

22 June 2025

Te Poari Kaimātai Hinengaro o Aotearoa
New Zealand Psychologists Board
PO Box 9644
Marion Square Wellington
6141
New Zealand

By email to: projects@nzpb.org.nz

Tēnā koe

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances mental health practice, and advocates for people affected by addiction, or other mental health difficulties.

The RANZCP represents more than 8,730 members, including more than 6000 qualified psychiatrists and 2500 trainees across Aotearoa New Zealand and Australia. Our policy and advocacy approaches are guided by a range of expert committees made up of psychiatrists and subject matter experts with a breadth of academic, clinical, and service delivery expertise in mental health and addiction.

The RANZCP welcomes the opportunity to provide feedback on the Ministry of Health's initiative to establish a new psychological therapy workforce. We have explored the concept of the role, the title, places of working, potential scope and safety concerns and possible syllabus with our fellows at the New Zealand College of Clinical Psychologists (NZCCP).

Aotearoa needs to address shortages in accessing timely and effective mental health support. We certainly acknowledge there are gaps in the system and a workforce shortage which limits the level of support clinical registrars can deliver safely. For both psychiatrists and psychologists alike, this environment defined by resource shortage constrains the level of care that are able to provide, therefore we are always open to innovations designed to safely respond to tāngata whai ora in a timely and effective manner.

We are committed to provide excellence in mental health care, and as the NZCCP have already expressed whatever innovation is agreed upon, it must be done safely. We vehemently stress that all elements of this concept design, delivery, syllabus and evaluation, must ensure there are protections for registered practitioners, protections for those in training, and protections for tāngata whai ora engaging with a new service delivery model.

We are not opposed to creating another role in the wellbeing delivery space to utilise the resources available to offer a tiered model of support. Our preference for proposed changes however is to ensure that subject matter experts guide the development, syllabus design and delivery, and integration into practice to avoid by substandard practice- which can occur when new systems and practices are introduced without adequate safeguards to protect whai ora and practitioners. We also support new roles being developed in a manner that

allows these practitioners to transition to existing roles such as clinical psychologists with additional training, rather than being developed as new 'islands' in the current workforce landscape.

The RANZCP is committed to honouring Te Tiriti o Waitangi as the founding document of Aotearoa and embraces the fundamental role it plays in addressing social and health inequities. We expect all health care providers to offer care that reflects the cultural wisdoms of te ao Māori, or the cultural wisdoms of the whai ora they are engaging with. We expect that any education programme would provide trainees with their confidence they need to work in a culturally relevant way.

Despite approaching this optimistically, we do take this opportunity to express some of our concerns which are parallel to our colleagues concerns at the NZCCP. The following key issues must be addressed to ensure any new role development and related training, and supervision is sufficiently safe and effective.

Clarity of Scope

- Clarity of the role terminology is essential to avoid confusion across service providers which may lead to providers doing well meaning referrals into supports that cannot respond adequately to tāngata whai ora needs.
- We recommend following the NZCCP's lead of title and their relevant guidance on syllabus prerequisites and expectations for an Associate role.

Aotearoa Centric Syllabus

- There needs to be clear pathways for training and upskilling for people entering this new role.
- We are concerned there is little focus on providing culturally relevant care, which is an imperative to good health care. We advocate that great care is given to ensure we end up with a workforce that is confident and comfortable in working with tāngata whenua, and minority groups, without exacerbating inequitable health outcomes.
- There needs to be education models that enable this new role to impactfully assess and triage tāngata whai ora presentations, including confidence in mental health assessments.

Access to Supervision

- We recommend that fully registered psychologists supervise trainees.
- There needs to be assurance there are enough clinical supervisors within each service, and at least the area, this role is deployed, to ensure there is not an untenable burden – or a lack of - current supervisors.
- We note a concern that this new role is not the only solution to address an under resourced mental health and addiction system and argue there too must be a commitment to grow the clinical workforce, beyond this proposed role.

Socialisation of Role and Placement

- The scope of the role must be socialised very deliberately with practicing providers to ensure there is no 'role creep', or a service dysfunction where of new entrant provider are expected to work outside of their role- due to a lack of understanding from their managerial teams.
- We recommend trainee placements are cautiously allocated to ensure trainees are not 'thrown in the deep end' and find themselves ill equipped to support those experiencing severe or complex challenges. This is to ensure trainees develop their skills incrementally, without putting them or the public at risk of poor care provision.

Pathways for Professional Development

- To avoid this being a 'dead-end' role where trainees do not have a pathway to progress towards working as registered psychologists, or clinical psychologists, we recommend the development of a clear pathway for trainees to use the associate role like a stepping stone towards full registration, somewhat like an apprenticeship.
- This would involve the provision on opportunities for additional training and relevant experience to progress towards registration and clinical positions.
- The placement where trainees land would determine the kinds of expertise they develop, therefore, their supervisors would likely play a role in evaluating their knowledge base to ensure they have the transferable skills to work outside of the environment they were trainees in.

Quality Assurance

- We support that trainees are registered with the New Zealand Psychologist Board (NZPB) -within their own scope- and adhere to board regulations and their Code of Ethics.
- We support the NZCCPs view that the NZPB will need a Competencies framework relevant to Aotearoa and grounded in evidence based best practice.
- We advocate using manualised interventions for new practitioners to maintain fidelity to relevant models, and to practice in a client-centred and culturally sensitive manner.
- The RANZCP can support them being trained to deliver specific evidence-based therapies for common mental health problems.

Our Recommendations

1. As a medical professional body committed to evidence based best practice, we recommend that the NZCCP is called upon as subject matter experts to ensure that the development of any new roles is pragmatic.
 - We vociferously advocate that a very deliberate approach is taken to ensure the development and implementation of associate training bolsters system capacity for more people to been assessed within a timely, culturally relevant manner to assess the severity of distress and understand what kinds of support are required.

2. We recommend that whānau whai ora lived experience is centred throughout this innovative process and subsequent evaluation of service delivery and education model.
3. We recommend that this new workforce become specialised in providing culturally relevant triage and supports to tāngata whai ora and their whānau.
 - We expect equitable, cultural relevant practice underpins all education and delivery goals.
4. We would recommend they are properly trained in comprehensive mental health (diagnostic) assessments and that throughout the training of these limited roles, trainees have access to quality supervision
5. We recommend a very defined scope of practice and model of care, with which emerging practitioners effectively 'fill a gap' and respond to tāngata whai ora in timely manner to offer triaging and appropriate channelling into services that are responsive to their unique needs.
 - We hope that a tiered approach will add a 'soft layer' of support and care for whai ora entering services, whereby they can immediately access standardised mental health supports, assessments, whānau hui, a listening ear, and practical connections to social and whānau focused supports to ease any pressures they are experiencing.
 - We envisage this extra layer of care would enable clinically trained psychologists and psychiatrists to have more capacity to work alongside those who are requiring clinically focused care, so where required we can stand alongside people who need more intensive support for however long they need us.
 - This would certainly bring more confidence to psychiatrists that people at the lower end of the support need scale are not falling through the gaps or are waiting for their health to deteriorate to the point where they do require immediate or acute supports.
6. We recommend a clear pathway is developed for practitioners to transition from the AP role to clinical psychology roles.
 - This is likely to increase the number of clinical psychologists around the motu over the coming decades as well as the likelihood that currently practicing clinical psychologists will be supportive of AP training and practice.

Tu Te Akaaka Roa is hopeful that through a codesign process between the Ministry of Health, the NZCCP, lived experience leaders and education providers an innovative layer of health care will emerge that utilises the knowledge held by those with basic understanding of psychology and integrates trainees into service delivery in a strategic way that delivers a soft layer of essential care for people entering services or requiring low to moderate care. We are confident a limited working scope, paired with a robust training programme in evidence-based psychological therapies, and strong supervision, would provide tāngata whai ora an extra layer of care and increase population access to safe and effective psychological assistance.

Thank you for the opportunity to provide feedback; we look forward to working together in the

future. If you have any further questions regarding this letter,
please contact the New Zealand National Office - Tu Te Akaaka Roa via
nzoffice@ranzcp.org or on +64 4 472 7265.

Ngā mihi,



Dr Hiran Thabrew
National Chair, Tu Te Akaaka Roa