



# Proposed Psychology Assistant Postgraduate Qualification Evaluation of Consultation Submissions

May 2026

## Executive Summary

The NZPB recently conducted a six-week-long consultation to gather feedback on two questions regarding the Psychology Assistant (PA) Postgraduate framework (See **Appendix 1**). The questions were:

- Is the proposed qualification framework appropriate to support safe and competent practice within the PA scope?
- From an equity perspective, are there any risks, barriers or unintended consequences associated with the framework that the NZPB should be aware of?

At a high level, 46% of respondents agreed, 40% disagreed, and 14% did not specify. The largest group to disagree was clinical psychologists. The College of Clinical Psychologists' own survey responses indicated 58% disagreed, 28 were 'unsure', and 14% agreed. A qualitative descriptive approach informs the analysis; statistically, the sample size was small and is unlikely to provide high confidence.

The College of Clinical Psychologists was, in many respects, aligned with NZPB's feedback from the same cohort. Given the alignment and comprehensive nature of their submission, it seemed prudent to assess whether the themes were congruent with those of respondents who agreed or did not specify whether they agreed or disagreed with the framework's appropriateness.

The key themes common to all respondents, irrespective of their stance in Question 1, related to supervision, role demand, progression and clarity, and entry into and the robustness of the Qualification Framework, given the anticipated academic loading and cultural safety requirements.

At a high level, the recommendations from the College of Clinical Psychologists are informative and broadly relevant:

- Reconsider the duration, clinical depth and structure of the proposed Postgrad qualification
- Strengthen supervision requirements to reduce harm to tangata whaiora, given that the PAs are not required to practice within the same area as their supervisor
- Work closely with Māori and Pacific stakeholders to ensure equitable and culturally appropriate pathways to robust evidence-based interventions
- Provide clear, enforceable boundaries for the scope of practice, including areas of practice with concrete examples
- Address risks to public understanding of different psychology roles

Allowing supervision by a senior registered mental health professional rather than an experienced registered psychologist appears to be a key point of contention.

## Introduction

In August 2025, the NZPB approved the PA scope of practice, including the competencies, title, and supervision requirements. The NZPB then sought feedback on the proposed high-level qualification framework.

The consultation focused solely on the qualification requirements needed to give good effect to the approved scope.

### 1. Consultation Overview

Consultation feedback was sought via email between 13 March 2026 and 24 April 2026 in response to the following two questions (background and supporting documentation available on the NZPB website). The two questions were based on the proposed qualification framework (included in **Appendix 1**):

- **Question 1** - Do you agree that the proposed high-level qualification framework (bachelor's degree in psychology or equivalent plus a Board-accredited postgraduate diploma with a supervised practicum) is appropriate to support safe and competent practice within the PA scope?
- **Question 2** - From an equity perspective, are there any risks, barriers, or unintended consequences associated with the proposed qualification framework that NZPB should consider before prescribing qualifications for the PA scope?

Te Tiriti and equity considerations were included in the development of the PA Qualification to help reduce inequities in access to psychological services. The approved qualification is expected to:

- Embed Te Tiriti o Waitangi obligations;
- Elevate mātauranga Māori and Māori models of health and wellbeing;
- Support culturally safe practice across diverse communities; and
- Prepare graduates to work effectively with whānau, families and communities

### 2. Out of scope

To support clarity and focus, this consultation did not seek feedback on:

- Detailed course content or papers;
- Specific teaching or assessment methods;
- Admission criteria beyond the proposed degree-level requirements; or
- Individual programme proposals from universities or other providers.

## Overview

A total of 35 responses were received during the month. A more detailed breakdown of the data is provided in **Appendix 2**. There was some variability in the quality of responses – some answered Question 1 explicitly, and others did not. Responses from some submitters who strongly opposed the PA role reiterated matters raised in earlier consultations.

The College of Clinical Psychologists (the College) undertook its own survey, and there is a strong correlation between their work and submissions received by the NZPB. The College's submission, along with the Psychology Society, is attached as **Appendix 3**. The College provides a comprehensive summary of the key themes consistent with this work.

This paper will, where necessary, expand on the professional body responses and will focus on the risks, barriers and unintended consequences of the agreed or not specified responses to Question 1.

## Board considerations

The NZPB received a limited number of responses given the total number of registered practitioners, and the College's submission does not state how many it received for its survey. While some suggest a minimum of 30 submissions for qualitative analysis in some situations, it would generally be considered statistically too small to provide high confidence.

In the 16 NZPB responses from Clinical Psychologists, 81% disagreed, whereas the College survey had 58% disagree. Without the benefit of the number of submissions received by the College, the majority who do not agree may or may not be an indicator of how most practitioners registered within that scope of practice feel about the PA Qualification Framework proposal. It may be that there is a large silent majority who are simply waiting to see how it works in practice.

In some of our analyses, we have taken a qualitative description, that is, a literal qualitative approach focused on providing a straightforward, low-inference summary of the language used by the participants. This has informed the choice of 'not specified' rather than 'unsure' when categorising responses under Question 1. Some respondents' commentary could be deemed favourable, but with concerns, or did not answer Question 1. Likewise, a respondent stated they were a member of the public, whereas others did not; therefore, the description 'not registered' was used, as we could determine this by comparing their names with the roles of those registered.

When reviewing NZPB feedback, we noted several themes that appeared across those who agreed, did not agree, and did not specify. The College's submission speaks well to the NZPB feedback provided by clinical psychologists. However, the NZPB survey attracted a wider cohort of respondents, including students, registered psychologists and an overseas-based PA. The intersection or overlap between surveys and respondents provides an insightful common area of perceived risk, equity barriers, and concerns.

## Key Issues Requiring Board Consideration

The overlapping areas of concern are supervision, role clarity, and market demand within the health sector, and psychological safety, entry into, and the robustness of the Qualification Framework, given the anticipated academic loading and cultural safety requirements.

### Supervision

With supervision, several concerns were raised. The first was of a fundamental nature and, when resolved, would likely address other related concerns:

*I think it would be good to have clarity on what constitutes supervised practice... and supervision workload.*

A related concern was the availability of competent, engaged supervisors and the potential safety risks to tangata whaiora and PAs. In part, this is informed by the current difficulties being experienced and push back against a supervisor being a 'senior registered Mental Health professional'.

*My only concern is the availability of appropriate supervision for the psychology assistant. If not properly supervised, there is a risk to the best care of clients as well as to the PA's well-being. We already know it is difficult for clinical psychologist students to get paid internships/supervision within the public mental health system. Likewise for students in the General Psychology scope. So if the mental health workforce expands, it will become more acute. I am also concerned that the Advice for employers (pt. 10; pg 10) in the scoping document (NZPsych Board, 14 August, 2025) refers to... does not even expect that such contractors will be senior or experienced registered practitioner psychologists. On site supervision by a senior or experienced registered practitioner psychologist needs to be a fundamental requirement. It is of deep concern that this section implies that PAs will be working in teams/workplaces where there are no registered practitioner psychologists in the workplace.*

*Risks include ... they may not have adequate supervision, due to how stretched public services are.*

Another related concern is the funding and support for supervisors.

*Will there be additional requirements or support for PA supervisors?.. I have a mild concern that, counterintuitively, supervision for PAs may seem less important or lower priority and attract less-experienced psychologists to the role, when, in fact, Psychology Assistants should have more competent supervision.*

If the survey results indicate a broader sentiment among the registered workforce, this will only compound the issue and constrain the success of the Kaupapa. The experience offshore provided was:

*We were graduates and were closely supervised. This gave us fantastic experience, and a wage and it was a stepping stone to being accepted onto a Clinical training course*

## **Role demand, progression and clarity**

The College's recommendation is supported by the NZPB submissions, which call for clear, enforceable boundaries for the scope of practice, including areas of practice (NGO, primary, secondary mental health, etc.), with concrete examples. The NZPB respondents highlighted below were from government departments, Te Whatu Ora, and private practice, and either agreed or did not specify an answer to Question 1.

## **Role demand and employment options**

Areas of practice was a major theme observed in the NZPB responses. On face value, the responses appear to indicate a key supply-demand constraint on the employability of PAs within the health sector, irrespective of the numbers graduating. The indications at this time are that the role is most likely appropriate for the public health sector, with resistance noted from the private sector due to the narrow scope and the overheads associated with supervision. The rationale was premised largely on public safety risks and concerns.

The first two items of feedback were from the Department of Corrections and ACC, with the remainder from registered clinicians within Te Whatu Ora.

*Department of Corrections: We were curious to what extent this qualification framework and associated scope of practice would equip practitioners with the skills required to work outside of a secondary or tertiary level mental health service though (i.e., for Department of Corrections, Oranga Tamariki, or potentially Ministry of Education). We also wonder whether the Department of Corrections would be considered an approved multidisciplinary environment for a practicum placement.*

*ACC: Once the qualification has been confirmed, ACC would need to carefully consider whether there would be scope for inclusion of this provider type in any of the support services we fund.*

If the qualification framework aligns with the British Psychological Society, competition for limited roles by experienced PAs may further reduce the number of places available to New Zealand graduates.

*The Risk: If the NZPB's high-level framework only envisions a New Zealand-based PGDip, it risks excluding a ready-to-work workforce from Ireland and the UK that already possesses equivalent competencies... In Ireland, "Assistant Psychologist" is a highly competitive professional role.*

The following feedback addresses the safety concern, a key concern for any regulatory authority. The theme of this feedback has a key dependency on concerns about supervision.

*Whilst not included in your above questions, my hope is that all of the intended psychology assistants work only within the primary health care system, not for private companies...The psychology assistants will also benefit from the MDT exposure in the primary health system, not necessarily the case in private service providers.*

*The proposal continues to suggest placing people with only one year's training in roles in specialised services in which the clientele have serious and severe difficulties, risk to self and*

*others, and in which the proposed role may be isolated from any other psychological practitioners. I suggest taking it out of the list of tasks and skills, and making it clear that they should not be required to perform such tasks in their roles, and are therefore unsuitable for work in specialist services or for with undifferentiated clients...*

*The skills table seems to suggest a focus on case manager set of skills- other professionals with more practical training are better placed to provide this, without the risk of muddying the 'psychology' label by sending people out in to the workforce with very few psychology skills. If the gap is in therapy provision, it is clear that this proposal would not directly address it. Rather, upskilling other mental health professionals in specific therapies could help widen access to therapy, as would properly training more psychologists.*

*I do not think it is appropriate for any psychology assistant to be working in settings away from psychologists and only receiving 1 hour per week of supervision support from a psychologist, particularly given that the skill description suggests that assessments and interventions could only be provided when delegated by a psychologist, and that the PA would be expected to use supervision time observing practice and videos. It's hard to see how they could assist if not assisting a psychologist.*

### **Role clarity**

This was a minor theme amongst those who agreed or did not specify. It is relevant to the role's perception risk within the health workforce and its potential to confuse the public. A point that was highlighted by the NZPB submissions from those who disagreed in Question 1.

*The way the role is presented also has an influence on how it is understood in practice. Where there is misalignment between the title, the training, and the scope of the role, this may contribute to misunderstanding among both patients and colleagues. This can result in either under-confidence in the role, or over-reliance on it. Both situations affect how safely and effectively care is delivered. It also raises the possibility that expectations of the role may be shaped by the title in ways that do not fully reflect the level of training and responsibility involved.*

The submission also highlighted a demand/supply workforce sustainability issue if there is misalignment between training and responsibility and how it is viewed within the wider health system.

Alignment with comparable international roles was also raised to support clarity for the public and the health sector workforce.

### **Progression into and out of PA roles**

This was a minor theme that arose in the responses and concerns the pathways into the PGDip and the clarity needed regarding the process for efficiently moving from a PA role to becoming a registered psychologist (General), i.e., without repeating courses.

*They may get stuck in these roles and be unable to progress to being a qualified psychologist.*

Other feedback asked whether there is any crossover or link to the mental health nursing sectors, or whether the PGDip could be accessed by those with Paramedic or Occupational Therapy qualifications.

## **Qualification Framework, Undergraduate Variability, Entry Criteria, Academic Loading and Cultural Safety**

Key themes are aligned with the College's submissions and across those received by the NZPB. Of note were submissions relating to the variability of undergraduate programmes, concerns about the practicum for Māori and Pasifika.

### ***Variability within the current undergraduate programmes***

*A key concern is the significant variability in the foundational knowledge that graduates bring from different New Zealand universities. Although all undergraduate psychology degrees meet Tertiary Education Commission requirements, there is no national specification of coursework in terms of the constellations of topics that may be studied to attain the bachelor-level qualification in psychology.*

*The quality and practical nature of current bachelor's degrees varies. Perhaps over time, NZ will follow Australia's current changes to degrees, with including practical components from year 2. My concern is that we will see young people with limited life experience come through....I believe there needs to be a specific requirement added that asks for several years of practical work experience in mental health roles such as Mental Health Support work.*

### ***Entry through pathways other than a bachelor's degree requirement***

The response below was received from a training organisation.

*We ask that you reframe the Bachelor's degree requirement to state a "degree in Psychology, or a substantially similar undergraduate degree" to prevent inequity between those who complete identical courses to a psychology major, but in a parallel degree. Not doing so would create an unnecessary restriction on the registration of persons under the HPCA Act (s13). This will also serve to clarify that what is considered a "Bachelor's degree in Psychology" is not only the strict "Bachelor of Psychology" (which only Victoria University delivers in New Zealand), but broader general Bachelors degrees in Arts and Sciences in which Psychology is a major.*

*We note that under the current StudyLink rules, Postgraduate Diplomas are not usually approved for student allowance support. It may be appropriate to consider making the qualification a level 8, 120 credit Honours degree (e.g. a Bachelor of Psychology (Honours)), as these can in many cases qualify for StudyLink support.<sup>1</sup> This is appropriate, given that the qualification will only ever be done as an extension to an undergraduate degree, and it would help ensure equitable access – preventing the Psychology Assistant role becoming only accessible to those who do not rely on student allowances to study.*

The following submissions were received from people not registered.

*The proposed qualification framework creates a barrier to growing the workforce and restricts registration of persons as health practitioners by excluding consideration of qualifications*

*equivalent to a Bachelors degree in Psychology such as an NZQA level 7 Graduate Diploma in Science: Psychology or a higher level of qualification such as the NZQA level 8 Postgraduate Diploma in Science: Psychology.*

*I do believe that there are barriers regarding preventing other mental health-related undergraduate graduates from being able to participate in the PGDipPsychAsst program. These undergraduate courses, such as Bachelor of Health Science in counselling, involve a broad range of mental health study and over 200 hours of supervised practicum hours.*

*Yes, the narrow entry criteria (bachelor's degree only and not Graduate diploma in psychology) risks excluding many well qualified candidates from the course, acts as a barrier to entry and discriminates based on semantics, rather than on any actual difference in the qualification level achieved or the depth of study.*

### **The practicum**

The following observation, included in an academic provider's response regarding possible access barriers and culturally appropriate pathways, is echoed in the College's final recommendation.

*A fourth year of tertiary study, combined with 600 hours of practicum, represents a significant financial investment. If the goal is to increase equity of access for Māori, Pacific, and underserved communities, the Board must ensure that the "cost of entry" does not inadvertently exclude the very candidates needed to reach those communities. To ensure this initiative benefits all of Aotearoa New Zealand, the Board should ensure that the Postgraduate Diploma can be delivered through blended or distance learning.*

*We also strongly suggest that the competency requirements and the 600 hours of practicum not be tied to the postgraduate qualification per se, but be linked to registration as a Psychology Assistant. This will prevent students who have had a stronger undergraduate preparation than a psychology major (e.g. mātauranga Māori papers, equivalent supervised practicum hours in "an approved multidisciplinary team environment") from having to repeat requirements, and will free space for further learning through elective options (e.g. cultural practices that focus on Pacific Peoples) – allowing institutions greater freedom to support the development of a diverse and well-equipped mental health workforce.*

The following submission was from a member of the public.

*For NGOs and smaller primary care settings, the cost of supervising a 600-hour practicum may be a barrier. The Board should consider how it can support these organisations to host students without imposing an administrative or financial burden that prevents them from participating in the programme.*

### **Cultural Safety**

Responses from the agreed or not specified categories contained few statements on Cultural Safety. The following submission was received by NZPB, who disagreed in Question 1. The College's submission is light on detail regarding the recommendation on consulting with Māori and Pasifika

*"No, I do not agree. The Bachelor's degree does not require foundational knowledge of culturally appropriate practice, Te Tiriti o Waitangi, or responsiveness when working with Maaori, all of*

*which are core components to effective psychological practice (at any level) in Aotearoa New Zealand. It is unrealistic for students to have to start from scratch to learn this during the post-graduate training, and places additional pressure on supervisors. A bachelor's should have foundational knowledge on these matters to support safe and competent practice.*

*The postgraduate diploma may support safe and competent practice, but this would be dependent on several variables. Detail in this regard has not been included in the consultation material. "Risk of inadequate cultural competency training, leading to risks for clients (the public) who are not part of the dominant cultural group.*

## **Psychological Safety**

This submission is equivalent to Question 2, bullet point 4, of the College's submission.

*The greatest risk I see is operational rather than regulatory: the psychological safety of the Psychology Assistants themselves once they enter the workforce. There is a pre-existing issue with cross-scope hostility and patch protection in the psychology workforce. Psychology Assistants, being the newest and most junior members of the profession will, especially in the early years of the scope, be even more vulnerable to this. Additionally, some Psychologists have been very clear in their outright opposition to the introduction of Psychology Assistants, and their influence may impact both directly and indirectly.*

*A helpful additional mechanism would be ready access for Psychology Assistants to independent supervision, coaching, or advice (beyond that which the Professional bodies can offer) on how to manage difficult workplace circumstances. This would provide a safe, neutral avenue for support without relying solely on the immediate work environment.*

## **Workforce & System Implications**

Based on the responses, there appear to be two main areas of workforce and system implications.

The first is on the balance of supply of graduates, the areas where the role will likely occur, and the constraints of qualified and willing supervisors within those organisations.

There remains opposition to the PA role from within the registered psychology community, and the submissions do raise the prospect of tension for new graduates. It remains to be seen what supports might be in place for graduates new to the role during the initial period.

Within the system, several responses indicate that other registered professionals are already registered and equally capable of undertaking the tasks proposed for the PA. If the role is limited to primary mental health, then the challenge is to ensure the PA role is designed to create value to be seen as credible within the wider health system.

## **Risks & Mitigations**

From the responses, there is a general feeling that the proposal, as it currently stands, still poses reputational and safety risks to the public, graduates, and supervisors, and equity risks for Māori and Pasifika entry and participation in the academic program.

Another key area of risk is the change management outcomes with key stakeholder groups and keeping a majority of registered professionals onside.

## **Options for the Board**

The offer has been extended to work through the College's recommendations, and it is at the Board's discretion whether to accept the invitation.

Only one submission has expressed interest in the Board's response to the feedback, and several have expressed a view that little will change.

The options, as suggestions only, are to:

- Engage with the College of Clinical Psychologists and the Psychology Society based on their recommendations, and ensure these key stakeholders feel they are part of the journey
  - There is a potential for this work to extend well into the pre-election/election period without clear agreed timeframes to meet any implementation goals and the associated political risk/opportunity.
- Respond to feedback and proceed, and make some changes in response to feedback.
- Note the feedback and proceed as proposed.

## ***Appendix 1 – Proposed Qualification Framework***

### **Proposed qualification framework (High level)**

NZPB is proposing that the eligibility for registration in the Psychology Assistant scope of practice would involve completion of the following:

- a) An undergraduate qualification
  - A minimum of a Bachelor’s degree in psychology, or an equivalent qualification, providing foundational knowledge of psychological theory, research methods and human development.
- b) A prescribed postgraduate qualification
  - A Board-accredited Postgraduate Diploma in Psychology Assistant Practice (name to be confirmed by tertiary education organisations).
  - The qualification would be designed specifically to prepare graduates to practice safely and competently within the PA scope of practice.
- c) A supervised practicum component
  - The postgraduate qualification would include a Board-approved practicum of at least 600 hours, undertaken in an approved setting.
  - Practitioner training would occur under supervision and within multidisciplinary team environments.

## Appendix 2 – Summary of the Data

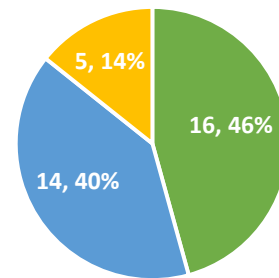
### Question 1 – Do you agree?

The breakdown of the 35 responses is summarised in the accompanying pie chart. The first number is the number of responses within the category.

While 46% agreed, there were 14% undecided. The latter category captures those responses that:

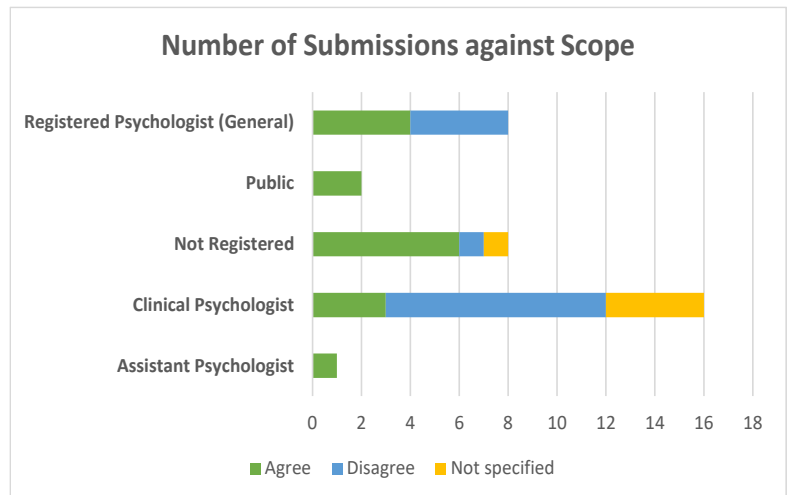
- Did not explicitly 'agree' but were generally positive, subject to several concerns
- Did not explicitly 'disagree', but highlighted concerns and opportunities
- Decided to omit the first question.

### Overall Agreement Distribution



■ Agree ■ Disagree ■ Not specified

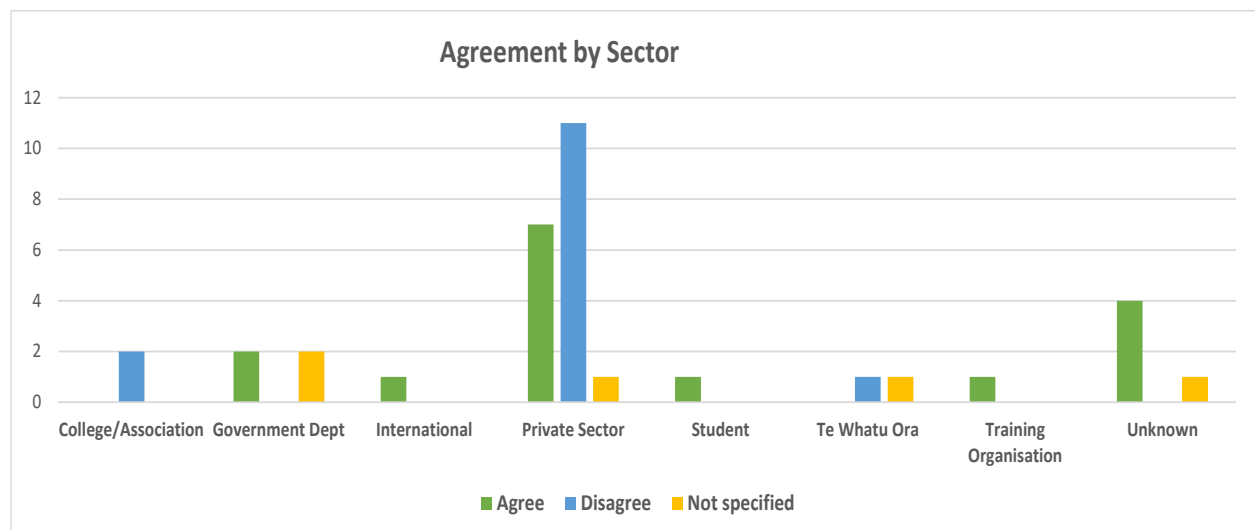
The breakdown of submissions by scope is shown in the graph alongside. Registered psychologists were evenly split, whereas Clinical Psychologists were, for the most part, either in disagreement or undecided. This is consistent with the findings from the College of Clinical Psychologists' survey.



Two respondents stated they were members of the public and were included in the category. It was less clear with several submissions made using first names only and anonymised emails (no clear name or organisation). We were advised by a registered submitter that several people within their organisation had wanted to submit responses anonymously. For this reason, these submissions were included in the 'not registered' category, meaning they were not on the register of registered psychologists.

When viewing responses across sectors, we find the private sector generally disagreed, while the government sector was evenly split, as shown in the table below.

When viewing responses across sectors, we find the private sector generally disagreed, while the government sector was evenly split, as shown in the table below.



In the private sector, there are three responses from registered practitioners from the same provider against the proposal. The 'unknown' category arises from the anonymous submissions. There was one submission from an overseas PA.

The table below provides an overview of the types of responses relevant to Question 1. In some cases, the rationale for the respondent's agreement or disagreement was merged with the answer to Question 2.

Several respondents raised earlier concerns provided in prior consultations about the introduction of the PA in their feedback. The rationale for those who agreed was to increase the workforce, although some commented on the qualification pathway (which will be covered in the next section).

Agree	Disagree	Undecided
<ul style="list-style-type: none"> <li>• Provides a basic foundation; any steps to increase a well-educated workforce are better than none.</li> <li>• Look forward to seeing how the new scope may or may not work in [my] occupational setting.</li> <li>• I strongly support the idea of increasing the qualified workforce</li> <li>• In principle, I believe the framework can support a safe and competent practice provided three conditions are met – clear eligibility criteria, robust selection process, well-designed curriculum</li> <li>• The proposal is reasonable</li> <li>• Yes, but it will take time for people to complete the PG Diploma, and there does not appear to be a clear pathway to the Clinical Psychology training course. If I had been working as a Psychology Assistant, I'd want to know my chances of getting on the Clinical course were high.</li> <li>• The addition of a post-graduate diploma with a supervised practicum also seems appropriate for preparing graduates to</li> </ul>	<ul style="list-style-type: none"> <li>• Still very unclear what exactly PA will be doing – vague job role</li> <li>• The qualification sits somewhere between a community support worker and a key worker at CMHC. A bachelor's degree in psychology provides very little competence to work in mental health; the diploma would be doing all the heavy lifting</li> <li>• No</li> <li>• <i>Abandon.</i></li> <li>• I do not support the creation of a standalone PA qualification and scope</li> <li>• A safer and more competent practice is likely to be supported by a framework of 'a Level 7 qualification in psychology and a board-accredited postgraduate diploma with a supervised practicum'</li> <li>• My concern is that the team/s must include 'a senior registered mental health professional', NOT a senior or experienced registered practitioner psychologist</li> <li>• While a bachelor's degree in psychology combined with a Board-accredited postgraduate diploma and supervised practicum may provide a foundation for low-intensity and structured psychological support, I do not believe this adequately prepares practitioners for the realities of many mental health</li> </ul>	<ul style="list-style-type: none"> <li>• With such a narrow scope of practice, it is unclear to what extent the Department might utilise the role.</li> <li>• Appreciate the work, but a number of concerns remain about this proposal and its details.</li> <li>• Assume the course content while set by the TEO will be accredited by the board. Supervision component inadequate</li> <li>• Unable to give a simple yes/no answer on the adequacy of the qualification</li> </ul>

Agree	Disagree	Undecided
work safely and competently under supervision, as it allows them to gain more knowledge for the role, while also gaining experience.	settings where presentations are rarely straightforward. In practice, “mild to moderate” presentations can rapidly become high-risk, and service pressures often blur intended role boundaries.	

## Question 2 – Risks, Barriers or Unintended Consequences?

The dominant themes across all responses, irrespective of whether they agreed or disagreed or did not specify, were:

- Supervision
- Role demand, progression and clarity
- Entry into and the robustness of the Qualification Framework

A table summarising the College and Psychology Society’s themes, and high-level summary feedback from those who agreed or did not specify in Question 1, follows below. The College’s response contains several key takeaways that mirror the NZPB responses from those who disagreed. For this reason, the focus is on the risks, barriers, and other concerns reported by those who agreed or did not specify an answer in Question 1.

Disagree		Agree
College of Clinical Psychiatrists	Psychology Society	Respondents
<ul style="list-style-type: none"> <li>• Public safety risks</li> <li>• Supervision capacity constraints</li> <li>• Role ambiguity</li> <li>• Workforce substitution concerns</li> <li>• Risks to public understanding</li> <li>• Potential negative impact on trainees themselves</li> <li>• A consistent theme in responses is that the proposed qualification pathway may not sufficiently mitigate risks associated with “real-world” clinical complexity,</li> </ul>	<ul style="list-style-type: none"> <li>• Reliance on a general bachelor’s degree in psychology without a prescribed requirement for cultural safety</li> <li>• Shifts essential foundation learning into postgraduate and supervised settings</li> <li>• Imposes undue costs on practitioners and the health system – unprepared assistants are likely to require higher levels of supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Not confident that required high-level supervision will be available – already difficult for clinical psychologists to get paid within the public mental health system</li> <li>• Restate the Bachelor’s requirement to a ‘degree in Psychology’; Postgraduate diplomas are not currently approved for student allowance support. Link competency requirement and 600-hour practicum tied to registration as a PA and not to the degree</li> <li>• Limit role to the primary health system</li> <li>• Supervision by a senior registered mental health professional rather than a registered psychologist poses risks for the PA.</li> <li>• Could the diploma be accessed by other registered professionals, e.g., a paramedic; Pathways to become a Registered Psychologist (Generalist)</li> <li>• Variability in the foundational knowledge graduates bring from different universities.</li> </ul>

even within a supervised scope.		<ul style="list-style-type: none"><li>• Psychological safety once in the workforce – cross-scope hostility and a lack of workplace support</li><li>• Role creep</li><li>• Experience of UK and Irish PAs and alignment with BPS/PSI Equivalence gap – PAs who want to return to NZ.</li></ul>
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## **Appendix 3 – Submission from the College of Clinical Psychologists and the Psychological Society**

## **Submission from the New Zealand College of Clinical Psychologists in Response to the Consultation on Prescribed Qualifications for the Psychology Assistant Scope of Practice**

Thank you for the opportunity to provide feedback on the proposed qualification framework for the Psychology Assistant scope of practice under Sections 12 and 13 of the Health Practitioners Competence Assurance Act 2003 (HPCA Act).

The New Zealand College of Clinical Psychologists (NZCCP/The College) supports the intent of this initiative, including improving access to psychological services, supporting team-based care, and addressing inequities in access. However, feedback from our membership indicates significant concern regarding whether the proposed qualification framework will adequately ensure safe, competent, and effective practice.

Feedback from members for each consultation question is outlined below.

### **Consultation Question 1**

*Do you agree that the proposed qualification framework is appropriate to support safe and competent practice?*

Of NZCCP members who responded to our survey, a majority (58%) indicated that they do not agree that the proposed framework is appropriate, with a further 28% unsure and only 14% in agreement.

Members who disagreed consistently raised concerns about the sufficiency of training (including length of training and content), preparedness for the clinical complexity of work in any setting, and risks to public safety. Some of the comments raised by members are included below:

- “One year training is not sufficient for the skill development required to work clinically even in an assistant role.”
- “Even with these qualifications the encounters these assistant psychologists will have with clients given current shortages in clin psychs will be far more complex than proposed - as such they will be working outside their level of competency - no mild to moderate cases in Te Whatu Ora mental health in our region.”
- “I do not think this is sufficient training to allow a person to qualify as a Psychology Assistant. I think this would underprepare an individual for the workforce, and put client safety at risk due to the nature of the work that Psychology Assistants are proposed to do, even under continued supervision post-qualification.”
- “A Bachelor’s degree in psychology does not in any way prepare an individual for clinically-focused/relevant... ground work, and the one-year training programme to qualify as a psychology assistant does little to add to that in terms of hours and papers.”
- “The training is insufficient to undertake clinical work safely under indirect supervision.”
- “A single year of training is insufficient to enable this workforce to work within the specified scope, which is very broad, especially after only an undergraduate psychology qualification. The scope either needs to be significantly restricted or the qualification extended. This proposal overall seems highly risky to public safety and the reputation of the psychology profession as a whole.”
- “Too brief to be able to practice safely in the field of psychology. What exactly is going to be taught in the post-grad dip? What can be dropped from the clinical psychology training programme which takes 3(+) years full time study? All the same skills seem needed if they are going to hold an independent caseload of clients. Unclear what their role would be as an intern/placement student and who would ensure their learning objectives were being met in a placement and (that) they are only working within scope - is it a registered psychologists job to also know what is in and out of scope for a PA? Is the supervisor required to be at the place of work? If not, how are they going to have oversight of all work assigned to a PA to ensure it is in scope?”

Members who were unsure highlighted that their views depended heavily on the specifics of implementation:

- “I’m not sure that any one-year program can teach / allow students to gain the competencies as prescribed by the board.”
- “Will depend on the content and depth of academic papers and the quality of placement. Also, will those who barely will meet the criteria (e.g. having ‘C’ grades) also be admitted to practice?”
- “It depends on the quality of training during the postgraduate diploma - how many hours of training, whether it is in evidence based treatments - ideally just one or two approaches rather than an eclectic approach where a little knowledge could be a dangerous thing. (It also depends on) whether there is a high degree supervision of practice during - with demonstrations of competence with real clients - and whether the subsequent practice is closely supervised by fully trained clinical psychologists as opposed to other professionals who may or may not be competent to supervise.”

Some members who agreed that the proposed qualification framework was sufficient still expressed caution regarding training sufficiency and supervision:

- “Having worked with trainee and intern clinical psychologists for many years, I am very aware of the level the students are at when they come from undergraduate study and how much input they need to refine their micro counselling skills. I’m also aware of how long it takes to build up a caseload and see progress (often minimal progress in a year of intensely supervised practice). I do not think 600 hours is enough and how closely will they actually be supervised and by whom?”

### **Consultation Question 2**

*Are there any risks, barriers, or unintended consequences associated with the proposed qualification framework?*

Survey results indicate that 66.3% of members believe there are risks, barriers, or unintended consequences, with 19.4% unsure and 14.3% indicating no concerns.

Members comments suggested concerns about a range of significant risks, particularly relating to public safety, whether the supervision proposed is adequate enough to ensure sufficient oversight of practice, and the ability to manage the clinical complexity that they will inevitably be confronted with. Comments include:

- “The supervision requirements are vague and there is a substantial risk that AP’s will work without the required supervision.”
- “There is a substantial risk of Psychology Assistants leaving these training programmes to undertake work well beyond their competencies, leading to adverse outcomes for clients and loss of public trust in the psychology profession.”
- “Insufficient training, unclear scope and boundaries of the role, and substantial risk of a lack of ongoing supervision will put the public at risk.”
- “The qualification framework is 1) setting the bar too low to reasonably ensure safe practices, 2) insufficient to allow trainees to recognise and navigate the tensions within the (poorly constructed) scope of practice. Further to concerns about public safety, I am also concerned regarding the impact on trainees within this scope. The wider psychology profession is not well motivated or enabled to support them, yet their scope is dependent on supervision and support. I am deeply concerned that the board continues to support the PA idea as it is being currently implemented. We are putting the public at risk, and setting up a host of young hopeful people wanting to work in mental health as lambs to the slaughter.”
- “Every part of this proposal creates risk to members of the public. This proposal is insufficiently rigorous, and confers public legitimacy through registration that will not have been earned where the ability to practice will be at a mismatch with the populations that they would be working with.”
- “While the HPCA Act requires that prescribed qualifications not unnecessarily restrict registration, it equally requires that they be necessary to protect the public. These principles must be balanced, not traded off against each other. The proposed framework prioritises workforce access at the expense of public protection. A postgraduate diploma is not equivalent to the postgraduate training required of registered psychologists, and 600 practicum hours is insufficient to develop the competencies needed for independent or semi-independent practice. There is a real risk that the public will not be able to distinguish between a Psychology Assistant and a Registered psychologist creating confusion and potential harm”

### **Summary**

NZCCP members surveyed identified significant concerns around the proposed qualification framework, as it stands, being appropriate to support safe and competent practice in the Psychology Assistant Scope. Members also identified and named key risks and potential consequences associated with the proposed framework. Key themes arising from this feedback include public safety risks, supervision capacity constraints, role ambiguity, workforce substitution concerns, risks to public understanding, and the potential negative impact on trainees themselves. A consistent theme in responses is that the proposed qualification pathway may not sufficiently mitigate risks associated with “real-world” clinical complexity, even within a supervised scope.

### **Recommendations**

In light of these findings, NZCCP recommends that the Board:

- Reconsider the duration, clinical depth, and structure of the proposed postgraduate qualification.
- Provide clear, enforceable boundaries for the scope of practice, including areas of practice (NGO, primary, secondary mental health etc), with concrete examples.
- Strengthen supervision requirements to reduce risk of harm to tangata whai ora engaging with Psychology Assistants. This includes reviewing the role of supervision post qualification, given the concern that currently Psychology Assistants are not mandated to practice within the same team as their supervisor.
- Address risks relating to public understanding of different psychology roles.
- Work closely with Māori and Pacific stakeholders to ensure equitable and culturally appropriate pathways to robust evidence based interventions

**Conclusion**

The College acknowledges the importance of expanding access to psychological services. However, the strength and consistency of concerns expressed by members indicate that the current qualification framework requires further refinement to meet the statutory obligation to protect the public while avoiding unintended negative consequences.

We would welcome continued engagement with the Board as this work progresses.

**New Zealand College of Clinical Psychologists**



**24 April, 2026**

### **Question 1**

*Do you agree that the proposed qualification framework (bachelor's degree in psychology plus a Board-accredited postgraduate diploma with a supervised practicum) is appropriate to support safe and competent practice within the Psychology Assistant scope?*

Response:

No, we do not agree. The proposed qualification framework does not adequately support safe and competent practice.

Current bachelor's degrees in psychology do not consistently require foundational learning in culturally responsive practice, Te Tiriti o Waitangi obligations, or working effectively with Māori—core competencies for psychological practice at any level in Aotearoa New Zealand. In addition, bachelor's programmes are highly variable and often allow students to graduate without sufficient grounding in applied health contexts, as upper-level study may focus on areas such as brain imaging, comparative cognition, forensic or organisational psychology.

As the PGDipPsychAsst emphasises the practical application of psychological knowledge, it is crucial that students are equipped with adequate knowledge of Te Tiriti o Waitangi and non-Western psychological knowledge systems during their undergraduate studies. This theoretical grounding will provide context for a deeper engagement with psychological care when they come to learn about it in the Psychology Assistant training. The recommendation for earlier exposure to non-Western psychologies also came from the WERO report (Waitoki et al., 2024) and the lodged Tribunal claim (Levy et al., 2023).

Requiring these foundational competencies to be developed during a postgraduate diploma is unrealistic and places undue pressure on both trainees and supervisors. A bachelor's degree should provide a prescribed, practice-relevant foundation—particularly at 300-level—for those intending to enter the Psychology Assistant pathway. Students who have taken courses in Kaupapa Māori psychology, Pacific health, and cultural diversity should be recognised in the programme selection process for embracing diverse knowledge systems and models of care relevant to the training.

Without this foundational learning, the proposed framework risks producing graduates who are underprepared for safe, culturally competent practice in the health workforce.

### **Question 2**

*With respect to the principles set out in s 13 of the HPCA Act, are there any risks, barriers, or unintended consequences associated with the proposed qualification framework that the Board should consider before prescribing qualifications for the Psychology Assistant scope?*

Response:

When considered against the principles in s 13 of the HPCA Act, the proposed qualification framework presents several risks and unintended consequences that warrant careful consideration by the Board.

**(a) Qualifications must be necessary to protect members of the public**

The proposed framework does not appear sufficient to ensure public protection. In particular, the reliance on a general bachelor's degree in psychology—without prescribed requirements for cultural safety, Te Tiriti o Waitangi obligations, or working effectively with Māori—creates a material risk to safe and competent practice. These competencies are essential for protecting the public in Aotearoa New Zealand's health context, including at assistant level.

Placing responsibility for developing these foundational competencies primarily within a postgraduate diploma and supervised practice of only 600 hours risks inconsistent learning, variable competence, and increased reliance on supervisors to manage gaps in trainee preparedness. This creates heightened risk of harm, particularly to Māori and other communities who already experience inequitable health outcomes, and undermines the intent of s 13(a) to prioritise public safety.

**(b) Qualifications must not unnecessarily restrict registration**

While the framework may appear flexible, it risks creating indirect barriers to entry by shifting essential foundational learning into postgraduate and supervised settings. Candidates who have completed psychology undergraduate degrees that are theory-focused or non-clinical may struggle to meet expectations in postgraduate training without additional, unfunded bridging learning.

This may disadvantage otherwise suitable applicants, particularly Māori and Pacific candidates or those from less resourced institutions and could limit the pool of registrants in practice. A clearer, more prescribed undergraduate foundation aligned with Psychology Assistant practice would provide transparency and fairness, reducing unnecessary obstacles to registration while still maintaining standards.

**(c) Qualifications must not impose undue costs on practitioners or the public**

The proposed framework risks imposing undue costs on both practitioners and the health system. Underprepared assistants are likely to require higher levels of supervision, increasing workload pressures on psychologists in already stretched services. This has cost implications for employers, reduces supervisory capacity, and contributes to workforce stress and burnout. If the cost implications are ignored, and adequate supervision is not provided, then there is a risk of failing to protect the public (s 13 [a]).

There are also potential downstream costs to the public if assistants are used as substitutes for psychologists without adequate preparation, leading to delayed access to appropriate care, poorer outcomes, and increased demand for corrective or escalated services. Proceeding with a framework that does not adequately front-load essential competencies therefore risks shifting costs onto practitioners, services, and ultimately service users.

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**In summary**, the proposed qualification framework does not yet demonstrate clear alignment with s 13 of the HPCA Act. It risks falling short of what is necessary to protect the public, may create avoidable barriers to registration, and is likely to impose undue costs on practitioners and the health system. A more prescribed, practice-relevant undergraduate foundation may better support safe, equitable, and sustainable implementation of the Psychology Assistant scope.