

**Submission to HPCA Act Review December, 2007**

**Dr Jenny Bunce**

**Background:** I am a counselling psychologist registered under the general scope of practice. I am a life member of NZPsSoc with memberships in the Institutes of Counselling Psychology and Developmental and Educational Psychology. I am also a member of the NZ Association of Counsellors which is continuing to debate an application for inclusion in the Act. I serve on the national ethics committee of the NZAC and have been on a number of hearings panels. In my previous position at Otago University, I held a leadership in the post graduate professional training programmes for educational psychologists and counsellors.

I note that an application for a Counselling Psychology scope of practice has been with the Board for several years, and has recently been put to one side again, pending the review of the HPCA Act.

I am aware of several submissions from professional groupings within psychology. In this personal submission, I am focussing particularly on issues such as scopes of practice for psychologists, so have chosen to respond to just some of the 45 questions.

**1. Is the Act achieving its purpose? Please explain.**

Since psychologists did have a previous act of their own, this act has had less impact than on professions not previously regulated in this way. I am not aware of any evidence that the health and safety of members of the public has been increased or decreased by the Act.

**5. Are the provisions in section 8 operating effectively and what, if any, changes would you recommend?**

Issues relating to scopes of practice within psychology are addressed below.

**8. Are scopes of practice achieving their intent? Please explain.**

No. Major issues have arisen over the scopes of practice within psychology.

Intentions of this section identified in the review document include:

- recognition that while practitioners may not be competent to work within the broader scope, they may be competent to work within a sub-section of the scope
- aiming for greater flexibility in the work force by the ability to extend a scope of practice to include a wider range of activities if the practitioner is appropriately qualified.

I do not believe either of these intents have been achieved within psychology.

Within psychology, considerable efforts have been made to define scopes of practice.

However, a number of factors have made it difficult to define scopes linked to either

particular training programmes, or particular contexts of practice. Factors contributing to this difficulty include:

- the comparatively small number and extreme mobility of psychologists in NZ,
- the need for psychologists in most settings to be competent in a variety of approaches, the holistic models of practice adopted by some practitioners,
- an increasing awareness of the significance of our distinctive cultural context,
- rapid developments in the field,
- significant gaps in traditional NZ university (clinical and educational psychology) courses, e.g. absence of "counselling psychology" which is widely recognized overseas

Initially, many in the profession were strongly of the view that there should be a single scope of practice. Unfortunately, as soon as one scope was defined, others felt they also needed a scope for purposes of employment. Two scopes were recognized and an application for a third, counselling psychology, has been in limbo with the Board for several years, leading to charges of unfairness in the operation of the Act.

I believe that the resulting discussions have not been fundamentally linked to the purposes of this Act. Furthermore, they have been divisive within the profession, time consuming, and discouraging to the developments in training such as the new counselling psychology programme in Auckland.

I believe the current scopes do *not* fulfil their primary purpose of assisting members of the public to understand what activities fall within scopes and should not therefore be undertaken by others who are not within that scope. And with further applications for additional scopes, the problems will only multiply. Furthermore, within the profession, there is not a consensus over these matters, with discussion at times resembling union demarcation disputes rather than ethical debates. In the absence of consensus, a seemingly democratic process could easily degenerate into the biggest group (presumably clinical psychologists) asserting that they could carry out other scopes of practice, (e.g. counselling and educational psychology) but that others could not carry out their scope. Meanwhile, many other psychologists are simply calling themselves life coaches, consultants, or whatever, thus avoiding any coverage by the Act.

### **Changes recommended**

- Revert to a single scope of practice for psychologists, with the general ethical principle of not acting outside your area of competence.
- Specialist skills could then be recognized by entry to, and continuing membership of, specialist professional colleges or institutes (such as the NZPsSoc Institutes e.g. Clinical, Educational and Developmental, Counselling) and the College of Clinical Psychologists.

**10. Is the process for developing scopes of practice operating well (eg, are there suitable mechanisms for ensuring scopes of practice reflect service need) and what, if any, changes would you recommend?**

See above. I do not believe it is operating well. The whole of New Zealand is no bigger than a large city in some parts of the world. And our population is widely dispersed. We therefore need to develop our own models of practice for our situation. Within the profession of psychology, I have found New Zealanders enjoy an international reputation for excellence, flexibility, and innovation. I suggest this is rooted in our professional context, and that this needs to be nourished, rather than obstructed by trying to constrain people within scopes of practice.

- 11. Do prescribed qualifications reflect scopes of practice? Please explain with reference to particular scopes of practice and considering whether a) the levels of qualification are too low or too high when considering their purpose of assuring public safety, and b) whether they meet the requirements of section 13.**

Within psychology, I am not aware of a body of research linking qualifications, scopes of practice, and public safety. I believe that public protection and safety is better served by a sound code of ethics, quality mandatory supervision for practitioners, and a rigorous discipline procedure (e.g. the very effective system currently operated by NZ Association of Counsellors.)

- 12. With regard to their purpose of assuring the competence of registered professionals, how well are the current recertification regimes working (where possible refer to particular professions)?**

For those of us who believe that the cultural context of practice is fundamental, the immediate recognition of recruited psychologists with overseas qualifications and registrations, is a matter for regret. (e.g. South African educational psychologists).

- 27. Are PCCs being used by the registration authorities you are familiar with, how often and for what reasons?**

Yes they are being used but I am not personally aware of the frequency or the reasons.

- 28. To what extent is the suspension of an annual practising certificate and referral of a practitioner to the HPDT effective in protecting the public?**

It would seem that this is effective for some kinds of situation but it is a one size solution for heavy end, one-off incidents. A good ethical process through a professional body may have much more potential to protect the public overall.

- 33. Are the current arrangements for financing and supporting the HPDT, appropriate and what, if any, changes would you recommend (including the costs of taking cases to the tribunal and sustaining the operation of the tribunal)?**

I am not aware of the financial side of the operation. However, the total cost of registration is growing exponentially, along with the increase in functions and bureaucracy required, is affecting the number of people retaining memberships of professional bodies. The

financial burden is heightened for individuals (such as myself) with multiple registrations, discipline procedures, scopes of practice etc.

- 35. How do you think the current number and mix of professions and authorities is operating and what, if any, changes do you think should be made?**
- 36. Are the provisions for adding new professions or health services working and what, if any, changes would you make?**

As pointed out in the discussion paper, there are some real issues here. The four professions I have most knowledge of are psychology, counselling, psychotherapy, and social work. Each of these currently holds a different position in relation to the Act. Within the field of counselling, there are polarised discussions occurring about the merits of being covered. Many, if not most of the arguments concern advantages/disadvantages to the practitioner, rather than any benefits or otherwise to the public. Currently, NZAC operates what is in my view, a very effective discipline process – both national disciplinary hearings and regional educational processes, based on a well-established and developed code of ethics, together with an annual practice certificate system with requirements for supervision and opportunities for professional development. Most members do not see themselves as “health practitioners”. The model of a separate act such as the social workers, is seen by most as the ideal outcome, but politicians have been very discouraging, suggesting it could take 15 years and would not be possible without a committed advocate in government. It appears that many of the protections to the public would in fact be lessened if this profession was to come under the Act. It seems likely that necessary fees involved in registration would be far greater, and there would likely be a large drop off in membership of NZAC.

### **Recommended changes**

- Introduce a requirement for registered practitioners to belong to a recognized professional body.
- Allow the possibility that monitoring of ongoing professional development/competence be delegated to the professional bodies
- Allow the possibility of professional bodies providing Professional Conduct Committees under contract
- Explore better ways of linking professional bodies with Boards.