Standards and Procedures

For the Accreditation of Programmes and Schemes Leading to Registration as a Psychologist in Aotearoa New Zealand

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AS ADOPTED BY THE NEW ZEALAND PSYCHOLOGISTS BOARD (STANDARDS) AND THE ACCREDITATION COMMITTEE (PROCEDURES)

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APPENDICES

The principal purpose of the Health Practitioners Competence Assurance Act 2003 (the **Act**) is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions. To fulfil this purpose, the Act requires the New Zealand Psychologists Board (the **Board**) to authorise the registration of practitioners and to maintain a register. It also requires the Board to prescribe the qualifications required for each scope of practice within the profession and, for that purpose, to accredit and monitor "educational institutions and degrees, courses of studies, or programmes".[1] The Board, working in collaboration with the university Heads of Departments, the New Zealand College of Clinical Psychologists, and the New Zealand Psychological Society, first developed a set of *Standards and Procedures for Accreditation of Qualifications Leading to Registration as a Psychologist* (**Standards and Procedures**) in 2005. A major review of the *Standards and Procedures* was conducted in late 2014 and early 2015, and substantial revisions were subsequently made.

In accordance with the Board's Global Ends policy, the training and practice of psychologists in Aotearoa New Zealand must reflect paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. Furthermore, in keeping with our obligations under the Treaty (which are also reflected in the *Code of Ethics for Psychologists Working in Aotearoa/New Zealand 2002*), the accreditation *Standards and Procedures* require consideration of the adequacy of training programmes and Supervision-to-Registration schemes for meeting the needs and aspirations of both Treaty partners. The document originally produced benefited from submissions by the Psychological Society's National Standing Committee on Bicultural Issues (**NSCBI**) and the Kaupapa Māori Management Committee of the University of Waikato.

The legal framework for accreditation is still relatively new to psychology in New Zealand. The Psychologists Act 1981[2] did not provide for any direct scrutiny of the quality of professional training in psychology, or the extent to which the academic qualifications gained prepared aspiring psychologists to work in the field of psychology they intended. The HPCA Act (2003) provided mechanisms to address these issues.

While its primary focus must always be on protecting the public, the Board also wishes to foster the continuing growth and vitality of psychology as a science and as an academic discipline. It strives to implement the requirements of the HPCA Act without impeding the vitality, strength, and diversity in the discipline, whilst attending carefully to those competencies required for the safe and ethical professional application of psychology.

The Board's accreditation processes focus on ensuring that psychologists entering professional practice have the required competencies to practise competently and safely. It is our intention that accreditation processes be conducted in a positive and constructive manner. The Board facilitates accreditation (as much as possible) as a self-assessment process by the institution concerned, complemented by external review/validation.

The Board's accreditation processes will continue to undergo evaluation and modification based on experience.

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[1] Section 118(a) of the HPCA Act 2003.
[2] The legislation under which psychologists were registered from 1981 until 2004.

These *Standards and Procedures* are used to conduct the assessment and accreditation of "Supervision to Registration" schemes, educational institutions offering Master's or Doctoral degrees, and training programmes in New Zealand where these schemes, degrees, and programmes can lead directly to registration as a Psychologist.

There are two distinct training **pathways** in New Zealand for individuals to become registered as a Psychologist:

1. **Intern Psychologists** (university based) complete either
   - a Master's or Doctoral degree *and* a Post Graduate Diploma (or equivalent), or
   - a professional Doctoral degree

   in a particular field of practice within psychology, and which incorporates the prescribed period (minimum 1500 hours) of structured, supervised, and formally evaluated internship.

2. **Trainee Psychologists** (agency based) complete either
   - a Master's degree, or
   - a Doctoral degree

   in Psychology followed by a period of practice in a Board-accredited "Supervision to Registration" scheme which incorporates the prescribed period (minimum 1500 hours) of structured, supervised, and formally evaluated traineeship.

Both pathways are subject to accreditation by the Board.

PART 1 of the following *Standards and Procedures* document deals with the background to accreditation. It:
- reviews the role of the Board in accrediting training programmes and Supervision-to-Registration schemes;
- describes historical developments in the accreditation process;
- affirms that the accreditation process aims to respect educational institution autonomy;
- states the general principles that guide the Board's conduct of the accreditation process;
- states the aims of accreditation; and
- describes the development and use of these *Standards and Procedures*.

PART 2 is concerned with the process of assessment and accreditation for "Supervision to Registration" schemes, educational institutions awarding Master's and/or Doctoral degrees, and training programmes leading to registration in a scope of practice. It:
- describes the core processes for periodic assessment on a seven-year cycle;
- outlines the process followed when a previously accredited programme or scheme undergoes major structural changes;
- outlines the process followed to accredit a new programme or scheme; and
- specifies the requirements for regular periodic reports from accredited Supervision-to-Registration schemes and training programmes.

PART 3 comprises the standards against which programmes and schemes are assessed for accreditation. It addresses:
- the requirements for a clear mission and objectives;
- the curriculum;
- the assessment of students;
- students;
- appropriate staffing;
- educational resources;
- programme/scheme evaluation;
- the nexus between teaching and research; and
- the need for continuous renewal.

GLOSSARY OF TERMS

Definitions of terms used in this document:

Accreditation Committee (AC) means the committee delegated (from 02/11/11 and under clause 17 of Schedule 3 of the HPCA Act) by the Psychologists Board to conduct accreditation processes and make decisions on the accreditation of educational institutions, training programmes, and supervision-to-registration schemes. The committee includes two Board members, four external stakeholder members, and four secretariat (staff) members.

Assessment Team (AT) means a team formed to conduct an assessment of a particular programme/scheme.

AT Convenor means the secretariat staff member appointed to manage all practical arrangements of the accreditation process, including site visits and report preparation.

AT Lead Assessor means the AT member appointed by the Accreditation Committee to lead the Assessment Team.

Board means the New Zealand Psychologists Board.

CUAP refers to the New Zealand Vice-Chancellors' Committee on University Academic Programmes.

Educational institution means a tertiary education provider approved by the NZ Vice-Chancellors Committee (or its equivalent) to award Master's or Doctoral degrees.

Head of School (HoS) includes (for example) Head of Department, Agency Principal, and any equivalent roles.

HPCA Act / the Act means the Health Practitioners Competence Assurance Act 2003.

Internship means the structured, closely supervised, and formally evaluated training undertaken within a Board-accredited training programme.

Post graduate paper (for the purpose of this document) includes any university paper contributing to a university qualification for which completion of the undergraduate degree is a prerequisite.

Practica means any student placements prior to the formal internship.

Programme (or "**training programme**") means a programme of academic study which incorporates the Board's internship requirements and that is the basis of qualification for registration as a Psychologist in New Zealand. (e.g., a Post Graduate Diploma or a professional Doctorate degree).

Psychologist means a person registered by the New Zealand Psychologists Board to practise as a Psychologist within one or more defined scopes of practice.

School of Psychology means school, department, or other division of an educational institution which is the administrative and educational base for the staff involved in delivering a Master's or Doctoral degree or Post Graduate Diploma in psychology. (In some instances this may be a department or school with a title such as "School of Education" or some other name).

Scope of Practice is a field of psychological practice defined by the Board under the terms of the HPCA Act.

Stakeholder refers to all persons with an interest in the profession of psychology, including (but not limited to) psychologists, teachers, supervisors, administrators, students, employers and potential employers of psychologists, consumers, and tangata whaiora.

Student means a person completing the academic and/or practical training required to become registered, and includes both Trainee Psychologists and Intern Psychologists.

Scheme is a "**Supervision-to-Registration**" (**S2R**) scheme/agency accredited by the Board to provide closely supervised, structured, and formally evaluated practice for Trainee Psychologists.

Traineeship means the structured, closely supervised, and formally evaluated training undertaken within a "Supervision-to-Registration" scheme.

Training Programme see "Programme".

Principles and Purpose of Accreditation

1. Principles

The Board has applied the following principles in relation to accreditation of training programmes (**programmes**) and "Supervision to Registration" schemes (**schemes**) that can lead to registration as a Psychologist.

Accreditation is a **formal, evaluative process** based on self- and peer-assessment for public accountability and improvement of academic quality. The Board's accreditation processes aim to **respect the right to academic freedom and the academic autonomy** of each educational institution and to encourage self-evaluation, innovation, and diversity. While formal and evaluative, the process will be carried out in a **collegial** manner, and allowance will be made for the provision of both evaluative and formative feedback.

Accreditation will have **due regard for the individual character** of a programme or scheme and for any institutional constraints.

Accreditation is, as much as possible, a **self-assessment process** by the educational institution concerned, **complemented by external review/validation**.

In the interest of minimizing the burden of cost, time, and energy, the Board's accreditation processes **may (on application by a programme and with mutual consent of all parties) be carried out in association with other reviews** required of them. (Other review processes include (for example) CUAP assessments of new course proposals, CUAP graduating year reviews, and reviews initiated by an educational institution of its School of Psychology or a particular programme.) In such circumstances the Board's processes may be modified (again by mutual agreement).

Accreditation will have **due regard for the Board's** *Guidelines for Cultural Safety* **and the** *Code of Ethics for Psychologists Working in Aotearoa/New Zealand 2002*, in respect of the content of and practice within programmes and schemes, and in respect of the accreditation process itself.

2. Purpose

The purpose of accreditation is to ensure that psychology programmes and schemes produce graduates who are competent to practise safely, ethically, and effectively, and who have an appropriate foundation for lifelong learning, continuing competence, and the on-going development of professional knowledge and skills. Specific attributes (including cultural competencies) incorporating knowledge, skills, and professional attitudes are described by the Board for each scope of practice and are attached to this document. [Refer **APPENDIX 3** – **PARTS 1 - 5**[3]]

In order to achieve accreditation, programmes and schemes will have a curriculum that imparts the core competencies required for the relevant scope of practice (including cultural competence, which is a requirement within all scopes). The programme will have:

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[3] It should be noted that in their current form these competency documents include both core and more advanced competencies, and so cannot be used for the assessment of programme/schemes without careful interpretation.

- clear objectives,

- a valid and reliable system that assesses whether students have achieved the required knowledge, skill, and attitudes, and

- a system for evaluating and monitoring the effectiveness of the curriculum and modifying it to achieve the desired goals.

Accreditation Procedures

The Accreditation Committee conducts and/or oversees the Board's accreditation processes and makes decisions on the accreditation of educational institutions, supervision-to-registration schemes, and training programmes.[4] These processes are detailed in the following sections;

PART 2A describes the procedures for assessing and accrediting *educational institutions* that award Master's and/or Doctoral degrees that provide the foundation for, but do not lead directly to, registration as a Psychologist in Aotearoa New Zealand.

PART 2B describes the procedures for assessing and accrediting *supervision-to-registration schemes* that provide structured, formally evaluated, and closely supervised practice leading to registration as a Psychologist in Aotearoa New Zealand.

PART 2C describes procedures for accrediting a *new or previously recognised programme* that incorporates the Board's internship requirements and that leads directly to registration as a Psychologist in Aotearoa New Zealand. The procedures for accrediting a programme that is going through *major structural change* and the requirements for periodic reporting during the period of accreditation are also described.

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[4] The accreditation process for programme/schemes cycles over a (maximum) seven-year period. A diagram of the full accreditation cycle can be found in **APPENDIX 1.**

Procedures for the Accreditation of Educational Institutions

That award Master's and/or Doctoral degrees that provide the foundation for, but do not lead directly to, registration as a Psychologist in Aotearoa New Zealand

In accrediting educational institutions that award Master's and/or Doctoral degrees that do not include the 1500-hour practical component but which otherwise contribute to the academic basis for registration as a Psychologist, the Board shall consider the academic standing of the educational institution, taking into account the views of the CUAP and any other material it considers relevant. **CUAP-approved educational institutions will normally be deemed by the Board as accredited.**

As a result, any such Master's or Doctoral degrees awarded by an educational institution that have previously been accepted by the Board as the basis for registration as a Psychologist in New Zealand will *not* normally be subject to the detailed accreditation process outlined in **PART 2C**.

It should be noted, however, that;
- any post graduate paper listed as a prerequisite to a programme will be subject to assessment as part of the accreditation process for that programme.

- where a Master's or Doctoral degree awarded by an educational institution has never previously been accepted as the basis for registering as a Psychologist in New Zealand, the Board shall undertake a comprehensive assessment of the degree and may invoke a process similar[5] to that outlined in **PART 2C** in order to undertake that assessment.

- when a programme incorporates the 1500 hours of supervised practice required for registration it must be accredited on a regular cycle. In such an instance the Board shall use the process detailed in **PART 2C** of this document.

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[5] Similar in that there is no 1500-hour internship component to be assessed.

Procedures for the Accreditation of Supervision-to-Registration Schemes

That provide structured, formally evaluated, and closely supervised practice leading to registration as a Psychologist in Aotearoa New Zealand

Supervision-to-Registration schemes (**schemes**) developed by agencies to provide training that prepare graduate's with an acceptable Master's or Doctoral degree to qualify for registration as a Psychologist will be subject to accreditation on a regular cycle. The process shall consider the extent to which the supervised practice is integrated into the learning experience and fosters the development of the Board's prescribed core competencies. Assessment will be against the Accreditation Standards in **PART 3** of this document.

The process of accreditation shall be implemented at the same time as the establishment of the supervision-to-registration scheme and at subsequent dates as set out in any accreditation approval. A decision to establish or renew accreditation shall be made only after the agency has provided satisfactory evidence of how educational standards have been met during the term of an existing approval and/or will be met during a subsequent term. The Board shall use a similar process to that outlined in **PART 2C** to assess schemes.

2C

Procedures for the Accreditation of Training Programmes

1. Administration of the Accreditation Process

1.1 Role of the Board's Accreditation Committee (AC)

The Accreditation Committee was appointed by the Board under clause 16 of Schedule 3 to the HPCA Act. For the purpose of accrediting a programme, the Board's Accreditation Committee:

- develops and implements policy and procedures relating to accreditation;

- makes recommendations to the Board in regard to standards for accreditation;

- periodically reviews the accreditation standards and the information and reporting requirements;

- conducts and/or oversees the Board's accreditation functions;

- prescribes any remedial accreditation activities;

- facilitates the orientation and training of AT members;

- appoints Assessment Teams;

- makes decisions in regard to the accreditation of programmes;

- presents a report to each regular meeting of the Board on its activities and on any other matters referred to it by the Board;

- refers any significant risks noted to the Board's Audit, Finance, and Risk Committee;

- encourages improvements in psychology education.

1.2 Role of an Assessment Team (AT)

An Assessment Team is appointed to conduct an assessment of a particular programme. The Accreditation Committee appoints members to an AT, but only after considering any declared interests (see below) and the programme has been given the opportunity to comment on the proposed membership. Each AT reports to the Accreditation Committee and works within the accreditation *Standards and Procedures* and the *NZPB Guidelines for Assessment Teams*.

The **composition** of an AT provides for a blend of assessors from various regions and branches of the profession, and, desirably, will be balanced in regard to gender and level of accreditation experience (including experience in assessing a specific programme). Team members may be recruited from overseas if necessary to achieve independence. An AT normally comprises four or more assessors including:

- one member experienced in academic management;

- one senior academic staff member from another educational institution with expertise in the particular scope of practice against which the programme is being accredited;

- one senior, respected practitioner who works within a scope of practice appropriate to the programme being assessed;

- one member experienced in assessing cultural issues; and

- the Board's Psychology Advisor (Accreditation and Investigations) (who will serve as the AT Convenor).

One member of the AT will be appointed by the AC as the Lead Assessor.

The **Board's secretariat** will provide support to each AT and the AT Convenor will be the AT's first point of contact for communication with the Accreditation Committee.

A fuller description of the AT's role and responsibilities can be found in the *NZPB Guidelines for Assessment Teams*.

Observers are permitted on site visits, subject to the approval of the Accreditation Committee and the Head of School.

1.3   Declaration of Interest

Each proposed AT member is required to declare to the Accreditation Committee any relevant personal or professional interest that may be perceived to conflict with their ability to impartially undertake their duties as a member of the team. Following receipt of any such comments, and after conferring with the Head of School re proposed appointments, the Accreditation Committee appoints the AT. In doing so it will fully consider all declared interests and any comments made by the HoS. Similarly, members of the Accreditation Committee and the Board[6] will declare, as appropriate, any personal or professional interests which may (or may be perceived to) impact on their capacity to impartially undertake their accreditation-related responsibilities. Where, after such declaration, it is decided that the member should nevertheless participate, the declared interest will be disclosed to the programme and documented. AT, AC, and Board members will not vote on matters on which they have declared a personal or professional interest. Where a member of the Board, AC, or an AT has given recent informal advice to a programme outside the accreditation process, that member must declare their interest.

1.4   Role of the programme's Staff Members

The Board recognises the central role that a programme's staff members have in the accreditation process, both in respect of the self-assessment process (e.g., in the preparation of documents requested by the AC) and in direct interactions with the AT during the site visit. A staff member of the programme will normally be appointed to provide liaison between the programme and the AT.

1.5   Role of Students and Graduates

The Board considers it important that students and graduates have opportunities to contribute both to the accreditation process overall and to the review of their (former) programme. Areas in which their contributions will be sought include:

- advising the Accreditation Committee;

- meetings between groups of students and/or graduates and members of the AT;

- feedback to the Accreditation Committee on the conduct of the site visit; and

- contributing to the programme's periodic report to the Accreditation Committee.

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[6] Board members' interests are routinely documented in the Board's "Declaration of Interest Register".

1.6 Costs of Accreditation

The costs of accreditation shall be borne by the programme (or scheme) seeking accreditation. This includes payment of the prescribed accreditation fee and all reasonable travel, accommodation, and subsistence costs of AT members.

2. Assessment of a Previously Recognised Training Programme

The stages of an assessment of a previously recognised programme are described below. A basic flowchart of the process can be found in **APPENDIX 2**.

2.1 Initial Contact

Approximately two-and-a-half years before the accreditation of a programme is due to lapse the Board's secretariat writes to the Vice-Chancellor (copy to the HoS) of the educational institution concerned to advise the process for re-accreditation.

2.2 Invitation for Application

Eighteen months before the accreditation of a programme is due to lapse the Board's secretariat sends a request for initial application documents and an application guide (including a self-review template) to the HoS.

2.3 Review of Initial Application Documentation

Documentation developed by the programme should be submitted sufficiently far ahead of the site visit (normally six months) to allow for an initial screening of the application for completeness (carried out by the AT Convenor), for the programme to address any inadequacies or omissions noted, and (subsequently) for detailed study by the AT so that they can optimise the value of their site visit.

2.4 Assessment Team Appointed

The Accreditation Committee appoints members to an AT after considering any declared interests and the HoS has been given the opportunity to comment on the proposed membership. One member of the AT will be appointed by the AC as the Lead Assessor.

2.5 Assessment Team Convenor

The Board's Psychology Advisor (Accreditation and Investigations) will serve as the AT Convenor. The AT Convenor is responsible for arranging the site visit and the presentation of the team's report to the Accreditation Committee.

2.6 Assessment Team Lead Assessor

The AC will appoint one member of the AT as Lead Assessor. The Lead Assessor is responsible for the conduct of the site visit. He or she allocates specific responsibilities to each team member according to the members' expertise and interests. These responsibilities are directly linked to the schedule of reviews/interviews conducted by each member during the site visit and to the contents of the eventual accreditation report.

2.7 Site Visit Scheduled

Any and all requests for information and arrangements for a site visit will be made by the AT Convenor in consultation with the HoS (or their designate). Site visits are arranged to occur at a time when staff members and students will be available. A visit is not ordinarily expected to take longer than two or three days.

2.8   Preliminary Meeting of the Assessment Team

Following submission of the programme's initial application documentation, the AT meets (either face-to-face or via teleconference) to discuss the documentation and to develop an outline of the assessment schedule and membership for the site visit. (While all team members will be involved in the review of the documents, it is not always necessary for all team members to attend the site visit.) The AT may also use this opportunity to review the report(s) of any previous accreditation(s).

2.9   Preliminary Meeting with the School

The AT Lead Assessor then makes preliminary contact with the Head of the School. The purpose of the contact is to provide opportunities for staff of the programme to discuss the process and purpose of accreditation, any further evidence/information the AT will want to see, and the structure of the site visit. Any inadequacies or omissions in the initial application documentation not addressed following the initial screening are raised during this contact and the basic schedule for the site visit is determined. The AT Convenor or Lead Assessor may also request additional information in advance of the site visit. Arrangements may be made at this time for stakeholders (see list in 2.10 below) to be invited to meet with the AT.

2.10   Site Visit

The AT uses their site visit to test and triangulate the evidence proffered in support of a programme's self-assessment. This may include inspection of the programme's physical resources, including teaching and research laboratories, computer-assisted learning facilities, libraries, and some of the settings in which practice is conducted.

The AT shall endeavour to consult staff involved in a programme, the HoS, key staff of other relevant faculties, any curriculum committee, interest groups or committees in psychology education and research, representative staff members (with an appropriate balance of full-time and part-time staff, and academic staff and staff with honorary academic titles), recent graduates, and current students. The team may also consult the Vice-Chancellor and other senior officers of the educational institution and representatives of key institutions offering internship placements within the programme.

Maximum opportunities for interactive discussion with the senior staff and the students and graduates of the programme should be provided during the visit. The assessment schedule is structured to allow *ad hoc* changes, including additional time to allow further consultation with key individuals and groups where required.

NB: At the end of the site visit, the AT will **not** proffer any feedback or make any announcements concerning accreditation, as this is a decision to be made and communicated by the Accreditation Committee after they have carefully considered (and moderated) the AT's report, the views of the HoS, and any other relevant information.

2.11   Assessment Team's Formal Report

Following the site visit, a formal report is prepared by the AT Convenor, with input from all AT members. The AT collectively identifies what it perceives to be the strengths and weaknesses of the programme, problem areas requiring attention, and distinctive activities to be encouraged.

The *first draft* of the AT's report will be forwarded to all team members for comment and then amended by the AT Convenor to reflect their feedback. The draft report will be forwarded to the Accreditation Committee for moderation within six weeks of the conclusion of the site visit. The AC will provide the AT Convenor with feedback on the content and style of the report to ensure it is adequate for purpose and comparable to reports from other ATs.

The AT then makes any required revisions to the draft report and forwards it to the HoS for comment (within two weeks) on its factual accuracy and on the recommendations made therein.

Having regard to any comments from the HoS, the AT finalises its report and submits it in *final form* to the Accreditation Committee.

The AC, after considering the AT's final report (and any comments from the HoS), drafts a **proposed** decision regarding accreditation. In doing so, they may seek additional information from the HoS. The AT's report and the Accreditation Committee's proposed decision are then forwarded to the HoS for final comment.

2.12   Final Decisions on Accreditation

After considering all of the relevant information received, the Accreditation Committee makes its final decisions (see options below), and notifies the HoS of those decisions. A final (summary) report is then prepared by the AC Chairperson for publication.

Accreditation options include:

1. **Accreditation (with or without conditions) for a specified number of years** (normally between 4 and 7) **and extendable** (to a maximum total of 7 years) subject to satisfactory periodic reports.[7] For example, accreditation could be for four years in the first instance, and up to a further three years could then be confirmed subject to a satisfactory report. Conditions placed on an accreditation are intended to provide guidance to the programme on required developments. They do not imply that further accreditation will not be granted. [*Note: The Board reserves the right to revisit a* programme *granted accreditation at any time, should concerns arise within the accreditation period. Where no concerns arise, re-accreditation will normally be subject to a full assessment in the final year of the previous accreditation period.*]

2. **Accreditation for shorter periods of time.** If significant deficiencies are identified, or if the programme is not yet fully established, the Accreditation Committee may award accreditation with conditions and for a total period of less than seven years. At the conclusion of this period (or sooner if the programme considers that it has addressed the identified deficiencies) the Committee will conduct a review. The programme may request either:

   - a *full assessment* of the programme, with a view to being granted accreditation afresh for up to seven more years; or

   - a more *limited assessment*, concentrating on the areas where deficiencies were identified, with a view to extending their current accreditation to a total of seven years from the date of the initial accreditation.

3. **Accreditation declined.** Accreditation may be refused where the Accreditation Committee considers that the deficiencies that have been identified are so serious as to warrant that action.

2.13   Unsatisfactory Progress Procedure

The procedures described below are separate from the routine monitoring (as described in **PART 2C(5)**). They relate to circumstances where the Accreditation Committee considers that, on the basis of periodic reports or other information available to it, there may be cause to consider:

   - the revocation of accreditation;

   - the imposition of new or additional conditions on an existing accreditation; or

   - a reduction in the current period of accreditation.

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[7] Refer PART 2C(5): "*Periodic Reports to the Psychologists Board by Heads of School".*

The Accreditation Committee informs the HoS of its concerns and the grounds on which they are based, and of any actions it proposes to take in response. If required, the AC will set up a small team to investigate the concerns and prepare a formal report. A team comprising the Chairperson of the Accreditation Committee (or designate) and one member of the original Assessment Team will normally investigate the concerns. Additional members with specific expertise may be appointed where required. The HoS will be given an opportunity to make submissions and/or be heard in regard to this report.

The team reports to the Accreditation Committee, who will then decide either:

- that the conditions on the accreditation are being met or are likely to be met in the near future; or

- that the conditions on the accreditation are not being met and are unlikely to be met in the near future.

In the event of a **favourable report**, the AC may affirm the accreditation of the programme for a specified period subject to satisfactory periodic reports.

In the event of an **unfavourable report**, the AC may:

- **place new or additional conditions on the accreditation**. The AC could specify actions to be taken or issues to be addressed by the programme and/or reduce the period of accreditation. A programme with such conditions on its accreditation may apply for re-instatement of its full period of accreditation at any time subject to the normal procedures for assessment; or

- **revoke accreditation from the programme**, if it considers that the programme cannot be delivered at a standard or in a manner compatible with the Accreditation Standards. In this case, the AC will work with the HoS to facilitate arrangements for the enrolled students to complete an accredited programme.

3.   Assessment of a Major Structural Change in a Previously Recognised Training Programme

A major structural change in a programme could comprise a change in the length or format of the programme, a change in the prerequisites for entry into the programme, a significant change in objectives, or a substantial change in philosophy, emphasis, or institutional setting. Significant changes forced by a major reduction in resources leading to an inability to achieve the objectives of the existing programme would also fall into this category. The gradual evolution of a programme in response to local initiatives and on-going review would not be considered a major change.

Major changes to a programme may affect its accreditation status and require a series of procedures to be initiated. If the HoS is in doubt about whether proposed changes to a programme fall into the category of a major change, they should consult with the Accreditation Committee. While plans for major change are evolving, the AC will be available to give advice as to whether the proposed changes are likely to comply with the established standards of the Board. Heads of School contemplating such changes are advised to consult the AC as early as possible. The stages of assessment of a major structural change are described below.

Major changes to programmes are assessed against the same standards as previously recognised programmes. These are contained in **PART 3** of this document.

3.1   Assessment of Proposed Changes

Depending on the nature of the proposed changes, the AC may decide either that the changes can be accommodated within the current period of accreditation of the programme or that the changes require separate (full or limited) assessment/accreditation.

In the event that the AC decides that the changed programme must have a separate accreditation, they will advise the HoS what documentation will be required in support of the assessment. The AC and the programme then negotiate a timetable for the assessment process. A two-stage process applies:

Stage 1 (Initial screening): Initially, when definitive plans have been formulated and well before the revised programme is introduced, a broad outline of the new version should be submitted to the AC. The screening will involve consideration of the programme's plans in principle, but will not examine the finer details of the curriculum. The purpose of this initial screening is to establish whether the planned curriculum is likely to comply with the Board's accreditation standards, and to gauge the commitment and the capacity of the programme to manage the change process. At this stage the AC may decide either:

- [where the planned curriculum is *likely* to comply with the Board's accreditation standards and that the programme has demonstrated the commitment and the capacity to manage the change process]: **that the programme be invited to submit more detailed plans for consideration**; or

- [where the planned curriculum is *unlikely* to comply with the Board's accreditation standards or where the programme has *not* demonstrated the commitment and the capacity to manage the change process]: **that further development is required before the Accreditation Committee can consider the curriculum in detail**.

Stage 2 (Detailed assessment of the curriculum): The detailed assessment of the curriculum may require an on-site assessment by an Assessment Team. The programme's documentation should be submitted sufficiently in advance of student selection and of the programme commencement (at least eight months) to allow the HoS to respond to any requirements of the Accreditation Committee.

3.2 Procedures for the Conduct of the Detailed Assessment

Procedures for conducting a detailed assessment will be similar to those outlined in **PART 2C(2)**: *"Assessment of a Previously Recognised Training Programme"*.

3.3 Options for Decisions on Accreditation of Major Changes to Previously Recognised Training Programmes

As per **PART 2C(2.12)** above. Please note that conditions are commonly imposed where major changes have been made to a programme.

3.4 Unsatisfactory Progress Procedures

Should the Accreditation Committee find that a programme does not satisfactorily meet the conditions of accreditation, it can institute a review process, as described in **PART 2C(2.13)**, to facilitate the meeting of the conditions.

4. Assessment of a New Training Programme

In its accreditation role, neither the Board nor the Accreditation Committee will comment on the desirability or otherwise of a new programme, nor will they evaluate the workforce implications of any such proposals.

The Accreditation Committee sets a forward schedule for assessments two years in advance. Educational institutions seeking to be included in the schedule need to provide adequate notice of their intentions.

New programmes are assessed against the same accreditation standards as previously recognised programmes. These are contained in **PART 3** of this document.

4.1 Assessment of a New Training Programme

Assessment of a new programme is completed via a three-stage process:[8]

Stage 1 (Initial screening): The educational institution should provide an initial submission to the Accreditation Committee outlining its plans at the same time that the proposal is being reviewed by CUAP (or similar oversight body), well before the new programme is to be introduced.

In addition to the required written assurances from the relevant authorities, the Accreditation Committee will undertake an initial screening that will consider an overview of the programme plans and the resources available to support all years of the programme but will not examine the finer details of the curriculum. The purpose of this initial screening is to determine whether the institution's plans are sufficiently well developed to proceed with the accreditation process and to establish whether the planned curriculum is likely to comply with the Board's accreditation standards. At this stage the Accreditation Committee may decide either:

- [where the planned curriculum is *likely* to comply with the Board's accreditation standards and the School has demonstrated that the programme can and will be implemented]: **that the programme be invited to submit more detailed plans for consideration**; or

- [where the planned curriculum is *unlikely* to comply with the Board's accreditation standards and the School has *not* demonstrated that the programme can and will be implemented]: **that further development is required before the Accreditation Committee can consider the curriculum in detail**.

Stage 2 (Detailed assessment of the curriculum by the Accreditation Committee on the basis of documents submitted): The HoS is required to present details of the full programme, and of the physical and staff resources available to design and implement all years of the programme and to support the programme when fully established. The programme's documentation should be submitted sufficiently in advance of student selection and of the programme commencement (at least eight months) to allow it to respond to any requirements of the Accreditation Committee. This assessment will determine whether or not the programme will be granted provisional accreditation (with or without conditions, and pending full assessment in Stage 3). Conditions are common in the development of new programmes.

Stage 3 (Full assessment, including a site visit): Full assessment will occur once the first students have progressed through at least the first year of the programme. Procedures will be similar to those outlined in **PART 2C(2)**.

4.2 Options for Decisions on Accreditation of New Training Programmes

As per 2.12 above.

4.3 Unsatisfactory Progress Procedures

Should the Accreditation Committee find that a programme does *not* satisfactorily meet the conditions of accreditation, it would institute a review process, as described in **PART 2C(2.13)**, to facilitate the meeting of the conditions.

5. On-going Monitoring (Periodic Reports to the Board)

Heads of School are required to provide periodic reports to ensure that the Accreditation Committee is apprised of curriculum changes, of emerging issues that may affect the programme's ability to deliver the curriculum, and of the School's response to issues raised in the Committee's accreditation decision. Information regarding any new positive developments

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[8] To avoid doubt, only one accreditation fee will be charged for the 3-stage assessment process.

could also usefully be mentioned. The requirement for periodic reporting is in no way intended to inhibit new initiatives or changes in curriculum. The Accreditation Committee may ask a HoS to clarify or amplify the information in a report or may decide that a visit to the programme is warranted. The HoS may report to the Accreditation Committee at any time on matters he or she judges to be of relevance to a programme's accreditation.

Programmes granted the full period of accreditation are asked to submit written reports two and four years after the Board has accredited the programme.

The Accreditation Committee may require additional reports from a **programme granted accreditation for a shorter period** or which has specific conditions on its accreditation.

The Accreditation Committee may also require additional reports from a programme where information otherwise available to it indicates that there are or may be **matters of concern** in relation to the continued accreditation of the programme. If such reports are required, the committee will advise the programme of the nature of any concerns.

Programmes granted accreditation following a **major structural change** and **new programmes are initially asked to submit annual reports**. A comprehensive report will be required halfway through the period of accreditation providing evidence that the programme is being implemented successfully and that the programme has maintained its resources and standards of education.

PART

3

Accreditation Standards

These standards set out the principles, institutional processes, settings, and resources that the Board regards as requirements for effective education. It is the responsibility of individual programmes and schemes to develop and implement a curriculum that will enable students to attain the competencies required for a psychologist to work within a given scope of practice.

Psychologists must be able to competently deliver psychological services to individuals, communities, or institutions, to assist with the education of the community, to be judicious in the use of scarce resources, and to work with a wide range of professionals and other agents. They must possess a sufficient educational base to respond to evolving and changing client needs through their careers.

1.   Mission and Objectives

1.1   Statement of Mission and Objectives

1.1.1   The mission and objectives for the programme/scheme have been detailed and made known to stakeholders.

1.1.2   The objectives of the programme/scheme are appropriate to ensure that, at graduation, a psychologist has the required competencies to work safely and effectively within a specified scope of practice.

1.2   Participation in Formulation of Mission and Objectives

1.2.1   The mission and objectives have been defined in consultation with key stakeholders.

2.   The Psychology Curriculum

2.1   Curriculum Design and Educational Methods

2.1.1   The programme/scheme's teaching and learning methods are consistent with its stated educational objectives and foster the competencies required to work within the specified scope of practice.

2.1.2   The programme/scheme's teaching and learning methods encourage students to reflect on their practice, maintain a critical self-awareness, and actively engage in lifelong learning.

2.1.3   The teaching and learning methods include consideration of cultural frames of reference, values, and world views, including those of Māori.

2.2 Scientific Method

2.2.1 The curriculum is based on principles of scientific method and evidence-based practice, fosters the development of analytical and critical thinking, and includes consideration of indigenous psychologies.

2.3 Law and Ethics

2.3.1 The curriculum includes those contributions of ethics, law, and jurisprudence that enable safe practice as a Psychologist.

2.4 Client Safety and Quality Assurance

2.4.1 The curriculum addresses safety, risk assessment, risk mitigation, and quality assurance of psychological services provided.

2.4.2 The safety of the public and respect for service consumers and their rights (including the right to informed consent) are prominent amongst the guiding principles of the programme/scheme and student learning outcomes.

2.4.3 The curriculum helps students to develop an awareness of professionally responsible and accountable practice, including the ethical obligation to practise only within the limits of their competence.

2.5 Curriculum Structure, Composition, and Duration

2.5.1 The curriculum structure, composition, and duration of the programme/scheme will ensure that, at graduation, a psychologist has the required competence to work within a specified scope of practice.

2.5.2 The programme/scheme has developed descriptions of the content, extent, and sequencing of the curriculum that guide both staff and students on the capacity of students to work within their area of competence.

2.5.3 The curriculum incorporates those aspects of the basic psychological, social, cultural, statistical, and biological sciences that enable understanding of the knowledge, concepts, and methods used in the application of psychology within that scope of practice.

2.5.4 The curriculum shall have reference to international and national standards in determining the knowledge, skills, attitudes, and competencies that are required by the relevant scope of practice.

2.5.5 The programme/scheme shall include supervised practical experience, the range and scope of which shall be consistent with other programme/schemes within Aotearoa New Zealand and with international standards for the scope of practice.

3. Assessment of Students

3.1 Assessment Methods and Focus

3.1.1 The programme/scheme has clearly defined methods for assessing the standards that students are required to meet, including any pertaining to benchmarks required to progress through the programme.

3.1.2 The reliability, validity, and appropriateness of the assessment methods and standards shall be regularly reviewed and new assessment approaches implemented where there is inadequate evidence of reliability and validity.

3.1.3 Assessment methods are consistently applied across geographically different teaching and learning sites.

3.1.4 The programme/scheme implements assessment approaches that confirm that, by graduation, students have acquired the competencies required for the relevant scope of practice.

3.1.5 The examination process shall be equivalent to those used by other reputable programmes training psychologists for that scope of practice, either nationally or internationally. The examination process shall include examiners with knowledge of the national and international standards for that scope of practice.

3.2 Relationship Between Assessment and Learning

3.2.1 The assessment principles, methods, and practices promote learning, are appropriate for the educational objectives of the programme/scheme, and prepare the student for self-reflective practice and lifelong learning.

4. Students

4.1 Admission, Selection, and Exit Policy

4.1.1 The programme/scheme has a clearly defined admission policy that is consistently applied and is free of discrimination and bias, other than explicit affirmative action in favour of nominated groups, including Māori as tangata whenua.[9]

4.1.2 The relationship between selection criteria, the objectives of the programme/scheme, and the required and desired attributes of professional graduates is stated.

4.1.3 The programme/scheme has procedures to ensure that all students/trainees completing their 1500 hours of practical training are registered with the New Zealand Psychologists Board in either the Intern or Trainee Psychologist scope of practice. Students/trainees do not begin their 1500 hours of practical training until they are registered by the Board.

4.2 Impairment and Disability

4.2.1 The programme/scheme has policies on selection and admission and procedures for the support of students with disabilities.

4.2.2 The programme/scheme has procedures for identifying impaired students (including students with behavioural, health, or psychological problems, alcohol or other drug use) and for ensuring that the Board is informed of any fitness issues that may impair the student's ability to carry out the functions of a psychologist.

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[9] A programme/scheme's system of determining the equivalence of external courses as prerequisites may be assessed.

5. Staffing

5.1 Appropriate Staffing

5.1.1 The programme/scheme shall ensure that the team of staff has an appropriate mix of scientific, practical, and cultural knowledge and skills to deliver the curriculum adequately. Students shall have access to sufficient numbers of psychologists registered within the particular scope of practice involved, and staff-student ratios shall be consistent with both national and international standards and practice for the scope of practice for which the programme/scheme is intended.

5.2 Supervising Staff in Practica and Internships

5.2.1 Supervisors of practica and internships shall be appropriately qualified. Under normal circumstances this will include registration within the relevant scope of practice, with appropriate experience and supervision training.

6. Educational Resources

6.1 Physical Facilities

6.1.1 The resourcing of the programme/scheme is at a sufficient level to enable appropriate access to teaching facilities, support the exchange of information between staff and students, and maintain a learning environment that supports students interacting with staff and professional colleagues in order to aid their enculturation into the profession.

6.1.2 Library facilities available to staff and students include access to computer-based reference systems, supportive staff, and a reference collection adequate to meet the learning needs of students.

6.2 Resources for Practica and Internships

6.2.1 The programme/scheme supports the resourcing of practica and internships to ensure they offer professional experience that will assist students to gain knowledge and skills that are relevant to the scope of practice.

6.2.2 The programme/scheme monitors the fulfilment of the objectives of practica and internships.

6.2.3 The programme/scheme evaluates facilities for practica and internships regularly for their appropriateness to deliver a quality training experience for the intern.

6.2.4 Where possible, students shall be provided with the opportunity to undertake practica and internships within culturally diverse environments.

6.2.5 In particular, where possible, students shall have the opportunity to undertake placements within Māori services and/or be supervised by Māori psychologists.

6.2.6 In normal circumstances, every Intern/Trainee Psychologist must be supervised in their practicum placement by a psychologist with a current practising certificate who is based at the same site as the Intern/Trainee. Where this is not feasible, the programme/scheme will arrange for additional supervision to ensure adequate oversight, observation, monitoring, mentoring, and enculturation into the practice of psychology.

6.2.7 Supervision arrangements must be appropriate for the nature and severity of the risk to be managed by the Intern/Trainee, with at least one supervisor or their delegate having contact with current and recent recipients of the service.

6.2.8 The programme/scheme must ensure that mechanisms are in place to determine whether the psychological service provided by the Intern/Trainee is effective and is doing no harm.

7. Programme/Scheme Evaluation

7.1 Mechanisms for Training Programme/S2R Scheme Evaluation

7.1.1 The programme/scheme uses evaluation procedures (including analysis of student background, entrance qualifications, and cohort performance) that monitor the curriculum, quality of teaching, and student progress, in order to identify any issues of concern and address them.

7.1.2 Programme/scheme evaluation considers the programme outcomes in terms of the graduates' competencies, the diversity of students completing the programme, the required attributes for career placement, and uses this information for ongoing programme development.

7.2 Staff and Student Feedback

7.2.1 Evaluation of the programme/scheme includes systematic involvement of teachers, supervisors, students, and graduates, and their feedback is used to improve the programme.

7.3 Involvement of Stakeholders

7.3.1 The programme/scheme provides access to evaluation results to a wide range of stakeholders. It recognises that professional roles are dynamic and evolving, and considers the views of key stakeholders on the relevance and development of the curriculum to produce graduates who are fit for the intended scope of practice.

8. The Nexus Between Teaching and Research

8.1 The programme/scheme fosters the relationships between research, teaching, and practice.

8.2 The interaction between research, teaching, and practice is reflected in the curriculum. This interaction influences teaching, and encourages and prepares students to engage in psychological research in a range of settings.

9. Continuous Renewal

9.1 The programme/scheme has procedures for regular review and renewal of its structure and functions.

9.2   The programme/scheme is responsive to changes in New Zealand social and socio-cultural context, and specifically addresses through the curriculum those issues identified as of contemporary importance (including those identified as such by the Board).
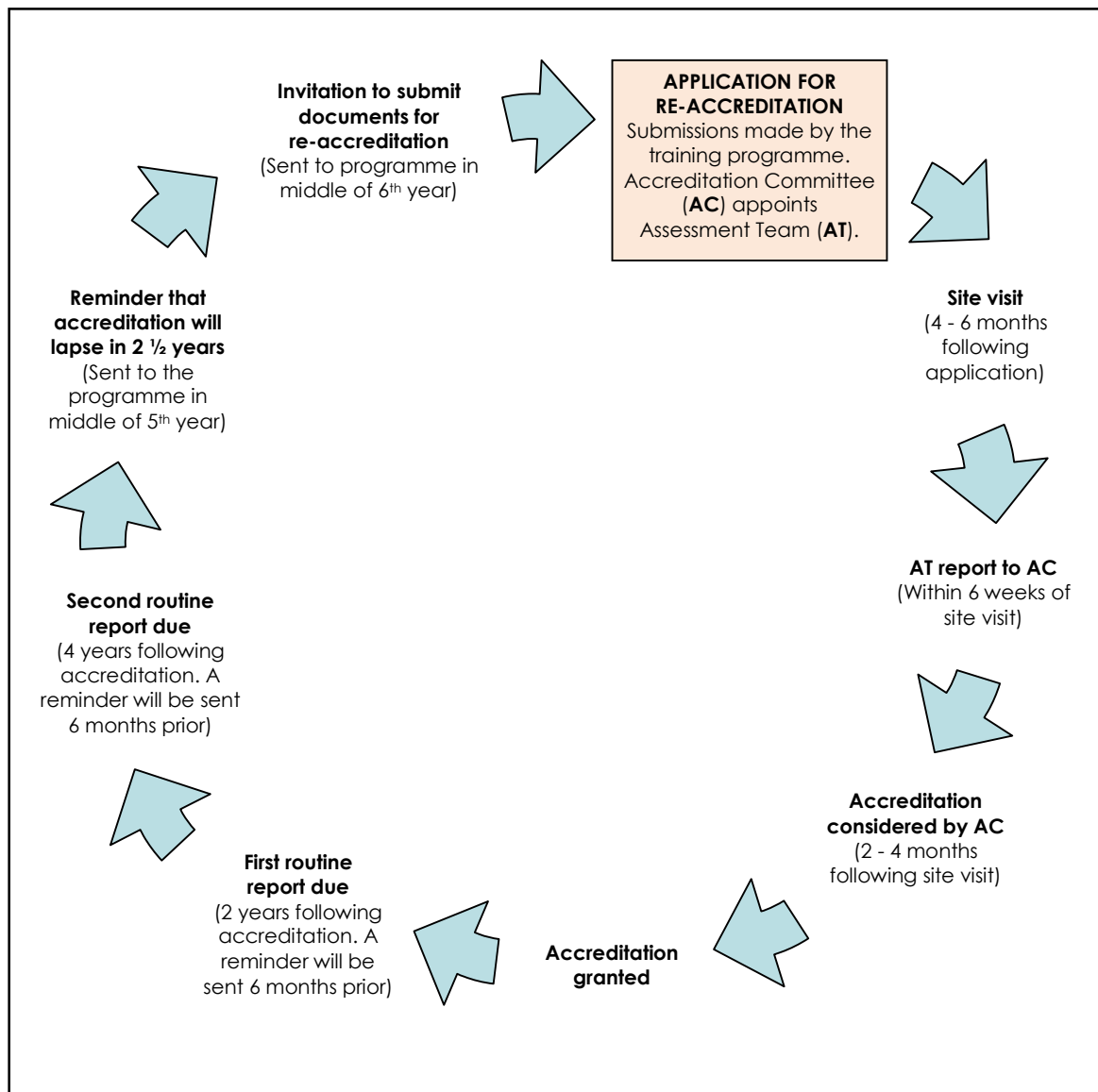
APPENDICES

Standards and Procedures

For the Accreditation of Programmes and Schemes Leading to Registration as a Psychologist in Aotearoa New Zealand

THE ACCREDITATION CYCLE*

For a previously recognised training programme or scheme

Invitation to submit documents for re-accreditation
(Sent to programme in middle of 6th year)

APPLICATION FOR RE-ACCREDITATION
Submissions made by the training programme. Accreditation Committee (**AC**) appoints Assessment Team (**AT**).

Reminder that accreditation will lapse in 2 ½ years
(Sent to the programme in middle of 5th year)

Site visit
(4 - 6 months following application)

AT report to AC
(Within 6 weeks of site visit)

Second routine report due
(4 years following accreditation. A reminder will be sent 6 months prior)

Accreditation considered by AC
(2 - 4 months following site visit)

First routine report due
(2 years following accreditation. A reminder will be sent 6 months prior)

Accreditation granted

***NB:** This diagram is a simplified depiction of the accreditation cycle. Accreditation may be granted for shorter periods and may include conditions. The frequency of reporting required may also vary. Please contact the Board's secretariat with any questions of for clarification of your programme's accreditation timeframes.
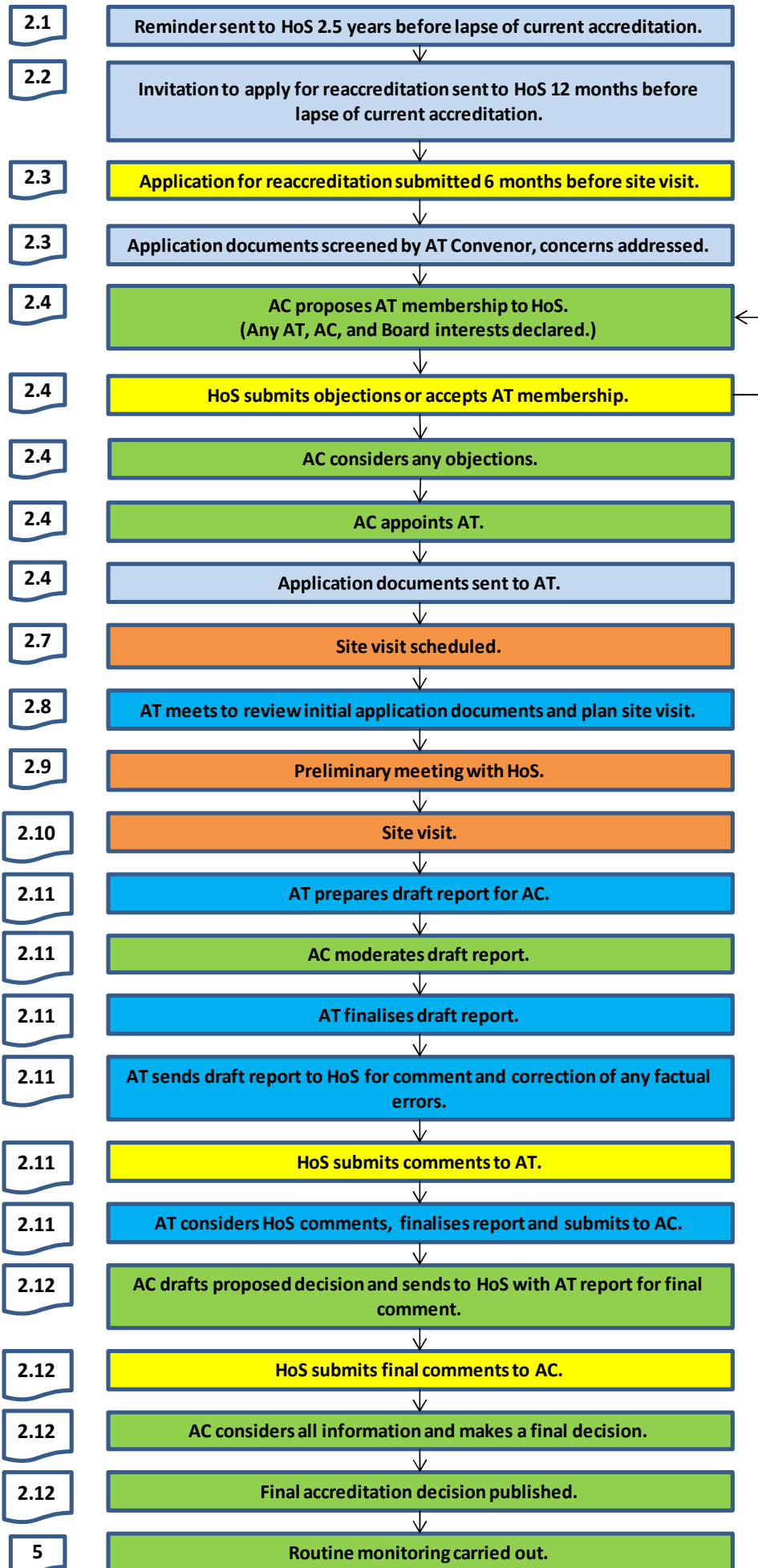
REACCREDITATION FLOWCHART

For a previously recognised or provisionally accredited training programme or scheme

   	Secretariat
   	Training Programme/HoS
   	Accreditation Committee (**AC**)
   	AT and Training Programme/HoS
   	Assessment Team (**AT**)

PROCESS FOR REACCREDITATION

SECTION 2C:

2.1	Reminder sent to HoS 2.5 years before lapse of current accreditation.
2.2	Invitation to apply for reaccreditation sent to HoS 12 months before lapse of current accreditation.
2.3	Application for reaccreditation submitted 6 months before site visit.
2.3	Application documents screened by AT Convenor, concerns addressed.
2.4	AC proposes AT membership to HoS. (Any AT, AC, and Board interests declared.)
2.4	HoS submits objections or accepts AT membership.
2.4	AC considers any objections.
2.4	AC appoints AT.
2.4	Application documents sent to AT.
2.7	Site visit scheduled.
2.8	AT meets to review initial application documents and plan site visit.
2.9	Preliminary meeting with HoS.
2.10	Site visit.
2.11	AT prepares draft report for AC.
2.11	AC moderates draft report.
2.11	AT finalises draft report.
2.11	AT sends draft report to HoS for comment and correction of any factual errors.
2.11	HoS submits comments to AT.
2.11	AT considers HoS comments, finalises report and submits to AC.
2.12	AC drafts proposed decision and sends to HoS with AT report for final comment.
2.12	HoS submits final comments to AC.
2.12	AC considers all information and makes a final decision.
2.12	Final accreditation decision published.
5	Routine monitoring carried out.

Core Competencies

For the Practice of Psychology in Aotearoa New Zealand

Core Competencies

For the Practice of Psychology in Aotearoa New Zealand

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Core Competencies

For the Practice of Psychology in Aotearoa New Zealand

These Core Competencies have been developed to assist the New Zealand Psychologists Board protect the public, as is their legislated mandate under the Health Practitioners Competence Assurance Act 2003.

Parts 1, 3 and 4 lists those competencies the Board has identified as core to a particular scope of practice - the *minimum requirement* for competent practice at an entry level. Each of these competencies is underpinned by the Board's Cultural Competencies – Part 2 – and should be read in conjunction with them.

Part 1   Core Competencies for Psychologists practising within the "Psychologist" scope of practice.

Part 2   Cultural Competencies for Psychologists registered under the HPCA Act 2003 and those seeking to become registered.

Part 3   Additional Core Competencies for Psychologists practising within the "Counselling Psychologist" scope of practice.

Part 4   Additional Core Competencies for Psychologists practising within the "Clinical Psychologist" scope of practice.

Part 5   Additional Core Competencies for Psychologists practising within the "Educational Psychologist" scope of practice.

*All psychologists practising in the "Psychologist" scope must be able to demonstrate competence in the knowledge and skills listed under that scope. A psychologist who practices in a vocational scope must **also** be able to demonstrate competence in the knowledge and skills listed under that vocational scope. We have tried to avoid duplication as much as possible and therefore both scopes/parts should be referred to by those practitioners who hold a vocational scope.*

The Core Competencies stand alongside the Code of Ethics for Psychologists Working in Aotearoa New Zealand [2002] and any best practice guidelines adopted or endorsed by the Board. This is a living document and the Board welcomes suggestions for improvement. The most current version is available on the Board's website: www.psychologistsboard.org.nz.

The Board is most grateful for the assistance provided by individuals and organisations in drafting these core competencies. Acknowledgements are noted at the end of the document.

PART
1   "Psychologist"

Core Competencies - "Psychologist"
For Psychologists Practising within the "Psychologist" Scope of Practice

INTRODUCTION

These are the foundation competencies the New Zealand Psychologists Board considers a psychologist should be able to demonstrate at the point of entry to the "Psychologist" scope of practice.

The Board's "Cultural Competencies" [**Part 2**] and the "*Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002]*" underpin these competencies, and should be read in conjunction with them. Additional competencies (or similar competencies developed to a higher level of skill) are required for entry to a vocational scope of practice (see **Parts 3 - 4**).

DISCIPLINE, KNOWLEDGE, SCHOLARSHIP, AND RESEARCH

This set of competencies is concerned with the knowledge base in the discipline of psychology required for adequately investigating, describing, explaining, predicting and modifying behaviour, cognition and affect. They cover the possession of knowledge of psychological theories and models, empirical evidence relating to them and methods of psychological enquiry, as well as an understanding of the interplay between the discipline and practice. They are concerned with basic understanding of, and respect for the scientific underpinnings of the discipline (i.e. knowledge gained and/or tested by the scientific method). They cover knowledge of research principles and methods, to ensure psychologists are good consumers of the products of research. They are the foundation upon which the other competencies depend. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge about the theories, knowledge and methods of inquiry which relate to the bases of behaviour, cognition and emotion.	• Use of scientific evidence to inform and guide the practice of psychology.
Advanced knowledge of psychological theories and models of change relevant to areas or practice.	• Critical analysis of the available scientific research so as to identify, apply and communicate the best evidence supporting application of psychological knowledge.
Knowledge of the methods of psychological investigation and techniques of measurement.	• Evaluation of the applicability of research for the New Zealand context.
Knowledge of evidence-based decision making.	• Work conducted in a way that is open to new ideas/innovation (while careful to judge the risks and benefits of new methods, tools and therapy).
Knowledge of scientific principles and methods.	• Application of psychological knowledge in a manner consistent with the best evidence available.
Knowledge of current research paradigms (principles and methods), literature and practice as they apply to the area(s) of practice.	• Evaluation of the efficacy, safety and validity of new approaches, therapies, or techniques in keeping with expectations of doing good/doing no harm.
Knowledge of research/audit and evaluation techniques.	• Rational decision-making.
	• Selection of appropriate research methods to examine particular questions specified.
	• Conduct of research and practice in accordance with current (scope-specific psychology knowledge.

DIVERSITY, CULTURE, AND TREATY OF WAITANGI/TE TIRITI O WAITANGI

This set of competencies addresses the knowledge, skills and attitudes involved in providing culturally safe practice. The practice of psychology in Aotearoa New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people of different cultural backgrounds. Cultural competence requires awareness of the psychologist's own cultural identities and values, as well as an understanding of subjective realities and how these relate to practice. Cultural mores are not restricted to ethnicity but also include (and are not limited to) those related to gender, spiritual beliefs, sexual orientation, abilities, lifestyle, beliefs, age, social status or perceived economic worth. (Reference must also be made to the Board's "*Cultural Competencies*" document). The psychologist will be able to demonstrate:

Knowledge	Skill
Awareness and knowledge of their own cultural identity, values, and practices.	• Exploration of their own and others' assumptions with respect to cultural differences (e.g. beliefs, practices and behaviours).
Awareness and knowledge of the cultural identity, values and practices of clients, and particularly: • The cultural beliefs and values situated within tikanga Māori. • Pasifika and other cultural practices relevant to practice. • Understanding of Māori models of health (e.g. Te Whare Tapa Wha).	• Respect for cultures and languages (e.g. culturally appropriate behaviour in Māori settings and taking care with pronunciation of names and other common words in te reo Māori). • Work from a non-prejudicial and affirming stance. • Alleviation of distress associated with stigma, discrimination and social exclusion (based upon ethnicity, gender, sexual orientation, disability, or religious beliefs). • Sensitivity to diversity.
Knowledge and awareness of the cultural bases of psychological theories, models, instruments, and therapies. Knowledge of diversity, individual differences and abilities. Knowledge of the importance of different cultural approaches to assessment, intervention and other areas of psychological practice.	• Active inclusion of others' understandings in practice, including data collection, analysis and intervention design. • Recognition and application of the differing requirements for cultures in approaches to assessment, intervention, consultation and other areas of psychological practice. • Consultation with culturally knowledgeable people.
Understanding of the place of the Treaty of Waitangi/te Tiriti o Waitangi as the founding document of New Zealand. Understanding of the principles of the Treaty of Waitangi/te Tiriti o Waitangi - partnership, participation and protection - and the impact of these principles on the practice of psychology. Recognition of the significance of the Treaty of Waitangi/te Tiriti o Waitangi for health care in New Zealand.	• Application of the Treaty principles of partnership, participation and protection.
Knowledge of the proper use of interpreters.	• Effective use of interpreters.

PROFESSIONAL, LEGAL, AND ETHICAL PRACTICE

This set of competencies is concerned with the legal and ethical aspects of psychological practice, as well as the ability to apply informed judgment and current scientific principles in the workplace. It also addresses the knowledge and skills required for professional development and continued education through contact with advances in the discipline and practice of psychology. The requisite values and responsibilities are codified in legislation, standards, practice guidelines and the Code of Ethics. It is the duty of all psychologists to be familiar with the relevant documents as well as cultivating reflective practice supported by on-going professional development and supervision. Attainment of competency in professional and ethical practice comes from supervised practice that allows the identification of ethical and professional practice issues and support in generating solutions for identified problems. The psychologist will be able to demonstrate:

Knowledge	Skill
Working knowledge of all legislation (e.g. HPCA Act 2003) relevant to area of practice. Knowledge of codes of practice and conduct relevant to the community and to the work place.	• Access and accurate reference to legislation, standards and guidelines, explanation of the essential principles therein, and application of the principles in practice.
Knowledge of the most recent version of the "Code of Ethics for Psychologists Working in Aotearoa/New Zealand", and ethical decision making processes.	• Practice in accordance with relevant ethical codes. • Recognition and reconciliation of conflicts among relevant codes and laws (seeks advice where appropriate). • Recognition of the ethical features, values and conflicts that may exist in work with clients. • Application of explicit ethical decision-making processes to ethically complex situations.
Knowledge of best practice guidelines in area of practice.	• Practice based on best practice guidelines and individual data collected from the client within a scientific practice framework.
Knowledge of all applicable work setting policy and sector standards. Awareness of the range of 'clients' and types of clients a psychologist may have.	
Knowledge of rights and interests of clients.	• Advocacy for the needs of the client (in balance with consideration of safety issues and the needs of the wider community).
Knowledge of the boundaries of their personal competence.	• Practice that creates and maintains safe, supportive and effective environments.

FRAMING, MEASURING, AND PLANNING

This set of competencies is concerned with the organisation and planning involved in systematic psychological assessment, evaluation and problem solving with individuals, groups, organisations and the community. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of interviewing skills, techniques and styles, and their relevance to information collection.	• Problem definition.
Knowledge of various approaches to data collection.	• Application of theoretical and empirical professional knowledge to the selection of assessment methods and the analysis of data.
Understanding of the applicability of approaches to assessment for specific contexts.	• Collection and analysis of data relevant to the problem; Consider and include participants' interpretations of situations.
Understanding of the relative strengths and limitations of methods of assessment and analysis.	• Identification of positive and supportive aspects of the environment during assessment.
	• Administration and interpretation of standardised and/or criterion referenced tests where appropriate.
	• Recognition of the subjective nature of interpretation of all data collected.
	• Interpretation of data within a relevant conceptual framework.
	• Development of solutions derived from the context.
	• Identification of key contextual factors that offer opportunities for positive change.
	• Determination of strategies supported by the best available evidence.
	• Implementation of on-going evaluation.

INTERVENTION AND SERVICE IMPLEMENTATION

This set of competencies covers the steps involved in the planning, design, provision and evaluation of psychological services to individual, group or organisational clients and other interested parties. For those psychologists who undertake intervention or treatment, such intervention is based upon analysis of the information gathered, understanding of psychological knowledge and theory relevant to that analysis, the specific needs of the client and the context in which the intervention is provided. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of evidenced-based interventions.	• Skilful application of intervention(s) or investigation(s) based upon analysis of the assessment data and supported by the best evidence available.
Knowledge of contextual variables that influence interventions (e.g. multiple contexts, wider social / political / cultural variables).	• Building of new solutions on the positive supports existing in the environment.
	• Promotion of shared understandings and development participant capability in order to support meaningful and sustainable change.
	• Provision of information to clients about alternative psychological services when necessary.
	• Evaluation of the impact of services provided.

COMMUNICATION

This set of competencies deals with communication by psychologists with their individual or organisational or community clients, other psychologists, other professionals and the public. It recognises the importance of clearly conveying psychological ideas derived from discipline, knowledge, research and practice, and includes the response of psychologists to feedback and information from others. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of communication skills.	• Communication of information about relevant psychological services to potential clients.
Knowledge of techniques and processes for dissemination of findings.	• A high standard of interviewing (establishes and maintains rapport, gathers relevant information, etc.).
	• Effective and appropriate communication, including communication of outcomes.

PROFESSIONAL AND COMMUNITY RELATIONS, CONSULTATION, COLLABORATION

This set of competencies addresses the knowledge, skills and attitudes involved in establishing and maintaining effective relationships with clients, other psychologists, and with members of other professional and non-professional groups. It recognises the central role of working with people in the practice of psychology. It includes clarifying roles and responsibilities, and conveying possible contributions of psychological expertise to other professionals and the community at large.

Psychological consultation involves applying psychological theory and research to work with others to identify, formulate and solve specific problems or undertake specific tasks. Consultation is usually focussed on meeting the needs of a third party (e.g. a client, team, organisation). Consultation involves an essentially voluntary and egalitarian relationship between the parties (consultant and consultee) and may have a formal or informal basis. It differs from supervision in that it is usually short-term, focussed on a particular issue, and does not monitor professional practice. Attitudes that underpin psychological consultation are a respectful approach to other disciplines and the contribution they can make and openness to considering other perspectives.

Psychologists work collaboratively and respectfully with a wide range of people. They listen actively to understand other's perspectives and (as appropriate and within ethical bounds) adapt their approaches to practice and communication in response to the audience and the circumstances. Psychologists may at times take on advocacy roles. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of the systems (including families, communities and organisational) being worked with and how to work with them.	• Engagement of the client or clients' clarification of roles, responsibilities, and the nature of service required in consultation with other relevant individuals.
Knowledge of the skills and strengths of other health professionals.	• Establishment of professional relationships.
Knowledge of methods for establishing effective working relationships.	• Articulation of the role of the psychologist and the role of others in systems they are working with.
Understanding of the role of the psychologist in relation to other stakeholders.	• Identification and explanation of psychological models and how they guide intervention.
Knowledge of application of relevant psychological theory when providing consultation.	• Description of the input that the psychologist might have in particular situations.
Knowledge of how to consult effectively in a range of settings.	• Negotiation and clarification of the parameters of the psychologists' involvement.
	• Active promotion of a psychological perspective in team settings.
	• Application of a broad range of relevant psychological knowledge when providing consultation.
	• Adoption of an individual or team approach as appropriate.
	• Collaboration with others in planning and decision-making at the individual, group and systems level.
	• Development of strategies for promoting maintenance, development and change in systems.
	• Consultation delivered in a way that others can use.
	• Consultation sought from others in ways that are effective.
	• Contracting for provision of service.
	• Ethical consultation about clients.
	• Effective advocacy.
	• Appropriate referral to other professions.

REFLECTIVE PRACTICE

This set of competencies covers the steps involved in the attainment and integration of information regarding one's practice. It includes critical and constructive self-reflection and seeking external review of one's practice (including supervision). Reflective practice and professional development in psychology is viewed as a continuous process of accurate self-assessment, understanding the skills necessary to be a psychologist and undertaking activities for professional development. This is often done in consultation with a supervisor. The psychologist will be able to demonstrate:

Knowledge	Skill
Understanding of their personal strengths and weaknesses, patterns of behaviour, emotional and cognitive biases, motivation, beliefs and values and how these may impact on clients and professional functioning.	• Accurate reflection on and evaluation of their own practice (skills, knowledge, and bias). • Management of the impact of personal characteristics on professional activities. • Recognition of and practice only within the limits of their professional competence. • Planning for, establishment, prioritisation, implementation, and evaluation of professional development plans based on critical self-evaluation and critical feedback. • Articulation of clear learning objectives. • Effective use of supervision and constructive use of feedback. • Integration of learning. • Effective self-care.
Understanding of the limitations and boundaries of their competence.	
Knowledge of the need for professional development and how to identify areas for their own professional development.	
Knowledge of potential occupational risk factors.	

SUPERVISION

The following competencies are not necessarily expected of an entry-level psychologist, but would be expected of any psychologist providing supervision.

Supervision is a contractual process involving a supervisor and supervisee meeting on a regular basis to enhance psychology work and/or professional functioning. The purpose of the supervision relationship may vary and can be peer, mentoring, training and/or evaluative. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of supervision models, theories, modalities and current research.	• Accurate reflection on and evaluation of their own practice (skills, knowledge, and bias).
Knowledge of the various functions of supervision.	• Performance of multiple roles, balanced in the supervisory context.
Knowledge of how to manage the process of supervision.	• Creating and maintenance of a supervisory relationship which is open and safe.
Knowledge of the roles and responsibilities of supervisory participants.	• Establishment and modelling of boundaries.
Knowledge and awareness of diversity within supervisor - supervisee pairings and with clients.	• Maintenance of a respectful and empowering attitude towards the supervisee.
Knowledge of the influence of cultural perspectives on supervision.	• Selection of supervision styles and practices with regard to the interpersonal contexts in which they are used.
Knowledge of ways of accessing cultural supervision applicable to particular circumstances.	• Consideration of the socio-cultural context in which the supervision is embedded.
Knowledge of area being supervised (e.g. cognitive behavioural therapy, other psychotherapies, research, assessments and client-related components.	• Access and provision of cultural supervision when required. • Promotion of growth, development and self-assessment in the supervisee.
Knowledge of stages and processes of professional development in supervision.	• Translation of scientific findings into practice for the supervisee. • Use of consultation on supervisory issues which cannot be resolved or are outside the domain of supervisory competence.

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PART
2 **"Cultural Competencies"**

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Standards of Cultural Competence[1]

For Psychologists Registered under the Health Practitioners Competence Assurance Act (2003) and those seeking to become registered

PREAMBLE

The Health Practitioners Competence Assurance Act 2003 ("the Act") came into force on 18 September 2004. The principal purpose of the Act is to *"protect the health and safety of members of the public by providing for mechanisms to ensure that health professionals are competent and fit to practise their profession".* Section 118(i) of the Act requires that the Board, *"set standards of clinical and cultural competence, and ethical conduct to be observed by health practitioners of the profession".* The Board is required to set and monitor standards of competence for registration and practice, which ensures safe and competent care for the public of New Zealand.

In carrying out these obligations, the Board acknowledges that the training and practice of psychologists in Aotearoa New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. The Board has developed a framework that reflects cultural safety, the Treaty of Waitangi/te Tiriti o Waitangi, and international cultural competence standards and to evolve standards that are more specific if these prove necessary. It is also the Board's intention to systematically evaluate the processes and outcomes of competency training and professional development as a means of informing future protocols and informing the profession itself. Above all else, the Board wants to develop a workable system of cultural competence that promotes openness, transparency, and good faith.

Acquiring cultural competence is a cumulative process that occurs over many years, and many contexts. Practitioners are not expected to be competent in all the areas contained below. However, practitioners should take all reasonable steps to meet the diverse needs of their client population and these competencies are proposed to set standards and enhance the practice of psychology with diverse groups.

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[1] In developing this document the Psychologists Board acknowledges the Nursing Council of New Zealand for making available related documentation regarding cultural safety training and practice.

Version: January 2016

1. INTRODUCTION

1.1 The Treaty of Waitangi/te Tiriti o Waitangi

The Government affirms that Māori as tangata whenua hold a unique place in our country, and that the Treaty of Waitangi/te Tiriti o Waitangi is the nation's founding document. To secure the Treaty's place within the health sector is fundamental to the improvement of Māori health.

This priority is also affirmed in the introduction of the New Zealand Public Health and Disability Act 2000, which is the basis of the current health system in Aotearoa New Zealand.

While the Treaty is not an integral part of the HPCA Act, section 118(i) provides a mechanism for requiring cultural competence in relation to Māori and diverse cultures. Therefore, a working knowledge of the Treaty is recognized as a fundamental basis of cultural competent practice.[2] In the health sector, key Treaty principles for involving Māori include partnership, participation and protection. The Board is committed to ensuring these principles are acknowledged and actioned.

The articles of the **Treaty of Waitangi/** te **Tiriti o Waitangi** outline the duties and obligations of the Crown and psychologists and training providers, as their agents, to:

- form partnerships with Māori.

- recognise and provide for Māori interests.

- be responsive to the needs of Māori.

- ensure there are equal opportunities for Māori including recognition and active support of kaupapa[3] initiatives.

1.2 The Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002]

The Code, in its preamble and guiding principles, refers to the dual paradigms and world views for psychologists practising in Aotearoa New Zealand to reflect both partners to te Tiriti; the centrality of te Tiriti o Waitangi/the Treaty of Waitangi, and the importance of respecting the "dignity of people and peoples".

The Code of Ethics thus explicitly recognises factors relating to the Treaty relationship between Māori and the Crown and its agents, and between ethnically and culturally distinct peoples in New Zealand, as central to safe and competent psychological education and practice.

1.3 Competence

Competence is variously defined, and in this context, it involves the possession and demonstration of knowledge, skills, and attitudes necessary for the level of performance expected by a Registered Psychologist working within their specified scope(s) of practice. Competency is a developmental process and evolving process beginning with the novice, leading to the advanced and expert stages.

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[2] Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002].
[3] Kaupapa Māori is defined here as psychological education, training, theories and models of practice grounded in a Māori worldview.

2. STRUCTURE OF THE COMPETENCIES

2.1 Cultural Safety Guidelines

The Nursing Council pioneered the cultural safety guidelines by health professionals. Cultural safety relates to the experience of the recipient of psychological services and extends beyond cultural awareness and cultural sensitivity. It provides consumers of psychological services with the power to comment on practices and contribute to the achievement of positive outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service.

2.2 Definition of Cultural Safety[4]

The effective psychological education and practice as applied to a person, family or group from another culture, and as determined by that person, family or group. Culture includes, but is not restricted to, age or generation, iwi, hapu and tribal links; gender; sexual orientation; occupation and socioeconomic status; cultural and epistemological frame of reference; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The psychologist delivering the psychological service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. In addition the psychologist delivering the psychological service will understand and recognise the cultural origins, assumptions and limitations of certain forms of psychological practice within some cultural contexts. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual, family or group.

2.3 Cultural Competence

Cultural competence is defined as a having the awareness, knowledge, and skill, necessary to perform a myriad of psychological tasks that recognises the diverse worldviews and practices of oneself and of clients from different ethnic/cultural backgrounds. Competence is focused on the understanding of self as a culture bearer; the historical, social and political influences on health, in particular psychological health and wellbeing whether pertaining to individuals, peoples, organizations or communities and the development of relationships that engender trust and respect. Cultural competence includes an informed appreciation of the cultural basis of psychological theories, models and practices and a commitment to modify practice accordingly.

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[4] Modelled on that produced by the New Zealand Nursing Council.

3.   CONTENT: AWARENESS, KNOWLEDGE, AND SKILL

3.1   Awareness

(a)   Awareness of how one's own and the client's cultural heritage, gender, class, ethnic-racial identity, sexual orientation, institutional or organisational affiliation, practice orientation, disability, and age-cohort help shape personal values, assumptions, judgments, and biases related to identified groups.

3.2   Knowledge[5][6][7][8]

(b)   Knowledge of how psychological theory, methods of inquiry, research paradigms, and professional practices are historically and culturally embedded and how they have changed over time as society values and political priorities shift.

(c)   Knowledge of the history and manifestation of oppression, prejudice, and discrimination in home country, and that of the client and their psychological sequelae.

(d)   Knowledge of socio-political influences (e.g., poverty, stereotyping, stigmatisation, land and language loss, and marginalisation) that impinge on the lives of identified groups (e.g., identity formation, developmental outcomes, and manifestations of mental illness).

(e)   Knowledge of culture-specific diagnostic categories, and the dangers of using psychometric tests on populations that differ from the normative group

(f)   Knowledge of such issues as normative values about illness, help-seeking behaviour, interactional styles, community orientation, and worldview of the main groups that the psychologist is likely to encounter professionally.

(g)   Knowledge of culture-specific assessment procedures tools and their empirical (or lack of) background.

(h)   Knowledge of family structures, iwi, hapu and other inter-tribal relations, gender roles, values, educational systems (kura kaupapa, kohanga reo), beliefs and worldviews and how they differ across identified groups along with their impact on identity formation, developmental outcomes, and manifestations of mental illness).

(i)   Knowledge of the Aotearoa New Zealand Code of Ethics (2002), knowledge of the Treaty of Waitangi/te Tiriti o Waitangi and its application to psychological practice and knowledge of legislation governing psychologists in New Zealand.

3.3   Skill

(j)   Ability to accurately evaluate emic (culture-specific) and etic (universal) hypotheses related to clients from identified groups and to develop accurate research findings and/or clinical conceptualisations, including awareness of when issues involve cultural dimensions and when theoretical orientation needs to be adapted for more effective work with members of identified groups.

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[5] Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). "Examining multicultural counseling competencies of graduate students in psychology." Professional Psychology: Research and Practice **26**(3): 322-329.
[6] Sue, D. W., Arredondo, P., & McDavis, R. (1992). "Multicultural counselling competencies and standards: A call to the profession." Journal of Counseling and Development **70**: 477-486.
[7] Hansen, N., F. Pepitone-Arreola-Rockwell, & Greene, A. (2000). Multicultural competence: Criteria and case examples. Professional Psychology: Research and Practice **31**, 652-660.
[8] Additional information can be found in the Board's publication: *"Guidelines for Cultural Safety: Incorporating the Te Tiriti o Waitangi/Treaty of Waitangi and Maori health and wellbeing in psychological education and practice". (October 2005)*

(k)   Ability to accurately assess one's own cultural competence, including knowing when circumstances (e.g., personal biases; stage of ethnicity identity; lack of requisite knowledge, skills, or language fluency; socio-political influences) are negatively influencing professional activities and adapting accordingly (e.g., professional development, supervision, obtaining required information, or referring to a more qualified provider – emphasis here is on professional development).

(l)   Ability to modify (where appropriate) assessment tools; or to forego assessment tools and qualify conclusions appropriately (including empirical support where available) for use with identified groups (culture-specific models)

(m)   Ability to design and implement nonbiased, effective treatment plans and interventions for clients from identified groups, including the following:

    i.   Ability to assess such issues as clients' level of acculturation, ethnic-identity status, acculturative stress, gay and lesbian issues, (see point 1) (whanau groups);

    ii.   Ability to ascertain effects of therapist-client language difference (including use of translators or cultural advisors) on psychological assessment and intervention;

    iii.   Ability to establish rapport and convey empathy in culturally sensitive ways (e.g., taking into account culture-bound interpretations of verbal and nonverbal cues, personal space, eye-contact, communication style);

    iv.   Ability to initiate and explore issues of difference between the psychologist and the client, when appropriate and to incorporate these issues into effective treatment planning.

(n)   Ability to conduct supervision in a culturally competent manner (for the benefit of the client and the supervisee, and supervisor), taking into account the factors above.

PART 3 · "Clinical Psychologist"

Additional Core Competencies - "Clinical Psychologist"

For Psychologists Practising within the "Clinical Psychologist" Scope of Practice

INTRODUCTION

All practising psychologists must be able to demonstrate the foundation competencies outlined in the "Psychologist" scope of practice. The following are the **additional** core competencies the New Zealand Psychologists Board considers a psychologist should be able to demonstrate at the point of entry to the vocational "Clinical Psychologist" scope of practice.

DISCIPLINE, KNOWLEDGE: SCIENTIFIC FOUNDATIONS AND RESEARCH

This competency covers the integration of science and practice in clinical psychology. It is not solely limited to the application of the scientist-practitioner model, or restricted to a singular view of what constitutes 'evidence'. The practice of clinical psychology links an advanced knowledge of the scientific and theoretical base pertaining to clinical psychology with the ability to apply this knowledge base to clinical psychological practice. Clinical practice is responsive to new 'knowledge' and at all times a practitioner should strive to achieve 'best-practice' in their professional endeavours. Clinical practice is also used to elucidate current best-practice, through either confirmation or challenge. The psychologist will be able to demonstrate:

Knowledge	Skill
Advanced knowledge of theoretical and empirical literature, including but not limited to: knowledge of mental disorders, serious mental illness, psychopathology and psychological problems.	• Application of one or more therapy models specific to the area of practice.
Familiarity with the history of the development of clinical psychology, including the major paradigms.	
Knowledge of brain-behaviour relationships; advanced understanding of applied behaviour analysis; comprehensive knowledge of psychological models of theories of change.	
Knowledge of psychopathology, serious mental illness and the relationships with diagnostic classification systems.	
Advanced knowledge of theories of mental health, life-span development, family systems and the clinical applications of theories of behaviour, cognition, emotion and biology.	
Working knowledge of a range of psychological theories and models of change specific to the area of clinical psychological practice.	
Awareness of applicability of other therapeutic models.	

DIVERSITY, CULTURE, AND THE TREATY OF WAITANGI/TE TIRITI O WAITANGI

This set of competencies addresses the knowledge, skills and attitudes involved in providing culturally safe practice. The practice of psychology in Aotearoa New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people of different cultural backgrounds. Cultural competence requires awareness of the psychologist's own cultural identities and values, as well as an understanding of subjective realities and how these relate to practice. Cultural mores are not restricted to ethnicity but also include (and are not limited to) those related to gender, spiritual beliefs, sexual orientation, abilities, lifestyle, beliefs, age, social status or perceived economic worth. (Reference must also be made to the Board's "Cultural Competencies" document). The psychologist will be able to demonstrate:

Knowledge	Skill
Understanding of the cultural foundation and possible limitations of clinical psychology models and techniques from the western world tradition. Knowledge of the impact of culture and/or individual diversity on assessment processes. Understanding of the concepts of stigma, discrimination and social exclusion as applied to diverse client groups, including the consequences of these factors in the practise of psychology.	• Flexible incorporation of Māori models, practices, and protocols into clinical practice. • Recognition of cultural factors which influence health and illness and response to treatment. • Completion of culturally safe clinical assessments. • Integration of the concepts of stigma, discrimination and social exclusion into assessment and treatment processes.
Knowledge of cultural influences on clients presenting for health services, including knowledge of culture-specific presentations and diagnostic categories, and the limitations of diagnostic systems.	• Application of clinical psychological models in a way that takes account of cultural diversity.
Particular awareness of the health status and needs of Māori in New Zealand.	• Development of accurate clinical conceptualisations (with diagnosis where appropriate that incorporate a cultural dimension.

FRAMING, MEASURING, AND PLANNING: ASSESSMENT AND FORMULATION

Assessment is the systematic collection of clinically relevant information for the purpose of understanding the client and all aspects of their presentation. Assessment is derived from the theory and practice of academic and applied clinical psychology. It is ideally a collaborative process. Procedures include the use of formal and informal interviews, collateral information, the application of systematic observation and measurement of behaviour, and the use of psychometric instruments. Results of these assessments are placed firmly within the context of the historical, developmental, and cultural processes that shape an individual, family, group or organization. The summation and integration of the knowledge acquired through the assessment process is presented in a formulation and diagnosis of serious mental illness where appropriate. Assessment and formulation are fundamental for understanding a client's presentation, current needs and devising appropriate interventions. Assessment is also an on-going process which may lead to revised formulation and/or changes to the intervention. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of current clinical psychological theory and conceptual frameworks relating to assessment practices in general and especially those relating to their clients.	• Planning of an assessment protocol which takes into account developmental issues, as well as individual and cultural diversity.
Knowledge of the impact of developmental issues on assessment processes.	• Collection of data necessary for a thorough assessment through effective processes (such as interviews, formal records, psychometric instruments).
Knowledge of the impact of the wider context on assessment processes.	• Selection, administration and interpretation of psychometric measures relevant to area of practice.
Knowledge of psychometric testing theory/practice, and test construction and of the strengths and limitations of standardised tests.	• Completion of cognitive intellectual assessment and neuropsychological screening.
Understanding of relevant factors and approaches to the assessment of risk.	• Completion of detailed mental status examinations. • Behavioural analysis.
Understanding of assessment practices used by other disciplines.	• Detailed risk assessment, including formulation of risk and the development of risk mitigation management plans.
Understands relevant findings and information from other health professionals that impact on the assessment processes.	• Identification of need for further or on-going risk assessment and appropriate follow up.
Knowledge of appropriate interpretation and reporting of assessment findings.	• Integration of assessment data from different sources and modalities to develop a working model of the origins and maintenance of current psychological functioning. • Completion of written reports that are coherent, that accurately reflect assessment data, and that integrate and synthesise assessment findings.
Knowledge of how to develop formulations using clinical psychological theory and assessment data.	• Development of a clinical psychological formulation, diagnosis (where appropriate) and provisional hypotheses (with on-going evaluation). • Effective and safe use of psychiatric nosologies.
Knowledge of how to integrate theories of change to develop therapeutic interventions.	• Use of assessment and formulation to develop effective treatment plans.
Advanced knowledge of models of intervention and treatment.	• Incorporation of complex presentation variables and use of theories of change to derive intervention strategies that address presenting needs. • Integration of relevant contextual issues into the assessment and intervention plan.
Advanced knowledge of factors that may influence treatment (such as cognitive ability and personality factors and the knowledge of how to incorporate these factors into treatment planning).	• Incorporation of presenting variables such as cognitive deficit, personality, trauma, and/or substance abuse into intervention planning.
	• Modification of formulations and intervention plans as new information arises and/or changes occur.

INTERVENTION

Intervention is based on a comprehensive assessment and psychological formulation. Intervention involves at least in part the application of a specific psychological therapy (e.g., Cognitive Behavioural Therapy, Interpersonal Psychotherapy, Family Therapy, Psychodynamic Therapy). Intervention strategies can be individual, group, or system-family based. The Scientist-Practitioner model of Clinical Psychology requires that the model of therapy/intervention is based on well-founded theory and is informed by relevant research. The ability to develop interventions for people with complex problems is a key competency for clinical psychologists. Underpinning all intervention activities are attitudes of respect and flexibility, and a broad-minded approach that shows a willingness to learn and to share knowledge. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of how to integrate clinically relevant presenting variables in the development of therapeutic interventions.	• Intervention derived from well-developed formulations, based on psychological theory and models of change.
Knowledge of contextual variables that influence any therapeutic intervention (cultural, social, political, etc.)	• Identification of the breadth of contextual variables that may influence intervention and consideration and inclusion of these in intervention strategies.
Understanding the "process" in the therapeutic relationship and its effect on intervention.	• Identification and management of process issues.
Knowledge of how to critically evaluate interventions and modify them when change is required.	• Critical evaluation of strengths, weaknesses and limitations during interventions. • Review of efficacy of treatment and modification of practice (as necessary) in response.

PART 4   "Counselling Psychologist"

Additional Core Competencies - "Counselling Psychologist"

For Psychologists Practising within the "Counselling Psychologist" Scope of Practice

INTRODUCTION

All practising psychologists must be able to demonstrate the foundation competencies outlined in the "Psychologist" scope of practice. The following are the **additional** core competencies the New Zealand Psychologists Board considers a psychologist should be able to demonstrate at the point of entry to the vocational "Counselling Psychologist" scope of practice.

DISCIPLINE, KNOWLEDGE: SCIENTIFIC FOUNDATIONS AND RESEARCH

This competency covers the integration of science and practice in counselling psychology. It is not solely limited to the application of the scientist-practitioner model, or restricted to a singular view of what constitutes 'evidence'. The practice of counselling psychology links an advanced knowledge of the scientific and theoretical base pertaining to counselling psychology with the ability to apply this knowledge base to counselling psychological practice. Counselling psychology practice is responsive to new 'knowledge' and at all times a practitioner should strive to achieve 'best-practice' in their professional endeavours. Counselling psychology practice is also used to elucidate current best-practice, through either confirmation or challenge. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of the theoretical and research literature on, for example: holistic perspectives of psychological wellbeing and inherent human strengths, resilience and adjustment; serious problems of living and psychological problems; the prevention of problems and health promotion; positive psychology.	• Application of two or more psychological theories specific to the area of practice and needs of clients;
Knowledge of the history of the development of counselling psychology, with specific reference to Aotearoa New Zealand, and familiarity with the major paradigms that are used in counselling psychology;	• Application of relevant counselling psychology paradigms in practice;
Knowledge of psychological theories and models of personal change and how these relate to counselling psychology practice;	• Application of relevant models of personal change;
Knowledge of psychopathology, including the main diagnostic classification systems, and informed critiques of such systems;	• Incorporation of such perspectives in practice settings without compromising fundamental developmental and person-centred principles;
Knowledge of the theories of mental health and well-being, life-span development, family systems, ecological approaches and the application of these in counselling and therapeutic settings;	• Application of such perspectives within counselling psychology practice;
Knowledge of other credible therapeutic models within a holistic framework.	• Draw constructively on alternative models of mental health, as applicable.

DIVERSITY, CULTURE, AND THE TREATY OF WAITANGI/TE TIRITI O WAITANGI

This set of competencies addresses the knowledge, skills, and attitudes involved in providing culturally safe practice. The practice of psychology in Aotearoa New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi.

Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people of different cultural backgrounds. It also demands an awareness of one's own cultural identity and values, as well as an understanding of the validity of differing subjective realities and how such differences relate to practice. Cultural mores are not restricted to ethnicity but also include (and are not limited to) differences related to gender, spiritual beliefs, sexual orientation, abilities, lifestyle, beliefs, age, and social status or perceived economic worth. The counselling psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of the NZ Psychologists Board's 'Cultural Competencies' document;	• Incorporation of the 'Cultural Competencies' principles into practice;
Knowledge of the cultural foundations of the discipline of counselling psychology and the limitations of these foundations;	• Flexible incorporation of Māori and other cultural models, practices, and protocols into counselling psychology practice;
Knowledge of the impact of culture and individual diversity on processes of engagement, meaning-making, assessment, formulation, and therapy;	• Recognition of cultural factors that influence psychological functioning and responses to intervention;
Knowledge of the concepts of stigma, discrimination and social exclusion as applied to diverse client groups, including the consequences of these factors in the practice of counselling psychology;	• Supports strengths and resources to offset any experiences of stigma, discrimination, and social exclusion;
Knowledge of cultural influences on clients presenting for services, including knowledge of culture-specific perspectives and the limitations of one's own and other cultures' classifications (including in regard to diagnoses);	• Application of counselling psychological models in ways that take account of cultural diversity;
Knowledge of the health status, aspirations and needs of Māori in New Zealand.	• Development and application of culturally appropriate case conceptualisations and interventions.

FRAMING, MEASURING, AND PLANNING: ASSESSMENT AND CASE FORMULATION

For counselling psychologists, meaning-making through collaborative dialogue is central to assessment and case formulation. This dialogue identifies needs, resources and contextual elements relevant to achieving therapeutic outcomes and desired change. Problem description/understanding, goal identification and solutions are typically explored, defined and initiated through conversation. Case formulation within counselling psychology is likely to be less structured and more organic than within traditional clinical models as it emerges within the dynamics of psychologist-client interaction.

Although traditional forms of diagnosis and assessment are based on the notion of objective reality, counselling psychologists remain open to the possibility that a problem or a goal may not be defined totally by any one definition, because dialogue or conversation is generative and new meanings or perspectives may arise. Assessment in counselling psychology involves the systematic collection of relevant information in the context of a therapeutic alliance for the purpose of mutual understanding by the client and counselling psychologist towards identifying needs, desired goals and directions for productive change.

Procedures may include the use of formal and informal interviews, identifying collateral information, the application of systematic observation and measurement of behaviour, and the use of psychometric instruments. Assessment and case formulation is an ongoing process, with the ongoing element ensuring openness to potential changes in intervention initiatives. The counselling psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of current counselling psychology theory and conceptual frameworks relating to assessment and dynamic formulation practices in general and especially those relating to main client groups;	• Implementation of assessment and dynamic formulation protocols that take into account developmental features, as well as individual, cultural and ecological diversity;
Knowledge of ecology, the wider social context and individual developmental characteristics, on assessment and formulation processes;	• Collection of necessary information (involving such procedures as interviews, researching formal records, administering psychometric instruments) in a collaborative process of mutual enquiry for the purposes of effective assessment and case formulation;
Knowledge of psychometric test construction and testing theory and practice, as well as the strengths and limitations of standardized tests and testing protocols;	• Selection, administration and interpretation of psychometric measures relevant to areas of practice;
Knowledge of relevant factors and approaches to assessment and case formulation in relation to resilience and well-being;	• Assessment of risk and resilience and collaborative (where possible) formulation of effective management plans involving ongoing risk assessment and follow up;
Knowledge of relevant factors and approaches to assessment and case formulation in relation to risk, and determining ways that potentiate its reduction;	
Knowledge of assessment practices used by other health disciplines, as well as features of these that might impact on assessment and formulation processes;	
Knowledge of appropriate interpretation schema and formats for reporting of assessment findings and case formulations;	• Integration of assessment data from different sources and modalities to collaboratively develop constructive case formulations;
	• Completion of coherent written reports that accurately synthesise and reflect assessment information, in light of relevant research literature;
Knowledge of how to develop and incorporate dynamic formulations with clients using psychological theory and assessment data;	• Collaborative development of dynamic formulations, with ongoing evaluation, based on counselling psychology theory;
	• Constructive use of relevant and appropriate psychiatric classifications, while acknowledging critical perspectives on diagnosis.

Knowledge of how to integrate theories of change to develop therapeutic interventions;	• Recognition of how assessment and case formulation can lead to the development of effective treatment plans;
Knowledge of counselling psychology models of intervention, treatment, and prevention;	• Incorporation of complex presentation variables and making use of theories of change to derive prevention and intervention strategies that address presenting and underlying needs;
	• Integration of relevant contextual issues into assessment and intervention plans;
	• Incorporation of personal/social strengths, resources and resilience into assessments and intervention plans;
	• Modification of case formulations and intervention plans as new information arises or dialogue proceeds, and/or through supervisory engagements.

INTERVENTION, THERAPEUTIC RELATIONSHIP, AND WORKING ALLIANCE

Counselling psychology places importance on the therapeutic relationship and the positive use of this relationship to facilitate intervention. Both these elements underpin the practice of counselling psychology and consultation, appropriate to the level and breadth of the counselling psychologist's experience.

The practice of counselling psychology may be based on a range of theoretical perspectives (including, for example, Cognitive-Behavioural, Narrative, Humanistic, Psychodynamic, Family and Systemic, and Integrative theories). Interventions may engage individuals, couples, families, groups and communities. The purpose of interventions may involve development, prevention or remediation. It may include vocational assessment and counselling, working with addictions, and/ or health promotion. The method of intervention may be by direct service, by means of consultation or training, or by means of various media. Counselling psychology requires that models of therapy or intervention are based on well-founded theory, and informed by relevant research. The ability to develop interventions for people with complex problems and issues is a key competency for counselling psychologists.

Underpinning all prevention and intervention activities are attitudes of respect and flexibility, the pursuit of empowerment, and an open-minded approach that shows a willingness to learn and to share knowledge. Outcome monitoring with reflexive feedback, both formal and informal, should be utilised. The establishment and maintenance of professional supervision is regarded as a major part of this competency. The counselling psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of at least two specific psychological theories related to the therapeutic relationship and the collaborative working alliance;	• Initiation, development, maintenance, and constructive termination of a therapeutic alliance; • Demonstration of an understanding of explicit and implicit communications in a therapeutic relationship;
Knowledge of one's own contribution to the changing nature of the therapeutic relationship and working alliance, including process issues such as transference and counter-transference.	• Demonstration of a high level of self-awareness through the capacity for self-reflective , coherent and ethical practice; • Critical reflection on practice experiences and consideration of alternative ways of working; • Appropriate response to the complex demands of clients; • Establishment and maintenance of regular and appropriate clinical supervision with an appropriate supervisor who has recognised expertise in relevant areas of practice;
Knowledge of how to integrate and respond to relevant emergent presenting variables in the development of prevention and therapeutic interventions;	• Formation and execution of prevention strategies and interventions derived from well-developed formulations, with clear links to psychological theory, models of change, and client feedback;
Knowledge of contextual and ecological variables (cultural, social, political, etc.) that influence any therapeutic intervention;	• Identification and response to contextual variables that may influence interventions and include these, as necessary, in intervention strategies;
Knowledge of the role that the therapeutic alliance plays in change and how it impacts on intervention.	• Identification and management of the therapeutic process through outcome monitoring and the regular use of deliberate reflective processes such as supervision.

PART 5 — "Educational Psychologist"

Additional Core Competencies - "Educational Psychologist"

For Psychologists Practising within the "Educational Psychologist" Scope of Practice

INTRODUCTION

All practising psychologists must be able to demonstrate the foundation competencies outlined in the "Psychologist" scope of practice. The following are the **additional** core competencies the New Zealand Psychologists Board considers a psychologist should be able to demonstrate at the point of entry to the vocational "Educational Psychologist" scope of practice.

DISCIPLINE, KNOWLEDGE: THEORETICAL FOUNDATIONS AND RESEARCH

This competency concerns the knowledge and understanding of educational psychology and its application in research and practice. Research and practice reflect educational psychologists' understanding of and respect for the scientific underpinnings of the discipline. Educational psychologists require knowledge of research principles and methods to: (a) conduct research that contributes to knowledge within (but not exclusive to) educational psychology; and (b) to ensure evidence-based practice. Evidence-based practice is defined as the integration of the research evidence, practitioner expertise and the lived experience of learners and members of teams developed to support learners (Law, 2002). NB. The terms "learner" and "client" refer to the children, young people and adults with whom educational psychologists work. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of and respect for the scientific underpinnings of education and educational psychology.	• Practice within systematic problem-solving/solution- building frameworks.
Familiarity with the history of the development of educational psychology, including the major paradigms.	
Knowledge of educational, developmental, learning and teaching theories (including their strengths and limitations).	
Knowledge of conceptual frameworks for casework (e.g. situational analysis, functional behaviour assessment).	
Knowledge of eco-systemic approaches to practice.	
Knowledge of educational settings and other settings as systems.	
Knowledge of general and special education and related services.	
Knowledge of current educational policies and systems relevant to work in New Zealand.	
Knowledge of Te Whariki and the New Zealand Curriculum Framework.	

DIVERSITY, CULTURE, AND THE TREATY OF WAITANGI/TE TIRITI O WAITANGI

This set of competencies addresses the knowledge, skills and attitudes involved in providing culturally safe practice. The practice of psychology in Aotearoa New Zealand reflects paradigms and worldviews of both partners to te Tiriti o Waitangi /the Treaty of Waitangi. Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully when working with people of different cultural backgrounds. Cultural competence requires awareness of the psychologist's own cultural identities and values, as well as an understanding of subjective realities and how these relate to practice. Cultural mores are not restricted to ethnicity but also include (and are not limited to) those related to gender, spiritual beliefs, sexual orientation, abilities, lifestyle, beliefs, age, social status, or perceived economic worth. (Reference must also be made to the Board's "Cultural Competencies" document). The psychologist will be able to demonstrate:

Knowledge	Skill
Understanding of the cultural foundation and possible limitations of educational psychology models and techniques from the western world tradition.	• Completion of culturally safe assessments.
Knowledge of the impact of culture, individual diversity on assessment processes.	

FRAMING, MEASURING, AND PLANNING: ASSESSMENT AND FORMULATION

This competency is concerned with the organisation and planning involved in systematic and collaborative assessment of situations, conducted with individuals, groups, organisations and the community. It considers the knowledge and skills required to collaboratively assess interactive learning environments and interpret data collected. The psychologist will be able to demonstrate:

Knowledge	Skill
Knowledge of current educational psychological theory and conceptual frameworks relating to assessment practices in general and especially those relating to their clients.	- Planning of an assessment protocol which takes into account developmental issues, as well as individual and cultural diversity. - Collection of data necessary for a thorough assessment through effective processes (such as interviews, formal records, psychometric instruments). - Functional behavioural analysis. - Selection, administration and interpretation of psychometric measures relevant to area of practice. - Maintenance of a broad, eco-systemic view of the environment. - Use of assessment and formulation to develop effective intervention plan. - Integration of relevant contextual issues into the assessment and intervention plan. - Completion of written reports that are coherent, that accurately reflect assessment date, and that integrate and synthesise assessment findings. - Development of a psychological formulation, and provisional hypotheses (with on-going evaluation), modification of formulations and intervention plans as new information arises and/or changes occur.
Knowledge of the models of analysis and the strengths and limitations of these.	
Knowledge of the impact of developmental issues on assessment processes.	
Knowledge of the impact of the wider context on assessment processes.	
Knowledge of observational techniques.	
Knowledge of psychometric testing theory/practice, and test construction and of the strengths and limitations of standardised tests.	
Knowledge of the development, administration and interpretation of standardised and criterion-referenced tests.	
Understanding of assessment practices used by other disciplines.	
Understanding of relevant findings and information from other health professionals that impact on the assessment process.	
Knowledge of appropriate interpretation and reporting of assessment findings.	

INTERVENTION

Intervention is based on shared participant understandings of interactions within and between the multiple layers of the environment of which learners are part. Interventions build upon the strengths within the environment, reducing the mismatch between learners and their environments. Interventions are not viewed in isolation; instead, they begin with service negotiation and continue throughout educational psychology practice. The intervention process is often cyclical as it continues to be informed by on-going interactions, reflection and decision-making. One aspect of intervention is programme planning and implementation. The psychologist will be able to demonstrate:

Knowledge	Skill
Advanced knowledge of models of intervention and treatment.	• Identification of the breadth of contextual variables that may influence intervention and consideration and inclusion of these in intervention strategies.
Knowledge of how to integrate relevant presenting variables in the development of interventions.	• Application of an appropriate intervention model for a presenting problem, based on formulation.
Knowledge of how to critically evaluate interventions and modify them when change is required.	• Critical evaluation of strengths, weaknesses and limitations during interventions. • Review of efficacy and modification of practice (as necessary) in response.

ACKNOWLEDGEMENTS

Core Competencies for the Practice of Psychology in Aotearoa New Zealand

Final version prepared by the New Zealand Psychologists Board's Registration Committee.

Cultural Competencies for Psychologists registered under the HPCA Act 2003 and those seeking to become registered

Final version prepared by the New Zealand Psychologists Board's Bicultural and Treaty of Waitangi Committee. The Board would like to express thanks and appreciation to the NZ Psychological Society, the NZ College of Clinical Psychologists, individual contributors, and the Medical Council of NZ.

Additional Core Competencies for Psychologists practising within the "Counselling Psychologist" scope of practice

The original draft of this document was prepared for the New Zealand Psychologists Board by the New Zealand Psychological Society's Institute of Counselling Psychology. Final version prepared by NZ Psychologists Board's Secretariat and adopted by the Board on May 29, 2014 as a guideline document.

Additional Core Competencies for Psychologists practising within the "Clinical Psychologist" scope of practice

The original draft of this document was prepared for the New Zealand Psychologists Board by the Clinical Scope Core Competencies Working Party (Ann Connell; Barbara Chisholm; Lynley Stenhouse; Clive Banks; Janet Leathem; Fiona-Ann Malcolm; Karen Ramsay; John Fitzgerald; Joanne Thakker; Bob Knight; Malcolm Stewart; John Thorburn; Tina Earl; Wendy Tuck; Jim Vess; David Wales; Tony Ward). Final version prepared by NZ Psychologists Board's Registration Committee and adopted by the Board on April 13, 2006 as a guideline document.

Additional Core Competencies for Psychologists practising within the "Educational Psychologist" scope of practice

Initial drafts of this document were prepared by the Educational Scope Core Competencies Working Party (Anna Priestley, Brian Pearl, Joanne Cunningham, Shelley Dean, Wendy Holley), acknowledging the contributions of the Northern Region GSE psychologist Lead Practitioners, GSE Northern Region Psychologists Group, Clinical Scope Core Competencies Working Party, Greater Wellington Psychologists Group, Jean Annan and Annan, Ryba, Mentis, Bowler & Edwards (2004). Final version prepared by NZ Psychologists Board's Registration Committee and adopted by the Board on April 13, 2006 as a guideline document.

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Annan, J., Ryba, K., Mentis, M., Bowler, J. & Edwards, T. (2004). A blueprint for training educational psychologists in Aotearoa New Zealand, The Bulletin, 103, 43 -47.

Code of Ethics Review Group (a joint working party of the NZ Psychological Society, the NZ College of Clinical Psychologists and the NZ Psychologists Board) (2002). Code of Ethics for Psychologists Working in Aotearoa/New Zealand, 2002.

Gazetted Scopes of Practice and related Qualifications Prescribed by the Psychologists Board

1. PSYCHOLOGIST:

A psychologist within a general scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications are prescribed for registration as a psychologist in the general scope of practice;

A minimum of a Master's degree in psychology from an accredited [1] educational organisation, or an equivalent qualification. Eligibility for a general scope of practice requires a Board approved practicum or internship involving 1500 hours of supervised practice.

2. TRAINEE PSYCHOLOGIST or INTERN PSYCHOLOGIST:

A psychologist within a general scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

A trainee or Intern Psychologist Scope of Practice may be granted to applicants:

- who have completed formal academic qualifications that have provided the trainee psychologist with the foundation competencies required for safe practice in the approved supervised setting, and

- who are entering Board approved [2] supervised practice for the purpose of achieving full registration.

VOCATIONAL SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS

3. CLINICAL PSYCHOLOGIST:

Clinical Psychologists apply psychological knowledge and theory derived from research to the area of mental health and development, to assist children, young persons, adults and their families with emotional, mental, developmental, or behavioural problems by using psychological assessment, formulation, and diagnosis based on biological, social, and psychological factors, and applying therapeutic interventions using a scientist-practitioner approach. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the clinical scope of practice;

A minimum of a Master's degree in psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Clinical Psychology, or equivalent qualification. Eligibility for a clinical psychology scope of practice shall require a Board approved practicum or internship involving 1500 hours of supervised practice.

4. COUNSELLING PSYCHOLOGIST:

Counselling Psychologists apply psychological knowledge and theory derived from research to the area of client empowerment and enhancement, to assist children, young persons, adults and their families with personal, social, educational, and vocational functioning by using psychological assessments and interventions, and preventative approaches that acknowledge ecological, developmental and phenomenological dimensions. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the Counselling Psychologist scope of practice;

A minimum of a Master's degree in psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Counselling Psychology, or equivalent qualification. Eligibility for a counselling psychologist scope of practice shall require a Board approved practicum or internship involving 1500 hours of supervised practice.

5. EDUCATIONAL PSYCHOLOGIST:

Educational Psychologists apply psychological knowledge and theory derived from research to the area of learning and development, to assist children, young persons, adults and their families regarding their learning, academic performance, behavioural, social and emotional development, by using psychological and educational assessments and applying interventions using systemic, ecological and developmental approaches. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the educational scope of practice;

A minimum of a Master's degree in psychology [3] from an accredited educational organisation and an accredited Postgraduate Diploma in Educational Psychology, or equivalent qualification. Eligibility for an educational scope of practice shall require a Board approved practicum or internship involving 1500 hours of supervised practice

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[1] "Accredited" here and in subsequent references means accreditation of the educational organisation, or an educational course, by the New Zealand Psychologists Board for the purpose of registering psychologists.
[2] Includes Supervision 2000 and Board accredited training programmes, e.g. students of Post Graduate Diploma programmes whilst enrolled in their final year.
[3] A Master's degree in Education may be considered equivalent to a Master's degree in psychology where its content is sufficiently educational psychology in nature.

The Psychologists Board wishes to acknowledge the foundation work that was done by the following members of the former "Accreditation HPCAA Working Party":

NZ Psychologists Board: John Bushnell, Ron Chambers, Karen Crosby, Fred Seymour, Lois Surgenor, Moana Waitoki.

Heads of Department representatives: Karyn France, Paul Taylor.

NZCCP: Mike Parkes.

NZPsS: Devon Polaschek.