the point of referral to a service and that risk is a dynamic process. While the intention may be that the AP will only work with low-risk individuals, they must have skills to ensure they and the tangata



whaiora are safe until consultation with a supervisor is completed. Therefore, I think it may be useful to more heavily weight this competency.”

When the response is ‘No’

Theme 1 – Assessments

Keywords:

- Safety
- Broad
- Training

Summary

Respondents who did not agree with the wording of Competency No 5 were often concerned with the inclusion of psychometric assessments as a skill required in the AP role. They felt that they would not be provided with sufficient training to undertake these assessments and were concerned about the risks surrounding this. They felt there needed to be further clarification regarding which assessments APs were expected to be able to administer.

Examples

- “Ability to administer and collect data using psychometric tools appropriate for the AP level of training - what psychometrics does this include? Ability to work with a psychologist to interpret the results of relevant psychometric assessments. There aren't enough psychologists already in TWO, so who will be supervising this?”
- “I think the AP should be able to carry out particular Level C assessments (specifically ADHD and Dyslexia), and be able to diagnose with supervision. This bridge needs to be filled in New Zealand, and it is not rocket science to administer these two assessments if taught.”
- “I am strongly opposed to this proposal in its entirety. Assessment is a complex task when done well, we train as clinical psychologists for a long time to do this well and we are not well equipped after our first year of training. This is even harder when people present with diverse cultures, diversity of gender, and sexuality and neurodiversity.”

Theme 2 – Scope

Keywords:

- Safety
- Training
- Supervision

Summary



Respondents were again concerned that the scope of this competency was beyond the capacity of what should be expected in the AP role given their level of training and the supervision provided. In addition to the concern regarding administering psychometric tests above, there were additional concerns indicated by the respondents.

Examples

- “Agree with role ability to do assessment and diagnosis but not therapy”
- “This one is a massive overstep. I don't believe this workforce will have adequate training to perform these tasks safely without direct psychologist oversight.”
- “Too broad. At the very least these two aspects (assessment and treatment) could be separated into two competencies.”
- “There is absolutely no way that the proposed AP training pathway will provide sufficient opportunity to develop in-depth understanding of assessment and therapeutic support skills required of individuals in psychology roles.”

Competency 5 – alternative wording suggestions

Some respondents provided alternative wording suggestions:

- “I believe it will be clearer to add the phrase "appropriate to scope" to the end of the first sentence - " This set of competencies ... informed interventions".”
- “It is much too vague and contain many inconsistencies. It needs to be edited for clarity and specificity.”



Question 20 – Do you agree with proposed AP Competency 6. Therapeutically Oriented Case Management and Coordination, and Administration?

Highlights

- 42% of respondents agreed with this competency and 34% did not
- 76% of the Other Health Professionals agreed with this competency
- The theme for those who agreed was Case Management
- The themes for those who disagreed were Role Clarity and Overreach

Detailed Analysis

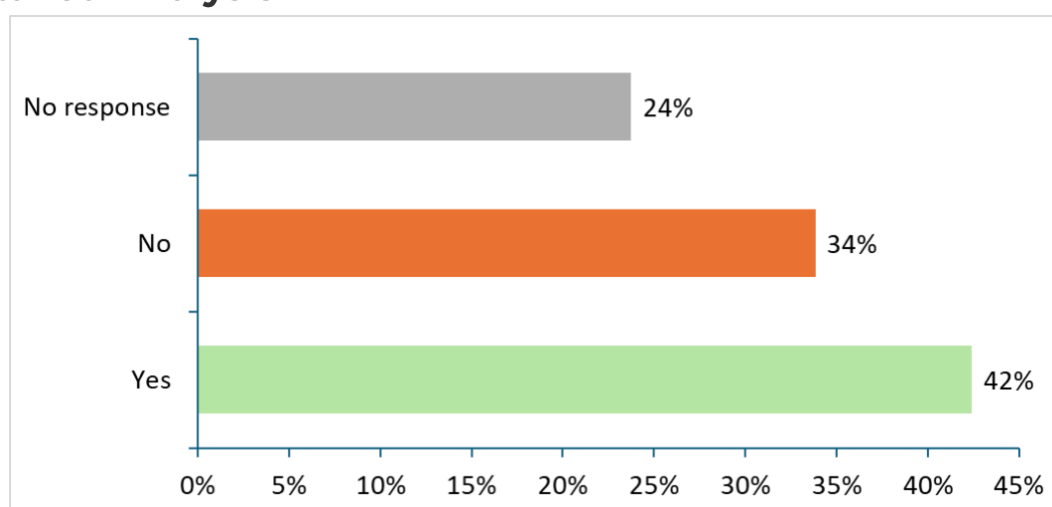


Figure 41: Do you agree with proposed AP Competency 6. Therapeutically Oriented Case Management and Coordination, and Administration?

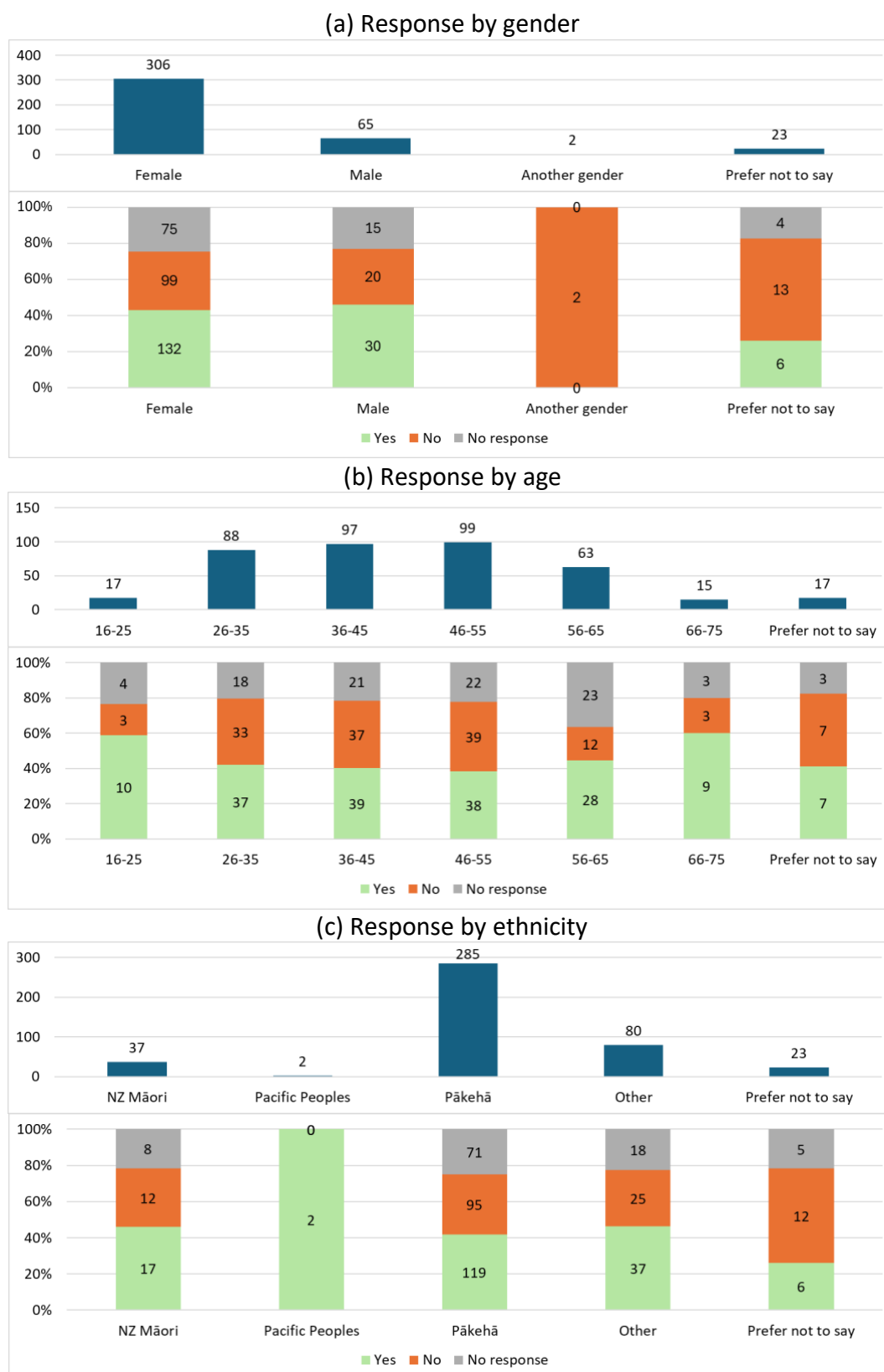


Figure 42: Breakdown of responses to the survey question by gender, age, and ethnicity.

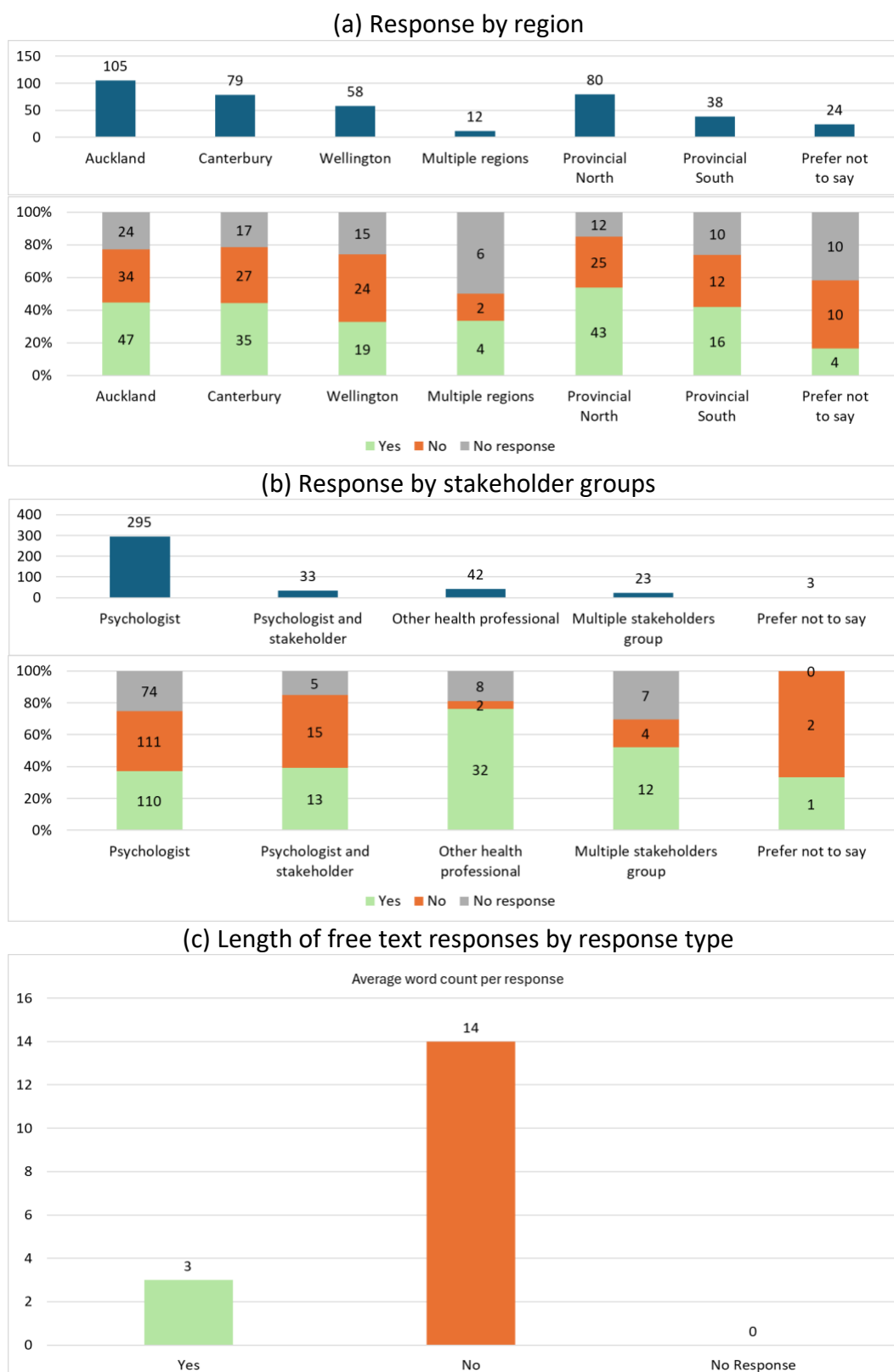


Figure 43: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is ‘Yes’

Theme 1 – Case Management

Keywords:

- Support Role
- Existing Roles
- Autonomy

Summary

Respondents who agreed with the wording for this competency felt comfortable with the case management tasks that the AP would be required to perform and have knowledge of. They felt that this would be of benefit, but worried that there would be some role scope creep.

Examples

- “This psychological perspective within case management would be a welcome addition to our service. This would need to be well defined and supported.”
- “This competency is the most appropriate of those proposed for the AP role—if it is clearly defined as a support function, not a clinical or decision-making role. Tasks such as coordinating appointments, liaising with team members, documenting sessions, and supporting service users to access resources fall within the skillset of a well-supervised support role. These functions are essential in overburdened systems and, when properly delegated, can free up psychologists to focus on complex clinical tasks. However, concerns remain:
 - The term “case management” is used inconsistently across services and may imply autonomous oversight of client pathways, which is inappropriate for a minimally trained role.
 - Without clear role boundaries, there is a risk that APs will be expected to triage clients, lead service navigation, or manage risk, which exceeds their competence and training.
 - In many services, “key working” roles are highly demanding and emotionally complex; placing these expectations on APs risks burnout and boundary violations. To be safe and useful, this competency should explicitly state that:
 - APs may support administrative and coordination tasks under the direction of a registered psychologist.
 - APs are not responsible for clinical decision-making, service planning, or risk management.
 - Any involvement in client-facing case coordination is done collaboratively and with ongoing supervision.

In summary, this competency has potential value, but only if role clarity and safeguards are built into the scope. Without that, even administrative and coordination roles can unintentionally drift into unsupervised clinical territory.”



- “So call them case managers instead.”

When the response is ‘No’

Theme 1 – Role Clarity

Keywords:

- Existing roles
- Case management

Summary

Respondents felt that the skills required under this competency matched those of existing jobs within the sector and would thus create lack of role clarity.

Examples

- “In theory I agree with this proposed competency, but I consider it already addressed in the existing work force i.e. support workers, key/case workers, and not necessary to establish an entirely separate AP role for this purpose.”
- “This is largely what key workers already do.”
- “Reflects a realistic and needed role for APs in supporting holistic care and system navigation. Values collaboration with whānau and other professionals. Critique: Role Confusion with Social Work or Support Workers: Tasks like care coordination, advocacy, and referrals risk overlapping with other roles unless APs are clear on what "psychologically informed" adds.”

Theme 2 – Overreach

Keywords:

- Insufficient training
- Skill level
- Safety

Summary

Respondents felt that the skills described in Competency 6 were too extensive and that APs should not be expected to have this skillset given their level of education and experience. They felt that they would be set up to fail. A number of respondents felt that therapy should not be included in the list of skills. With the current list of skills in this competency, it was thought that APs could be put in ethically and professionally inappropriate roles that exceed their training and capacity.

Examples

- “Not in support of any therapeutic intervention by AP. Even something as straightforward as behavioural therapy is a complex science especially in undiagnosed population. An AP may not be able to differentiate that and can lead to



more damage than help. Again, some specific interventions --- Psycho-education, sleep hygiene, pain-management etc. instead of CBT/ACT etc. even with a supervisor.”

- “Risk of overreach: it is unclear how much autonomy APs would have in managing clients without appropriate clinical formulation skills. Role blurring: If APs coordinate care across systems without clear boundaries, this may be perceived as equivalent to a psychologist or other more appropriately trained case manager with mental health experience and registered health professional such as a MH nurse or SW. Training gap: No clarity on whether APs will be trained in triage, or the extent of training around risk assessment and management (see previous concerns re risk).”
- “I recommend removing the skill "Able to provide a psychologically informed case summary that guides team formulation and intervention planning". The level of training will not equip people in this role to provide this type of diagnostic assistance.”

Competency 6 – alternative wording suggestions

Some respondents provided alternative wording suggestions:

- “We recommend that the competency explicitly include an understanding of brief intervention models and the stepped care approach, as these are essential frameworks for effective case management and service delivery in New Zealand’s mental health context.”
- “"Able to provide a psychologically informed case summary that guides team formulation and intervention planning." - This relies on accurate formulation, I don't think this should be part of their scope.”
- “"Knowledge of application of relevant psychological theories when discussing...." - this point is very confusingly worded. I'm left not sure exactly what it is trying to say. Would be clearer to remove 'of application' and 'when discussing...', and to create a new related point under skills about application of theory when conceptualizing and discussing client presentations (or something like this).”



Question 21 – Do you agree with proposed AP Competency 7. Reflective Practice and Supervision?

Highlights

- 45% of respondents agreed with this competency and 31% did not
- The theme for those who agreed was Resourcing
- The themes for those who disagreed were Inexperience and Supervision

Detailed Analysis

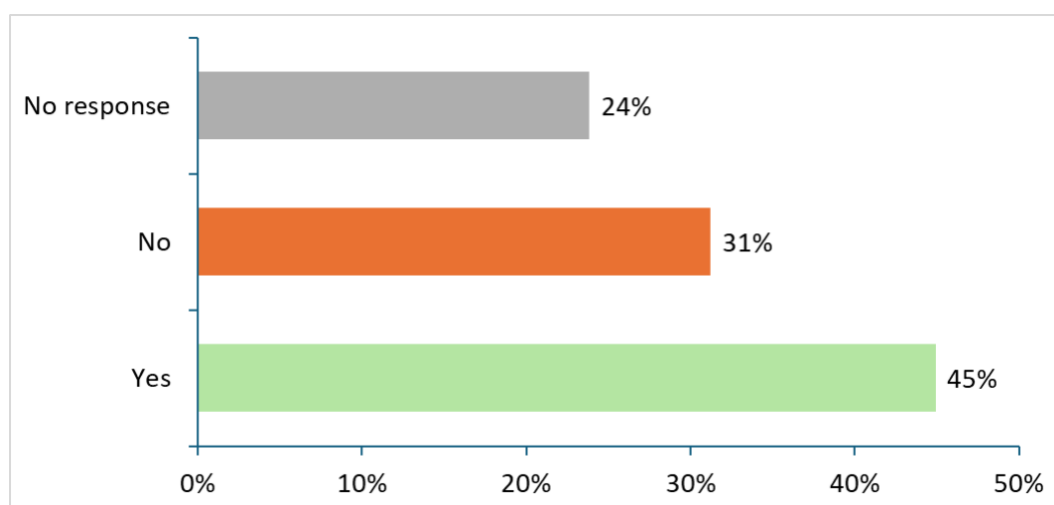


Figure 44: Do you agree with proposed AP Competency 7. Reflective Practice and Supervision?

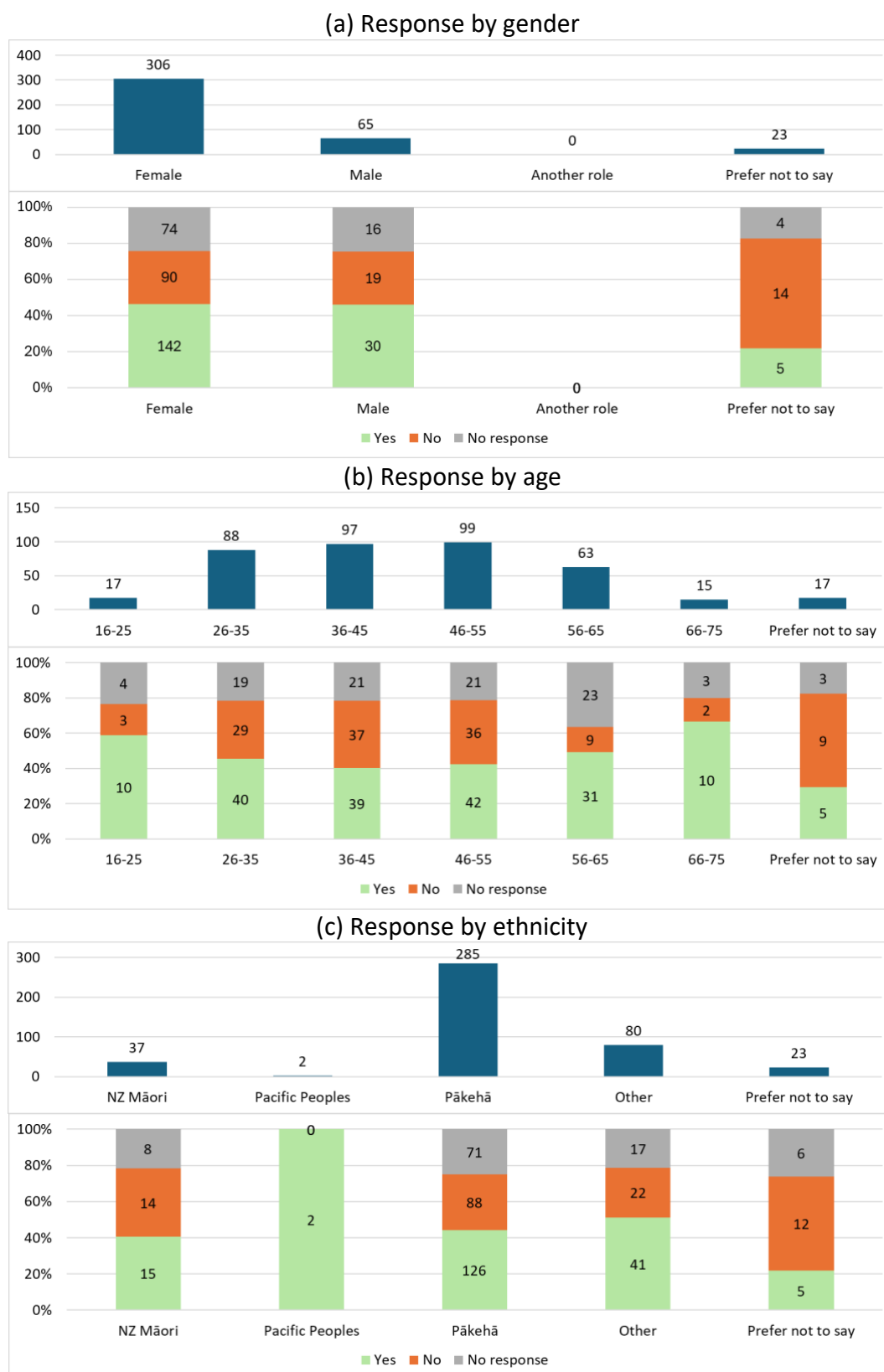


Figure 45: Breakdown of responses to the survey question by gender, age, and ethnicity.

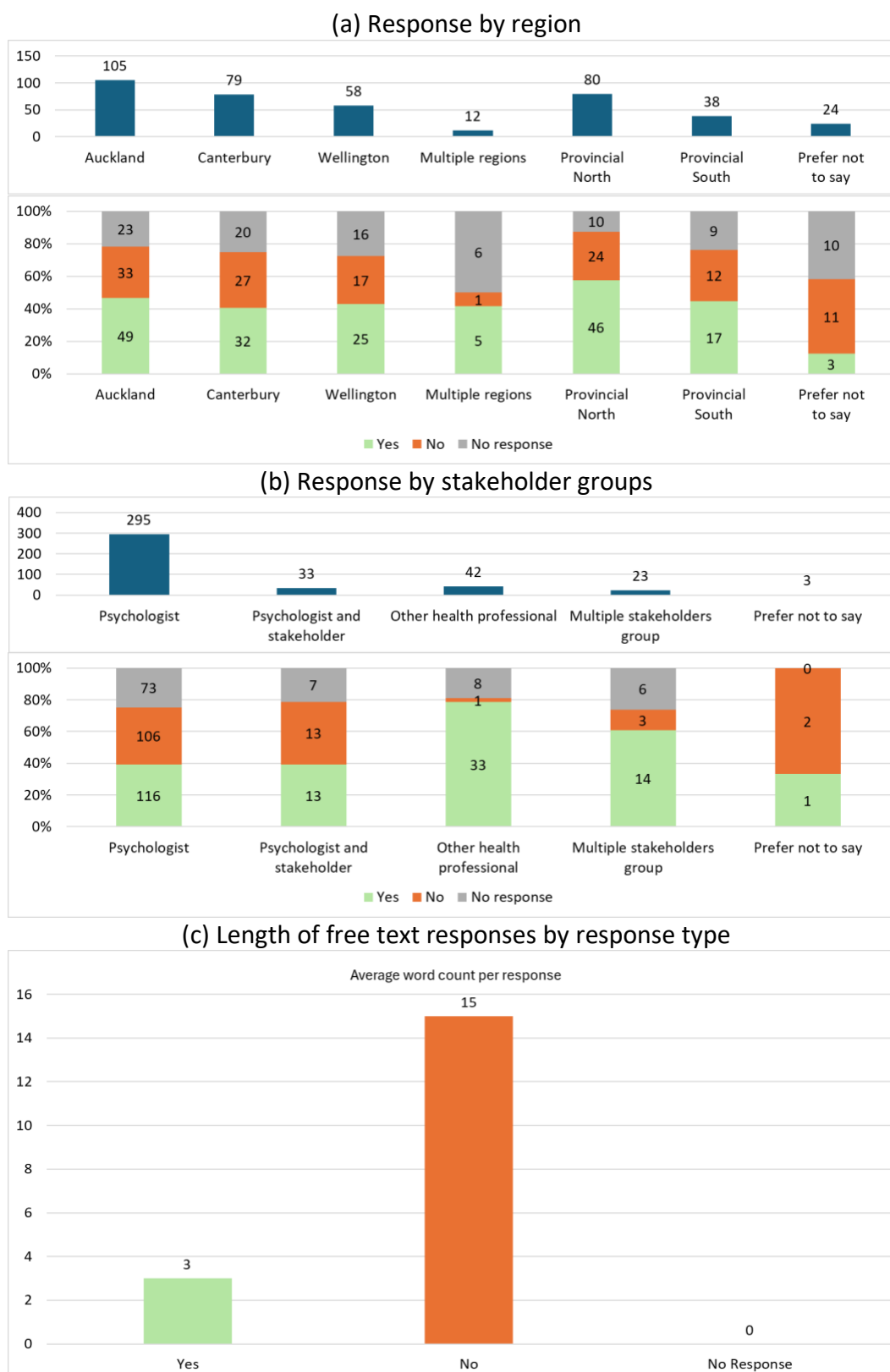


Figure 46: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is 'Yes'

Theme – Resourcing

Keywords/Phrases:

- Safety
- Resourcing
- Training
- Responsibility

Summary

The key theme for those who agreed with the proposed AP Competency 7 (Reflective Practice and Supervision) was the lack of resourcing available to provide the supervision required. They believed that the requirements for the AP role were adequate, but the current workforce would not be able to meet the need. A number stated that wording should be changed to 'Supervision should be by a psychologist' – not a 'registered practitioner psychologist supervisor'.

Examples

- "I agree that they need the supervision of course, but I have two main concerns here: 1. Many will require more than one hour per week, and 2. psychologists are unlikely to have time to provide the level of supervision needed, as they are working with clients themselves."
- "This competency aligns with existing expectations across the mental health sector and is essential for safe, ethical, and effective practice. However, we note that the current supervision model – particularly weekly supervision in the early stages – places significant demand on senior psychologists, pulling them away from direct clinical work. To address this:
 - We recommend a blended supervision model, where APs receive regular supervision from a registered psychologist (e.g., monthly), supplemented by alternating sessions with other senior mental health practitioners
 - Minimum supervision standards should be clearly defined, with flexibility to adapt based on the setting and stage of development.
 - Practicum experience and structured supervision (including legal/professional oversight) will be essential to ensure readiness and safety in practice. This approach would maintain quality while easing the burden on the existing psychologist workforce."
- "Sounds great. This is a lot of responsibility on the supervisors, though. Again, how much time and other support will be given to the supervisors of these APs?"
- "Supervision should be by a psychologist, not a "registered practitioner psychologist supervisor" as this implies it could not be a psychologist. This could easily mean that teams will have an AP and not a psychologist, this is not safe practice."



When the response is 'No'

Theme 1 – Inexperience

Keywords:

- Inadequate
- Training
- Individual Responsibility
- Safety
- Reflective Practice

Summary

Respondents were concerned with the suggestion that APs would be supervising APs in the future. Many believed they would not have the training and experience needed to perform this critical role. Additionally, it was thought that APs would not have the experience and maturity to undertake reflective practice.

Examples

- “Being self-reflective, and being honest with oneself about one's competencies and weak points takes experience and emotional maturity, and has its foundation in extensive training and good role modelling. "a little bit of knowledge is a dangerous thing". APs will leave university with some knowledge and will be eager to get going. Soon they will be thinking "I can do it as well as any Psychologist", without realising the limits of their competence. The longer I do this job, the more questions I ask and the more I doubt my abilities. This is a good thing. The APs would not have developed a "healthy sense of doubt" yet. It will not turn out well.”
- “Again, I think the competencies sound good, but highly unlikely to be achievable in a single year of training! Particularly re understanding their own weaknesses/vulnerabilities etc. reflexivity in practice takes time to develop and (given my experience of clinical training) is not present in those with one year postgrad clinical psychology training so even less likely to be achievable in this population. Also, again with the “understanding of their limitations and boundaries of their competence” - if it's not clear to me or others in the profession, how is it meant to be to them?”
- “Being supervised and understanding the supervision model requires a significant amount of education and experience I do not believe this could be achieved in the proposed training.”
- “APs supervising APs is like the blind leading the blind.”

Theme 2 – Supervision

Keywords:

- Resourcing
- Responsibility



Summary

Further comments were made about the ability to resource the supervision requirements for the proposed APs with the current strain on the workforce. There were also concerns about the responsibility being placed on those supervising APs due to their inexperience and the concern around safety for both themselves and those being treated.

Examples

- “I disagree with the role and disagree with these competencies. We have no available information on the supervision survey to know if psychologists are willing to supervise APs. Will supervisors be mandated if they don't want to? I am very concerned about the supervision responsibility that will be placed on psychologists legally, ethically and in terms of taking up a lot of time away from trainee or intern psychologists.”
- “These roles will need so much supervision, and psychologists are already stretched very thin in their existing roles, especially in government organisations.
- “It would be great if there were more people working in mental health, although the time it takes to supervise someone with three to four years of training makes me wonder how this is going to be feasible. Even interns with six or seven years training need a lot of close supervision. Who is going to have time to supervise these professionals?”



Question 22 – Do you agree with the proposed supervision requirements for AP?

Highlights

- 32% of respondents agreed with the proposed supervision requirements for APs and 49% did not
- The theme for those who agreed was Resourcing
- The themes for those who disagreed were Resourcing and Safety

Detailed Analysis

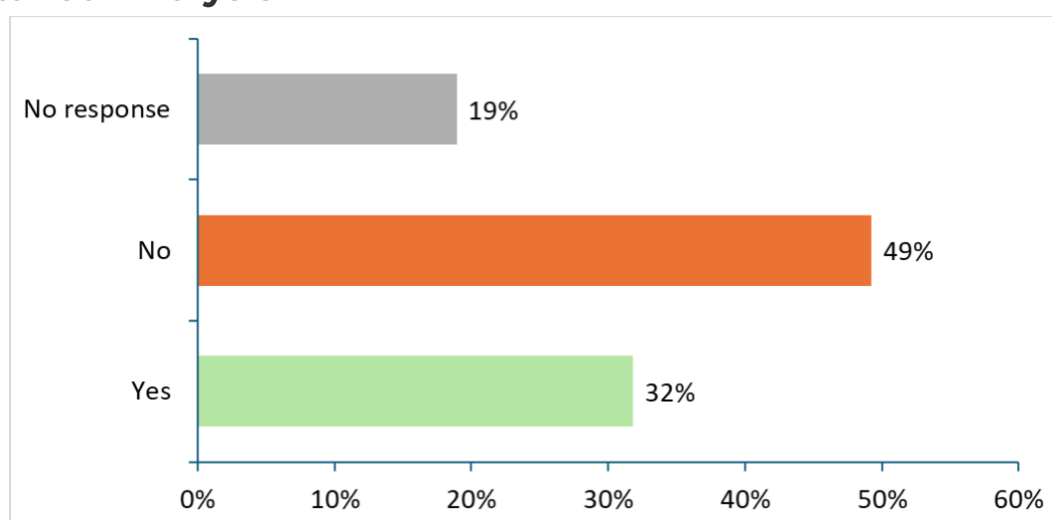
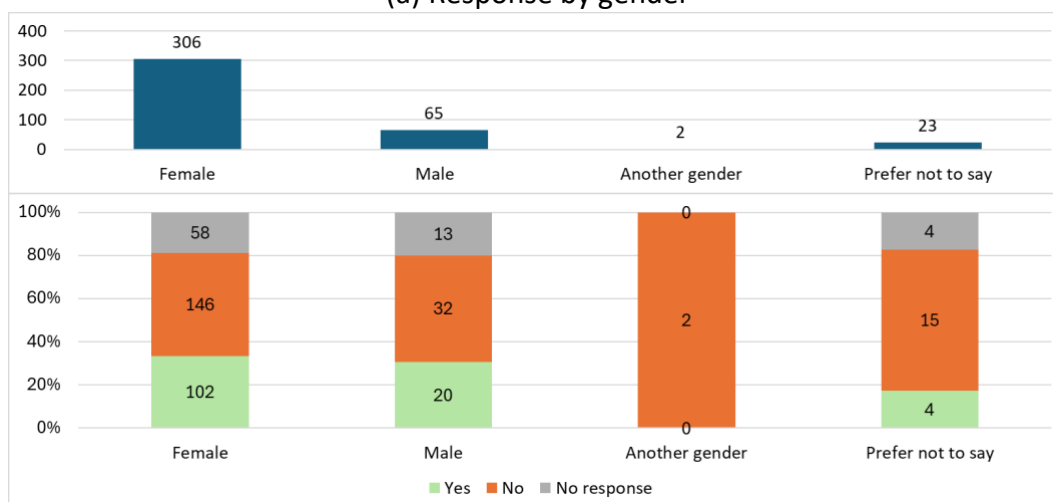


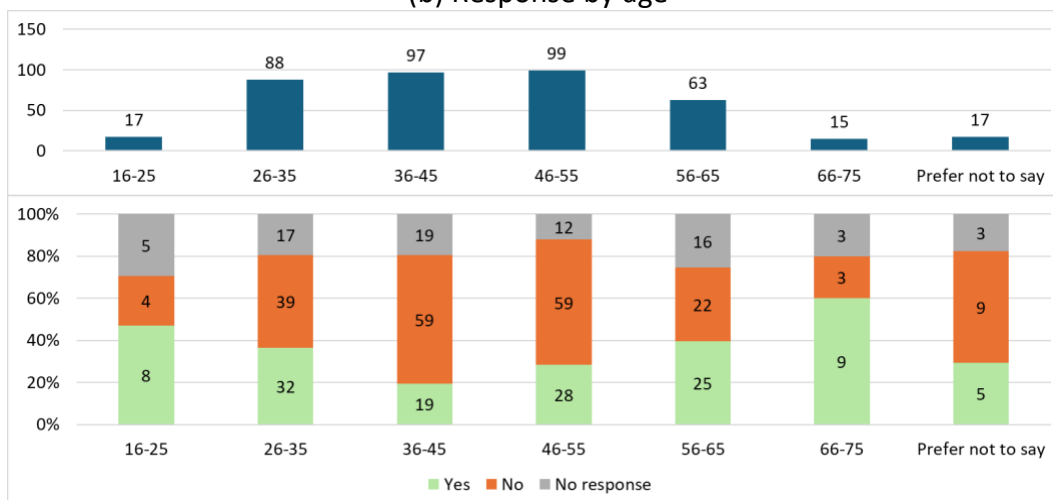
Figure 47: Do you agree with the proposed supervision requirements for AP?



(a) Response by gender



(b) Response by age



(c) Response by ethnicity

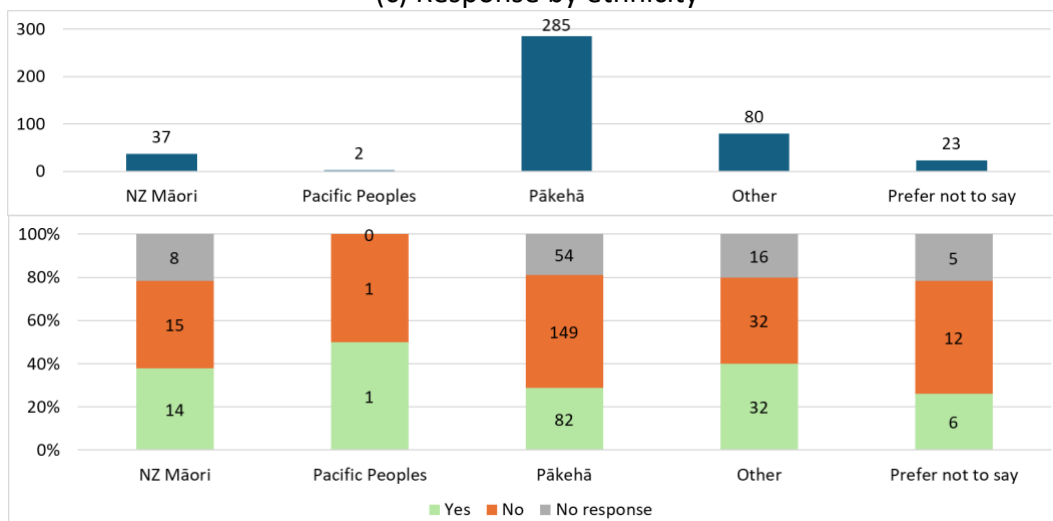


Figure 48: Breakdown of responses to the survey question by gender, age, and ethnicity.

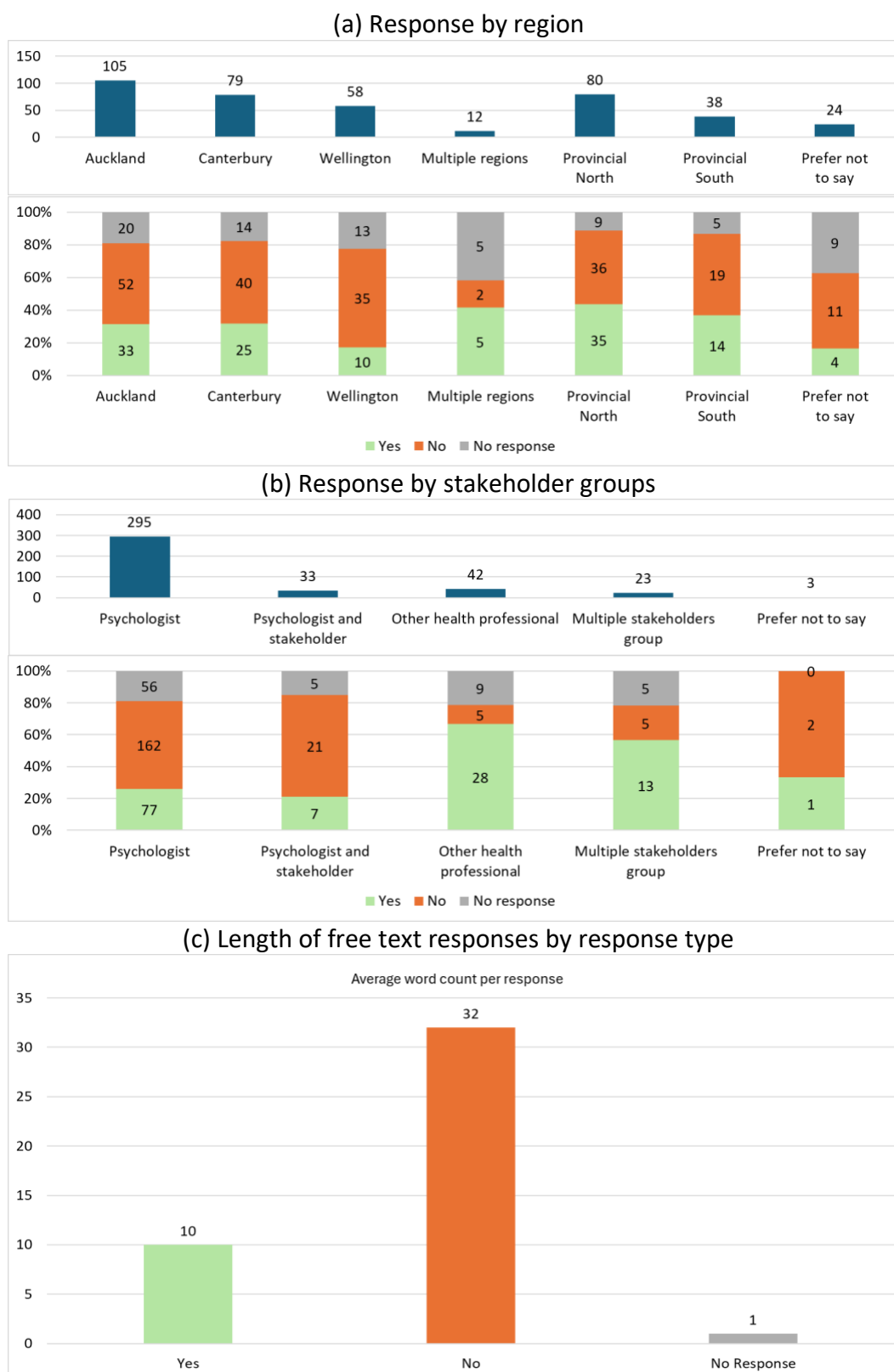


Figure 49: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is 'Yes'

Theme – Resourcing

Keywords/Phrases:

- Demand
- Burden
- Clarity
- Capacity
- Flexibility

Summary

Many of those that agreed with the proposed supervision requirements for the AP role expressed concerns regarding the capacity of the workforce to provide the required supervision, especially as trainees, interns and others also need to be supervised. Although respondents felt it important that the supervisor worked in the same place as the AP, they also felt there should be some flexibility, especially in terms of providing support to those APs who would be working in smaller workplaces or rurally. It was felt widely that Supervision was a key component to ensuring that the proposed new role would be effective.

Examples

- “If the whole thing is to go ahead, supervision is going to be a huge stumbling block. The required supervision and monitoring of practice within a team (which I understand may not need to be done by a psychologist) is probably set at the right level in the proposal, which makes it unrealistic for services who already have psychology trainees and interns, and trainees in the other professions to look after.”
- “Yes, but it will be interesting if this can be honored in practice, as many psychologists are already stretched, and it can be difficult finding a psychologist supervisor already let alone adding requirements to supervise a new scope.”
- “Five years qualified will be hard to achieve in many services. Supervision by someone with 2-3 years post qualification experience may be more achievable.”
- “I agree that the proposed supervision requirements for Associate Psychologists (APs) are well thought out and important for making sure APs practice safely and keep learning professionally. Having experienced psychologists supervise APs regularly, especially more often when they’re new, helps build good skills and confidence. It’s good that both the supervisor and the AP share responsibility, which encourages teamwork and growth. One challenge is that there might not be enough qualified supervisors available, especially in rural areas. To fix this, it would help to use flexible options like remote or group supervision and to support training senior APs to become supervisors themselves. Also, it’s really important that supervisors are trained to provide supervision that respects Māori culture and Te Tiriti o



Waitangi principles, so APs get culturally safe support. Overall, the plan is strong but will need some practical steps to make sure supervision is accessible and effective for everyone.”

When the response is ‘No’

Theme 1 – Resourcing

Keywords:

- Overworked
- Competition
- Stringent criteria

Summary

Respondents that did not agree with the proposed level of supervision did so because they felt that the current criteria was too stringent. Because of this, the current workforce eligible to supervise would be even further burdened and this would impede their ability to support their clients. It was noted that it is currently already difficult for some to find supervision for existing roles, and that the addition of APs (who have less experience) would provide more competition for supervisors.

Examples

- “Firmly believe that supervision can be, and needs to be, provided by psychologists with two years of practice. This would be in step with what currently occurs for psychologists (generally after 3 years), reflect the lower level of acuity AP will be seeing and help with capacity issues. Requiring 5 years will create an untenable blockage to the capacity for supervision. I am not aware NZPB regulates this anywhere else. Why here? Guidance around a framework of training for supervision would be very valuable however. What other profession is not permitted to support its own profession? AP should be able to meet defined competencies to provide supervision to AP's. No other psychologists require Board approval for supervision. This is a significant overstep.”
- “There is no capacity within our current workforce for this proposal.”
- “Any Supervision resource available to early career psychology practitioners would be best placed in supervising Intern or Trainee Psychologists. There are so many competent people wanting to become Registered Psychologists, who are unable to access adequate supervision and workplace placements. Adding AP's into this mix will place these two groups of practitioners in direct competition for available resources, which will be of detriment to the profession overall. Let's get more psychologists registered as the first priority.”



Theme 2 – Safety

Keywords:

- Accountability
- Senior APs
- Harm
- Risk

Summary

There was some concern regarding the proposal to allow more experienced APs to provide supervision for newer APs.

Examples

- “They should have to be supervised by a clin Psyc throughout their career and should not be able to supervise other APs. Should not be able to deliver therapy regardless of supervision.”
- “This is unsafe for clinical and registered psychologists to supervise APs. They will need a lot of learning, guidance and supervision on the job causing more work for overworked registered psychologists and more risks. They should definitely not be supervised by other APs and should not be the only AP working in a workplace with no other psychologists.”
- “I disagree that it would be appropriate for "experienced" Aps to supervise APs. In many organisations with high staff turnover, "experienced" refers to staff who have remained in the service after 2 years. This vague language would allow for services to get away with newly graduated APs being pressured to supervise.”

Alternative wording suggestions

Some respondents provided alternative wording suggestions regarding the supervision requirements:

- “Section D - 3a is a bit unclear. I would argue that a Psychologist 3 years plus could supervise these roles. Absolutely agree the roles should work under supervision and delegation. Who provides the training in supervision for the supervisor/supervisees? Ideally this would be provided during training and/or by the Board and not reinvented multiple times by employers which will mean that there is a really varying standard.”
- “The task need to be more prescriptive e.g. in-vivo observation given number of hours - especially in the training phase.”
- “I'm curious about the term 'psychologist supervisor' used in both options put forward. Does that suggest that the supervisor could be someone who already supervises psychologists but doesn't necessarily have to be a registered psychologist themselves. That needs to be clearer. And where are all these supervisors going to



come from when most registered psychologists already have a full complement of supervisees?”

- “No specific mention is made of accommodations for less than full time hours, presumably one hour per week is for those who work at least 36 hours per week.”



Question 23 – Do you believe the proposed supervision requirements reflect values, needs and opportunities relevant to Māori, families/whānau and people with lived experience?

Highlights

- 29% of respondents agreed that the proposed supervision requirements reflect values, needs and opportunities relevant to Māori, families/whānau and people with lived experience and 44% did not
- The theme for those who agreed was Cultural Supervision
- The themes for those who disagreed were Cultural Supervision and Inadequate Training

Detailed Analysis

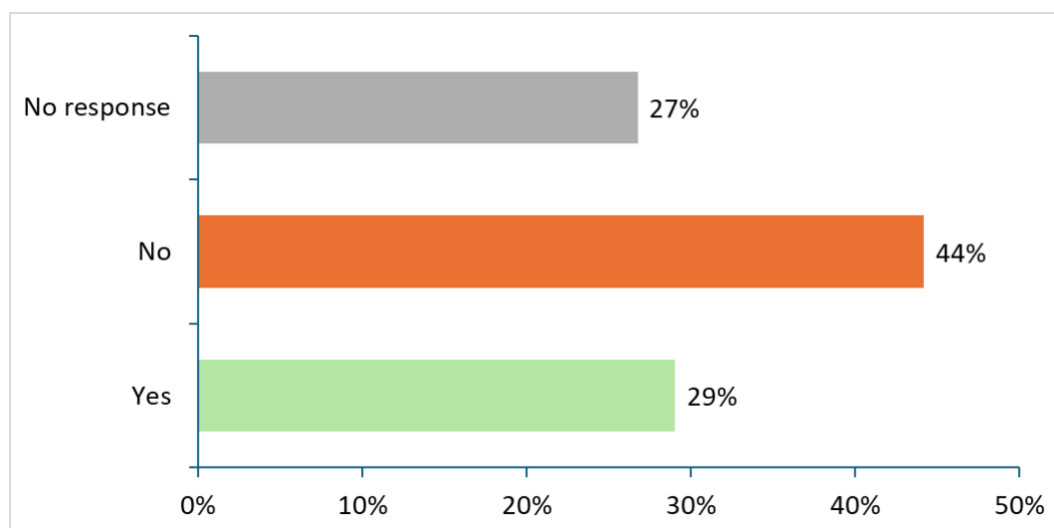
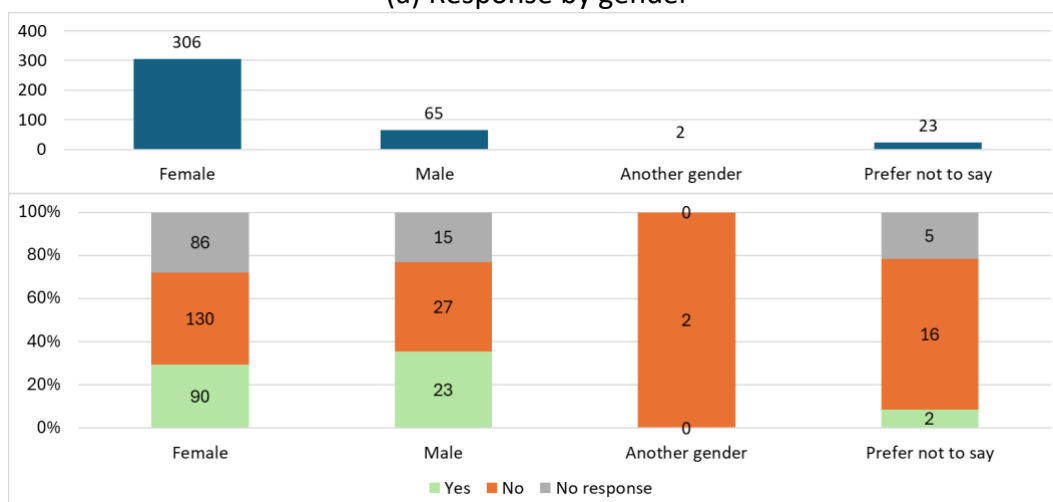


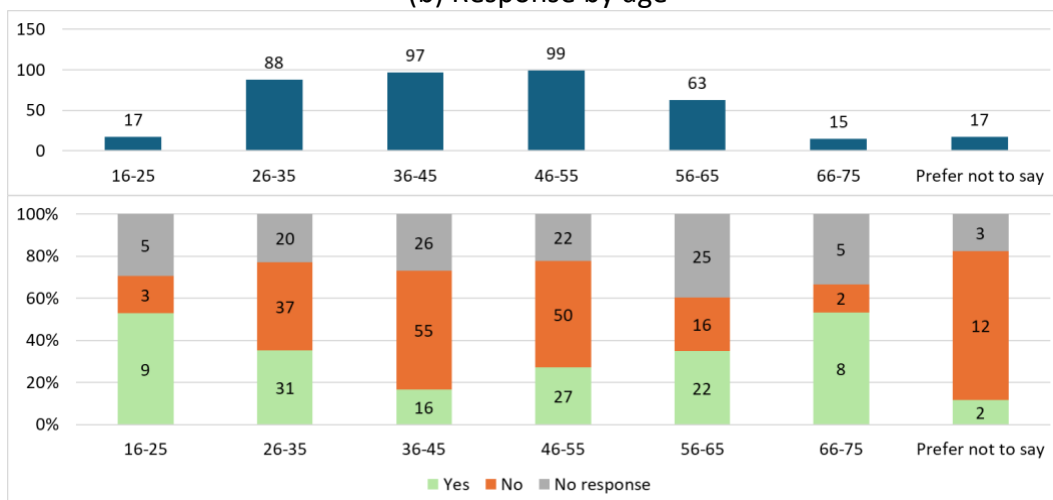
Figure 50: Do you believe that the proposed supervision requirements reflect values, needs and opportunities relevant to Māori, families/whānau and people with lived experience?



(a) Response by gender



(b) Response by age



(c) Response by ethnicity

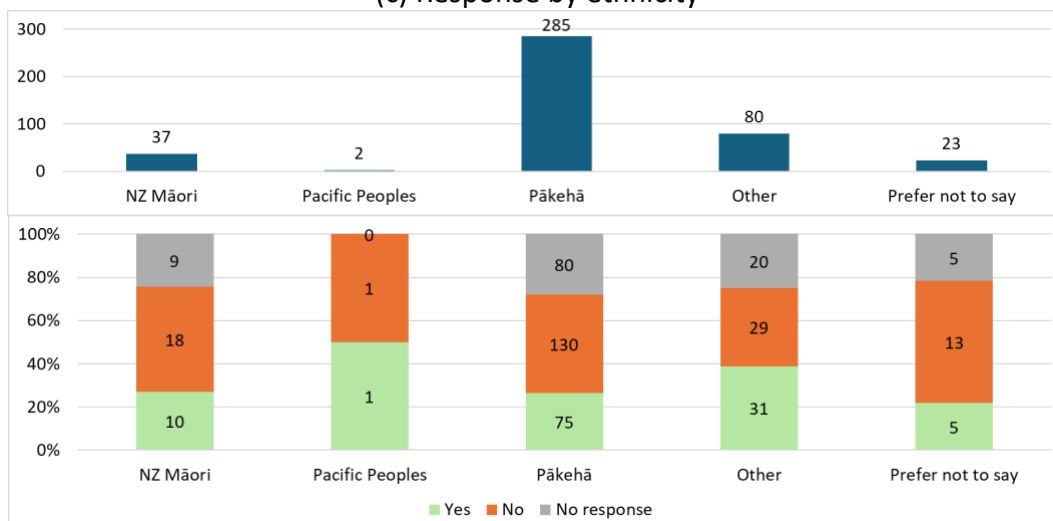


Figure 51: Breakdown of responses to the survey question by gender, age, and ethnicity.

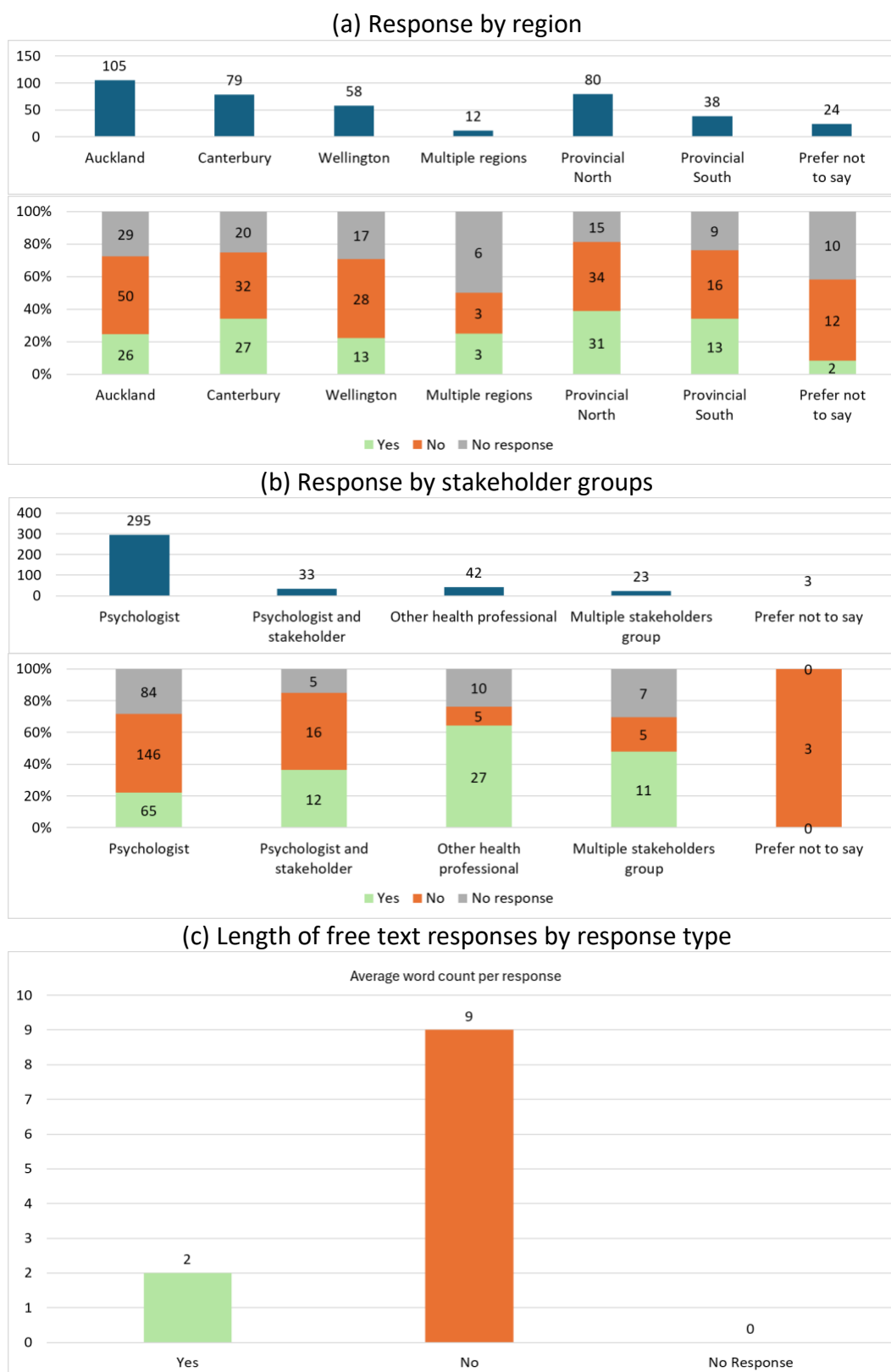


Figure 52: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is ‘Yes’

There were very few written responses from those that answered ‘Yes’ to this question – the main responses were around cultural supervision.

Theme – Cultural Supervision

Keywords/Phrases:

- Cultural supervision
- Māori principles

Summary

Although these respondents generally agreed that the supervision principles reflected the needs described, they did emphasise the importance of cultural supervision as well as including a Māori world view.

Examples

- “The supervision requirements target supporting this role and the values, needs and opportunities relevant to Māori and whanau resonate throughout the documents. Am very happy with what we have read.”
- “While the proposed supervision model includes important references to cultural competence and Te Tiriti o Waitangi, it still largely reflects a Eurocentric framework. The focus on individual reflective practice, formal supervision structures, and standard psychological models tends to align with Western approaches to supervision and mental health care. True integration of Māori values, worldview, and collective practices requires more than adding cultural components—it involves embedding kaupapa Māori principles, whānau engagement, and tikanga into the core of supervision. Without these deeper structural changes, the model risks being culturally superficial and may not fully meet the needs of Māori and other Indigenous clients. To reduce Eurocentric bias, supervision frameworks should actively incorporate Māori-led models, include kaumātua or cultural supervision as a core component, and ensure supervision practices respect relational, holistic, and collective aspects central to Māori wellbeing.”

When the response is ‘No’

Although this question asked respondents to provide alternative wording, none of them did so. The key concerns raised were around inadequate cultural supervision, safety, inadequate training and availability of supervision.

Theme 1 – Cultural Supervision

Keywords:

- Inequities
- Cultural supervision



- Experience
- Safety

Summary

Respondents did not believe the proposed supervision requirements allowed for adequate cultural supervision for APs. Care provided to Māori would be compromised by this lack of supervision.

Examples

- “Effective supervision is critical to ensuring culturally responsive, safe, and high-quality care—particularly for Māori, whose mental health needs require practitioners with strong cultural competence and an understanding of Te Ao Māori perspectives. Given the limited training and experience of Assistant Psychologists (APs), supervision must be robust, frequent, and provided by clinical psychologists with expertise both in advanced clinical practice and culturally grounded frameworks. The current supervision proposals lack clarity on the depth and frequency of cultural supervision and do not guarantee that supervisors will have the necessary cultural expertise or capacity to advocate effectively for Māori clients. Furthermore, insufficient or inappropriate supervision risks further marginalising Māori and whānau by exposing them to practitioners who may lack the skills, knowledge, or cultural sensitivity needed to engage meaningfully and safely. This could deepen existing inequities in access to specialist psychological care, especially as more experienced clinicians leave public services. To truly reflect Māori values and needs, supervision must be culturally informed, uphold the principles of partnership and protection under Te Tiriti o Waitangi, and ensure that APs are supported in delivering care that honours whānau ora and Māori models of health. Without this, the supervision framework falls short of supporting the wellbeing and rights of Māori clients and their families.”
- “While the proposed supervision requirements provide a solid foundation for professional oversight, they currently lack explicit reference to cultural supervision and safe practice training – both of which are essential to meet the needs of Māori, whānau, and people with lived experience. We recommend that cultural supervision be included as a distinct and required component, alongside regular clinical supervision. This would ensure that APs are supported to practice in ways that are culturally safe, uphold Te Tiriti o Waitangi, and reflect the lived realities of the communities they serve.”

Theme 2 – Inadequate Training

Keywords:

- Supervision
- Safety
- Experience



- Insufficient

Summary

Respondents felt that the proposed level of supervision for APs was inadequate for their level of training and that psychologists do not have the capacity to provide the level of supervision required to ensure safety. The proposed level of supervision would not reflect the needs, values and opportunities relevant to Māori, whānau/families and people with lived experiences.

Examples

- “The supervision requirements are less than for an intern who is better trained - the supervision requirements are not sufficient.”
- “I do not agree with the proposed new role of an AP. A one year PGDIP is not enough time to develop all of these competencies safely.”
- “As registered psychologists would be required to supervise APs, co-facilitate their work, and remain clinically responsible for the outcomes. This diverts time and resources away from psychologists’ own caseloads, and may ultimately result in net zero gains - or even increased workload and risk exposure for supervising clinicians. Which would have a direct impact on overall service delivery to Māori, families/whānau and people with lived experience.”



Question 24 – Do you believe the proposed supervision requirements reflect the principles of Pae Ora?

Highlights

- 32% of respondents agreed that the proposed supervision requirements reflect the principles of Pae Ora and 39% did not
- The themes for those who agreed were Cultural Needs and Unrealistic
- The themes for those who agreed were Risk/Safety and Supervision availability and obligations

Detailed Analysis

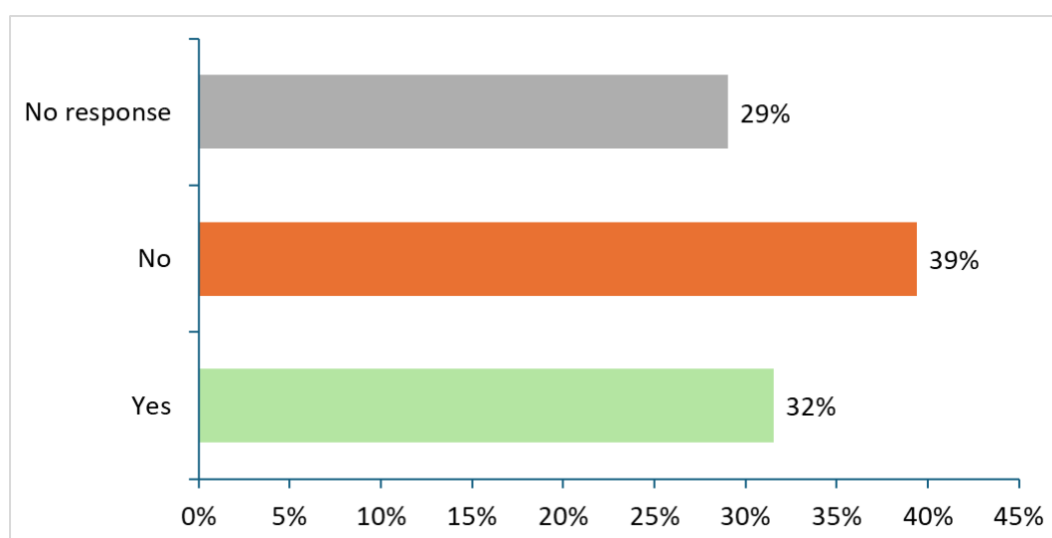
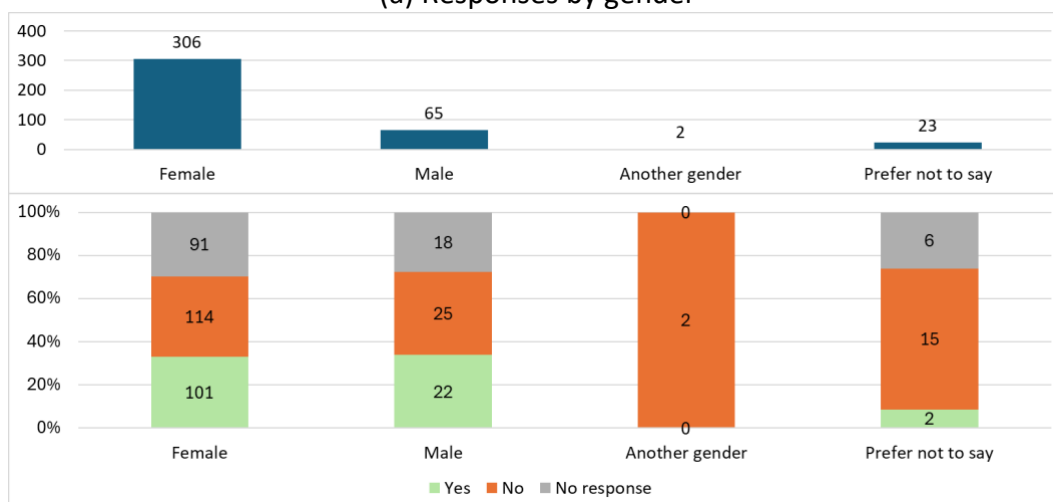


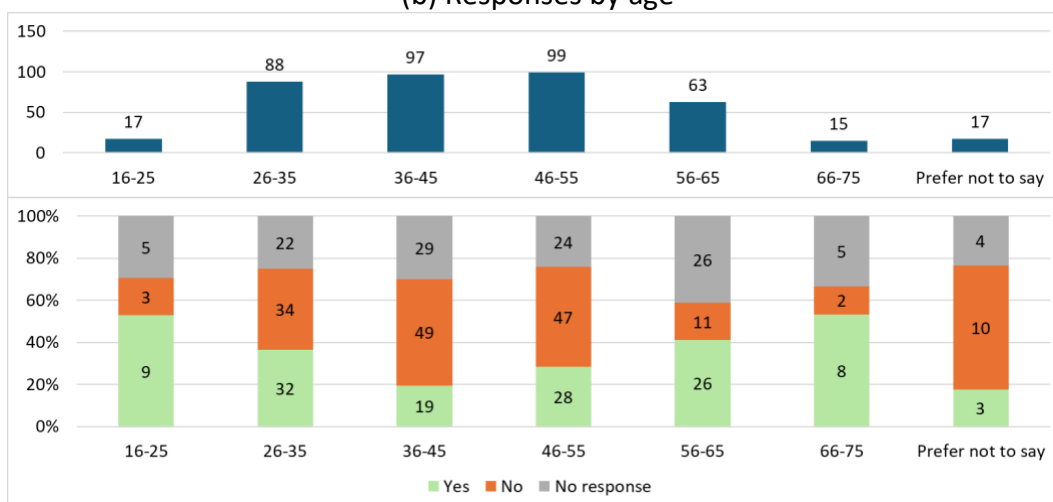
Figure 53: Do you believe the proposed supervision requirements reflect the principles of Pae Ora?



(a) Responses by gender



(b) Responses by age



(c) Responses by ethnicity

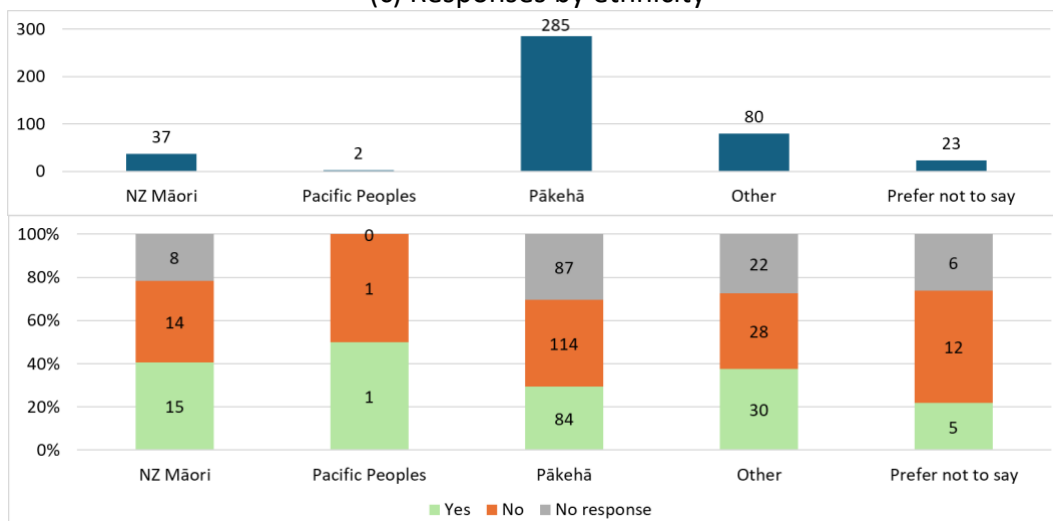


Figure 54: Breakdown of responses to the survey question by gender, age, and ethnicity.

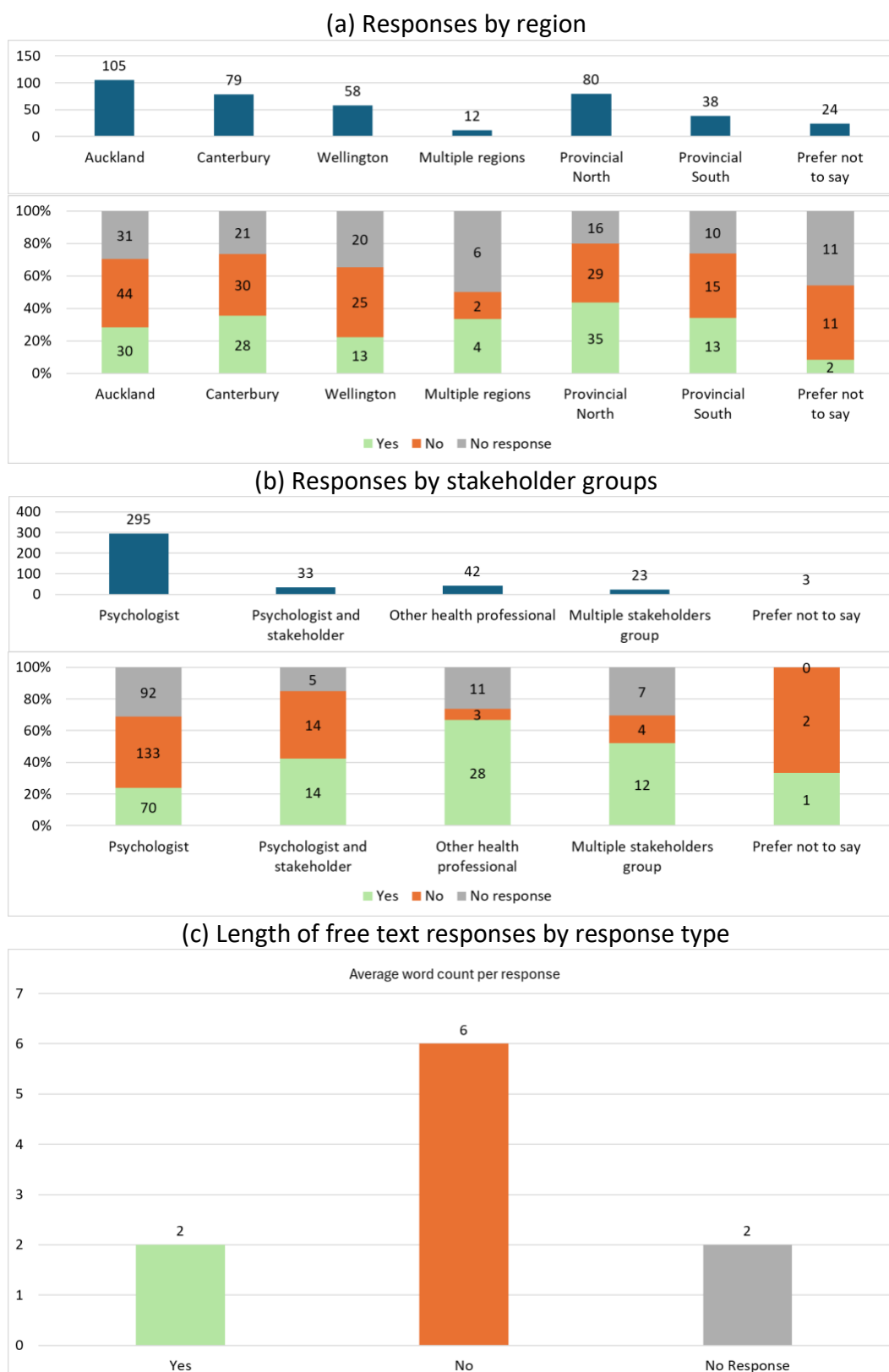


Figure 55: Breakdown of responses by region and stakeholder groups, (a) and (b), respectively. Graph (c) shows breakdown of average word counts in each type of response.



When the response is ‘Yes’

Respondents didn’t include as much free text feedback when they agreed. However, common terms included cultural needs and unrealistic.

Theme 1 – Cultural Needs

Keywords/Phrases:

- Cultural supervision
- Māori consultation
- Te Tiriti

Summary

Respondents requested a stronger emphasis on Māori-led approaches as well as the need for cultural supervision to be included as a core component of the framework.

Examples

- “To align more closely with Pae Ora (as it currently stands, and noting the Health Minister’s announcement on 15/6/25 that there are likely to be changes to the Pae Ora Act), the supervision framework should include cultural supervision as a core component, not just an optional addition. This should apply across all cultural contexts, with particular emphasis on supporting Māori practitioners and ensuring culturally safe practice with Māori whānau. Incorporating cultural supervision would strengthen the role’s alignment with Pae Ora by promoting holistic wellbeing, equity, and culturally grounded care.”
- “Reflection is key to the work as long as Māori are consulted when working with tāngata whaiora and their views incorporated in the work.”

Theme 2 – Unrealistic

Keywords/Phrases:

- Unrealistic
- Not workable

Summary

Some responders who agreed that the proposed supervision requirements reflect the principles of Pae Ora also thought that the requirements were unrealistic. This was due to the pressure already put on the current workforce of psychologists.

Examples

- “But how does it work in reality without strengthening a well qualified workforce of psychologists?”
- “To an extent - I think close supervision from a registered psychologist would be critical to ensure that quality of care is not compromised and that the AP is



practicing safely and within scope. If this were possible, it would unprotect against the risk that this proposed role would negatively impact engagement, equity, etc. However, I just don't see that as being possible given the current status of the psychology workforce within the sectors that APs are being proposed to work. And similar to above - if supervision is disrupted, by the current proposal that would prevent APs working with clients (including existing clients), which I think has high potential to disrupt client care and negatively impact their engagement with mental health services and the quality of their treatment."

When the response is 'No'

Theme 1 – Risk/Safety

Keywords:

- Safety
- Harm
- Dangerous
- Accountability
- Cultural Supervision

Summary

There were strong concerns that the APs would not have enough experience to safely work with clients even if they received the proposed level of supervision. Additionally, cultural supervision was seen to be lacking from the proposal.

Examples

- "It is also a concern that the plan is for APs to eventually supervise each other. A bit like the blind leading the blind. It is stated that the AP is responsible for their own clinical practice following registration. However, they work under the guidance of a Psychologist. So, if there is a complaint made to the employer or to the NZPB, who will be held accountable?"
- "It is insufficient and dangerous. I am concerned decisions are being made by people without adequate understanding of clinical psychology training, workforce pressures and how we actually work - and this will worsen this situation and dilute the quality of care."
- "The likely risk of harm is large. First do no harm."

Theme 2 – Supervision availability and obligations

Keywords:

- Inadequate
- Availability
- Access



Summary

Responders who disagreed felt that the current pressures already on psychologists would be exacerbated by increasing their workload with needing to supervise APs. This would lead to them having even less time to see their clients.

Examples

- “It would be great if there were more people working in mental health, although the time it takes to supervise someone with three to four years of training makes me wonder how this is going to be feasible. Even interns with six or seven years training need a lot of close supervision. Who is going to have time to supervise these professionals?”
- “As a Consultant Clinical Psychologist I am already stretched trying to provide supervision for Intern Clinical Psychologists and qualified Clinical Psychologists as are most of my colleagues (I myself have an intern plus supervise 5 other psychologists). I cannot see it is the best use of my time to supervise this role and given how much support an intern needs to practice safely, I feel it would be a heavy burden to be responsible for the work of someone with this level of training trying to work in specialist mental health services.”



Question 25 – Requirements for Role as Supervisor

This question asked about the requirements for the role as supervisor and there were two options:

- a. *Option 1: Psychologist supervisor with minimum five years post registration experience (not Board approved)*
 - i. *Supervisor holds current Practising Certificate*
 - ii. *Supervisor has completed training in supervision*
- b. *Option 2: Board approved psychologist supervisor meeting the following criteria:*
 - i. *5 years post registration practice experience*
 - ii. *Minimum 2 years post registration supervision experience*
 - iii. *Experience supervising intern and/or newly registered psychologists*
 - iv. *Experience supervising allied health professionals*
 - v. *Board reviewed and approved CCP/audit history*

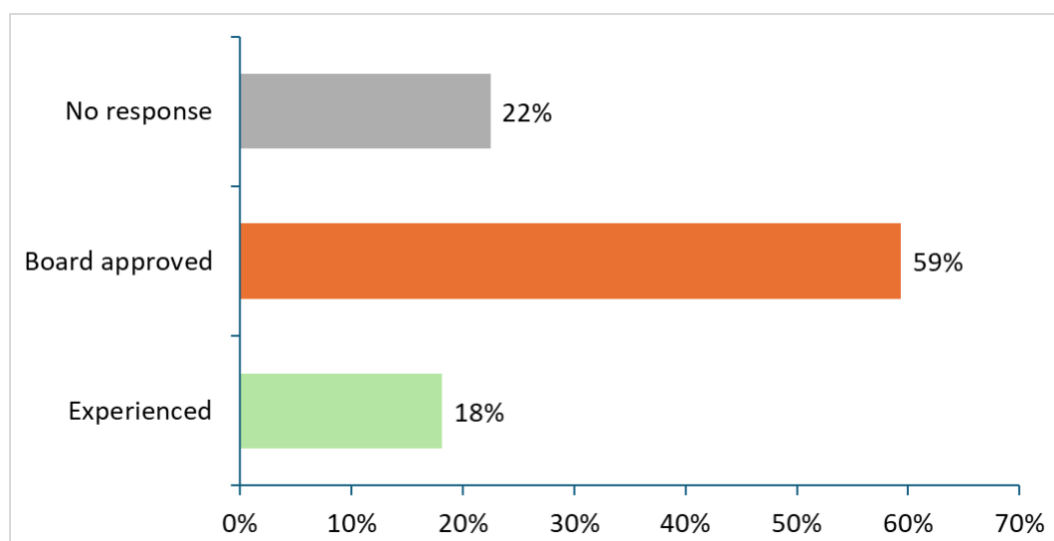


Figure 56: The percentage of respondents who preferred either a 'Board-approved' or 'Experienced' supervisor for the proposed role, or who selected neither option.

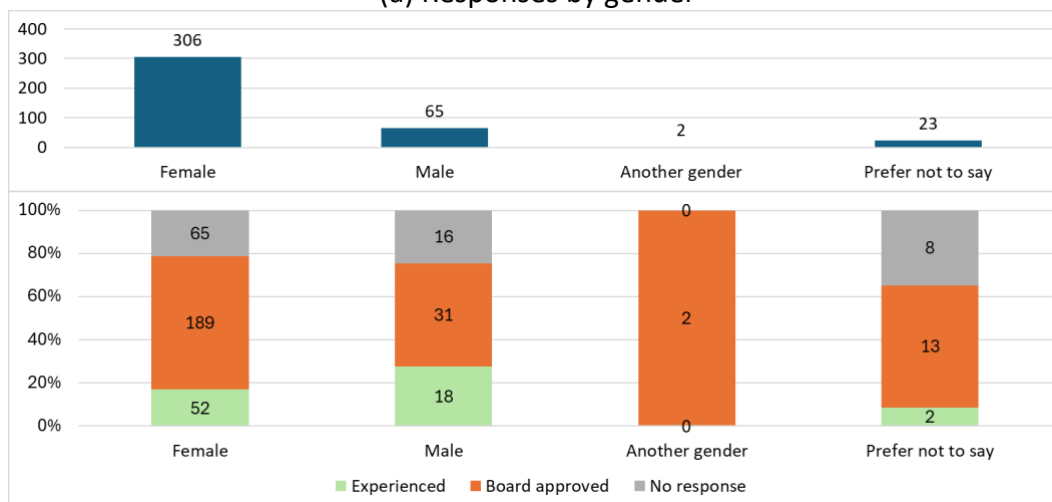
There were 307 responses for this question with approximately three quarters selecting option 2 (see Table 1).

Table 1: Responses to the question on the requirements for the role as supervisor. Note that there were also 89 non-responses to this question.

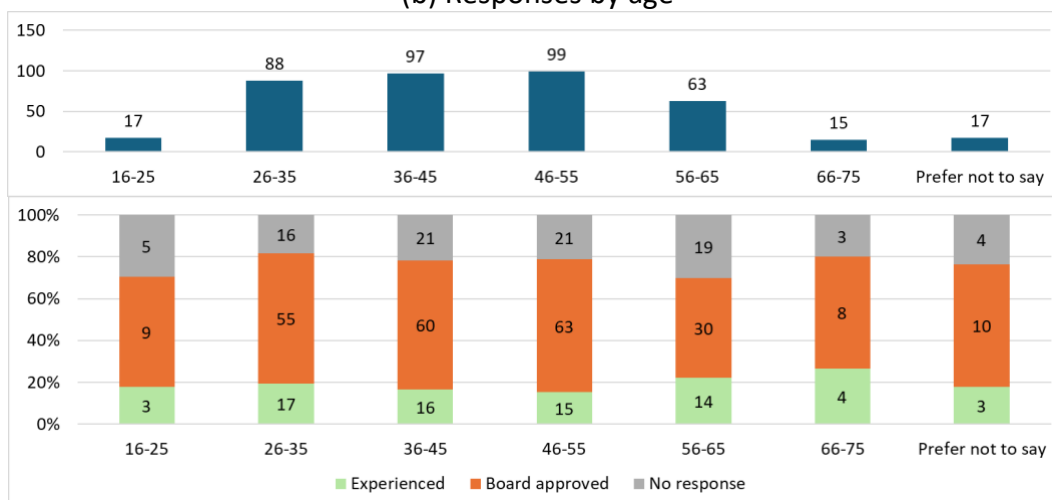
| Option | Number of Responses | Percentage |
|---|---------------------|------------|
| Option 1: Experienced supervisor does NOT have to be Board approved | 72 | 23% |
| Option 2: Board approved supervisor | 235 | 77% |
| Total | 307 | |



(a) Responses by gender



(b) Responses by age



(c) Responses by ethnicity

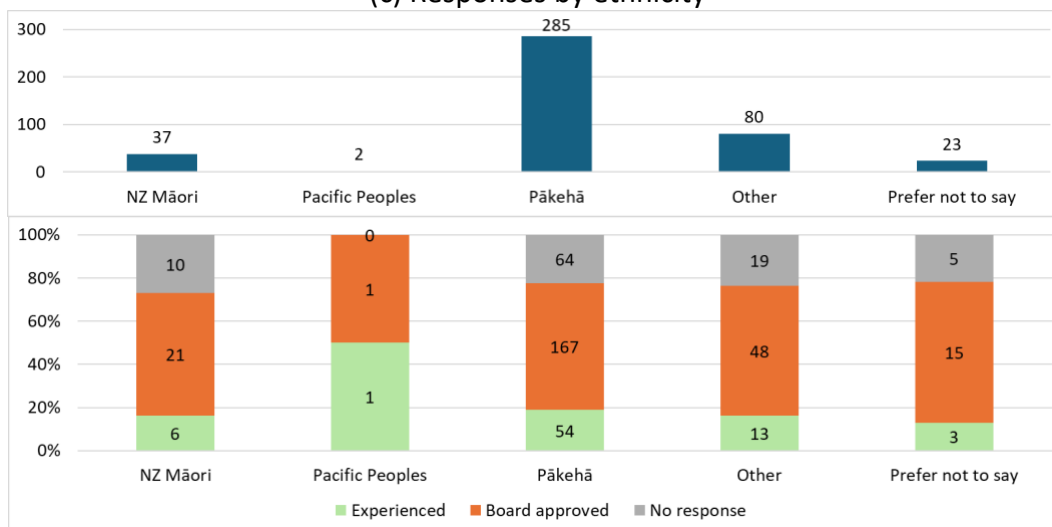
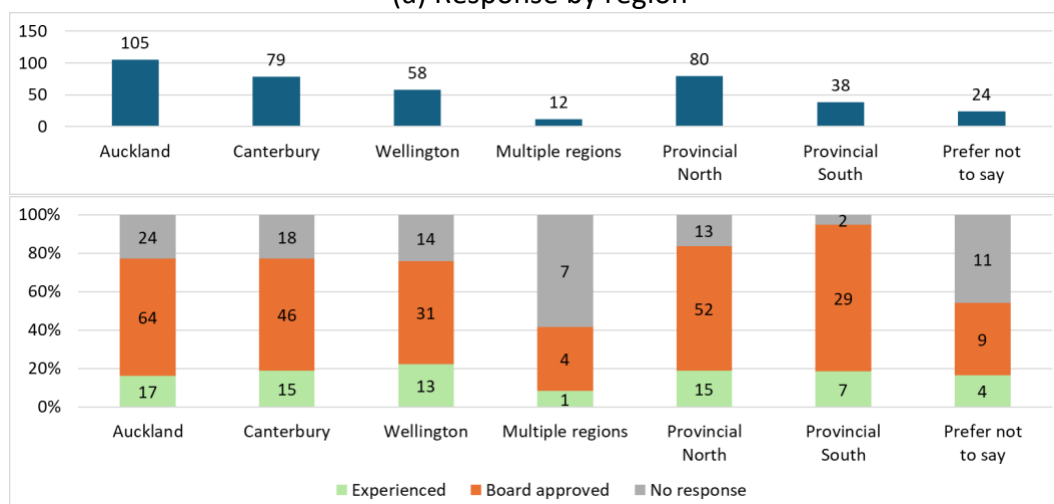


Figure 57: Breakdown of responses by gender, age, and ethnicity.



(a) Response by region



(b) Response by stakeholder groups

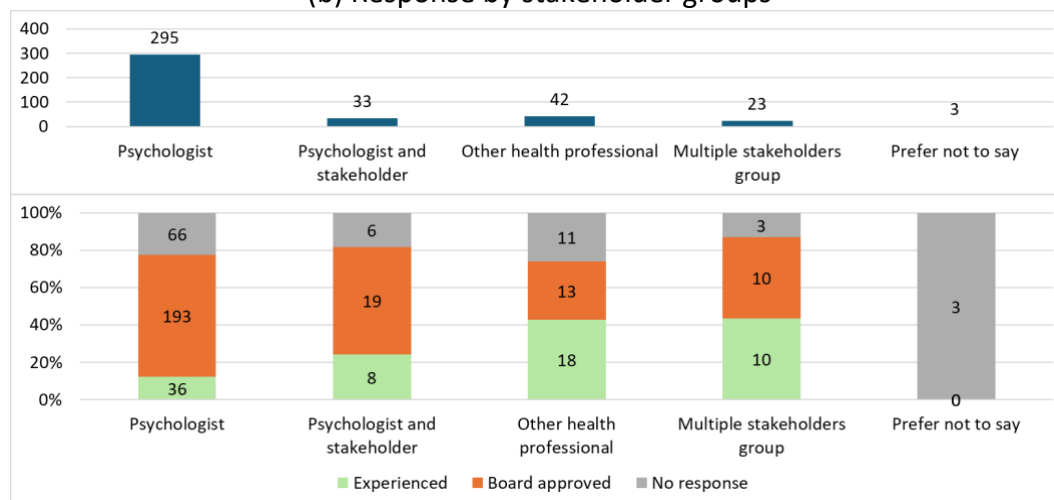


Figure 58: Breakdown of responses by region and stakeholder groups.



Questions for Training Providers Only

Question 26 – Is the tertiary education institution you work for likely to be interested in developing an accredited training programme for APs?

Highlights

- Only 11% of respondents (44 out of 396) provided a response to this question
- Half of those who responded indicated that the tertiary education institution they are affiliated with is likely to be interested in developing an accredited training programme for APs.
- The themes for those who indicated positively were Funding and Alternative Pathway and Growing Workforce

Detailed Analysis

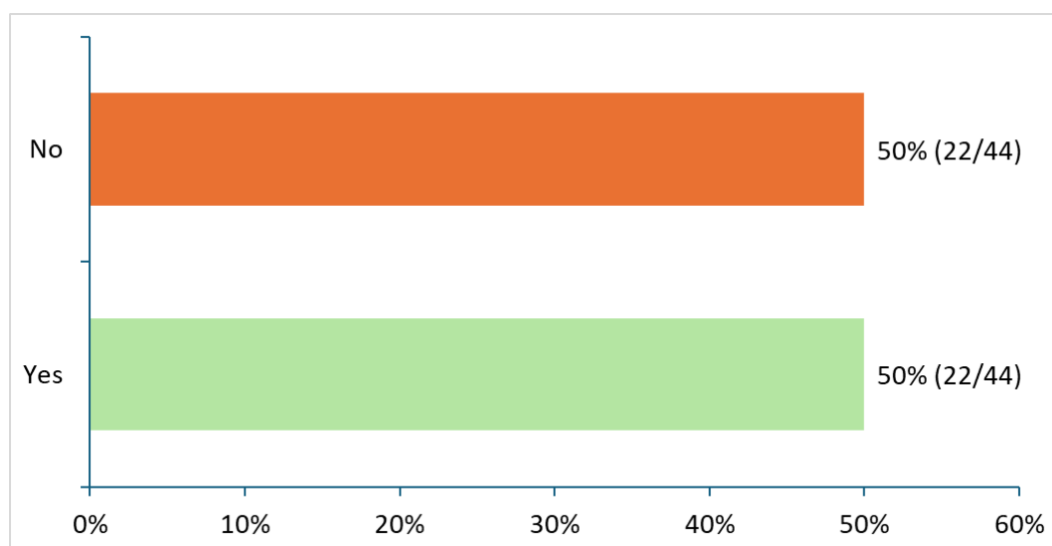


Figure 59: Is the tertiary education institution you work for likely to be interested in developing an accredited training programme for APs?

When the response is 'Yes'

There were relatively few written responses from those that answered 'Yes' to this question.

Theme 1 – Funding

Keywords/Phrases:

- Cost
- Income



Summary

Responders thought that there may be cost risks for education providers as well as many providers being interested as a source of income.

Examples

- “There is interest but running postgrad psychology programmes come with considerable cost to the institution and we lose money so would want supports in place.”
- “It is a source of income and universities are now unfortunately run like businesses.”

Theme 2 – Alternative pathway and growing workforce

Keywords/Phrases:

- Pathway
- Growth

Summary

Responders thought that the role may provide an alternative pathway to the limited current paths and may ultimately result in a larger workforce.

Examples

- “The main reason for this is to provide an alternative training pathway to the many undergraduates that come through psychology departments- most of them want to be clinical psychologists but there are limited training options. Many universities (including ours) see the presence of a clinical psychology training programme as useful in attracting students to their undergraduate programmes but very few are able to progress to clinical psychology training. This pathway would potentially create an alternative route, which could ultimately lead to graduates returning to clinical psychology training, having already gained considerable knowledge and skill in practice.”
- “To grow workforce.”

When the response is ‘No’

There were very few written responses from those that answered ‘No’ to this question – the responses focused on risk and workload.

Examples

- “Too controversial and risky for the public.”
- “Resourcing! Who will do this work, when we are swamped in managing professional training programmes currently?”



Question 27 – Part of the rationale for developing the AP role is to develop a new mental health workforce by providing a training qualification for psychology undergraduates. Do you think there will be demand from psychology undergraduates for this new qualification?

Highlights

- Only 11% of respondents (44 out of 396) provided a response to this question
- 77% of those who responded agreed that there will be demand from psychology undergraduates for this new qualification.
- The themes for those who agreed were Limited Pathways and Risk

Detailed Analysis

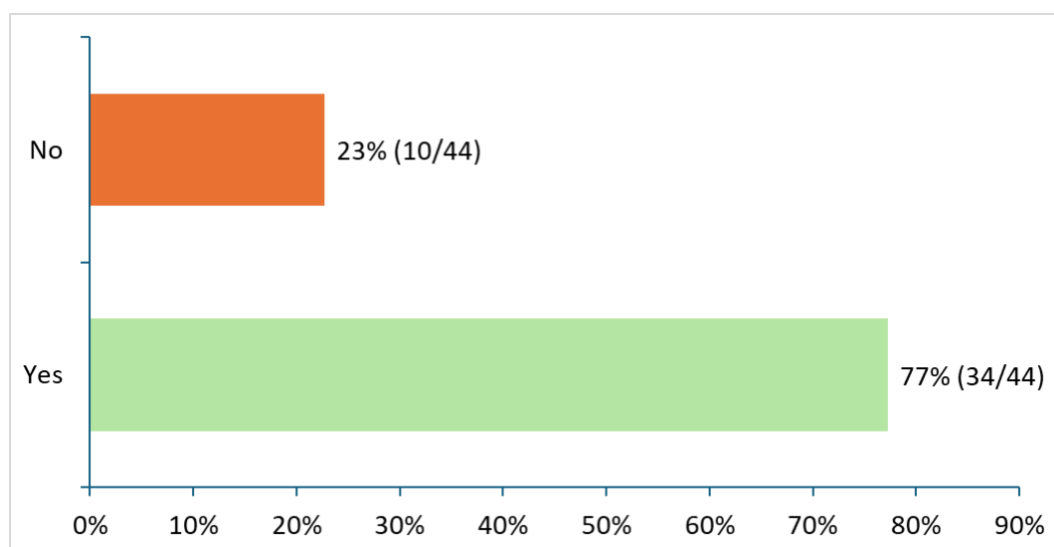


Figure 60: Do you think there will be demand from psychology undergraduates for this new qualification?

When the response is 'Yes'

There were relatively few written responses from those that answered 'Yes' to this question. Those that provided written responses thought there would be strong demand.

Theme 1 – Limited Pathways

Keywords/Phrases:

- Alternative
- Limited
- Pathway



- Lack of places
- Restricted access

Summary

Respondents wrote about students being very keen on an alternative pathway due to the restricted access and lack of opportunities in existing pathways.

Examples

- “I think it would be of interest for those interested in being involved in therapy work without the restricted access to the clinical training and the reduced time of post graduate training.”
- “However, only because there are a lack of places for internship programmes.”
- “Yes, absolutely. As a psychology undergraduate, I have consistently looked for opportunities to gain practical experience in the field to prepare for future employment. However, in reality, most psychology-related jobs in New Zealand are highly inaccessible to undergraduate students. Internships are scarce, and many roles require postgraduate qualifications or registration. Introducing a structured qualification like the Associate Psychologist role could provide a valuable and realistic pathway for students who are committed to working in psychology but are currently left without options after completing their undergraduate degree.”

Theme 2 – Risk

Keywords/Phrases:

- Denied access
- Opportunities post training

Summary

Respondents wrote about there being a risk about the standard of students that applied but were denied by existing pathways. There was also concern that students may struggle to find job placements after training in this role.

Examples

- “There are many psychology undergraduates that are not successful in gaining entry into higher courses, such as clinical psychology training. As such, I think there would be sufficient numbers of interested parties to the AP training. That does NOT mean it is a good idea, however. It also suggests that this workforce may become filled with those who were not strong enough to enter into more advanced training. The AP workforce should not be filled with 'failed' clinical psychologists”
- “Students who have difficulty getting into the existing professional training programmes can be frustrated by that and will definitely be interested. However, it's important to note that there are usually very good reasons why students may not be successful at gaining entry to existing courses - e.g. lack of insight or self-awareness;



lack of knowledge; inappropriate attitudes towards the client group; insufficient grades for the high level of work required; difficulty with quality interpersonal interactions which might then affect their interactions with clients and leave a vulnerable client group at risk.”

- “I think the demand will be huge from students (and its great++ to have more options to support Psychology undergrad students into the workforce), but the employment opportunities at the completion of the course may be an issue.”



Question 28 - Based on the proposed scope and competencies, what is your view on how many hours practicum the AP should complete as part of their training?

Where possible, the responses have been interpreted into a number of hours. It should be noted that the analysis here focuses on the responses to this question and relatively few people responded to this question. However, in other questions there has been a repeated theme of insufficient training so that should be taken into account when interpreting the results.

The median number of hours for practicum is 750 to 1000 (see Table 2).

Table 2: Number of hours practicum suggested by respondents for the AP role.

| Response | Respondents |
|----------------------|-------------|
| Less than 600 hours | 3 |
| 600 hours | 4 |
| 750 to 1000 hours | 8 |
| 1500 hours | 7 |
| More than 1500 hours | 3 |



Question 29 - What is your view about the appropriate length for a training programme leading to registration as an AP?

Where possible, the responses have been interpreted into a duration. Like with the previous question, it should be noted that the analysis here focuses on the responses to this question and relatively few people responded to this question. However, in other questions there has been a repeated theme of insufficient training so that should be taken into account when interpreting the results.

The median duration suggested for the training programme is 1.5 years.

Table 3: Duration of training programme leading to registration as an AP, suggested by respondents for the AP role

| Response | Respondents |
|-------------------|-------------|
| 1 year | 9 |
| 1.5 years | 4 |
| 2 years | 6 |
| More than 2 years | 4 |



Questions for Potential Employers Only

Question 30 - Do you think there is a need for a new role in the mental health workforce to meet demand?

Highlights

- Only 26% of respondents (102 out of 396) provided a response to this question.
- 34% of those who responded agreed that there is a need for a new role
- The themes for those who agreed were High Demand and Free Psychologists Up
- The themes for those who disagreed were Support Existing Pathways, Increase FTE, Retention, and Reluctant to hire new Aps

Detailed Analysis

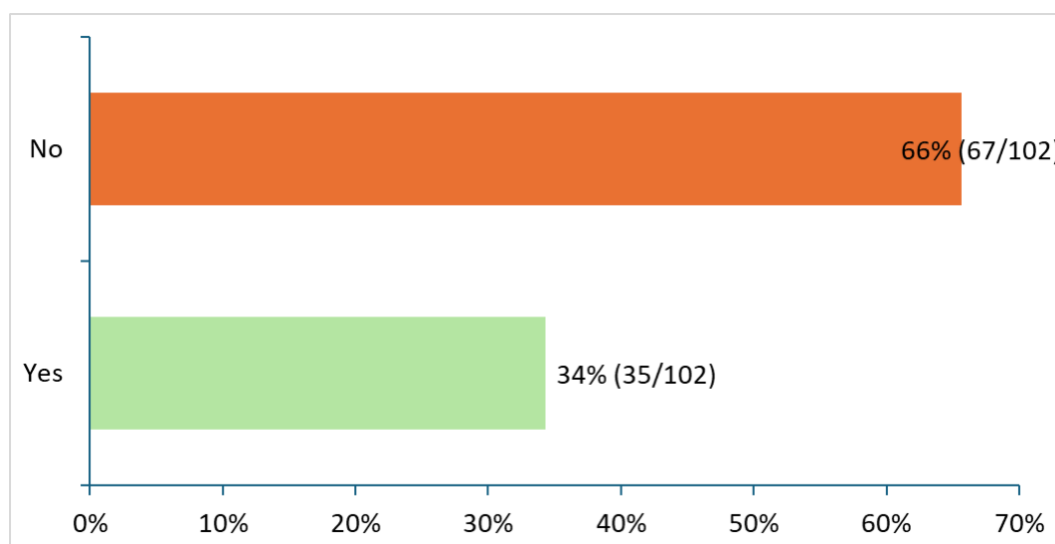


Figure 61: Do you think there is a need for a new role in the mental health workforce to meet demand?

When the response is 'Yes'

Theme 1 – High demand

Keywords/Phrases:

- Access
- Waitlist
- Demand

Summary

Respondents wrote about there being a great need given the demand for services and the access and waitlist issues that results in.



Examples

- “Immense need given severity, waitlist and wait times.”
- “We have to increase access to mental health services. I do however believe there should be high selection criteria set to gain entry in this training.”

Theme 2 – Free psychologists up

Keywords/Phrases:

- Triage
- Low level

Summary

Respondents wrote about the potential to free up some psychologist time if APs could be successfully used for lower skilled tasks such as case management and psychometrics.

Examples

- “We can't meet the demand currently and it would free psychologists up to work where their skill are.”
- “For triaging, admin, case managing, psychometrics and some assessment tasks and group work only. Not to independently assess and make treatment recommendations or provide any 1:1 interventions or therapy.”

Additional feedback

A small number of respondents also wrote about the risk of undermining existing roles and recruitment issues

Examples

- “We can't meet the demand currently and it would free psychologists up to work where their skill are.”
- “Absolutely. But this needs to be done in the right way that is well informed, safe, and sustainable. It also needs to ensure that it doesn't undermine and devalue the workforce that already exists including Psychologists and non-Psychologists.”

When the response is ‘No’

Theme 1 – Support Existing Pathways

Keywords/Phrases:

- Strengthen
- Intern
- Existing/Equivalent
- Training



Summary

Respondents wrote about there being existing pathways that could use the resources that would be used in establishing the AP role. In particular, they wrote about strengthening training, internship paths and other roles in the broader workforce.

Examples

- “I do not believe there is a need to introduce a new role like the proposed Assistant Psychologist (AP) to meet mental health workforce demand. Instead, viable and safer alternatives already exist that would better support and strengthen the workforce without compromising quality or safety.”
- “We already have well established postgraduate psychology programmes. Please spend resources on improving our already existing programmes and increasing access to psychology training to ensure that more psychologists are entering the workforce, more psychologists are retained in Te Whatu Ora roles, and that more people from diverse background, including Māori, are accepted in to postgraduate psychology programmes.”
- “Resources devoted to the development of the proposed new AP scope may be better used to increase opportunities for psychology graduates to undertake internships.”

Theme 2 – Increase FTE

Keywords/Phrases:

- Funding
- Not enough roles
- Greater capacity

Summary

Respondents wrote about there being not enough roles/funding available to meet the demand. This applied to both Psychologist roles and other roles in the workforce. Some also wrote about there being fewer roles available than the number of students trained.

Examples

- “I want to make it clear again that without increases in FTE this scope does not increase the workforce, it just replaces existing workers with someone with less training.”
- “I think there is a need for greater capacity of current roles”
- “There are currently clinically trained registered clinical psychologists unable to gain employment, we also have an increase in the number of students in programmes that will be seeking employment in a couple of years.”



Theme 3 – Retention

Keywords/Phrases:

- Pay
- Conditions
- Funding

Summary

Respondents wrote about the need for a greater emphasis on retaining existing psychologists, particularly in the public sector.

Examples

- “There needs to be appropriate pay for actual trained and skilled psychologists to be providing actual evidence based therapy in services!”
- “There is need for new funding and better conditions for psychologists in the public system. Not just new sub par roles to fill holes”
- “We don't need a new role, which just need to recruit and retain psychologists and other highly trained professionals in our public service. Every year, new clinical psychology graduates pour out of training programmes and across the Tasman. In most of the country, psychology FTE in Te Whatu Ora sits unfilled because psychologists are treated so poorly.”

Theme 4 – Reluctant to hire Aps

Keywords/Phrases:

- Employ
- Safe/risk
- ACC

Summary

Respondents wrote about being reluctant to hire APs due to risk, training and scope of practice. ACC requirements were also mentioned.

Examples

- “We employ many psychologists, but for reasons stated in question 8, I do not think we would employ AP's due to the risks they pose to staff and client and the business. I do not think ACC would allow them to be employed, given they wont even allow postgraduate intern psychologists in many instances.”
- “I would only hire providers/therapists with a proven track record of high-quality training in evidence-based care and working from a bicultural framework. This new scope is insufficient.”



Question 31 - Is your workplace likely to offer opportunities for intern APs to gain supervised experience as part of their training programme?

Highlights

- Only 24% of respondents (97 out of 396) provided a response to this question
- 78% of those who responded indicated that their workplace is unlikely to offer opportunities for intern APs to gain supervised experience as part of their training programme.
- The themes among those who viewed this as unlikely were Prioritise Current Internship Pathways and Insufficient Time/Resourcing

Detailed Analysis

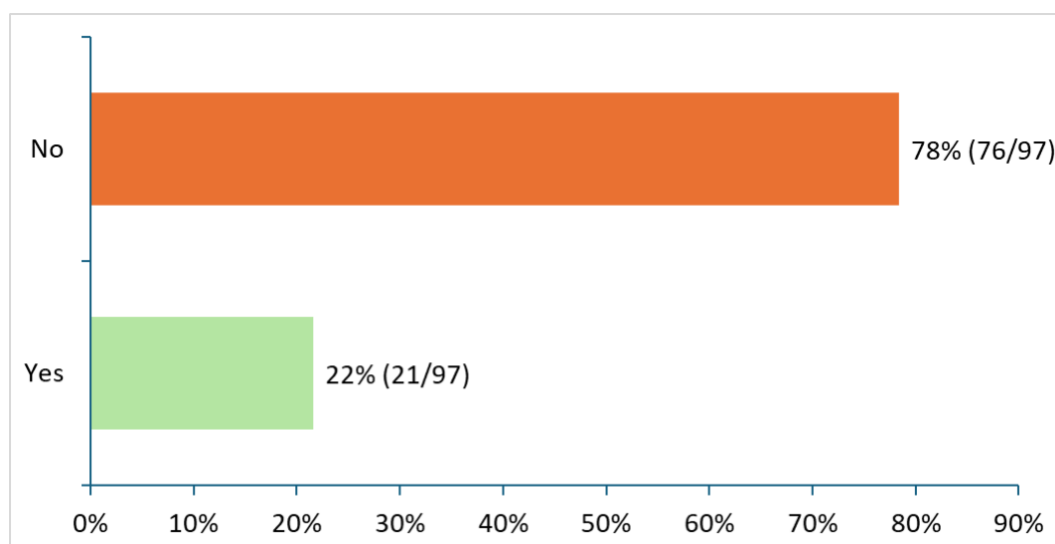


Figure 62: Is your workplace likely to offer opportunities for intern APs to gain supervised experience as part of their training programme?

When the response is 'Yes'

Summary

There are no clear themes that appear in more than one response.

When the response is 'No'

Theme 1 – Prioritise current internship pathways

Keywords/Phrases:

- prioritise
- psychology students/interns



- already

Summary

Respondents wrote about their organisation already supporting psychology interns and development for newer people in other roles. They said that they would continue to prioritise those types of interns.

Examples

- “I would not support this - if we go to the point where we were able to provide an internship, the priority would be for intern psychologists, not AP's”
- “We have to prioritise supervision for interns who will become fully qualified clinical psychologists who can work with moderate to severe complexity and risk needs with cultural competence. This role may be ok for NGOs and primary care but not for secondary and tertiary services. People deserve better.”
- “We are already providing support for intern psychologists, of which numbers are expected to grow significantly in the coming years - there is no need for an AP scope to add benefits to our team, with us gaining more benefit from employing intern psychologists and looking to retain them longer term to have a bigger impact on our higher needs clients.”

Theme 2 – Insufficient time/resourcing

Keywords/Phrases:

- Insufficient
- capacity
- time
- resources

Summary

Respondents wrote about their organisation already supporting psychology interns and development for newer people in other roles. They said that they would continue to prioritise those types of interns.

Examples

- “Already stretched providing supervision for interns and other staff.”
- “No capacity. Available psychologists that have the experience to supervise are already supervising interns.”
- “I will be against it as it will take resources away from psychology”

Additional feedback

A small number of respondents also wrote about the risk of supervising APs and about the role not being suitable for the organisation where they are currently practicing.



Question 32 - What factors would make it more/less likely that your workplace could offer AP internships?

Highlights

- Only 16% of respondents (62 out of 396) provided a response to this question
- The themes of responders in response to this question were Funding, Prioritise Current Internship Pathways, and Supervision

Detailed Analysis

Summary

There were 62 responses to this question in total. Respondents wrote about the need for funding, prioritisation of existing pathways, clarity and supervision capacity.

Theme 1 – Funding

Keywords/Phrases:

- funding
- pay

Summary

Respondents wrote about the need for additional funding to incentivise supervision and pay for additional FTE to free up psychologist time

Examples

- “Funding, dedicated resourcing for supervision”
- “Incentives for registered Psychologists such as payrise for those providing supervision”
- “Money. I see places like community mental health offering places to AP due to budget cuts rather than selecting candidates that are well trained and can provide what is needed to the community.”

Theme 2 – Prioritise current internship pathways

Keywords/Phrases:

- prioritise
- psychology students/interns
- already

Summary



Respondents wrote about their organisation already supporting psychology interns and development for newer people in other roles. They said that they would continue to prioritise those types of interns.

Examples

- “There is already insufficient internship/training opportunities for Psychologists so I would offer positions to Psychologists. I would not offer a position to an AP.”
- “Already giving priority to clinical psychology interns. Not enough experienced psychologists to supervise them. No room for more work that’s more clinical risky for both parties”
- “We prioritise training of psychologists.”

Theme 3 – Supervision

Keywords/Phrases:

- Support
- Availability
- Capacity

Summary

Respondents wrote about needed to provide additional FTE to allow Psychologists to be available to support internships.

Examples

- “If Te Whatu ora guaranteed either more fte for psychologists and allied health and to guarantee that these roles would not just be taken out of current fte. Guaranteed extra supports for senior staff who are supervising or even specialist fte at a higher rate to make supervision of these roles specialist work and ring fence time for this work rather than having to find extra time amongst clinical, supervisory leadership and professional practice”
- “I would offer opportunities, IF we had enough supervisors who already weren't burning out trying to supervise reg psych students and interns.”

Additional feedback

Some respondents also talked about the need for a clear guidelines and others also expressed a need to be careful about the term “intern” and the confusion it may cause.



Question 33 - Is your workplace likely to create roles for APs within a multi-disciplinary team?

Highlights

- Only 23% of respondents (92 out of 396) provided a response to this question
- 78% of those who responded indicated that their workplace is unlikely to create roles for APs within a multi-disciplinary team
- The themes among those who viewed this as unlikely were Prioritise Current Internship Pathways and Other Professions/Scopes

Detailed Analysis

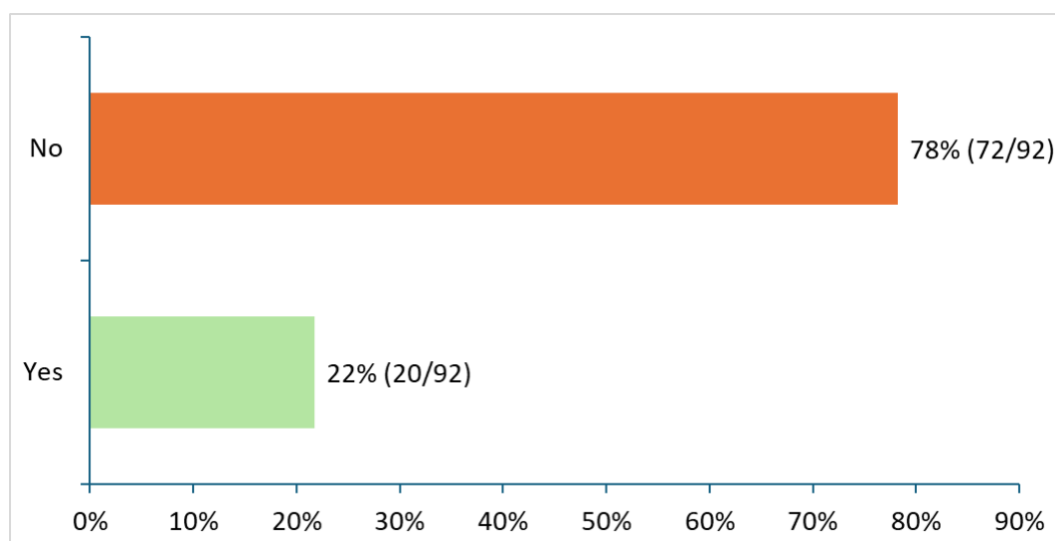


Figure 63: Is your workplace likely to create roles for APs within a multi-disciplinary team?

When the response is 'Yes'

Summary

There was little free text feedback from those who answered 'Yes'. Those that did wrote about already operating in multi-disciplinary teams.

When the response is 'No'

Theme 1 – Prioritise current internship pathways

Keywords/Phrases:

- prioritise
- psychology students/interns
- already

Summary



Respondents wrote about their organisation already supporting psychology interns and development for newer people in other roles. They said that they would continue to prioritise those types of interns.

Examples

- “Getting approval to advertise for vacant roles is already difficult enough within Te Whatu Ora. If we got additional FTE we'd want to prioritize recruitment of already registered staff that don't need the level of support and monitoring an AP would need.”
- “We need case managers who can work and manage complex risk issues, provide interventions and manage complex systems and do duty/crisis work. Our services then need to prioritise training opportunities to long term MH professionals not those that can only work in very limited ways otherwise it's a huge risk to services and communities”

Theme 2 – Other professions/scopes

Keywords/Phrases:

- Other professions/scopes

Summary

Respondents wrote about a preference to use people from other professions such as OT's, social workers and nurses.

Examples

- “I would hire key workers and other scopes of practice (e.g., OT's, counsellors, etc.)”
- “Other professions exist we can use already and these are better trained than APs will be based on current plans for the scope.”
- “Not in mine. I gather there is some interest from specialist teams who treat a very limited range of problems with highly manualised interventions - perhaps to have assistance with group delivery, as they train social workers, OTs and nurses to do. But my advice to someone who wanted to do that work would be to get a qualification in one of those three professions, so they could operate independently and move from one area of work to another without needing permission from the Psychologists Board.”



Question 34 - What capacity does your workplace have to provide APs with access to supervision by a suitably experienced psychologist?

Highlights

- Only 18% of respondents (71 out of 396) provided a response to this question
- Around 40% of those who responded indicated limited capacity
- Limited capacity was primarily due to existing supervision responsibilities and current client demand.

Detailed Analysis

We have classified the responses into none, limited, sufficient and unclear. Around 40% indicated some capacity. However, most of those were at the more limited end.

Table 4: Frequency of responses to capacity for supervision.

| Response | Respondents | Percentage |
|------------|-------------|------------|
| None | 42 | 59% |
| Limited | 20 | 28% |
| Sufficient | 7 | 10% |
| Unclear | 2 | 3% |

In all categories, respondents wrote about already being at or near capacity. This came in two forms – at capacity with existing supervision commitments and at capacity with existing client demand.

Those who indicated some capacity wrote about the need for funding and dedicated time set aside for supervision.

Among those who indicated no capacity, there were some that said they had some supervision capacity but would rather use it to support other roles. Some of those with no capacity also indicated that safety/risk was a concern or that the requirements specified restricted their ability to meet them.



Question 35 – Do attached scope and competencies fit with your workplace/context of practice (if outside of mental health/addictions service provision)?

Highlights

- Only 19% of respondents (74 out of 396) responded to this question
- 27% of those who responded agreed that attached scope and competencies fit with their workplace/context of practice.

Detailed Analysis

27% of those who responded to this question indicated that the attached scope and competencies fit with their workplace/context of practice (see Figure 16)

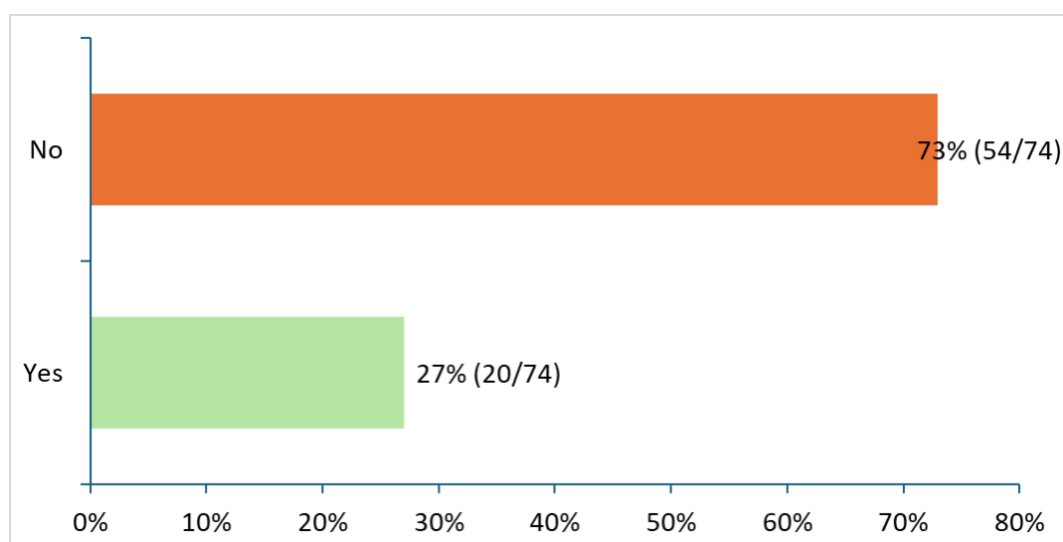


Figure 64: Do attached scope and competencies fit with your workplace/context of practice (if outside of mental health/addictions service provision)?



Question 36 - Does your workplace have team(s) which could provide sufficient support as per the scope description for an AP?

Highlights

- Only 21% of respondents (84 out of 396) provided a response to this question
- 30% of those who responded to this question indicated that their workplace have team(s) which could provide sufficient support as per the scope description for an AP.

Detailed Analysis

30% of those who responded to this question indicated that their workplaces have team(s) which could provide sufficient support (see Figure 17).

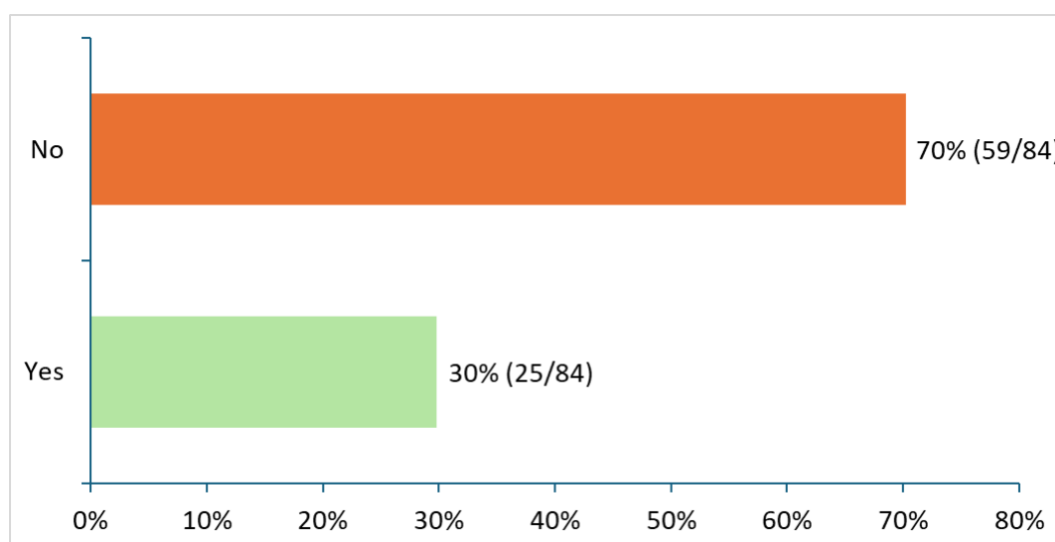


Figure 65: Number of respondents who indicated their workplace have team(s) which could provide sufficient support. Note that the percentages are of those that responded to this question.



Question 37 - Within your workplace/sector, would any of the title options create potential challenges for you as an employer?

Highlights

- Only 21% of respondents (83 out of 396) provided a response to this question
- 71% of those who responded, indicated that the title options will create potential challenges for employers.
- The themes for the responders who indicated that the title options will create potential challenges were Confusion, Trust and Safety.

Detailed Analysis

71% of those who responded to this question indicated that the title could create potential challenges for them as an employer (see Figure 66).

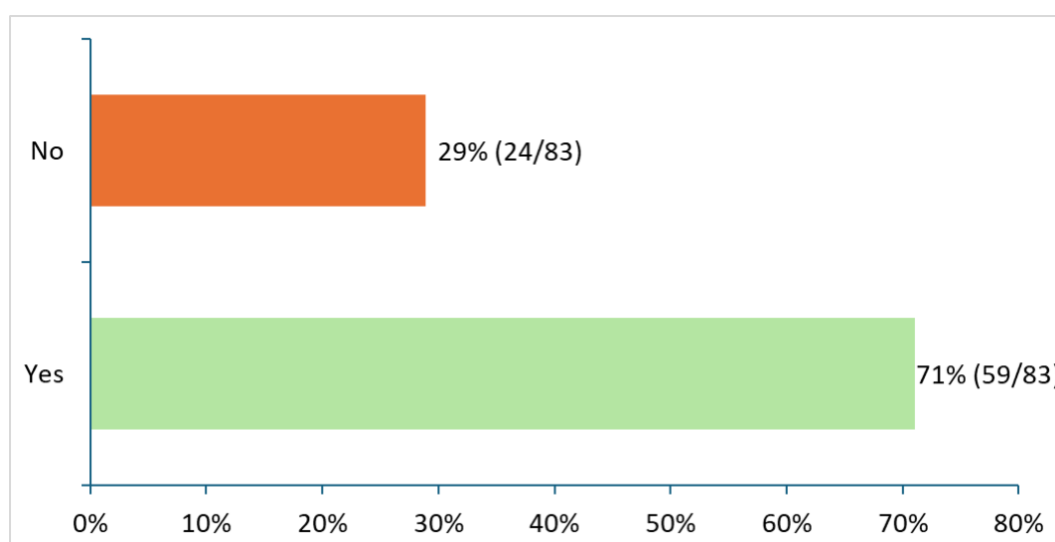


Figure 66: Number of respondents who indicated that the title options would create potential challenges for them as an employer. Note that the percentages are of those that responded to this question.

There was little written feedback and no clear themes amongst those who responded “No”.

When the response is ‘Yes’

Theme 1 – Confusion

Keywords/Phrases:

- confusing
- public/clients/patients
- other staff
- psychologist



- associate
- assistant

Summary

Respondents wrote about there being potential confusion amongst the public/clients/patients about whether they were a psychologist or not and about the scope of their role. Many were concerned that people would not realise there was a difference or what that difference was. A few were also concerned about role clarity between the AP and other roles (e.g. social workers).

Overall respondents were more concerned about the inclusion of the word “psychologist” than “associate” but there were a reasonable group who thought “associate” could cause challenges. “assistant” was also mentioned but more rarely.

Examples

- “The title options which include the term psychologist would not be acceptable in my workplace as this would create confusion to patients.”
- “The public perception of the inclusion of the word Psychologist I believe is likely to mislead the public as to the quality of care they can and may receive. It would be false advertising.”
- “Much prefer psychology assistant as this provides more clarity to social workers and others on what the role is and what it entails. Associate Psychologist is not clear of what the role is.”

Other themes

Other themes were mentioned far less often. These included “trust” and “safety”.

Examples

- “Yes, including the word “Psychologist” in the title would create significant challenges. It risks confusing clients (kiritaki) and the public, who are likely to assume that Associate Psychologists have equivalent training and expertise to fully registered psychologists or clinical psychologists, which is not the case. This misperception could lead to unrealistic expectations, decreased trust if outcomes are poor, and potential complaints or reputational damage for the service and employer. For clarity, transparency, and to protect public safety, the title should clearly reflect the distinct and more limited training and scope of this role.”



Question 38 - Any additional comments

There was a reasonably large amount of free text feedback for this question. Most of the responses were opposed to the creation of the AP role. In terms of themes, for the most part it echoed themes from earlier questions including:

- Role/Title confusion
- Safety
- Replacement/substitution of existing roles
- Desire to strengthen existing pathways
- Capacity constraints
- Access
- Equity
- Supervision needs and burden
- Additional training

Other themes not previously seen

Theme 1 – Undermine the profession

Summary

This theme relates to trust, which we've seen earlier. However, here it is presented as a threat to the profession as a whole, rather than trust of psychologists in more specific situations.

Examples

- “I do not support the introduction of this new scope, particularly not being part of the psychologists board and having any link to psychology/psychologists. I believe this ultimately will undermine the profession as a whole and misguide those we are aiming to treat and support within Aotearoa.”
- “Te Whatu ora might say they wouldn't hire APs instead of (clin)psychs BUT THEY WILL Please don't be naive and endanger our entire profession by supporting this nonsense”

Theme 2 – Consultation

Summary

Some respondents had comments on the consultation process (both in this survey and earlier). This was primarily, though not entirely, critical of the process. Specifics included the amount of consultation, the timing/speed of consultation and whether the feedback received influenced the outcome.



Examples

- “Impossible to answer the questions as posed - I am fundamentally opposed to the AP role as proposed but it seems that this is a done deal. Consultation has come far too late - too many assumptions and hysteria are now surrounding the role - had this been a slower and better thought-out process I think more of the profession would have come on board. I feel that what I say now and my concerns will have little impact on the process.”
- “The psychology profession has not been meaningfully consulted throughout this process. The evidence is clear within the timelines and represents the interests of particular parties. The psychology profession has clearly expressed concern about the proposed role and risk this poses to public safety.”
- “Thank you very much for consulting on this - I really appreciate that you guys have tried to communicate and email about it, and it's a shame that others didn't read the emails and engage in the process more earlier. I am personally pleased with how the board has attempted to consult, it's just a shame that TWO has made this so quick and acted before getting your advice. Hopefully the strong feedback you receive from members will empower you to be able to make appropriate recommendations to TWO. This is a really critical time for the health sector and psychologists in particular, and we greatly appreciate your leadership. Thank you”

Theme 3 – Saving money

Summary

Some respondents indicated they were concerned that saving money was a primary driver for the creation of the AP role.

Examples

- “I would prefer not to introduce the AP role as the acuity of tāngata whaiora/clients' problems is very high and I think it will downgrade the role of clinical psychologist as agencies and Te Whatu Ora try to save money.”
- “We feel that everybody has been coerced to comply with the directives of the current government, and that there is no protection for the Psychology profession anymore. It looks like Psychologists are going to be replaced at TWO with a cheaper workforce (APs).”

Theme 4 – Role of the Psychologists Board

Summary

Some respondents commented on the role of the Psychologists Board in this process. These were a mix of critical and supportive.



Examples - critical

- “I like to express how let down I feel by the board. Agreeing to develop the proposed new scope of practice and regulatory framework should follow thorough consultation. There were surveys before but none of them outlined the full picture that has now emerged. It should have been the other way around. Hundreds of psychologists signed a letter of protest but it seems that you are unable hear the concerns of the people who work on the coal face. I am also horrified to think that the Board is agreeing to pursue such a dangerous pathway. I do not understand what has led to the board decreasing standards to this and thinking that this is acceptable. All this feels like a foregone conclusion as education programs are already developed. I feel ashamed to be a part of this by association.”
- The board does not have to agree to this. It is a very backward step. I ask that you withdraw support from this role and instead focus on supporting the work of fully trained professionals by increasing their fte, terms and conditions.

Examples - supportive

- “The rigidly held perspective and privilege of those who are opposing this role risks psychology scoring the worst kind of own goal. From the conversations I am hearing from a range of professions, students, whanau and employers, stopping this progress would have awful optics for the profession. Thank you to the Board for continuing to be party to solutions and to come alongside and support change so it can achieve its greatest effect for everyone.”
- “Want to acknowledge the hard work put in by the psyc board. The consultation document appears to reflect best efforts, especially considering the Board is stuck between a rock and a hard place.”



Submissions outside of the Survey Template

Introduction

Respondents could provide feedback in free format (outside of the survey template). Submissions included those from individuals, organisations and those made on behalf of more than one individual. It should be noted that some of the submissions were on behalf of many people and were of a similar scale to the total number received via the template. This should be considered when weighing the relative importance of the different methods.

The free format submissions contained many of the themes found earlier in this report. We summarise them here for completeness. Themes are arranged into three groups:

- Repeated but with greater frequency/emphasis. These themes appear earlier but received greater emphasis in free format submissions.
- Repeated similar or lesser frequency.
- New themes. We include more detail on these to ensure they are covered thoroughly.

Overall Support/Oppose

The vast majority of free format submissions were opposed to or concerned by the AP role. Around 10% were supportive. Note that a small number of the submissions focused on technical changes rather than whether they supported or opposed the AP role.

Another key difference is that several of the submissions included more details on how the role should be changed or alternatives to the creation of this role.

No demographic breakdown of the free format respondents is possible. However, it is clear that the bulk come from psychologists or organisations related to the mental health sector. Very few come from the public or clients.

Themes

Repeated Themes with Greater Frequency

Theme 1 - Risks to the Psychology Profession

Many submissions led with concern about the impact the potential creation of the new role might have on the profession. This links with themes like confusion caused by the name (in particular the use of the protected title psychologist), public trust and saving money by substituting cheaper resources.



Example

“My key concerns are: The risk of undercutting the value of our profession. Psychologists are expensive but effective. If APs are seen as cheaper psychologists this could harm our already undervalued and underpaid profession, while also resulting in normalising lower quality care for the public. Public confusion about the identity of our profession. There is already significant confusion and this role could worsen this.”

Theme 2 – The Consultation Process

This theme related to both this consultation survey and other steps that have occurred previously. Respondents believed the process was proceeding too quickly, that it gave the impression that a decision had already been made about the outcome and that it lacked transparency. In relation to this survey, some respondents felt that the questions were leading or limited their ability to respond, which likely fed into their decision to make a free format submission.

Examples

- “Firstly, upon reading the consultation document and the consultation questions, we felt that the decision had already been made on the creation of a new role, therefore limiting the opportunities for discussion.”
- “That the Board has flagged its decision can be expected within 2 weeks of public consultation closing is extremely concerning. The Board does not know the volume of information it will receive, and thus how long it may take to carefully and responsibly consider it, and potentially gather more information based on it. The imminent deadline for the decision prompts reasonable concern about the Board’s commitment to engaging with the consultation material fully and with an entirely open mind.”

Theme 3 – The Role of the Psychologists Board

Several submissions commented on the role of the Psychologists Board, both from the point of view of the more general role of the board and in specific relation to the Board’s role in the potential creation of the AP role. Submissions focused on the independence of the Board, adherence to its own governance processes and potential conflicts of interest.

Example

“Governance and Professional Leadership - There has been increasing confusion about the role and responsibility of the Psychologists Board in this process. It remains unclear to this day who is leading the development of the AP role. This raises concerns about a loss of professional self-regulation and expertise, as the board seems to be shifting from serving the profession to functioning as a workforce agency. This lack of leadership has left many psychologists feeling disempowered and disconnected from decisions that will affect their profession.”



Theme 4 – Regulatory and Legal Features

Free form submissions, and particularly those from organisations, placed a much greater emphasis on adherence to regulation and legislation. This could be due to the role of these organisations and the legislation being more front of mind for them. It should also be noted that te Tiriti o Waitangi was commonly referenced in both the survey and free form responses.

Example

“I wish to raise the serious concern that there may not be a proper consultation process in place as is required under section 18 of the Health and Disability Services (Safety) Act 2001 regarding the development of standards for the service and role. Also under section 18 there is not clarity that once the role is developed that compliance with the standards approved would be in the public interest given it is not possible to be sure of the extent to which compliance would be likely to ensure the safe provision of services of that kind to the public, given the lack of evidence base for the proposed role.”

Repeated Themes with Similar or Lesser Frequency

Theme 5 - Confusion

Respondents expressed concern that the public and clients would be confused about the use of the term Psychologist in the AP name. They felt that people would not realise the difference between an AP and a psychologist. They also felt that this could exacerbate existing issues with understanding the differences between roles in the broader sector. This would have safety implications for clients and could lead to an erosion of public trust.

Example

“This is an email expressing my serious concern regarding the impending creation and regulation of assistant/associate psychologist position. I strongly urge the NZPB to ensure this new profession does NOT have the protected title of psychologist in their discipline name, to avoid public confusion and prevent huge risk to registered psychologists.”

Theme 6 – Safety

Several submissions were concerned about the risk to public safety. This links with the confusion, training and supervision themes. Respondents were also concerned about the safety of staff operating in the AP role and about Psychologists who might have a supervision role.

Example

“Given the level of proposed training for AP and the level of responsibility held by the supervisor, there is a concern that it will take considerable time for psychologists to meet those supervision requirements and ensure safe practice from AP”



Theme 7 – Supervision

Supervision was a consistent theme that included several different aspects. Respondents felt that APs would struggle to fulfil their roles safely with the level of supervision specified. They were also concerned about the limited availability of people who qualified to be supervisors and the impact that might have on existing pathways (e.g. interns) and the workload of Psychologists.

Examples

- “Without stringent supervision requirements, there is a significant risk that Associate Psychologists may operate beyond their competence, potentially putting vulnerable clients at risk.”
- “Supervision availability and competition with psychology internships. We are struggling already to have enough supervising psychologists. Introduction of this role needs to be paralleled with significantly increased investment into training clinical psychologists and providing internships.”

Theme 8 – Access

Many free form submissions made reference to accessibility of services being a significant issue to be resolved. However, it wasn't often elaborated upon. This could be because it is a widely agreed issue that does not need additional elaboration.

Example

“I recognise the urgent need to address workforce shortages and improve access to mental health services.”

Theme 9 – Workforce

Respondents often focused on workforce as a significant theme. This had several aspects to it including shortages, retention, recruitment and burn out. It also linked to other themes such as supervision, training pathways and other role in the broader mental workforce.

Example

“Health NZ's workforce shortages are a result of longstanding retention issues, inadequate working conditions, and under-resourcing.”

Theme 10 – Training

Many submissions referred to the training period being too short to learn the specified competencies. They also compared the training duration to that of other roles and the responsibilities of those roles. Finally, they were concerned that the combined undergraduate course and one year training would be too theoretical in nature and lack the practical background.



Examples

- “The proposed competencies are extensive and align closely with those required of fully qualified psychologists, yet the training period is just one year.”
- “The practicum component is particularly insufficient. AP candidates would receive less training than psychology interns yet require less supervision.”

Theme 11 – Impact on Existing Pathways

Respondents were concerned about the impact the potential new role would have on existing pathways into the profession and related roles. Of specific concern was that funding might be diverted from existing pathways, that students might see it as an easier path than becoming a registered psychologist and that the supervision requirements might leave less psychologist time to support interns.

Several submissions suggested that additional funding/support be dedicated to existing pathways to strengthen them and develop more registered psychologists.

Example

“Introducing this new scope will likely reduce the number of available placements and supervisors for intern psychologists. This could jeopardise the training pipeline for fully qualified psychologists and create an unfair competitive job market between Associate Psychologists and graduates of accredited six-year programmes.”

Theme 12 – Tiered System

As in the survey responses, a tiered system was a common theme. Respondents were mixed on their thoughts about whether this was positive. Most agreed that reallocating low-level tasks was a good thing potentially allowing psychologist time to be freed up. However, some felt this was already done utilizing other existing roles, some felt that it could be difficult/risky to identify low level tasks reliably, and a small number thought that low level tasks gave psychologists a more balanced workload.

Respondents also expressed that the AP role might reduce barriers to entry and therefore allow for a more diverse workforce in total. There was also the feedback that this might create the risk of a two-tiered system where already disadvantaged groups receive a lower level of service.

Examples

- “The proposal claims it may improve access for Māori and Pacific students by reducing barriers such as financial constraints. However, it risks creating a two-tier system in which these students are disproportionately encouraged into a lesser-qualified workforce.”
- “Rather than supporting Māori participation in psychology in a way that is tika and mana-enhancing, the proposal risks entrenching a two-tiered workforce that normalises lower standards of care for already-marginalised communities.”



New Themes

Theme 13 – Limits on employment

Several respondents were concerned that the APs would be limited to working for certain employers and that the resulting lack of mobility would place the APs in a vulnerable position. Responders to the survey did say that they wouldn't hire/supervise an AP but this theme is different in that it talks about the broader system.

Examples

- “With the current description of competencies and the requirement to work in a team with psychology supervision, this excludes by definition most hauora and similar NGO's who won't have the necessary clinical support and structures available, despite the statement that APs can work in those settings.”
- “The AP role appears designed to create a workforce with limited mobility and bargaining power. The proposal requires APs to "work within a team environment where there are defined lines of clinical responsibility" and "work with supervision from a registered psychologist or a senior associate psychologist". These stipulations effectively restrict APs to settings with established supervision structures, primarily the public sector.”

Theme 14 – Alternative Approaches

Some respondents suggested alternative approaches to achieve the same outcomes as the creation of the AP role would. We do not attempt to summarise these but instead simply present some examples.

Example 1

- “Improve organisational processes, resources (including computers, cars, up-to-date tests, and appropriate office and clinical spaces), management approaches, salaries, and career progression opportunities.
- Utilise the existing workforce more effectively (1,944 practising Clinical Psychologists, with only about 300 in Health NZ adult mental health).
- Develop the existing workforce through improved orientation, training, and mentoring for early-career psychologists.
- Improve understanding of the psychologist's role amongst management and other staff.
- Address issues of bullying and poor organisational culture.”

Example 2

- “My point in respect of the AP scope is why are we looking at BA / BSC psychology grads when there are so many students with masters and doctorates that can't get into clinical and would love the opportunity to register properly as a psychologist? This year I understand 40 applied for the Massey Psych Practice Programme and 20 found internships and were accepted on the programme.”



Example 3

- “Alternative Pathways Exist - Better solutions have been suggested. For example, a structured supervision-to-registration pathway like those used in the Department of Corrections or the Defence Force could provide a way to grow the workforce without compromising standards.”



Additional Analysis

Repeat Submissions or IP addresses

There were a small number of repeated submissions. These appeared to be accidental. When they were found only one copy of each submission was kept.

Several IP addresses appear multiple times (up to 6 times). This does not seem to represent a worrisome number since a single Psychologist practice may be the source of several submissions and have the same IP address. Within the same IP address, the submissions show a degree of variability, both in terms of structured results and free text feedback. Therefore, it seems unlikely that there is a high risk to the integrity of the consultation based on simple spam type responses.