New Zealand Psychological Society Inc. Submission to the New Zealand Psychologists Board

Re: Consultation Scope of Practice, Title, Competencies and Supervision Requirements for the proposed new role, 'AP'

June 2025

The New Zealand Psychological Society (NZPsS) represents over 2,200 people in the field of psychology, including students. Our members range across the breadth of psychological practice – General, Clinical, Educational, Health, Forensic, ABA, Community, Counselling, Child and Family, Organisational, Coaching - as well as researchers and academics, and work in various settings from schools to the health system to private practice to universities and organisations.

We would like to acknowledge the Board and those involved with developing the consultation document on the 'AP' role, and recognise within its proposals the tension between trying to ensure that the role can be a useful addition to the public and the sector –providing additional capacity to support those with mental health and addictions needs – whilst also providing the appropriate limitations and boundaries that are necessary for a role with limited education and training.

Our members continue to be concerned about the impact of the 'AP' role with key concerns being:

- Likelihood of Scope 'creep' or 'drift', meaning that those in this role end up being required to work with more complex cases than they are trained to manage
- Impact on current psychology workforce, with significant supervision requirements taking already over-burdened psychologists away from their work.
- Potential for organisations to seek to save money by employing 'AP' roles instead of full psychologists, and the impact on the public of seeing people with less training.
- Confusion for the public and employers regarding the name and overlap between psychologists and AP's.

There is a reasonable level of support and desire for this role to be part of a pathway towards registration in one of the current Scopes.

<u>Te Tiriti o Waitangi obligations</u>

NZPsS is concerned that the development and implementation of this role risk creating another breach of Te Tiriti o Waitangi, at a time when the profession is actively working to acknowledge past harms and create better pathways for the future. The proposal reflects a superficial engagement with the principles of Te Tiriti o Waitangi. Despite Te Whatu Ora's stated commitment to equity and responsiveness to Māori, the development and advancement of this role appears to have occurred without genuine partnership with Māori psychologists, iwi, hapū, or kaupapa Māori providers. There is little evidence that the proposal was co-designed in a way that upholds Māori rangatiratanga or reflects a Te Ao Māori worldview.

The AP role, as currently conceived, risks placing inadequately trained psychology graduates in high-risk clinical settings where whaiora often present with complex trauma, cultural disconnection, and intergenerational harm. These are environments where clinical nuance, cultural competence, and professional maturity are essential. The proposal fails to demonstrate how APs will be adequately equipped, through supervised practice, kaupapa Māori training, or ethical oversight, to respond safely and appropriately to the unique needs of Māori and other priority populations. Psychologists who have completed the lengthier training requirements for registration in current scopes often do not receive sufficient training and development in Mātauranga Māori approaches to psychology, or in being culturally competent and safe practitioners – highlighting the increased risk in the shorter programme.

While the AP role is framed as an opportunity for workforce development, it does not articulate how Māori will be supported into, through, and beyond this pathway. Nor does it explain how this role addresses the longstanding barriers that prevent Māori from progressing through the full scope of psychological training and registration. Rather than supporting Māori participation in psychology in a way that is tika and mana-enhancing, the proposal risks entrenching a two-tiered workforce that normalises lower standards of care for already-marginalised communities.

In its current form, the AP proposal does not meaningfully reflect Te Tiriti o Waitangi responsibilities. It prioritises cost-saving over cultural and clinical safety, and institutional expediency over relational accountability. If Te Whatu Ora is serious about honouring Te Tiriti, it must pause this process, engage in genuine co-design with Māori and the psychology profession, and reimagine a workforce strategy that is grounded in equity, excellence, and ethical integrity

<u>Impact on other Scopes</u>

Our members have also raised concerns that this role is being proposed to help fill gaps in the Mental Health and Addictions workforce - particularly at Te Whatu Ora and other governmental organisations – when there are many registered psychologists in other scopes who are not considered for psychology roles in those organisations. Psychologists in these other scopes are likely to have significantly higher levels of training and education in psychology that is applicable to this work but are not able to apply because of their scope.

It is a concern that individuals with less training and experience may be placed in roles that those with more extensive training are unable to pursue.

Additionally, there are significant concerns that organisations will see these roles as offering cost-savings and replace psychologist positions with AP positions, reducing the capacity and ability of the public sector to support tangata whaiora with complex mental health needs, and putting both the AP and the public at risk.

While we recognise that these concerns are outside the direct scope of this consultation, we feel that these are substantial concerns in the wider psychological workforce that need to be considered.

Section A: Proposed Scope of Practice

There are concerns that the Scope is it is currently described is too vague and general to provide the necessary guidance to practitioners, employers and the public. We appreciate the intent to align with holistic Māori models of health, such as Te Whare Tapa Whā, evident in the Scope description. However, the inclusion of these dimensions in the absence of explicit cultural, clinical, and ethical safeguards raises concerns about appropriateness. Without a well-defined competency framework, robust training, and culturally grounded supervision structures, the description risks overstating the capacity of AP's and misrepresenting the level of service the public can expect.

It is also unclear whether their training will include sufficient engagement with te ao Māori, tikanga, or critical cultural competencies necessary for safe and effective engagement within these domains. Importantly, the inclusion of holistic Māori health concepts within this scope must be treated with care. Without co-design by Māori, and without ensuring that AP's are grounded in te Tiriti o Waitangi principles, mātauranga Māori, and kaupapa Māori approaches, this description risks being tokenistic. It could inadvertently enable culturally unsafe practices under the guise of inclusivity.

The limitations on the role are generally considered appropriate. There is concern that there is not a definition of 'Senior Mental Health Professional', and a linked concern that those in such a role, if they are not a registered psychologist, may not understand the boundaries of the role – putting the 'AP', and their potential clients at risk.

The requirement for the Board to approve any move into a new employing organisation or area of work is seen as too restrictive, and there are concerns that the Board is not sufficiently resourced for such a requirement to be both meaningful and timely.

Members generally support the requirements for AP's to be required to work in teams, and under the supervision of the registered psychologist. However, there are concerns about the practicality of these requirements and the likelihood for these roles to draft into higher levels of responsibility and working on their own. There are questions around mechanisms for accountability in this area – auditing, monitoring, consequences for organisations that breach the requirements. It would be helpful if these were clearly outlined,

Concerns have also been raised about the ability for the training programmes to offer the necessary educational, training and practicum requirements within the one-year postgraduate programme. A minimum of 2 years post-bachelors is recommended.
Training in clinical formulation, risk management, ethical decision-making, therapeutic engagement, and cultural safety are essential aspects of safe and effective practice.
There is a fundamental mismatch between the proposed qualifications and the breadth of services and settings outlined in the AP scope. Permitting those with limited training to work in primary, secondary, and tertiary care, including correctional and addiction services, is highly problematic. These are settings where clinicians routinely engage with high-risk presentations, suicidal ideation, family violence, substance use, complex trauma, and systemic inequities, all of which require advanced clinical skills and cultural humility.

We would recommend a more explicit linking of the Scope description with the limitations and the inclusions and exclusions to ensure that the parameters of the role are clear to all who look at the Scope information. We recommend that the Scope wording is reviewed for greater specificity and is

co-constructed with Māori and senior psychologists to ensure alignment with both ethical standards and Te Tiriti o Waitangi responsibilities.

Section B: Proposed Title

Our members overwhelmingly are against the use of the word "Psychologist" in the title of this role. They consider that the within the context of the New Zealand health system, the title 'psychologist' indicates a specific level of training and skill that is beyond that associated with the proposed AP role. It would be misleading for the public and create confusion.

Therefore, out of the suggested titles our preference is for "Psychology Assistant", with the next option being "Psychology Associate".

Section C: Proposed Core Skills and Competencies

The core skills and competencies at a high level are appropriate and describe the key aspects required for safe and effective psychological practice. The overarching concern across all competencies is the ability for students to develop these to the extent required in such a short educational programme. There is also concern that by stating these as the competencies, it may give the impression of a greater depth of knowledge and skill than the individuals have been able to develop in the one-year programme.

<u>Core Competency 1: Te Tiriti o Waitangi, Diversity and Culture: Cultural Competency and Cultural Safety</u>

We recognise the importance of cultural competency and cultural safety as essential pillars of psychological practice in Aotearoa New Zealand.

There is concern that the ability to genuinely practice in a culturally competent and safe manner requires much more than can be adequately achieved in the limited educational and experiential pathway proposed for AP's. More than a conceptual understanding, cultural competence demands in-depth training, sustained self-reflection, supervised practice, and lived clinical experience. As currently framed, this may result in performative rather than transformative practice, ultimately compromising the safety and trust of Māori and other diverse communities.

<u>Core Competency 2: Ethical and Legal Practice</u>

The competency appropriately outlines the necessity for APs to work ethically, understand relevant legislation, and operate within defined limits of competence, however there is significant risk that these expectations will not be safely or consistently met in practice. The brief and limited training pathway proposed for APs does not equip individuals to navigate the high-risk, ethically complex environments that are common in mental health settings, particularly in under-resourced areas where they are likely to be deployed.

Specific mention in this competency of limitations and expectations around sharing of client information in multi-disciplinary teams would be valuable – given that this is an area they will be working in, and it is frequently a source of concern for registered psychologists.

<u>Core Competency 3: Communication and Relational Skills</u>

Therapeutic communication is not simply about being empathic or listening well, it involves managing complex emotional dynamics, engaging with individuals in distress or crisis, navigating power differentials, and adapting communication across cultural contexts. There is concern that

shortened training pathway for the AP role does not allow for the necessary depth of development yet still expects graduates to demonstrate effective and safe communication across diverse and often high-risk settings.
Relational safety is especially crucial in the context of working with Māori, Pacific communities, and other historically marginalised populations. Without a robust foundation in cultural frameworks, there is a high risk of ruptures in the therapeutic relationship, ruptures that can have serious consequences for client outcomes and trust in the health system.
It is also concerning that this competency does not appear to adequately address the role confusion that may arise when an AP is positioned to perform tasks that are similar to, but not equivalent in competence to, those of Clinical or other Psychologists. This blurring of roles can undermine the clarity and transparency needed for safe and ethical relational engagement with tangata whaiora.

Core Competency 4: Knowledge and research

We support the importance of the AP role having a strong grounding in psychological knowledge and theories, Mātauranga Māori frameworks and awareness of the appropriate approaches to working with tangata whaiora. Such knowledge must be critically understood, contextually applied, and continuously evaluated in light of new research and evolving clinical demands. In under-resourced environments AP's may be asked to operate beyond their competence due to staffing pressures, leading to unsafe interpretations or applications of research-based interventions. This introduces potential risk for clients and undermines the principle of evidence-informed practice.

Core Competency 5: Foundational skills in assessment and therapeutic support

There is concern that this competency risks blurring the lines between the work of AP's and registered psychologists. Assessment and therapy are complex, nuanced processes that require extensive training, cultural sensitivity, and robust clinical judgement. Even foundational psychological assessments carry significant weight in diagnosis, treatment planning, and risk management and errors in this space can have long-term consequences for individuals and families.
Similarly, "therapeutic support" is an ambiguous term that, in practice, may lead to APs being asked or expected to deliver interventions that fall outside their competence. In high-pressure, under-resourced environments (such as many DHB or NGO settings), there is a very real risk that APs will be used as substitutes for fully qualified psychologists. This not only compromises care quality, but places the APs in ethically vulnerable positions, unsupported by adequate supervision structures or legal clarity.
The suggestion that APs will work under supervision does not sufficiently mitigate these concerns. Supervision cannot replace the depth of formal education and clinical training required to safely and effectively provide even "foundational" psychological interventions. Furthermore, without clear, enforceable boundaries around the tasks APs are permitted to undertake, this competency may enable scope creep and systemic misuse.

Core Competency 6: Therapeutically oriented case management and coordination, and administration

While case management and service coordination are important components of psychological care, there is some concern that the use of the words "therapeutically oriented" for a minimally trained workforce is inappropriate. It may be more useful to name this competency "Working collaboratively, case management, coordination and administration"
The use of the phrase "therapeutically oriented" implies a level of clinical insight, psychological formulation, and intervention planning that APs, by definition, are not trained or qualified to deliver. Case management in mental health services, especially in high-risk environments, is not an

administrative task; it is a sophisticated and often dynamic process requiring nuanced understanding of client needs, risk, system navigation, and relational dynamics. In real-world practice settings where staffing shortages are acute, there is a high likelihood that APs will be inappropriately delegated tasks well beyond their competence under the broad language of "coordination" and "administration." Without strict role clarity and safeguards, this competency opens the door to scope drift, poor clinical outcomes, and increased medico-legal risk for both APs and supervising psychologists.

Core Competency 7: Reflective practice and supervision

Reflective practice and supervision are vital and an important competency for the AP role. There is some concern that throughout the Scope and competencies disproportionate responsibility is placed on the supervising psychologist. Supervision cannot serve as a proxy for professional competence. It is not a substitute for comprehensive education, clinical training, and real-world experience. While reflective capacity is a valuable professional quality, it must be grounded in robust theoretical knowledge and clinical skill to be meaningfully applied.

Section D: Supervision

The amount of supervision required and the implications of being responsible for someone with this level of training is of concern to our members. Members support the concept of a high level of supervision for the AP role, and that this is necessary to ensure best practice and help them maintain appropriate boundaries. However, the concern is that this is a significant use of registered psychologists time, and as such takes them away from clients who have higher needs.

We recommend that under the responsibilities it is more explicitly stated that supervisors are responsible for ensuring APs work within their defined scope and addressing unsafe practice or role drift proactively. This responsibility should include reference to the supervisor's legal, ethical, and professional accountability—not just their advisory role.

There is also concern about the possibility of AP's being able to supervise other AP's. Whilst we recognise that over time AP's will develop additional skill and expertise in their role, given the significance of supervision in maintaining appropriate boundaries, and ensuring safe clinical practice the requirement for a registered psychologist to offer this supervision should remain. Peer supervision as an addition to supervision with a registered psychologist may be useful and appropriate.

In terms of the Frequency of supervision we appreciate and support the importance of increased supervision in the early stages of practice. The staged reduction aligns with typical developmental supervision models and supports reflective practice and competency consolidation over time. The capacity of the Board to complete the 'Board approval and sign-off' to move to one hour fortnightly supervision is questioned within current resourcing. It is also not clear what the Board would be approving at this stage in the process.

There is some concern that one hour weekly (or fortnightly) may not be sufficient, given the high-risk nature of many clinical environments APs may enter (e.g., tertiary services, corrections, addictions). However, we recognise that this is needing to be balanced with the burden additional supervision time puts on the supervisor.

The use of the term ‘equivalent of’ in relation to the time per week or fortnight lends itself to differing interpretations, and there is concern that this could be ‘accumulated’ into supervision only occurring monthly or at a longer interval which would be inappropriate, especially in earlier stages of the AP’s career.

We are concerned that there is no mandatory requirement for cultural supervision or te ao Māori-informed oversight, which contradicts Te Tiriti o Waitangi obligations and the realities of practice in Aotearoa.

In general, we support the proposed formats for supervision - prioritising individual supervision as the foundation is appropriate, particularly for new and minimally trained practitioners. The inclusion of group and peer supervision as supplemental acknowledges learning from collective reflection and diverse experiences.

Some concerns have been raised around the possibility of early-career practitioners having only remote supervision, when they are likely to need in-vivo observation and nuanced, relational supervisory support. The proposal does not define a minimum threshold for face-to-face sessions, nor does it require in-person observation for high-risk activities (e.g., assessment, intervention). There is also no specified supervision structure or frequency for crisis work or higher-risk presentations, which APs may encounter depending on placement.

Recommendation: To uphold both public safety and professional integrity, supervision for APs must:

- Maintain weekly supervision for a minimum of two years post-registration
- Include mandatory cultural supervision alongside clinical supervision
- Remove the vague language around “equivalent of” and clearly prohibit batching of hours
- Be clearly structured, not flexible to the point of ambiguity
- Be tightly governed, monitored, and audited—especially if the AP model is rolled out nationally across diverse clinical settings
- Supervision format must specify:
  - Minimum number of in-person sessions per quarter/year.
  - In-person observation requirements (e.g., live or video).
  - That remote supervision is a last resort, not the norm, especially in the first 12–24 months of practice.

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We support Option 2: Board-Approved Supervisor, with some reservations.

Requiring experience supervising interns, newly registered psychologists, and allied health professionals ensures that supervisors understand developmental learning and are capable of managing professional risk.

With the central importance of supervision to the safety and effectiveness of the AP role, it is essential that there is a mechanism to monitor and ensure consistency in supervisory quality, making

it more difficult for unsafe or underperforming supervisors to remain in these roles. The ability to review a supervisor's history and supervision philosophy can ensure better alignment with the cultural and ethical responsibilities of supervision—especially important in supporting Te Tiriti-based practice.

Professionalisation of the AP supervision process: Board-approved supervisors help elevate the legitimacy of the AP framework and support consistency in practice across settings.

However, there is concern that it is already difficult to find sufficient psychologists to offer supervision to interns and other psychologists. The extra requirements, as well as the extra workload on the Board could cause significant delays or availability issues in finding suitable supervisors.

Summary

NZPsS has ongoing concerns about the development and implementation of the AP role. We recognise the need for additional workforce to support increased capacity in the mental health and addictions space. We support the Boards focus on putting appropriate boundaries and detailed guidance around this role to ensure that the limits of it are clear and enforced. Our comments and recommendations are intended to ensure clarity, accountability, and consider the ways in which the scope is likely to be affected by real world pressures.

Stringent safeguards, such as Board-approved supervision, clear professional boundaries, public transparency about the role, and firm restrictions on clinical autonomy, must be non-negotiable in order to offer as much protection as possible to tangata whaiora, as well as the practitioners who step into this role.

We also strongly believe that steps need to be taken to ensure that this role does not create a further breach of Te Tiriti o Waitangi. Consultation and co-creation of the role in a way upholds Māori rangatiratanga and reflects a Te Ao Māori worldview is essential.

The mental health needs of our communities demand high-quality, ethical, culturally safe care, not expedient solutions that prioritise numbers over safety.