

# Supervision Survey

## New Zealand Psychologists Board

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**nicholson**  
CONSULTING





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## Executive Summary

The New Zealand Psychologists Board (Te Poari Kaimātai Hinengaro o Aotearoa) has been assigned the responsibility of developing the Associate/Assistant Psychologist (AP) role. This includes developing the scope of practice for the proposed role, its title, core-competencies, and supervision requirements. APs are expected to have completed at least four years of study – comprising a three-years undergraduate psychology degree and a new one-year postgraduate university qualification that integrates academic learning with practical training. The new role would operate under the supervision of registered psychologists within multidisciplinary teams. To support workforce planning, define the AP scope of practice and better understand the landscape of supervision, the Board sought feedback from registered psychologists across New Zealand. This input will help guide the development of the AP role and ensure that supervision requirements are consistent with existent practices in Aotearoa New Zealand.

The purpose of this report is to summarise the feedback that the New Zealand Psychologists Board received for the prospects of supervision of the AP role. The supervision survey was open from February 13<sup>th</sup> to April 30<sup>th</sup>, 2025

While analysing the feedback, Nicholson Consulting found that:

- A total of 1,052 survey responses were received, including 616 free-text responses
- Most respondents were experienced supervisors (80%) with median supervising experience of 10 years
- About 78% of respondents were supervising at the time of this survey
- Most respondents (84%) were supervising *Other Psychologists*
- Almost all psychologists (99%) were intending to continue supervising but about half of them (51%) did not have capacity to pick up new supervisees
- The respondents who provided free text feedback on the barriers to providing supervision included themes of
  - Time constraint – Maintaining a balance between official duties and supervision
  - Capacity and workload – Existing workload won't allow more supervision
  - Inadequate knowledge and training – The concern that new potential AP trainees will come with very limited knowledge and experience and will consume more time and put more burden on supervisors
- The median number of supervisees with each supervisor was 3 supervisees
- The respondents were most likely to have had training in supervision
- The psychologists were roughly equally likely to use or not use a particular supervision model and the ones who did are very likely to use Seven Eyed Model
- Respondents were roughly equally likely to use a cultural model when they responded to that question. Note that only about a quarter of respondents to the survey provided a response to this particular question.



- The survey included responses from all the regions of Aotearoa New Zealand. However, Canterbury and Wellington were overrepresented relative to the populations of these regions.
- The individual in person and individual online formats were the most common formats of supervision while the group format being the least common.
- The supervisors commonly stated that there was no special aspect to their supervision
- The respondents were most commonly be registered in the clinical psychologist scope of practice
- A “change of role” and “capacity” were the main factors for the supervisors who stopped providing supervision
- Most of the respondents had considered supervision
- The following were the key themes of feedback when asked about what would you require to be able to supervise:
  - Formal, model-based, supervision-specific training/courses
  - Few years of post-registration experience and broader exposure before supervision
  - Need for protected time or reduced caseload
  - Feeling ‘ready’, competent, or skilled enough before supervision
  - Pay, funding for training, or compensation for supervision
  - Peer groups, co-supervision, or supervision for supervisors
  - Clarity on expectations, criteria, and ethical/legal framework
  - The challenges in pursuing career growth due to constraints of part-time work and maternity leave
- The most common response from supervisors when asked if they would consider supervising an AP was either ‘No’ or ‘*I don’t know/not enough information*’.
- The respondent accentuated the following key themes when asked about the barriers in supervising APs:
  - Concerns over supervision capacity with limited knowledge/training of APs
  - Respondents expressed concerns that role might compromise public safety and that the role there was lack of clarity on boundaries and duties
  - Concerns that the proposed training of APs was inadequate
  - Outright rejection of the role
  - Concerns that the profession will be devalued with the proposed role



## Introduction

Aotearoa New Zealand is currently experiencing a critical shortage of mental health professionals, including psychologists. This shortfall has led to prolonged wait times for individuals seeking support with mental health and addiction challenges. In response, Health New Zealand | Te Whatu Ora is increasing funding for psychologist training and has proposed a new workforce role—provisionally named Associate/Assistant Psychologist (AP)—to enhance access to psychological services for individuals with less complex needs.

The New Zealand Psychologists Board has been assigned the responsibility of developing this new AP role. This involves defining its scope of practice, official title, core competencies, and supervision requirements. Candidates for the AP role are expected to have completed a minimum of four years of tertiary education, including a three-year undergraduate psychology degree and a new one-year postgraduate university qualification that combines academic coursework with practical training. The APs would work as part of multidisciplinary teams under the supervision of registered psychologists.

To inform workforce planning, clarify the scope of the AP role, and gain a deeper understanding of supervision landscape, the Board invited feedback from registered psychologists across the country. This input will be instrumental in shaping the development of the AP role and ensuring that supervision expectations align with existing professional norms in Aotearoa New Zealand. The supervision survey was conducted between February 13th and April 30th. This report analyses the 1,052 responses from the supervision survey.

## Methodology

### 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.
- 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>).

Word clouds are provided where there is enough written feedback to make them stable.

## Analysis of the survey questions

### Question 1 – Do you have experience supervising?

#### Highlights

- 80% of respondents had experience supervising a psychologist in training

#### Detailed Analysis

All the respondents provided a response to this survey question. It was found that 80% of respondents (843 out of 1,052) had experience of supervising a psychologist in training as shown in Figure 1.

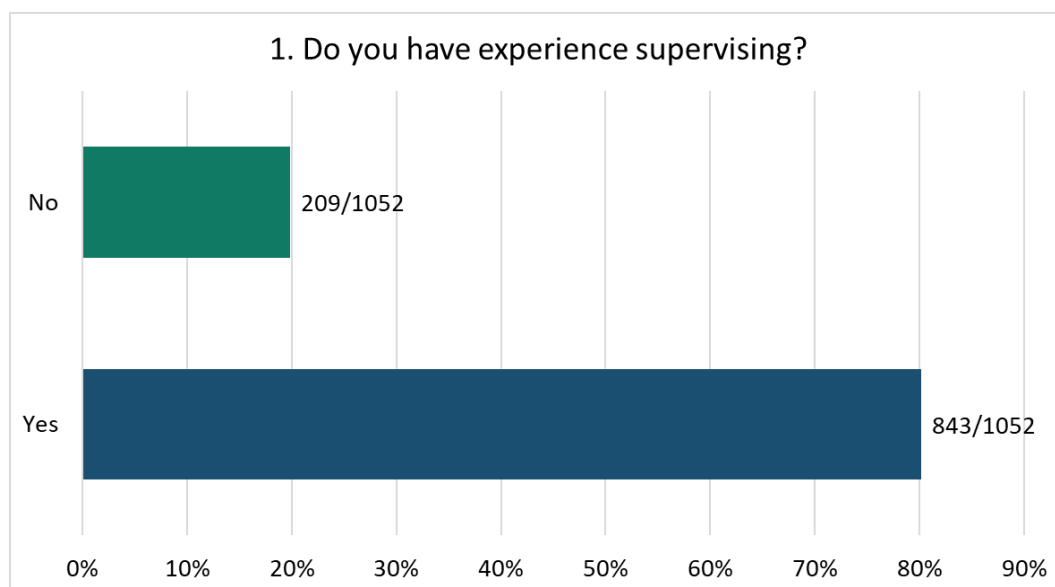


Figure 1: Number of respondents who had experience supervising.





## Question 2 – How many years' experience do you have in providing supervision?

### Highlights

- 78% of psychologists (821 out of 1,052) provided a legible response to this question
- The supervising experience follows an exponential distribution with a mean of 12.5 years
- The median of supervising experience is 10 years

### Detailed Analysis

Almost 78% of respondents (821 out of 1,052) provided a response to this question. The number of psychologists with less than 5 years supervising experience was the highest and the frequency generally drops as experience increases (see Figure 2). Upon a closer look we found out that the supervising experience follows an exponential distribution with a mean of 12.5 years. The median of the supervising experience was 10 years. There were very few psychologists with over 40 years of supervising experience. The maximum supervising experience was 50 years.



Figure 2: Supervising experience in years. Note that the experience follows an exponential distribution.

## Question 3 – Are you currently supervising?

Of the 1,052 total survey respondents, nearly 78% (818 individuals) answered this question. Among those who responded, approximately 79% (645 out of 818) indicated that they were actively supervising at the time the survey was conducted as shown in Figure 3 below.



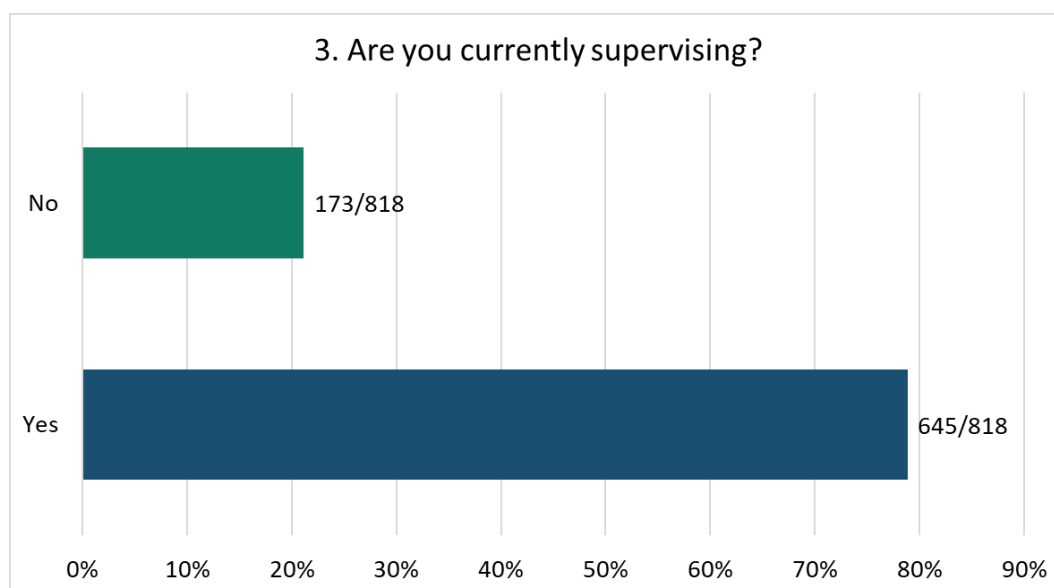


Figure 3: Number of respondents who were supervising at the time of survey.

Question 4 – Please indicate which groups your supervisees are from (please select all that apply)

### Highlights

- The Other Psychologists was the largest group being supervised at the time of the survey
- Most of the psychologists (84%) are supervising at least one *Other Psychologist*
- 46% of the psychologists are supervising at least one *Registered Health Professionals or social workers* which is closed followed by *Intern or trainee psychologists* at 42%

### Detailed Analysis

Almost 59% of respondents (616 out of 1,052) provided a response to this question. Note that respondents could indicate they were supervising more than one group for this question. *Other Psychologists* were the largest group with 84% of psychologists (515 out of 616) who responded to this question were supervising at least one supervisee in this category (see Figure 4 below). The next largest group was *Registered Health Professionals or Social Workers* with 283 supervisors (46%) supervising at least one supervisee from this category. This group was closely followed by *Intern or trainee psychologists* with 42% of supervisors supervising them.

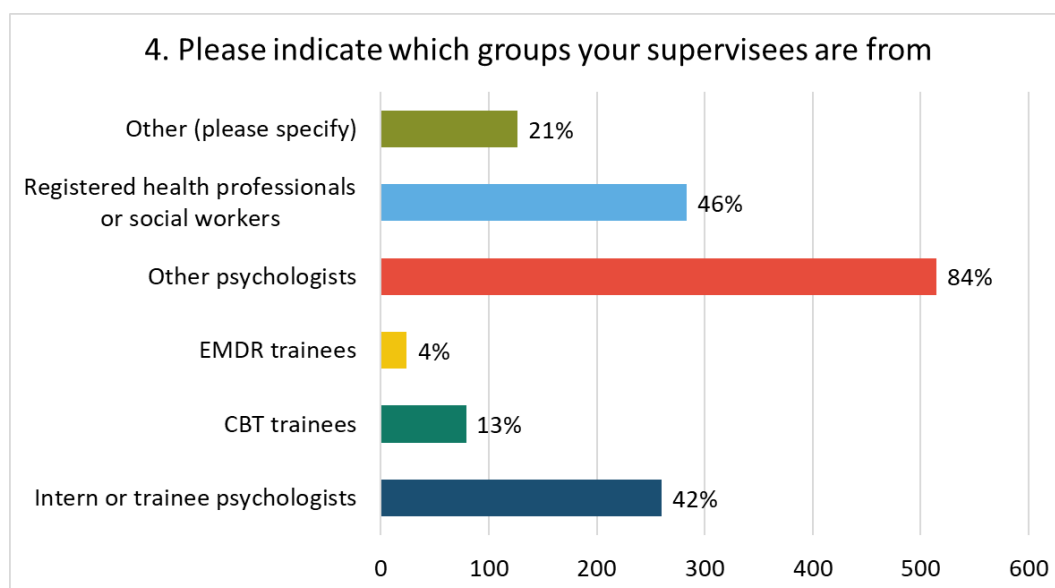


Figure 4: Number of respondents whose supervisees were from each of these groups.

The ones who chose *Other* specified multiple groups they were supervising. Table 1 below shows a list of top 8 groups who were indicated to be supervised by supervisor psychologists.

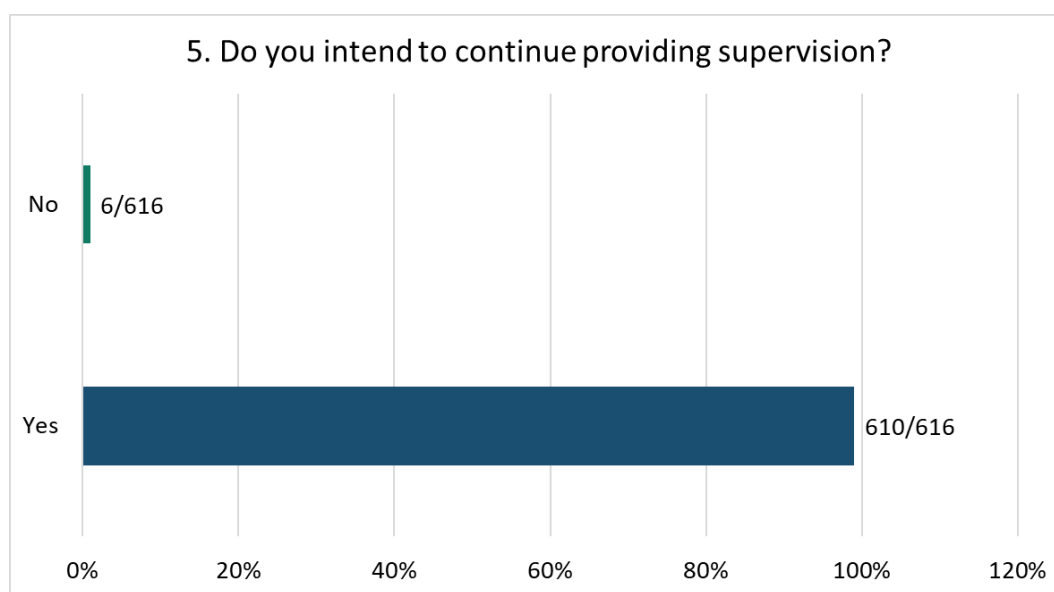
Table 1: Common groups of supervisees that emerged from the free text responses.

Category	Frequency
Mental Health Professionals	45
Counsellors and Therapy Support	32
Programme Facilitators and Corrections	22
Legal and Judiciary	20
Education Sector Professionals	18
Managers and Leaders	15
Medical Professionals	14
Youth and Community Support workers	13



## Question 5 – Do you intend to continue providing supervision?

Of the 1,052 psychologists who participated in the survey, nearly 59% (616 individuals) responded to this particular question. Among those who did respond, an overwhelming majority – approximately 99% – indicated that they intend to continue offering supervision in the future (see Figure 5 below).



*Figure 5: Number of respondents who intended to continue providing supervision.*

## Question 6 – Do you have capacity to pick up new supervisees?

Of the 1,052 individuals who participated in the survey, nearly 59% (616 individuals) provided a response to this question. Among those who responded, approximately 51% reported having the capacity to take on new supervisees as shown in Figure 6 below.

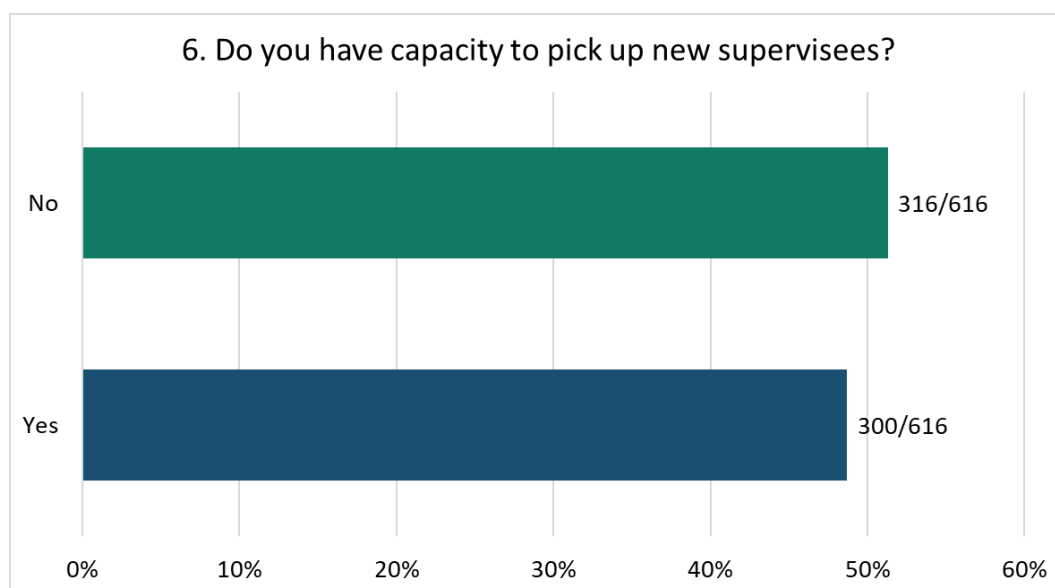


Figure 6: Number of respondents who had capacity to pick up new supervisees.

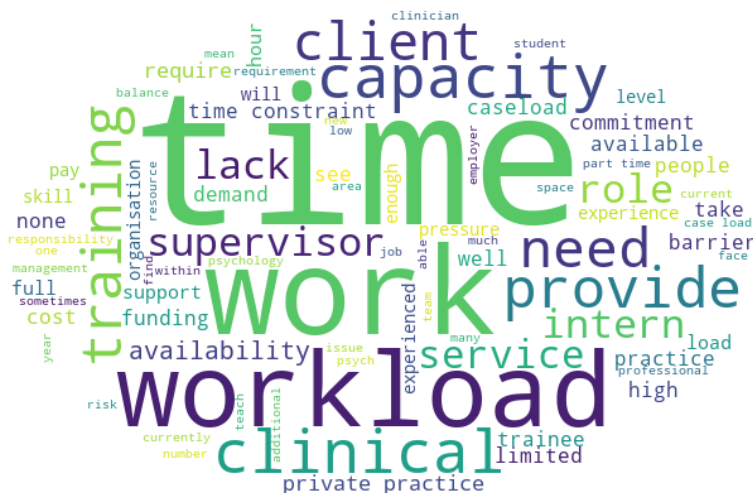
## Question 7 – What (if any) barriers exist to providing supervision?

### Highlights

- 59% of psychologists who completed this survey provided a response to this question
- Time constraint (resulting from caseload and limited knowledge/training of supervisees who need more supervision time) was the most frequently noted barrier to providing supervision

### Detailed Analysis

Nearly 59% of the respondents (616 out of 1,052) provided a response to this question. Frequently mentioned terms in the free-text responses are illustrated in Figure 7 below.



An analysis of their free text responses revealed the following key themes:

## Summary

## Examples

- ## Theme 2 – Capacity and Workload

Capacity and Workload was the second most frequently occurring theme in text responses. This is a similar theme to the “Time Constraint” theme but often being more specific that caseload is what limits time availability.

## 13



- *“Clinical work (increased workload/higher referrals) at the service where I am employed”*
- *“Increasing number of people supervised would reduce my capacity for client work.”*
- *“Caseload”*
- *“Being responsible for AP/trainees' safe practice considering their limited knowledge and skills while also maintaining my own safe practice, my existing workload, particularly when already dealing with limited resources & clinicians & increased referrals, time for continued professional development & assimilation of knowledge, concerns about burnout”*

## Theme 3 – Inadequate Knowledge and Training

### Summary

Some respondents indicated Inadequate Knowledge and Training as the barrier to supervise which as a result would consume more time of themselves. This also touches on variable knowledge and training between supervisees.

### Examples:

- *“The differing level of base training/knowledge individuals come to supervision with i.e. no attachment theory or Trauma informed and only basic CBT”*
- *“It's time consuming and there is a degree of responsibility for the supervisee's practice. This is not such a problem when the supervisee is highly trained, but it can be a big problem and a burden when the supervisee is a relative novice and/or does not have the requisite training to adequately provide psychological services.”*
- *“Being responsible for AP/trainees' safe practice considering their limited knowledge and skills while also maintaining my own safe practice, my existing workload”*

## Question 8 – How many supervisees do you have?

### Highlights

- About 58% of survey respondents answered this question.
- Median number of supervisees with each supervisor was 3

### Detailed Analysis

58% of the respondents (607 out of 1,052) provided a response to this question. The majority of the psychologists had 0 – 5 supervisees with them. There were very few psychologists who had many supervisees (see Figure 8 below).



One limitation to note in this analysis is that there is a degree of blurriness in the results caused by individual respondents' provided information. Respondents sometime reported on groups rather than a count of individuals. For example, 7 plus one team, 1 individual and 1 school health team, etc. Nevertheless, we find median to be a better statistical estimate of the size of supervisees with each supervisor which in this case is 3 supervisees.

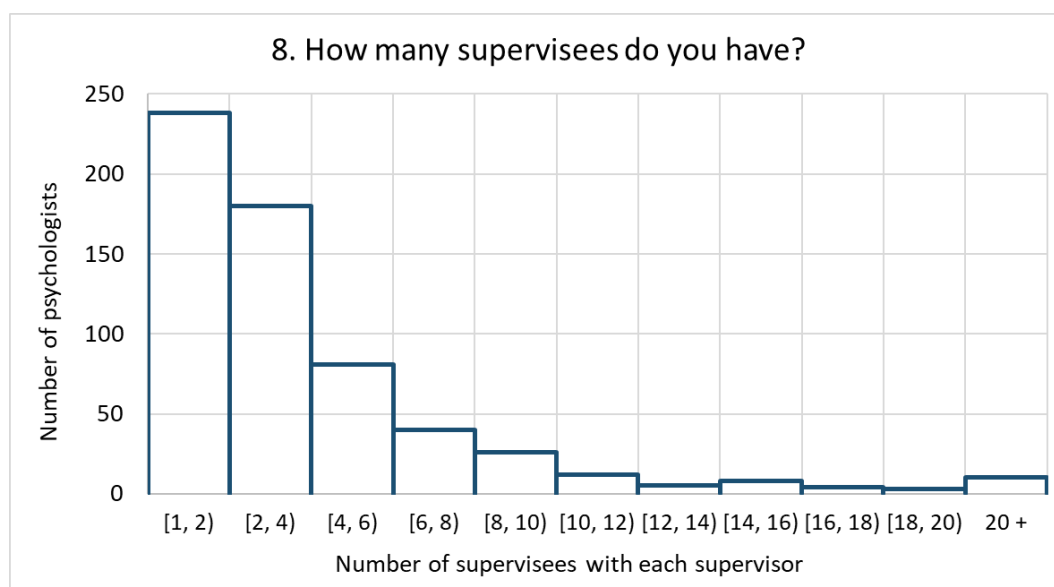


Figure 8: Number of supervisees with each supervisor. Note that some supervisors have many supervisees and most of the supervisors have less than four supervisees.

## Question 9 – Have you had training in supervision?

Nearly 58% of the respondents (615 out of 1,052) provided a response to this question. Among those who responded to this question, an overwhelming majority – approximately 95% (582 out of 615) – have had training in supervision, as shown in Figure 9 below.



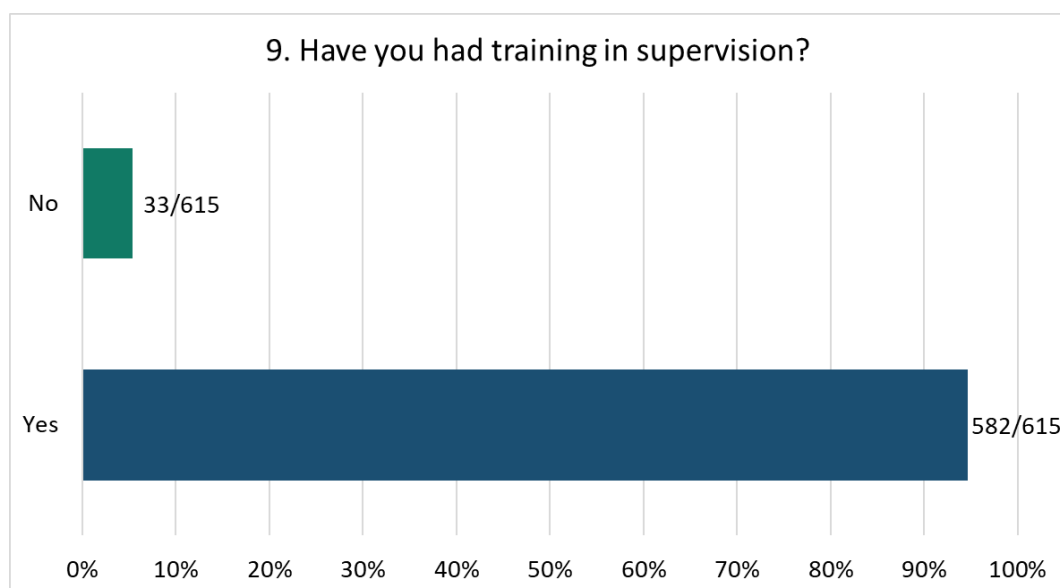


Figure 9: Number of respondents who have had training in supervision.

## Question 10 – Do you use a particular model of supervision?

Of the 1,052 individuals who participated in the survey, nearly 58% (613 individuals) provided a response to this question. Among those who responded, about half – 48% (294 out of 613) – were using a particular model of supervision.

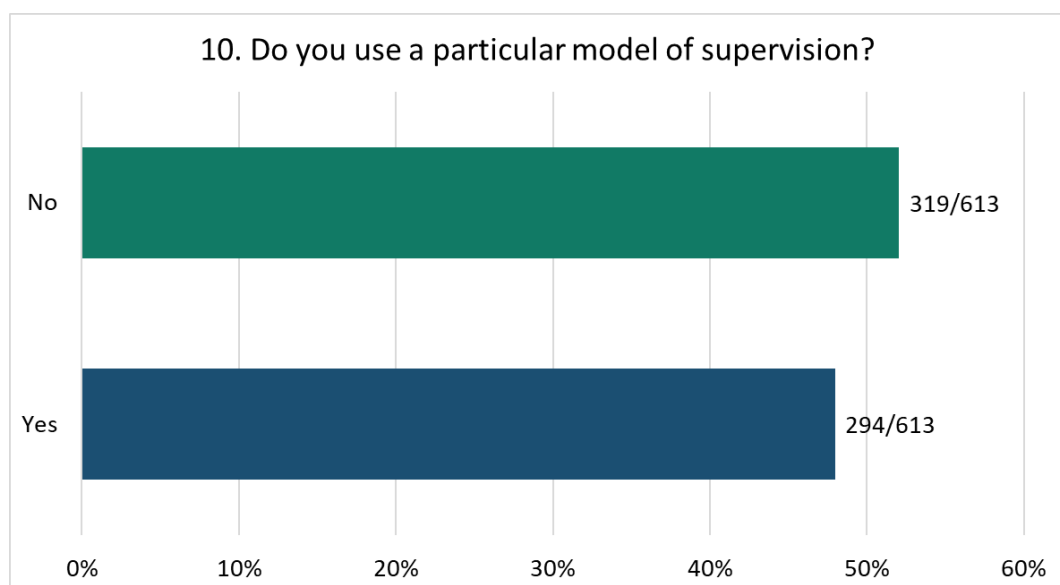


Figure 10: Number of respondents who followed a particular model of supervision.



## Question 11 – What model do you use?

### Highlights

- The Seven-Eyed Model was by far the most used framework
- There is strong emphasis on integrative, reflective, developmental, and culturally informed supervision practices
- Te Whare Tapa Whā, Meihana, and Tikanga are integrated across multiple responses
- A mix of structured clinical models (e.g., CBT, ACT) and relational/process-based approaches (e.g., narrative, psychodynamic, restorative) were common

### Detailed Analysis

Only about 26% of psychologists who filled this survey (276 out of 1,052) responded to this question. It was noted that the Seven-Eyed Model was the most used model. The next most frequently used framework was Reflective Practice / Reflective Models.

Frequently used terms in the free-text responses are illustrated below in Figure 11.

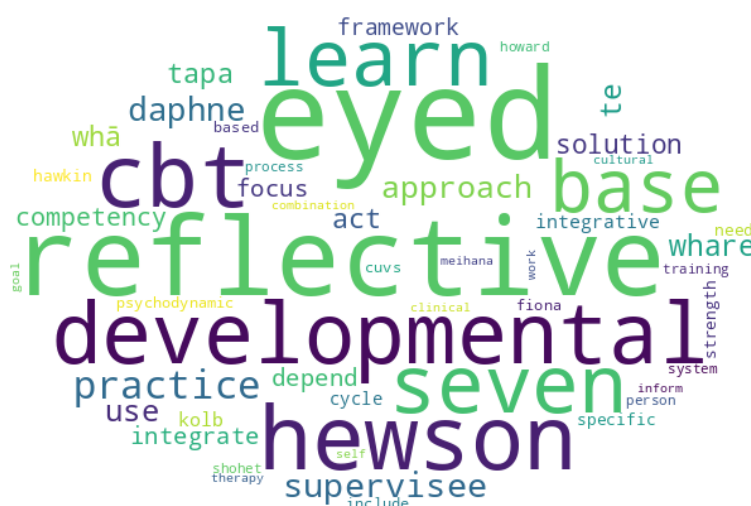


Figure 11: Word cloud for free text responses to what model/approach the supervisors were using.

Table 2 shows a selection of models, ranked by the number of respondents who reported using them.

Table 2: Popular models/approaches of supervision that respondents were using.

Model/Approach	Approximate Mentions
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Seven-Eyed Model (Hawkins & Shohet)	80+
Reflective Practice / Reflective Models	50+
Developmental models	45+
CBT-based Supervision	40+
Daphne Hewson's Model	35+
Te Whare Tapa Whā	25+

## Question 12 – Do you use a cultural model?

Only about 26% of respondents (276 out of 1,052) responded to this question. From those who responded, 54% (150 out of 276) were using a cultural model of supervision, as shown in Figure 12 below. It should be noted that this is a significantly lower response rate than for other questions. It is unclear (but possible) that non-response is similar to “No”.

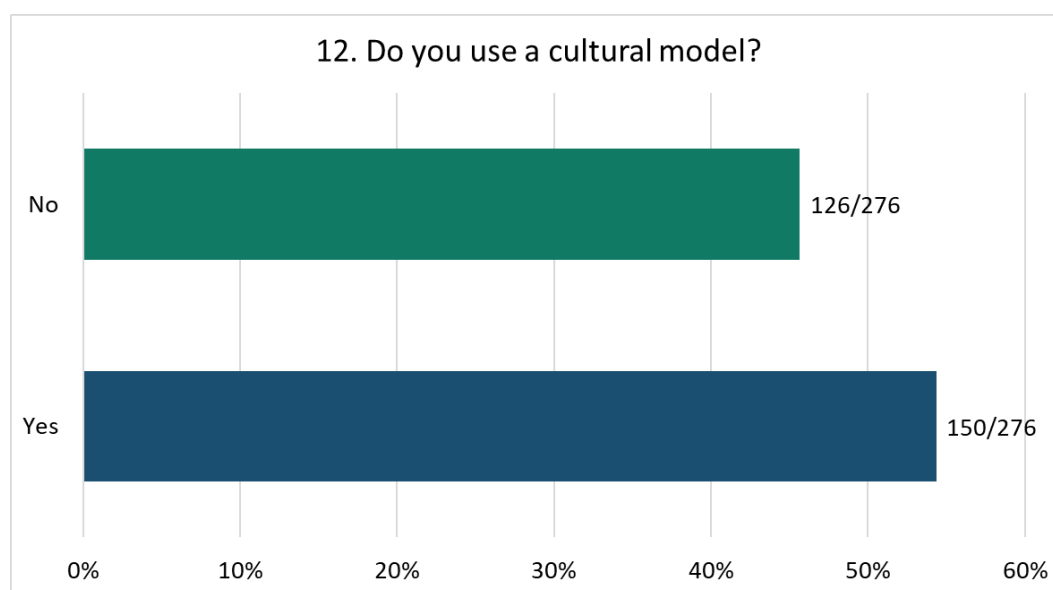


Figure 12: Number of respondents who were using a cultural model.

## Question 13 – In which geographical location(s) do you provide supervision from?



## Data Preparation

Some regions in Aotearoa New Zealand have relatively small populations and only a limited number of psychologists delivering mental health services. To minimize visual clutter and enhance clarity, these smaller regions have been grouped together. The larger regions are defined in Table 3 below.

*Table 3: Definition of larger regions; Provincial North and Provincial South*

Larger Regional Area	Regions
Provincial North	Northland, Gisborne, Waikato, Taranaki, Bay of Plenty, Hawkes Bay, Manawatū, Whanganui
Provincial South	Nelson, Marlborough, West Coast, Otago, Southland

## Highlights

- Only 56% of psychologists who filled this survey responded to this question
- Almost 39% of psychologists who responded to this question provide supervision from regions other than Auckland and Wellington in North Island
- The most common individual region is Auckland
- About 10% of psychologists provide online supervision

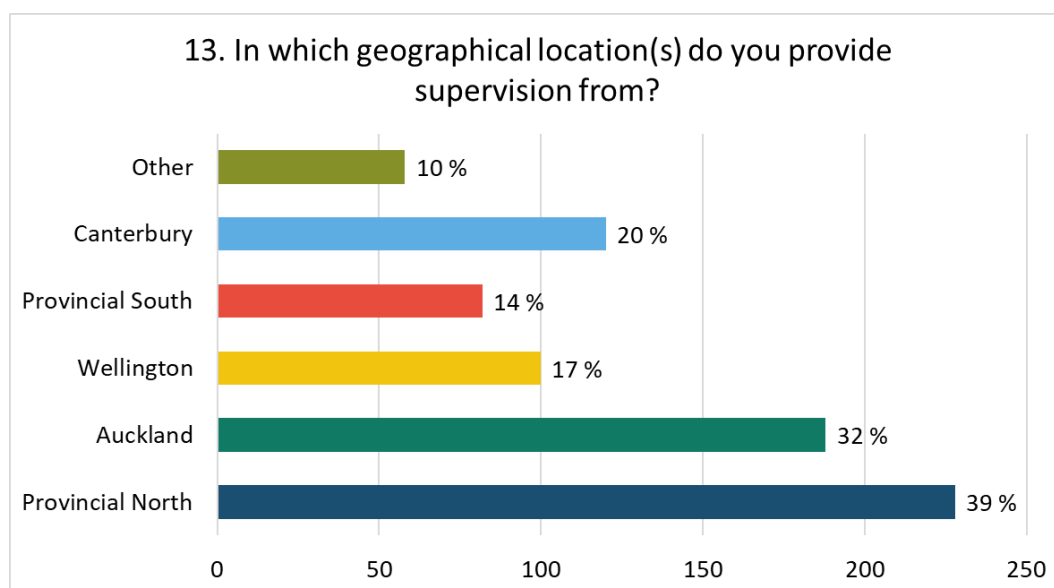
## Detailed Analysis

Respondents to this question could provide more than one answer. In these cases we've counted each person in each region so some people will be counted more than once. About 56% of respondents (590 out of 1,052) responded to this question. From those who responded, about 32% (188 out of 590) provide supervision from Auckland, 20% (120 out of 590) from Canterbury, and 17% (100 out of 590) from Wellington region. The difference between the Auckland total and those of Canterbury and Wellington is far less than what would be expected based on population (Auckland's population is approximately 2.5 times Canterbury's and 3.2 times Wellington's).

There are about 39% those psychologists who responded provide supervision from combined regions in North Island other than Auckland and Wellington (see Figure 13). About 14% of psychologists (82 out of 590) who responded to this question provide supervision from South Island other than Canterbury region. There were around 10% of respondents (58 out of 590) who chose *Other* region that they provide supervision from.



About 90% of these respondents indicated that they provided supervision through *Online* platform.



*Figure 13: Number of respondents who supervised from the given geographical locations.*

## Question 14 – In which formats do you provide supervision?

About 56% of respondents (590 out of 1,052) responded to this question. Face to face or in person was the most popular format of supervision among those who responded to this question with 89% of respondents (524 out of 590) using this format. This format was closely followed by Individual (at 81%) and Online platforms (at 79%). Only about 25% of those who responded to this question were using Group format of supervision (see Figure 14).

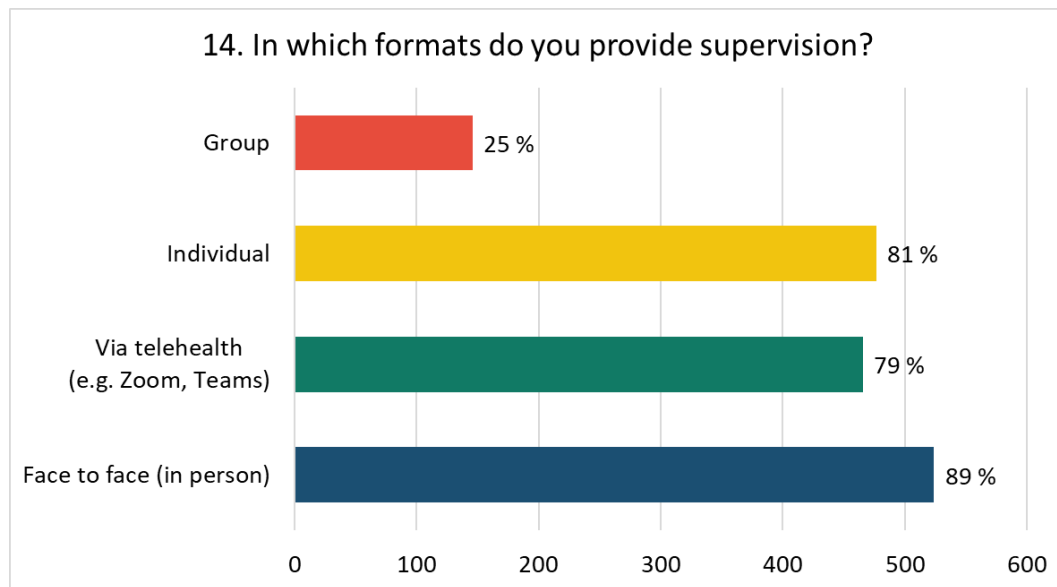


Figure 14: Number of respondents in each of the given formats of providing supervision.

## Question 15 – Are there any special aspects to the supervision you provide?

### Highlights

- Only 56% of psychologists who filled this survey responded to this question
- A clear majority of the psychologists had *No* special aspects to the supervision they provided

### Detailed Analysis

About 56% of psychologists (586 out of 1,052) who filled this survey responded to this question. An overwhelming majority of those who responded (71 % or 418 out of 586) had *No* special aspects to the supervision they provided. About 11% (62 out 586) of those who responded had the *Board approved supervision* aspects of the supervision they were providing. A small group of respondents (5%) had aspects of *Supervision within an intern hub model* (see Figure 15).

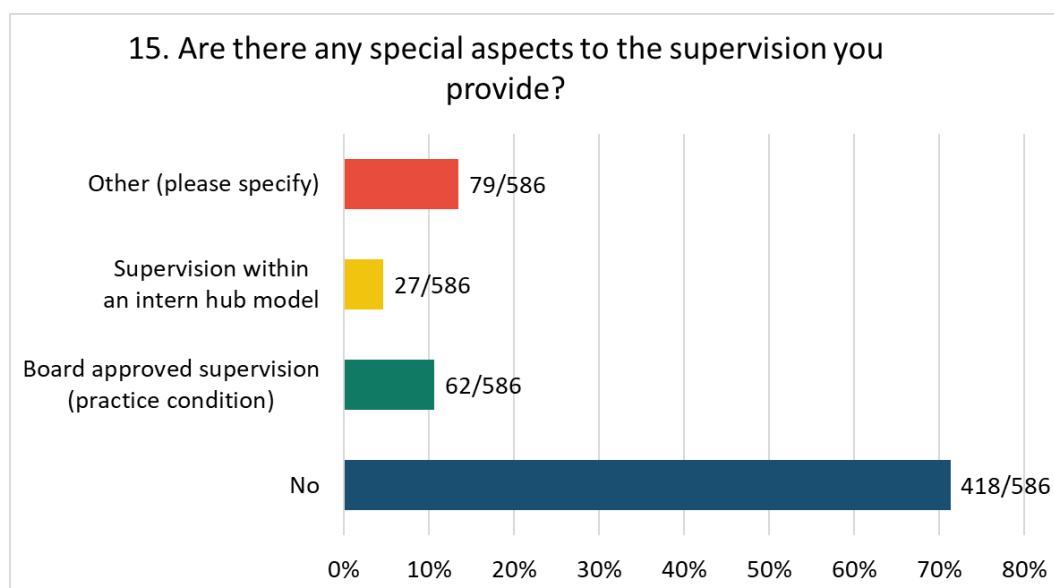


Figure 15: Number of respondents in each of the given aspects of Supervision.

About 13% of respondents (79 out of 586) indicated that Other (please specify) as the special aspect to their supervision. Further analysis of the free text responses we find the following specialised aspects of supervision:

- Neuropsychology-specific supervision for postgrad diploma and registration pathways
- Trauma-focused supervision including holistic and EMDR based models
- Addictions/DAPAANZ supervision
- Infant mental health supervision which highly specialised and rare in New Zealand
- Functional Neurological Disorder
- Sex and relationship therapy supervision
- Psychodynamic and psychoanalytic process supervision
- Cultural and Kaupapa Māori professional supervision and culturally sensitive supervision.
- Professional and role-specific contexts like ACC sensitive claims and Provisional Pathways supervision
- Supervision for clinical managers and supervision in forensic/high security settings

## Question 16 – In what scope of practice are you registered?

### Highlights

- Only 56% of psychologists who filled this survey responded to this question





- Clinical Psychologist was by far the most common scope of practice (67% of respondents) where psychologists who responded were registered
- Psychologist was the second most common scope of practice (25% of respondents) where psychologists were registered

## Detailed Analysis

About 56% of psychologists (584 out of 1,052) who filled this survey responded to this question. An overwhelming majority of those who responded (67 % or 389 out of 584) were registered in the 'Clinical psychologist' scope of practice. The next most popular scope of practice was the 'Psychologist' in which only 25% of those who responded were registered.

Counselling psychologist was the least popular scope of practice with only about 3% of those responding to this question registered in (see Figure 16).

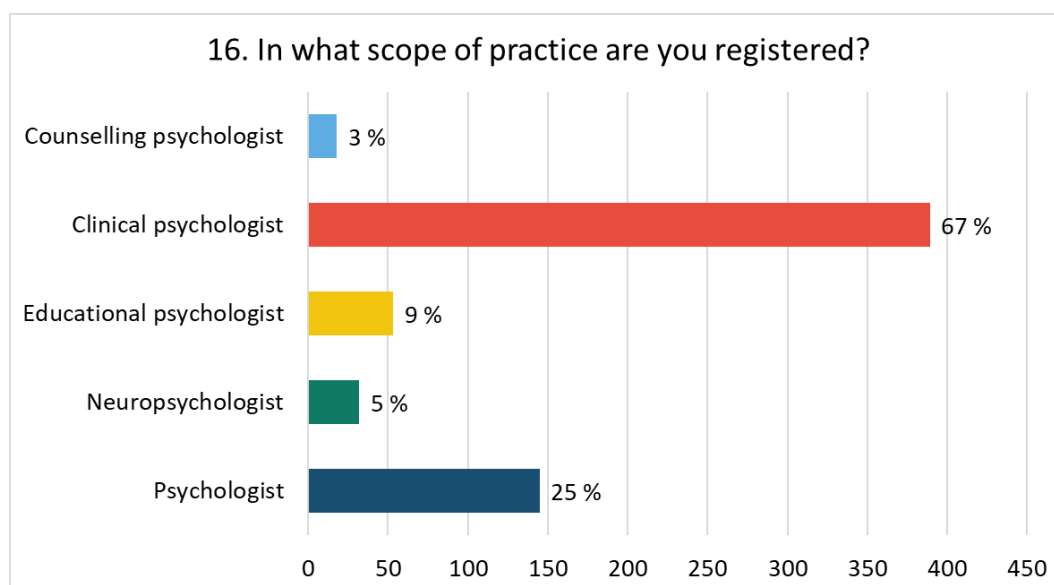


Figure 16: Number of respondents who are registered in each of the given scopes of practice.

## Question 17 – Why did you stop providing supervision?

### Highlights

- Only 16% of psychologists who filled this survey responded to this question
- Change of role was the leading factor for psychologists for stopping to provide supervision



## Detailed Analysis

Only about 16% of psychologists (172 out of 1,052) who filled this survey responded to this question. This is due to the question only applying to those who have stopped providing supervision. For those who responded, *change of role* was the most frequently reason they stopped providing supervision (41% - see Figure 17 below). The next popular reasons for stopping to provide supervision were capacity to supervise (31%) and Other (28%).

A further breakdown of *Other* category gave us the following significant groups of respondents:

- 25% of this category did not have any supervisee and would have liked to have one
- 21% were on leave
- 13% did not want to supervise
- 10% had retired
- another 10% were still supervising in some capacity

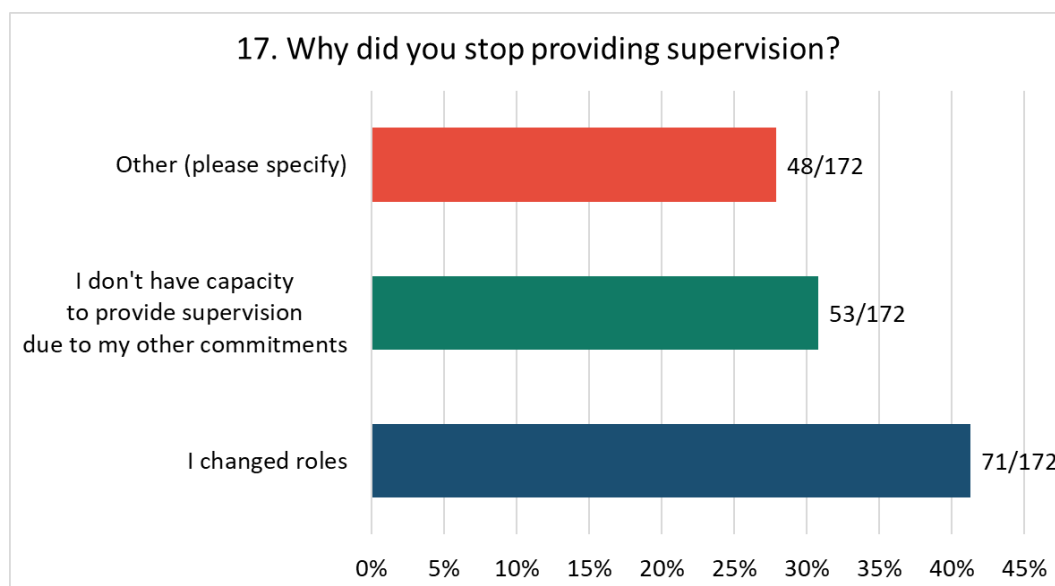


Figure 17: Number of respondents in each given reason for stopping to provide supervision.

## Question 18 – Have you considered providing supervision?

Only about 16% of psychologists (167 out of 1,052) who filled this survey responded to this question. Almost two thirds of those who responded (approximately 66% or 110 out of 167) had considered supervising (see Figure 18).

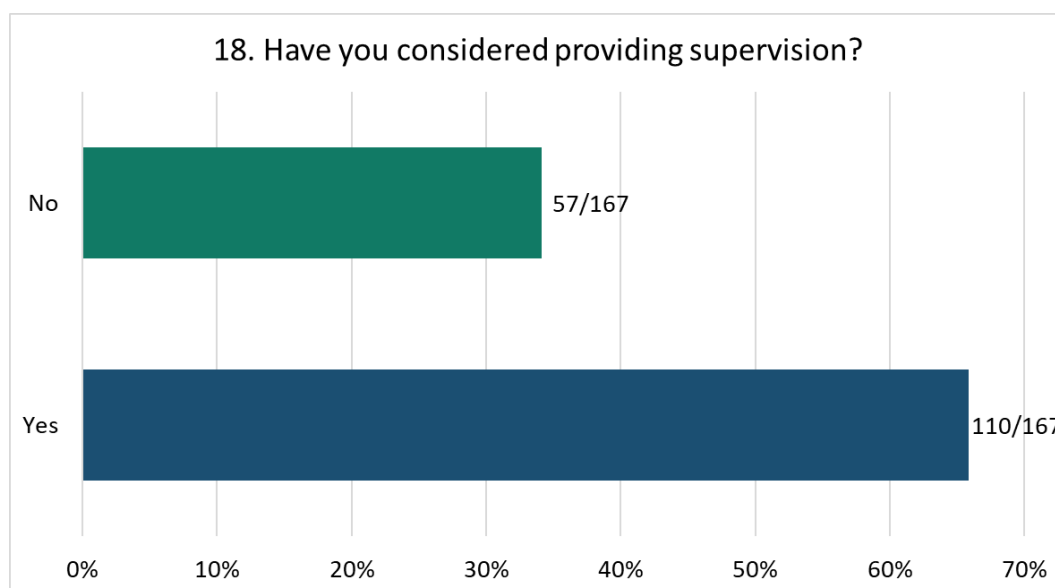


Figure 18: Number of respondents who considered providing supervision.

## Question 19 – What would you require in order to be able to supervise?

### Highlights

- Only about 16% of psychologists who filled this survey responded to this question
- Responses included:
  - they would require formal training on supervision
  - 1 – 5 years of experience
  - time and capacity
  - confidence and competence
  - financial support
  - mentorship
  - clarity on scope
- Psychologists also noted that pressure of advancing up the career along with maternity leave and part-time limitations are barriers in being able to supervise

### Detailed Analysis

Only about 16% of psychologists (167 out of 1,052) responded to this question. An analysis of the free text responses of the 167 respondents revealed the following list of key requirements, as listed in Table 4 below, that would help psychologists to be able to supervise:

Table 4: What did supervisors require in order to be able to supervise?

What will be required	Examples or notes
Training	Formal, model-based, supervision-specific courses
Experience	1 – 5 more years; broader exposure; post-registration time
Time and Capacity	Need for protected time or reduced caseload
Confidence and Competence	Feeling “ready”, competent, or skilled enough
Financial Support	Pay, funding for training, compensation
Mentorship/Support	Peer groups, co-supervision, supervision for supervisors
Clarity on Scope/Requirements	Expectations, criteria, ethical/legal framework
Workplace/Personal Factors	Career stage, maternity leave, part-time limits

Frequently used terms in the free-text responses are illustrated in Figure 19 below.



Figure 19: Word cloud for free text responses on what would supervisors require to be able to supervise.

Question 20 – Would you consider supervising an AP?



We found out that 87% of the respondents (917 out of 1,052) provided a response to this question. About 26% of those who responded, indicated that they would consider supervising an AP while about 38% said they would not. Quite a large proportion (34%) chose “I don’t know / not enough information” (see Figure 20).

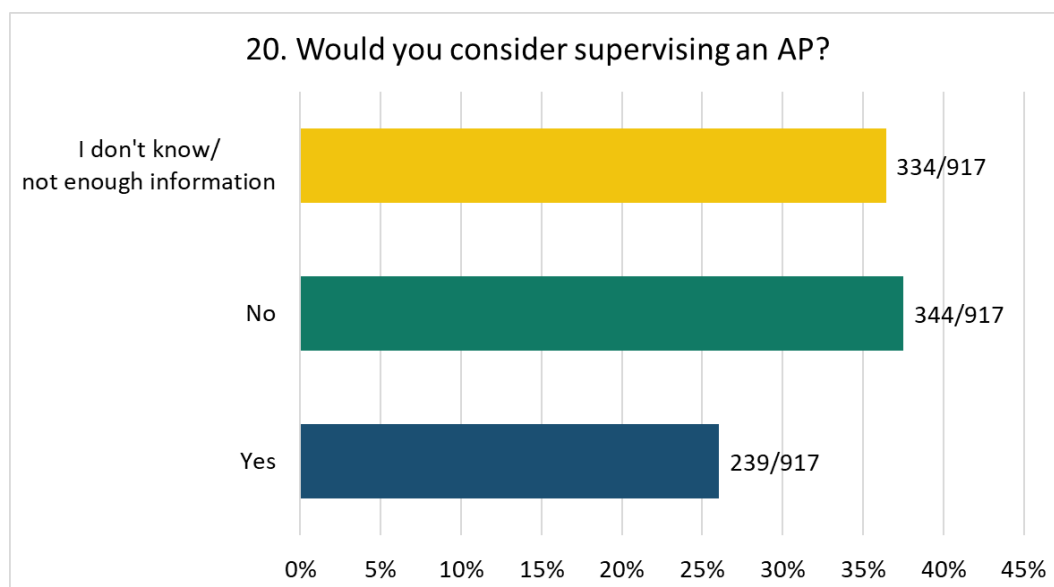


Figure 20: Number of supervisors who would consider supervising an AP?

## Question 21 – What barriers are there for you to provide this type of supervision?

### Highlights

- Only 32% of respondents (339 out of 1,052) provided a response to this question
- There was a strong critical tone throughout the provided responses
- The most dominant concern was about limited capacity for supervision, with nearly a quarter of respondents mentioning it
- Other responses included public safety, inadequate training, direct opposition to the AP role and undermining the profession

### Detailed Analysis

There was a strong critical tone throughout the responses. Frequently used terms in the free-text responses are illustrated in Figure 21 below.

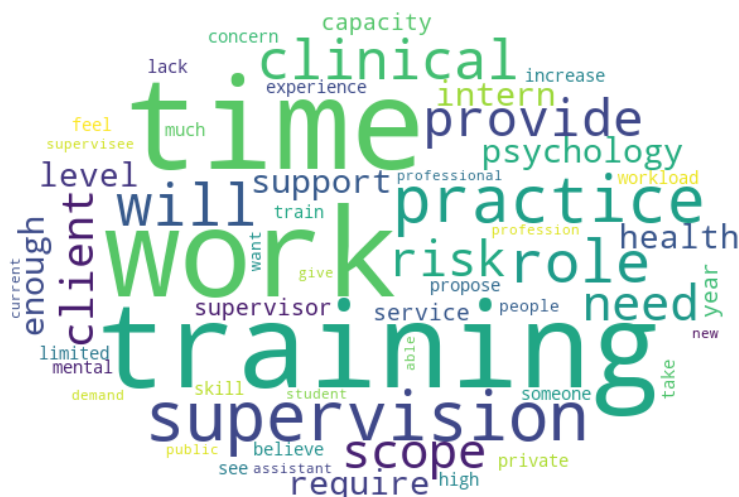


Figure 21: Word cloud for free-text responses on what barriers are there for you to provide supervision to APs

Here is a list of themes that were found in the feedback responses:

## Theme 1 – Supervision Capacity Concerns

### Summary

A key concern was the limited availability of supervision for APs. Many respondents noted that psychologists were already stretched with existing responsibilities, including supervising interns and managing team demands.

### Examples

- “With just one years postgraduate study, an AP is likely to need intensive supervision working in a secondary mental health service, where most of those we work with have complex and severe issues. Supervising an AP sounds like it would be a lot of extra work and I don't feel I have the space”
- “I don't support the AP position and there is already too many clinical psychology students to supervise.”
- “Time. Not prepared to carry the risk. Not prepared to have to train the supervisee.”
- “I strongly believe that supervising APs would be a liability to myself and my APC and much more time consuming than I could offer given caseload numbers.”
- “There are issues providing sufficient supervision for existing psychologists. I think that time and resources are better spent ensuring the current scopes are adequately supervised, rather than adding another scope and spreading supervisors more thin.”
- “Already don't have enough time to supervise registered staff let alone APs”



## Theme 2 – Public Safety

### Summary

Another frequently talked about theme was Public Safety. Some responses implied or stated that this role might compromise public safety. The respondents were also uneasy on lack of clarity on boundaries and duties.

### Example

- *“over time secondary services clients have become more complex and often have multiple presenting issues. the time required to have someone with no face to face practicum experience to completing basic and safe practice is immense”*
- *“I do not believe the AP scope has been investigated enough in the NZ context to ensure safe practice will be provided and so do not want to be associated with APs”*
- *“I believe that they will lack the required training to safely undertake the role they are being expected to fulfil”*
- *“It would require a lot of thinking around safety, safe and ethical practice and would certainly add to the workload which is currently high for psychologists.”*

## Theme 3 – Inadequate Training for APs

### Summary

Some respondents talked about the training duration as inadequate. The proposed APs were seen as undertrained, requiring a high level of oversight.

### Examples

- *“I would rather supervise someone with adequate training of another profession, or an intern”*
- *“I do not trust that the level of training is adequate to begin with. I do not agree with how New Zealand wishes to introduce AP under the current proposal”*
- *“Potential risk issues to clients due to inadequate training”*
- *“It is a safety risk as the AP has not potentially had adequate training for the work they are expected to do and then that risk comes back to me.”*
- *“Due to their lack of training much of supervision would be on basic things”*

## Theme 4 – Opposition to the Role

### Summary

The responses that were related to this theme included the ones that outrightly stated that the role should not exist or they saw it as unnecessary or a duplication of existing functions.





## Examples

- *"I don't think the role should exist"*
- *"I don't agree that the Associate Psychologist role is a good idea for New Zealand, so I would not supervise a person in this role"*
- *"I completely disagree with the way this role has been developed and I will not supervise assistant psychologists as a result"*
- *"I am against the AP role so would therefore not support an AP"*
- *"I don't support the current plans to establish this role using this title/name"*
- *"I will not supervise an AP even if I have availability, given that undergraduate training is all Theory of Psychology"*

## Theme 5 – Undermining the Profession

### Summary

There was a concern that the AP role may devalue the profession or blur lines of expertise.

### Example

- *"This risks diminishing the role and responsibility of qualified psychologists"*
- *"i have no interest in diluting the profession. we need specialty and excellence - not a budget option to reduce costs."*
- *"I do not believe the AP role benefits the psychology profession. It seems to be driven by Te Whatu Ora with a disingenuous agenda to reshape the field by creating a cheaper workforce, ultimately undermining the role of Clinical Psychologists and rendering them redundant."*