



The New Zealand Psychological Society

Te Rōpu Matai Hinengaro o Aotearoa

Submission to the Ministry of Health

Attention: Ryan McLean, Sector Policy, Ministry of Health, POB 5013, Wellington.

RE: Consultation on the form of regulation of Psychotherapy under the HPCA Act, 2003.

From: the New Zealand Psychological Society

This submission was prepared by the President and members of the Executive of the New Zealand Psychological Society, on behalf of the Society.

Introduction

1. The New Zealand Psychological Society has 960 full members, representing a full range of different fields of psychology. This makes the Society the largest and most representative professional Society for psychology in Aotearoa, including Clinical Psychology, Community psychology, Industrial /Organizational Psychology, Educational, and Kaupapa Maori psychology.
2. The minimum qualification for full membership is an Honours degree majoring in psychology (a BA, B Sc or B Soc Sci with a one subsequent year's study for Honours, ie a four year University degree). Many of the members have higher degrees than this minimum qualification, as well as applied post Graduate Psychology Diplomas and or PhD's.
3. To become qualified as a practitioner, psychologists are required to submit evidence of their qualifications and are rigorously screened regarding their academic and practical training, their ethical history and absence of offending history (that they are therefore of good character, inasmuch as that is able to be evidenced).

Psychotherapy and a Blended Authority

4. Documentation provided by the Ministry indicates that in contrast to our minimum requirements, the minimum qualifications required to enter the profession of Psychotherapy are substantially less than those required for professional membership to our Society. Specifically, a) there is no requirement for a specific prerequisite university degree; b) there is no equivalent to the requirement to undertake research-based training at post-graduate level in an academic discipline; and c) there is no equivalent to the requirement for practitioners to undertake the rigorous Diploma examinations

or supervised training and examinations demanded of those who practice with the minimum qualifications.

5. The Ministry documentation stated that: “To ensure the workability of a blended authority it is necessary that the professions to be regulated share similarities, for example, similar requirements for qualifications and competency, and similar client groups”. As explained above, registered psychologists and psychotherapists do not currently share “similar requirements for qualifications and competency”. The requirements for Registered psychology practitioners manifestly exceed those for psychotherapy both in content and rigour. Therefore, the essential requirements for there to be a blended authority have not been met.

The Public Interest

6. The primary purpose of the HPCA Act is “the protection of the public”. The Ministry asks in Question 1 “Which would provide better protection for the public, a stand alone or blended authority?” The Society’s view is that a blended authority is not a safe way to proceed to ensure the protection of the public. We have the following concerns: one is that over time, the blended authority may be pressured to lower the standards required for psychology in an attempt to close the qualifications gap between psychologists and psychotherapists. This would erode the competence of the profession of psychology to the detriment of its clients. Secondly, managing the regulation of two professions with such disparate qualifications, competencies, training pathways, continuing education needs, and employment contexts could be expected to detrimentally affect the performance, efficiency and effectiveness of the Psychologists Board, making it less able to protect the public.
7. The Psychologists’ Board already faces complex and demanding issues in regulating the profession of psychology within the existing Scopes of Practice. It faces the need to expand Scopes of Practice, undertake accreditation of training programmes, and devise monitoring schemes for continuing professional education. Even if the Board as a blended authority manages to do these things without suffering some dysfunction, the cost of the additional complexity arising from becoming a blended authority is likely to grow disproportionately. This raises the question of why registered psychologists should face the risk of paying additional costs to enable psychotherapists to achieve professional registration?
8. A further question asked by the Ministry is: “What would be the impact on the public in regards to safety and treatment outcomes?” The answer to this depends on exactly how a blended authority actually operates. If the blended authority yielded to the pressure to “converge” the qualifications and training requirements of the two professions for which it was responsible, the harm to public safety would be that emerging psychologists may over time become less well qualified. The blending of the two professions under one Registration authority would also lead to confusion among the public as to the nature and identity of the regulated professions, leading to the public making non-optimal choices of treatment provider. This may happen directly or it may happen as employers such as DHBs make choices of clinical employees based on a

misperception that regulation by a blended authority implies equivalency in training and competencies.

9. With regard to “... impact on the public in regard to ... treatment outcomes”, it is important to note that psychologists in general are committed to the scientist-practitioner model of training and practice, and to the ethical use of empirically validated forms of therapy. No such commitment is apparent in the documentation supplied about psychotherapy. Clearly, this has enormous implications for the long-term safety and effectiveness of treatment outcomes. Continuous improvements in meeting the diverse health needs of New Zealanders can only come from undertaking a broad spectrum of relevant scientific research and the implementation of research-validated best practice. Anything which threatens the maintenance of the high standards and commitment to science-based practice on the part of clinical psychology is likely to be detrimental to treatment outcomes. This is a real risk with a blended authority having to regulate two professions with such clear philosophical differences as are evident between clinical psychology and psychotherapy.
10. With the above considerations in mind, our strong conclusion and recommendation is that the public interest would be best served by retaining a stand-alone authority for psychology. This implies a stand-alone authority for psychotherapy, unless some other authority can be found with which it is more compatible.

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