The New Zealand Psychological Society

*Te Rōpū Mātai Hinengaro o Aotearoa*

# Submission in Response to the Ministry of Health Review of the Health Practitioners Competence Assurance Act 2003

**Prepared**

**by the**

**New Zealand Psychological Society**

***Te Rōpū Mātai Hinengaro o Aotearoa***

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The New Zealand Psychological Society is the premier association for professional psychologists in New Zealand. It is the largest professional association for psychologists in Aotearoa/New Zealand with over one thousand practitioner, academic and student members. Our vision is "To improve individual and community wellbeing by representing, promoting, and advancing psychology and psychological practice". We have chosen in this submission to emphasise the issues of most concern to our members rather than respond to each of the 25 questions in the consultation documents.

## Introduction

1) We express our general satisfaction with the work and functioning of the Psychologists Board and the collegial relationship which has evolved with practitioners, including the members of the NZ Psychological Society. The Psychologists Board has for example been very accommodating in adapting its Continuing Competence Program (CCP) to include a variety of examples which better reflect the variety and breadth of work undertaken by psychologists.

2) The 2009 review of the HPCA Act resulted in 37 recommendations, the first being that there would be a further review in 2012. We are dismayed that the omission of any reference to bicultural issues in the 2009 review has been repeated; the word 'Maori" simply doesn't appear in the 2012 consultation documents. We are satisfied that our Responsible Authority the Psychologists Board has enacted in part or in whole the recommendations (2, 3, 5, 6, 7, 8) relating to its activities but we share with it concerns about the amalgamation (recommendation 18) of two or more existing authorities and the recent proposals for creating a single secretariat. Recommendations 18 to 29, 32 to 34 and 36 and 37 are still awaiting legislative amendment.

## Consumer Focus

3) The HPCA Act whilst generally serving well its function of protecting the public has created a number of anomalies for practising psychologists. That psychologists who are not registered within the clinical scope (or work as health psychologists, neuropsychologists or in the disability sector) do not have access to the Ministry of Health Ethics Committees is the most significant of these. This is of particular significance for the NZ Psychological Society because approximately 50% of its 1000 members do not fall within this scope of practice but may wish to be involved in research involving human participants who are not consumers of health or disability services. Psychologists in the educational scope of practice or counselling psychologists for example, may need to conduct research on psychologically vulnerable child populations who do not fall within the ambit of HDEC. Unless they are University staff members or students and therefore have access to a university ethics committees or work within a health service, they will not have access to an ethics committee in order to get ethical approval for such research. They thus face a double jeopardy of offering psychological interventions which do not have the required research and evidence base or of conducting research in order to provide the evidential basis for their work, without first obtaining ethical approval. The enabling legislation for the HDEC ethics committees is the Health and Disabilities Services Act 1998 and s7 and this may therefore need to be amended.

4) Another significant problem is the way the HPCA Act deprives academics whose disciplinary base is psychology, the right to call themselves psychologists. Our membership includes many academics who fall into this category. We recognise the value of disciplinary research from which provides the evidence base for our practice

and strongly support the rights of academics working in psychological fields the right to call themselves psychologists. We recognise however that they would not see themselves as health practitioners and would not want to register in any scope of practice. We are mindful that the Heads of Schools and Departments of Psychology at NZ Universities have addressed their submission on this second issue and we are fully supportive of it. This anomaly creates an unnecessary and for the public a dangerous separation between practitioners and their research bases. It also has the potential to undermine the coherence and robustness of the discipline that informs our work.

**Future Focus**

5) The distinguishing features of psychiatry, psychotherapy, counselling and the many areas of psychology seem to have been missed or ignored in the original drafting of the HPCA Act. We acknowledge that the drafting and passing of any significant piece of legislation is likely to result in the creation of quite a few anomalies, distortions and 'unintended consequences'. We note for example that recommendation 2 of the 2009 review required Responsible Authorities to "do more to inform the public about the Health Practitioners Competence Assurance Act ... including making business information about registered practitioners freely available". It is difficult to do that when the defining legislation fails to make critical distinctions between the different and often distinct forms of psychological practice. We believe that it would be timely to correct these misunderstandings and omissions within the current review, for example by expanding the number of scopes of practice to at least include the major occupational groups and workplace settings.

6) An additional and related issue for the NZ Psychological Society is the variety in psychological practices of its membership, many of whom probably to their surprise were deemed to be 'Health Practitioners' when the Act was first passed. The 'medical model' has dominated in discussions about the HPCA Act, Health Work Force New Zealand and the Responsible Authorities. A problem in unquestioningly implicitly accepting a single model (which we acknowledge is entirely appropriate in considering physical health, mental health, neuropsychology and disability issues), is that it does not accurately reflect the contribution that psychologists from other traditions can and do contribute to social current problems that impact on health and wellbeing, for example in education and criminology. Many psychological practitioners (e.g. applied behaviour analysts, community psychologists, coaching psychologists, sports psychologists and many educational and developmental psychologists) in fact work primarily within humanistic, behavioural, developmental, ecological or systemic models of professional practice. Industrial / organisational psychologists provide another example and we note that quite a few have either vacated or simply not sought registration but have continued to work in the same capacity in for example, human resource departments.

**Safety Focus and Cost Effectiveness Focus**

7) Another general concern relates to the moving or blending of professional specialties and boundaries through changes in the political processes and funding mechanisms. We are aware that HWNZ is keen for psychosocial interventions and services (and of course other health and disability services) to be more accessible to the public. In many District Health Boards for example non-psychologist health practitioners (e.g. nurses) have been given basic training in cognitive behavioural therapy (CBT). This entails a deliberative blurring of the boundaries between the different professions and between the scopes within each profession and may contravene some of the purposes of the HPCA Act if not closely monitored. In the same vein the recent discussions with HWNZ about psychologists being trained and given pharmacological prescribing rights raises reciprocal and similar issues. We believe that as a condition of registration, all health practitioners should belong to a professional association that is relevant to the kinds of services that they provide.

8) In respect of the point above, although we appreciate that a balance must be struck between availability, costs and the maintenance of professional standards, there is a risk to the public by services being offered by less well-qualified health practitioners. We wonder for example how a Responsible Authority might handle a professional practice complaint about one of its registrants in a domain or scope that more properly belongs to another Responsible Authority. We think that the public is best protected when clear professional boundaries between each health practitioner group are maintained and suggest that there is a need for each to retain a discipline-specific code of ethics in addition to the core Code of Health and Disability Service Consumer's Rights 1996. We also wonder with the advent of Internet-based therapies and consultations, how complaints about practitioners operating across different legal jurisdictions will be handled.