

[REDACTED]

Ref: H201900434

Dear [REDACTED]

Response to your request for official information

I refer to your request of 8 February 2019 under the Official Information Act 1982 (the Act) for information relating to the regulation of psychotherapists under the Health Practitioners Competence Assurance (HPCA) Act 2003.

On 8 March 2019, the Ministry of Health (the Ministry) extended the time for responding to your request under section 15A of the Act as further collation and research was required.

The information relating to this request is itemised in Appendix One to this letter, with copies of documents attached.

I have decided under section 9(2)(a) of the Act to withhold some information contained in the attached documents, in order to protect the privacy of natural persons. Specific grounds are noted in each document where information has been withheld. Information deemed as out of scope of your request has also been withheld.

I trust this information fulfils your request. You have the right, under section 28 of the Act, to ask the Ombudsman to review any decisions made under this request.

Please note this response (with your personal details removed) may be published on the Ministry of Health website.

Yours sincerely



Helen Wood
Deputy Director-General
Health Workforce New Zealand



Department of Health
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MEMORANDUM FOR

The Minister of Health

Date: 21 June 1993

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H 224

Subject: Meeting with New Zealand Association of Psychotherapists (Inc)

Attention: Hon Katherine O'Regan

INTRODUCTION

You have asked for briefing notes for your meeting with the New Zealand Association of Psychotherapists (Inc) on Tuesday 22 June at 3.15pm.

RECOMMENDATION

Note the attached briefing Yes/No

Note that officials will attend the meeting Yes/No

Dr Janice Wilson
Director of Mental Health

MINISTER'S SIGNATURE:

DATE:

Contact :
Janice Wilson
Director Mental Health
Health Services Review and Evaluation
Tel: 496-2298

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INTRODUCTION

1. You are to meet with the New Zealand Association of Psychotherapists (NZAP) represented by Peter Reid, Juliet Bradmore, Ian McDougall and Jan Currie. They wish to introduce the NZAP to you, and to follow up matters raised in a recent letter to you regarding the Health Commissioner Bill.

THE NEW ZEALAND ASSOCIATION OF PSYCHOTHERAPISTS

2. The NZAP is a non-statutory organisation, established in 1947, which sets standards for the practice of psychotherapy. Members come from a wide range of disciplines including medicine, psychiatry, psychoanalysis, psychology, social work, nursing, child and family therapy and marriage guidance.

3. The NZAP sets standards for achieving membership, training and continuing practice. There is a code of ethics, and disciplinary procedures require the inclusion of non-members in determining the outcome of any complaints made against members. If a complaint of professional misconduct is upheld, penalties range from educative approaches to expulsion and being struck off the register. There is provision for a right of appeal to a mutually agreed independent arbitrator, whose decisions are final.

THE HEALTH COMMISSIONER BILL

4. The NZAP has indicated that the main issue which they wish to discuss with you is the Health Commissioner Bill. You recently received a letter from the Association which outlined their major concern which relates to Clause 4- Definition of a Registered Health Professional. This does not include members on the register of the New Zealand Association of Psychotherapists. A copy of this letter and a draft reply is attached as briefing.

5. Mr Reid from the NZAP also met with officials on 17 June 1993 to discuss this issue. Officials suggested ways in which the Bill would still apply to the members of the NZAP even if they are not specifically included in the Definition of a Registered Health Professional.

RECOGNITION OF THE NZAP STANDARDS

6. The NZAP would also like to emphasise their role in providing an acceptable standard of psychotherapy practice and how this might be recognised. This was also discussed at the meeting with officials on 17 June.

7. The NZAP has considered seeking statutory recognition. As an alternative to this, officials suggested that the NZAP could actively promote the Association's standards, in particular to the Regional Health Authorities as the minimum standards for psychotherapy practice. The NZAP is officially recognised in the Accident Rehabilitation and Compensation Insurance (Counselling Costs) Regulations 1992 and is accepted as providing an appropriate standard of education training and

experience for referral purposes by the New Zealand Children and Young Persons Services.

8 You may also like to suggest that the NZAP contacts the New Zealand Council of Healthcare Standards (Peter O'Connor) to explore ways of further promoting their standards. This could possibly lead to endorsement of the NZAP standards by the Council.

Released under the Official Information Act 1982

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Mr Peter Reid
New Zealand Association of Psychotherapists (Inc)
Te Roopu Whakaora Hinengaro
50 Connaught Terrace
WELLINGTON

Dear Mr Reid

Thank you for your letter dated 1 June 1993 concerning clause 4 of the Health Commissioner Bill, and the subsequent meeting on 22 June 1993.

When I spoke to you on this matter I made the following points:

- ♦ Matters relating to the content of the legislation rest with the Social Services Select Committee who are currently considering the Health Commissioner Bill.
- ♦ If the New Zealand Association of Psychotherapists (Inc) was not included in Clause 4 of the Bill, opportunities will still exist for the NZAP members to be dealt with by their professional body. Under Clause 33 of the Bill, the Commissioner may refer matters she or he believes to be in breach of the Code, to any other person that the Commissioner considers appropriate. This could include an association such as your own, and this would provide a parallel to the way matters would be considered by registered providers. Clause 35 also applies.
- ♦ Once the Health Commissioner position is established, if your Association receives a complaint about the conduct of your members that appears to be a breach of the Code of Rights, you could refer the matter to the Commissioner's Office where an independent assessment and investigation of the complaint could be made.

Thank you for raising the matter with me.

Yours sincerely

Katherine O'Regan
Associate Minister of Health



HEALTH REPORT

Subject: MINISTER'S MEETING WITH THE NEW ZEALAND ASSOCIATION OF PSYCHOTHERAPISTS – 14 FEBRUARY 2007 AT 4:30-5PM

Date: 12 February 2007 **File Ref:** AD10-48-6-3

Attention: Hon Pete Hodgson (Minister of Health)

PURPOSE OF HEALTH REPORT

The purpose of this report is to provide you with background information for your meeting with the New Zealand Association of Psychotherapists, on 14 February at 4:30-5pm.

TIMING IMPLICATIONS

Priority:	Routine	Semi-Urgent (5 Days)	Urgent (3 Days)	24 Hour
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EXECUTIVE SUMMARY

Meeting Attendees

- Roz Broadmore – President – New Zealand Association of Psychotherapists
- Paul Bailey – Past President – New Zealand Association of Psychotherapists

Discussion for the meeting

1. This meeting is a "meet and greet".
2. The purpose of the meeting is to:
 - (a) introduce the profession and its history in New Zealand.
 - (b) give the Minister an opportunity to ask questions.

The Minister may wish to ask where the New Zealand Association of Psychotherapists sees the profession progressing to in the future and how the profession sees itself aligning with other similar professions which work in the provision of mental health services.

FINANCIAL IMPLICATIONS

There are no financial implications.

COMMUNICATIONS

- *Details of significant milestones e.g. project milestones, dates of publications, dates of any public consultation, details of launches/speeches etc.*

N/A

- *Has there been public (media) interest in this area in the past, if so provide details.*

No.

- *Is the current issue likely to attract public (media) attention?*

No.

- *Does this issue require the development of a Communications strategy?*

No.

RECOMMENDATIONS

The recommendations are that you:

- (a) **note** the information in this report.

Yes/No

Kathy Spencer

Kathy Spencer
Deputy Director-General
Sector Policy Directorate

P. E. H. H. H.

MINISTER'S SIGNATURE:

DATE: 13/2/17

REPORT

BACKGROUND INFORMATION

History

1. In November 2005, following consultation, the Minister agreed that practitioners practising in the field of psychotherapy posed a risk of harm to the public if their practice was below a minimum standard. As a result, the Minister deemed it appropriate to regulate practitioners using the title "Psychotherapist" under the Health Practitioners Competence Assurance Act 2003 (the Act).
2. On 1 October 2006, following further consultation, the Minister deemed it appropriate to regulate the profession of psychotherapy under a stand alone authority.

What is psychotherapy?

3. Psychotherapy is a "talking cure" in which unconscious thoughts, feelings and motives are brought into awareness. The objective is to integrate this conscious and unconscious material into a plan to reduce suffering and bring about constructive change.

Representation of psychotherapy

4. The profession of psychotherapy is divided into two main branches, adult psychotherapy and child and adolescent psychotherapy. The New Zealand Association of Psychotherapists (NZAPs) is the predominant representative body for the profession, representing adult psychotherapists and many child and adolescent psychotherapists. However, many child and adolescent psychotherapists in New Zealand are represented by the smaller New Zealand Association of Child and Adolescent Psychotherapy (NZACAP).

COMMENT

The establishment of the authority and appointment of members

5. Psychotherapy is the first profession to be added to the Act post enactment. The Ministry is currently in the process of drafting the necessary Cabinet paper in order to seek Cabinet approval to make the Order in Council to establish what will be the "Psychotherapy Board" (the Board). In anticipation of Cabinet approval, the Ministry is establishing a process to appoint members to the authority.
6. The Ministry has consulted with both the New Zealand Association of Psychotherapists (NZAPs) and the New Zealand Association of Child and Adolescent Psychotherapists (NZACAPs) in the determination of appropriate criteria for assessing applicants for membership on the Board.
7. Both associations have stated that they believe it should be a requirement that any appointee, for the purposes of establishing the initial Board, should be a

member of one or other of the associations. The Ministry does see the need to state an absolute requirement of this sort. To do so would unnecessarily restrict the potential pool of candidates. However, in reality it is likely that the majority, if not all, of the applicants for appointment will be affiliated with one or other of the associations.

Potential future hurdle for the Board

8. The Ministry has gone to some lengths to encourage representative of NZAPs to include the NZACAP in the process that has been undertaken to move towards regulation under the Act. However, it is interesting that NZAP did not invite the NZACAP to this meeting.
9. It has become clear during the process of moving towards regulation under the Act that there is some disagreement surrounding the qualifications and competencies generally accepted by the profession as necessary for safe practise in the field of child and adolescent psychotherapy. This is an issue the resulting registration authority will need to make a call on. However, it brings to the fore the importance of ensuring a broad representation of members from both branches of the profession on the initial membership of the authority.
10. You may wish to encourage the NZAPs to continue working closely with the NZACAPs to resolve any outstanding issues that may exist between the two associations, before the Board comes into being.

Costs associated with establishing and running the Board

11. The Ministry has made it clear to the profession that there will be no public funding for any establishment or ongoing costs associated with the Board.

IMPLICATIONS FOR REDUCING INEQUALITIES

12. There are no implications for reducing inequalities.

Contact for telephone discussion (if required)

Name	Position	Telephone		Suggested First Contact
		Direct Line	After Hours	
John Marwick	Manager	496 2052	s 9(2)(a)	1
Ryan McLean	Analyst	496 2245		2



DISPATCHED
19 FEB 2007

HEALTH REPORT

RECEIVED
19 FEB 2007
MINISTER'S OFFICE

Subject: CABINET SOCIAL DEVELOPMENT COMMITTEE PAPER ON REGULATION OF PSYCHOTHERAPY

Date: 16 February 2001 **File Ref:** AD10 48 6 3

Attention: Hon Pete Hodgson (Minister of Health)

PURPOSE OF HEALTH REPORT

This report requests that you sign the attached paper seeking agreement of the Cabinet Social Development Committee to the regulation of psychotherapy and the establishment of the Psychotherapists Board.

TIMING IMPLICATIONS

Priority:	Routine	Semi-Urgent (5 Days)	Urgent (3 Days)	24 Hour
	✓			✓

EXECUTIVE SUMMARY

The Health Practitioners Competence Assurance Act 2003 (the Act) protects the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions. Professions can be regulated under the Act if the Minister of Health is satisfied that the provision of the health services concerned poses a risk of harm to the public, or that regulation of the profession is in the public interest.

The New Zealand Association of Psychotherapists has applied for the regulation of psychotherapy under the Act. Following consultation with relevant organisations, the Minister determined that the practice of psychotherapy poses a risk of harm to the public. The Minister therefore agreed that the profession of psychotherapy should be regulated under the Act. After further consultation on the form of the regulatory authority, the Minister determined that a Psychotherapists Board should be established to regulate the profession of psychotherapy.

The regulation of psychotherapy under the Act can be achieved through an Order in Council to amend Schedule 2 of the Act to include the profession of psychotherapy and the Psychotherapists Board as the regulatory authority.

FINANCIAL IMPLICATIONS

There are no financial implications for the Crown associated with this proposal.

COMMUNICATIONS

There are no communications issues associated with this proposal.

IMPLICATIONS FOR REDUCING INEQUALITIES

There are no implications for reducing inequalities associated with this proposal.

RECOMMENDATIONS

The recommendation is that you:

- (a) **sign** the attached paper and forward it to the Cabinet Office by 21 February 2007 Yes/No
- (b) **approve** the attached Regulatory Impact Statement for publication on the Ministry of Health website. Yes/No

Kathy Spencer

Kathy Spencer
 Deputy Director General
 Sector Policy Directorate

[Handwritten Signature]

MINISTER'S SIGNATURE:

DATE: 20/2/7

Contact for telephone discussion (if required)

Name	Position	Telephone		Suggested First Contact
		Direct Line	After Hours	
John Marwick	Manager - Workforce	496 2052	s 9(2)(a)	1
Kathy Brightwell	Senior Policy Analyst	816 3593		2

Chair
Cabinet Social Development Committee

REGULATION OF PSYCHOTHERAPY AND ESTABLISHMENT OF THE PSYCHOTHERAPISTS BOARD

PROPOSAL

1. I propose that the Cabinet Social Development Committee:
 - a) agree to the inclusion of psychotherapy as a health profession under the Health Practitioners Competence Assurance Act 2003, and
 - b) invite the Minister of Health to issue drafting instructions to the Parliamentary Counsel Office for an Order in Council to that effect.

EXECUTIVE SUMMARY

2. The Health Practitioners Competence Assurance Act 2003 (the Act) protects the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions. Professions can be regulated under the Act if the Minister of Health is satisfied that the provision of the health services concerned poses a risk of harm to the public, or that regulation of the profession is in the public interest.
3. The New Zealand Association of Psychotherapists has applied for the regulation of psychotherapy under the Act. Following consultation with relevant organisations, I determined that the practice of psychotherapy poses a risk of harm to the public. I therefore agreed that the profession of psychotherapy should be regulated under the Act. After further consultation on the form of the regulatory authority, I determined that a Psychotherapists Board should be established to regulate the profession of psychotherapy.
4. The regulation of psychotherapy under the Act can be achieved through an Order in Council to amend Schedule 2 of the Act to include the profession of psychotherapy and the Psychotherapists Board as the regulatory authority.

BACKGROUND

5. 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. The Act is implemented through registration authorities which register practitioners of designated health professions.
6. The Act requires each registration authority to describe the profession it regulates in terms of one or more scopes of practice. The authority also prescribes the qualifications that a practitioner needs in order to be registered in

a scope of practice. The registration authority certifies that the practitioner is competent to practise in their scope of practice through issuing an annual practising certificate.

7. The Act does not prohibit non-registered people carrying out the activities of a regulated profession. However, only health professionals who are registered under the Act and hold an annual practising certificate are able to use the title associated with a regulated profession or scope of practice.
8. At the time of its enactment, the Act applied to 15 registration authorities with provision for the addition of further professions. Section 115 of the Act enables the Governor-General, on the recommendation of the Minister of Health, to designate health services of a particular kind as a health profession under the Act.
9. The Minister must be satisfied that the health services pose a risk of harm to the public or that it is in the public interest that the health services be regulated. The Minister must also be satisfied that providers of the health services concerned are generally agreed on the qualifications, standards, and competencies for those health services. In making these determinations, the Minister must consult with any organisation that, in the Minister's opinion, has an interest in the recommendations.
10. Additional health services are regulated as a health profession under the Act by Order in Council and the Governor-General can either:
 - establish a registration authority to administer the registration of the profession; or
 - provide that the designated profession be added to the profession or professions for which an existing authority is appointed.

COMMENT

11. Psychotherapy is used to treat emotional distress and/or psychosocial disturbance occurring within and between individuals, families and groups. It is a talking therapy which seeks to bring unconscious thoughts, feelings and motives into awareness to assist in the development of a plan to reduce suffering and bring about constructive change.
12. The New Zealand Association of Psychotherapists (NZAP) has applied for the inclusion of psychotherapy as a health profession in the Act. The NZAP is one of the two main professional organisations representing psychotherapists. The second is the New Zealand Association of Child and Adolescent Psychotherapists, which supports the application for registration. Together, the two organisations represent approximately 90 percent of psychotherapy practitioners.
13. Consultation with relevant organisations revealed general agreement that there is a risk that the practice of psychotherapy by unqualified or incompetent

persons may cause a client's mental illness or psychological state to worsen. In serious cases this could lead to suicide of the client or the death of another party.

14. On 25 November 2005, I determined that the practice of psychotherapy poses a risk of harm to the public. I therefore agreed that the profession of psychotherapy should be regulated under the Act and informed the sector of my decision.
15. Further consultation was undertaken on the form of the regulatory authority for psychotherapy. A number of submissions supported the joining of psychotherapy with the existing Psychologists Board as a means of minimising the costs of regulation. However the majority of submitters advocated for a separate, stand alone authority for psychotherapy. Reasons given for a stand alone authority included:
 - different philosophical underpinnings of the two professions
 - different qualification and competency requirements
 - a strong desire by psychotherapists to maintain their professional autonomy and identity
 - regulation under a joint authority could create public confusion as to what psychology and psychotherapy do and how they differ
 - the psychotherapy profession wishes to maintain its current distinction between treatment of children and treatment of adults and believes this may not be possible under a joint authority with the Psychologists Board
 - psychologists are concerned that the progress made by the Psychologists Board in meeting the requirements of the Act will be stalled while psychotherapy is brought up to the same level.
16. On 1 October 2006, following the consultation and advice of the Ministry of Health, I agreed that a separate authority should be established to regulate the profession of psychotherapy.
17. The proposed Order in Council will establish the Psychotherapists Board under the Health Practitioners Competence Assurance Act 2003. Establishment of the Psychotherapy Board will require amendment to Schedule 2 of the Act, which sets out any additional regulatory authorities to be appointed.

CONSULTATION

18. The following organisations were consulted on the proposal to add psychotherapy to the Act: district health boards, regulatory authorities, the profession of psychotherapy, the Health and Disability Commissioner, the Accident Compensation Corporation, the Consumers' Institute of New Zealand,

the Ministry of Economic Development, the Department of Labour, and service provider representative groups.

19. The following departments have been consulted on this paper: The Treasury, the Department of the Prime Minister and Cabinet, the Department of Child, Youth and Family, and the Ministries of Consumer Affairs, Economic Development, Education, Justice, and Women's Affairs. No concerns were raised regarding the proposal.

FINANCIAL IMPLICATIONS

20. There are no financial implications for the Crown associated with this proposal.

LEGISLATIVE IMPLICATIONS

21. This proposal will require an amendment to Schedule 2 of the Health Practitioners Competence Assurance Act 2003 to include the profession of psychotherapy and the Psychotherapists Board.

HUMAN RIGHTS IMPLICATIONS

22. There are no human rights implications associated with this proposal. The proposal is consistent with New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

REGULATORY IMPACT AND BUSINESS COMPLIANCE COST STATEMENT

23. A Regulatory Impact Statement (RIS) including a Business Compliance Cost Statement (BCCS) is attached and complies with RIS/BCCS requirements.
24. Psychotherapists will face compliance costs associated with meeting the requirements of registration. These include:
 - attending training courses to maintain competence and meet registration and re-registration requirements
 - renewal of their annual practising certificates
 - disciplinary hearings (for example legal representation) should they find themselves in breach of the Psychotherapists Board's standards and requirements.
25. The NZAP is aware that regulation of psychotherapy would result in costs to the profession. Despite these costs, there is widespread support within the profession for regulation under the Act.
26. Based on the information provided in the attached RIS/BCVS, the Regulatory Impact Analysis Unit of the Ministry of Economic Development considers that the disclosure of information is adequate, and the level of analysis appropriate given the likely impacts of the proposal.

GENDER IMPLICATIONS

27. There are no gender implications associated with this proposal.

DISABILITY PERSPECTIVE

28. There are no implications for disabled people associated with this proposal.

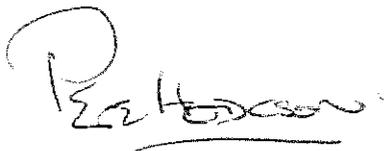
PUBLICITY

29. I will release a media statement once the Order in Council establishing the Psychotherapists Board has been made.

RECOMMENDATIONS

30. I recommend that the Cabinet Social Development Committee:

1. **agree** that it is appropriate to regulate the profession of psychotherapy under the Act;
2. **agree** that the Psychotherapists Board be established under the Act to regulate the profession of psychotherapy;
3. **invite** the Minister of Health to issue drafting instructions to the Parliamentary Counsel Office for an Order in Council to regulate psychotherapy under the Act and establish the Psychotherapists Board.



Hon Pete Hodgson
Minister of Health

REGULATORY IMPACT STATEMENT

REGULATION OF PSYCHOTHERAPY AND ESTABLISHMENT OF THE PSYCHOTHERAPISTS BOARD

Statement of the nature and magnitude of the problem and the need for government action

The New Zealand Association of Psychotherapists (NZAP) has applied for the inclusion of psychotherapy as a health profession under the Health Practitioners Competence Assurance Act 2003 (the Act) on the basis that it poses a risk of harm to the public. The NZAP has made the application on behalf of the profession.

Section 115 of the Act enables the Governor-General, on the advice of the Minister of Health, to designate health services of a particular kind as a health profession under the Act. Section 116 of the Act requires that, in making such recommendation, the Minister be satisfied that the health services pose a risk of harm to the public or that it is in the public interest that the health services be regulated. The Minister must also be satisfied that the providers of the health services are generally agreed on the qualifications, standards, and competencies for scopes of practise for those health services.

Psychotherapists provide mental health interventions for people with mental illness, emotional distress and/or psychological disturbance. As with psychologists, who are already regulated under the Act, psychotherapists often deal with vulnerable people and exert a high degree of influence over their progress and recovery.

The NZAP maintains that inappropriate psychotherapy interventions and the practice of psychotherapy by unqualified or incompetent persons may cause a client's mental illness or psychological state to worsen. In serious cases this could lead to suicide or the death of another party.

In 2002/2003, two complaints were made to the Health and Disability Commissioner about psychotherapists. The Commissioner also noted that an estimated 80 percent of adverse events are not reported. It is therefore reasonable to assume that the actual incidence of unsafe practice by psychotherapists is higher than the complaint statistics would indicate. The severity of harm that could result from unsafe practice, including suicide or death of another party, is such that regulation of the profession is warranted.

The psychotherapy profession is currently represented by two main professional organisations: the NZAP for practitioners treating adult clients; and the New Zealand Association of Child and Adolescent Psychotherapists (NZACAP) for practitioners treating children and adolescents. Discussions with the organisations confirmed that they are agreed on the qualifications and competencies needed to practise psychotherapy and that these are accepted by their members. Together these two organisations represent approximately 90 percent of psychotherapy practitioners in New Zealand.

Membership of the NZAP and the NZACAP is voluntary and neither association has any legal standing as regulator for the profession. Therefore, persons wishing to practise as psychotherapists in New Zealand are not required to be registered with either association. This lack of legal standing means that the standards set by NZAP and the NZACAP are not mandatory across the profession and cannot be enforced on non-members.

The ability of the associations to enforce minimum standards even among their own members is limited. They can strike members off their register if they fail to meet the standards of competence, however those individuals may still continue to practise under the title of psychotherapist. The associations are also unable to discipline non-members who may be practising psychotherapy unsafely. The profession maintains that the only way to give surety to the public of the quality of psychotherapy interventions, and minimise the risk of harm to the public from unqualified or incompetent practice, is through regulation under the Act.

Statement of the public policy objective

The objective of this proposal is to protect the health and safety of members of the public by providing mechanisms to ensure that psychotherapists are competent and fit to practise their profession.

Statement of feasible options that may constitute viable means for achieving the desired objective(s)

Option one - status quo

A voluntary registration system currently operates for psychotherapists through membership of NZAP or NZACAP. However, practitioners do not have to be registered with either association in order to use the title of psychotherapist.

There are approximately 386 psychotherapists practising in New Zealand and membership numbers and costs of the two associations in 2006 were as follows.

Table 1: Membership and costs of current psychotherapy associations

Association	No. of members	Annual cost of full membership
NZAP	326	\$350
NZACAP	80	\$250

Approximately 60 members of NZACAP are also registered with NZAP. An estimated 40 practising psychotherapists are not affiliated with either association.

The NZAP and NZACAP:

- maintain a register of psychotherapists who meet the associations' standards for safe practice
- define the necessary qualifications and competencies required to practise safely
- lobby government on behalf of the profession.

In order to gain membership of the NZAP, practitioners must have a combination of formal training in psychotherapy and supervised practice. Training courses in psychotherapy are offered by a range of tertiary and private training providers at certificate, diploma, degree and post-graduate diploma levels. Not all courses run by private providers are approved by the New Zealand Qualifications Authority (NZQA). It is also possible to train as a psychotherapist through an apprenticeship model with an experienced practitioner.

Option two – regulating the profession under an existing authority

The Act provides that a profession may be regulated by an existing authority. This approach may be appropriate where the profession has similarities in practice or client groups and/or has strong working relationships with a profession already regulated under the Act. There is potential for a joint authority to result in cost-efficiencies through a larger member base and reduced administration.

The Psychologists Board was considered as a possible option for regulating the profession of psychotherapy as the two professions share a similar client group. However, there was strong opposition to this approach from both the psychology and psychotherapy professions due to fundamental differences in the ideologies and therapeutic approaches upon which the professions are based. These differences are entrenched on both sides and would preclude the development of an effective working relationship between the two professions in the foreseeable future.

Psychotherapists were also concerned that their profession would be dominated by the larger psychology profession and lose its separate identity. The Psychologists Board was concerned that the considerable progress it has made in meeting requirements of the Act would be stalled while resources were directed at bringing psychotherapy to the same level of compliance. Both professions felt that regulation of the two professions together would cause public confusion as to their functions and differences.

There is no clear evidence that a joint authority would reduce the cost of regulating psychotherapy. While the fee base for the joint Board would increase, any potential cost efficiencies may be counteracted in the short-term by the need to focus resources on bringing psychotherapy up to the same standard as psychology in terms of compliance with the Act. The inability of the two professions to work together would also reduce the potential of a joint authority to reduce costs.

Option three – preferred option of regulation under a stand alone authority

The preferred option is to designate psychotherapy as a health profession under Section 115 of the Act, and to establish a stand alone authority, the Psychotherapists Board, to regulate the profession. Regulation would not prohibit non-registered persons carrying out psychotherapeutic interventions. However, it would require a person who wishes to use the title 'psychotherapist' to register with the Board and meet the required qualification and competence standards. Registration would provide some assurance to the public that persons using the title 'psychotherapist' are qualified and competent to undertake psychotherapeutic interventions.

The minimum qualifications to practise psychotherapy, agreed by the NZAP and the NZACAP, are a graduate qualification or equivalent level of general education, specific training in psychotherapy theory and practice, and 1500 hours of supervised client sessions.

The minimum standards set by the two associations to practise psychotherapy competently, capably and ethically are:

- adequate knowledge base
- ability to apply psychotherapeutic knowledge effectively
- ability to conduct psychotherapy successfully
- ability to manage the context of therapy
- ethical attitudes and values
- adherence to professional standards of practice.

The NZAP and NZACAP are also agreed on proposed scopes of practice to be introduced once psychotherapy is regulated under the Act. These include a 'general' scope of practice for fully qualified psychotherapists and a 'limited' scope of practice for psychotherapists who have completed their training requirements and are undertaking the supervised practice required for full registration. Specialty scopes of practice will be developed as needed for psychotherapy with particularly vulnerable or at-risk client groups, for example children, trauma survivors, and the elderly.

Certain activities are restricted under the Act where it has been shown that there is a serious risk of harm or death to the public. Restricted activities may only be performed by a registered health practitioner whose scope of practice includes the activity, or a non-registered person in an emergency.

The following restricted activity relates to the profession of psychotherapy:

Performing a psychosocial intervention with an expectation of treating a serious mental illness without the approval of a registered health practitioner.

Once the profession is regulated, the Psychotherapy Board will be responsible for determining which psychotherapists may perform this restricted activity.

Psychotherapists will be required to demonstrate ongoing competence to the Psychotherapists Board to gain and renew their annual practising certificate. Practitioners must hold a current annual practising certificate to use the title 'psychotherapist'.

The Psychotherapists Board will have a minimum of five members made up of psychotherapy practitioners (including both the adult and child and adolescent specialisations) and no less than two laypersons. Members of the Board will be appointed by the Minister of Health for a period of up to three years. The members may have their appointments renewed after their term expires but may sit on the Board for no more than three full terms, or a total of nine consecutive years.

The Psychotherapists Board will be responsible for:

- establishing a register which will hold personal information on people using the professional title of psychotherapist in New Zealand and consider applications for registration as a psychotherapist on that register
- developing a scope(s) of practice for the purposes of defining the profession and registering practitioners
- determining the necessary qualifications and competencies required to practise as a psychotherapist in New Zealand
- determining what ongoing training is necessary in order to ensure psychotherapists are competent to practise throughout their working life
- monitoring the competence of each psychotherapist to ensure individuals are adhering to the Board's requirements for practice
- accrediting training providers who meet the Board's requirements for providing training that will ensure the competence of psychotherapists to practise safely
- establishing funding streams and secretariat support services and ensuring the continued financial viability of the authority
- establishing a Professional Conduct Committee to hear complaints regarding the competence and practice of individual psychotherapists
- prosecuting practitioners through the Health Practitioners Disciplinary Tribunal where serious matters of alleged professional misconduct are concerned.

The Health Practitioners Disciplinary Tribunal is the independent overarching disciplinary body for all health registration authorities. The Tribunal is convened to hear cases regarding a serious disciplinary matter that may result in the practitioner being struck off the regulating authority's register and no longer able to practise.

Statement of the net benefit of the proposal, including the total regulatory costs (administrative, compliance and economic costs) and benefits (including non-quantifiable benefits) of the proposal, and other feasible options

Government

There will be no direct costs to the Crown in establishing or maintaining the Psychotherapists Board, or for the ongoing regulation of the profession of psychotherapy.

Approximately five percent of psychotherapy practitioners are currently employed in the public health sector by District Health Boards (DHBs). DHBs do not currently pay costs associated with the registration of psychotherapists with the NZAP or the NZACAP. However, it is a standard employment practice of DHBs to meet the costs of professional registration of employees under the Act. The regulation of psychotherapy would therefore impose costs on those DHBs employing psychotherapists.

Given the small proportion of psychotherapists employed in the public health sector, the impact on DHBs will not be significant. It is possible that the increased certainty of practitioner competency and safety brought about by regulation of the profession may result in the employment of more psychotherapists by DHBs. While costs to those DHBs would increase as a consequence, it is unlikely to exceed employment expenditure on other mental health and wellbeing professions such as psychiatrists, psychologists and mental health nurses.

The benefits of registration to DHBs would be greater certainty of the level of competence and safety of practitioners. Registration would also provide DHBs with a means of disciplinary recourse where a psychotherapist's practice is below standard. Without the external disciplinary mechanism provided through regulation, the only reasonable recourse for DHBs to address serious misconduct is to terminate the psychotherapist's employment contract. However, this does not remedy the sub-standard practice of the practitioner or stop them from taking up employment as a psychotherapist either with another DHB or in private practice.

Practitioners

All registered practitioners will have to pay fees to the Psychotherapists Board. Some may also have to undertake training to meet the registration requirements set by the Board.

Fees

Under the Act, each regulatory authority must generate sufficient revenue to cover its operating costs. Revenue is gathered through a one-off fee imposed on practitioners for registration and a yearly fee for an annual practising certificate, which certifies the practitioner is competent and fit to practise.

Fees for annual practising certificates vary for regulated health professions and, in 2006, ranged from \$96 for the Nursing Council of New Zealand up to \$1,100 for the Chiropractic Board. The average fee for all regulated health professions was \$538. The most comparable regulated profession to psychotherapy in terms of activity is psychology, for which the annual practising certificate currently costs \$595 per year. The Dieticians Board is a similar size to the psychotherapy profession with 449 members and has an annual practicing certificate fee of \$400.

The cost of annual practising certificates is based on the level of activity required of the authority, for example in maintaining the register, enforcing standards and processing complaints against registered practitioners. The level of fees tends to be influenced more by the complexity of the profession than the number of registered practitioners holding annual practising certificates.

The fee that the Psychotherapists Board will set for annual practising certificates cannot be accurately specified in advance. Set up costs for the Psychotherapists Board will be minimal as the basic structures and procedures have been developed by the NZAP and NZACAP. The Board will incur additional ongoing costs due to the requirement to establish and administer disciplinary proceedings and accredit training institutions for the provision of recognised qualifications.

The fee for an annual practising certificate is, therefore, likely to be higher than the current annual membership fees of the two associations (which are \$350 for the NZAP and \$250 for full membership of NZACAP). Based on the fees charged by comparable regulatory authorities noted above, it is reasonable to predict the annual practising certificate fee for psychotherapy to be in the region of \$500 per year.

Competency training

The Act requires the regulating authority to prescribe a framework for ensuring ongoing competence (a recertification framework). Costs are incurred by the practitioners and their employer in meeting the requirements of ongoing competency training programmes. Some people currently practising psychotherapy may need to undertake training to meet the standards set by the Board and to maintain and develop their skills and competence over the course of their working life.

Section 13 of the Act states that qualifications prescribed by the regulating authority must not place undue costs on the profession or the public. Section 13 should ensure that the cost implications of the qualification requirements set by the Board are not unduly high. The effectiveness of Section 13 will be assessed in the review of the Act, which will commence in September 2007.

The costs of associated with regulation of psychotherapy are unlikely to make the profession unviable for current practitioners that meet the existing requirements of the NZAP and NZACAP. The benefits of regulation for psychotherapists include increased standing of the profession through the

setting and maintaining of minimum standards and qualifications to practise. Regulation will provide a mechanism for removing practitioners who fail to meet the required standards and may bring the profession into disrepute. It will also bring the profession up to the same level of practice and public confidence as other health professions under the Act. A stand alone authority would enable psychotherapy to maintain its professional identity and clearly differentiate it from psychology in public perception.

It is possible that some people practising psychotherapy may choose not to register and continue practising under a different title. Given the increased professional standing that regulation would bring, it is more likely that regulation would encourage practitioners to register.

Consumers

In the case of practitioners in private practice, the costs incurred in order to register as a psychotherapist and maintain competence may be passed on to clients. Market forces should keep any increases to a minimum through competition between practitioners and with providers of similar services (for example psychologists and counsellors).

The regulation of psychotherapy will have benefits to consumers and employers in terms of increased safety of practice, and recourse to formal complaints and disciplinary procedures. The qualifications, standards and scopes of practice set by the Psychotherapists Board will reduce the risk of harm to the public by ensuring psychotherapists are competent and fit to practise psychotherapy. It may also increase public understanding of psychotherapy and its outcomes and provide consumers with greater choice in mental health service providers.

Statement of consultation undertaken

Section 115 requires the Minister of Health to consult with any organisation that, in the Minister's opinion, has an interest in the recommendation to regulate a health service. Two rounds of consultation on the proposal were conducted. The first round sought submissions on whether the profession should be regulated under the Act and the second round on whether psychotherapy should be regulated by a stand alone authority or be joined with an existing regulatory authority.

Stakeholder consultation

The following stakeholder groups were consulted on the proposal to regulate the profession of psychotherapy: all existing health regulatory authorities, health sector professional associations, mental health and social service providers, and provider representative organisations. The majority of stakeholder submissions, including those from psychotherapists, supported regulation of psychotherapy by a stand alone authority.

Government consultation

The following government agencies were consulted: DHBs, Ministry of Economic Development, Department of Labour, Accident Compensation Corporation, Health and Disability Commissioner, and the Consumers Institute.

The majority of government submitters supported regulation of psychotherapy. Several DHBs noted concerns with the potential employment costs resulting from the regulation of psychotherapy. However, there is no evidence that the costs will be significantly higher than those of other mental health service professions and only a small proportion of psychotherapists are currently employed by DHBs.

Government departments tended to be in favour of a joint authority with the Psychologists Board due to perceived cost savings. The Ministry of Economic Development is concerned at the current number of registration authorities under the Act and the establishment of new authorities, including the Psychotherapists Board, where economies of scale may be achieved through a joint authority.

The Minister of Health noted this view. However, the inability of the professions of psychology and psychotherapy to work together effectively would most likely counter-act the potential cost-effectiveness of a joint authority. Given the poor relations between the two professions, the only viable option is for the establishment of a separate authority.

Business Compliance Cost Statement

Psychotherapists will face compliance costs associated with meeting the requirements of registration. The NZAP was aware of these costs at the time of its application for regulation under the Act. Costs include:

- attending training courses to maintain competence and meet registration and re-registration requirements
- renewal of their annual practising certificate
- disciplinary hearings (for example legal representation) should they find themselves in breach of the Psychotherapists Board's standards and requirements.

There is a possibility that education providers may face costs if they are required to modify training courses to meet the Psychotherapists Board's standards for training provision. Any such costs are unlikely to be significant as current providers meet the training standard accepted by the existing professional associations.

The Psychotherapists Board will be subject to Section 13 of the Act which requires that qualifications must be necessary and relevant, and that the associated costs must not be prohibitive on the profession or the public. The Board must take into consideration the costs associated with professional

compliance when developing registration requirements and ongoing competence pathways.

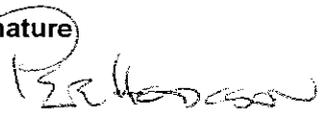
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Consultation on Cabinet and Cabinet Committee Submissions

Certification by Department

<p>Guidance on the consultation requirements for Cabinet and Cabinet committee papers is provided in chapter 11 of the Step by Step Guide: Cabinet and Cabinet Committee Processes, available at http://www.dPMC.govt.nz/cabinet/guide/11.html.</p>		
<p>Departments/agencies consulted: The attached submission has implications for the following departments/agencies whose views have been sought and are accurately reflected in the submission:</p> <p>The Treasury; the Department of the Prime Minister and Cabinet; the Department of Child, Youth and Family Services; and the Ministries of Consumer Affairs, Economic Development, Education, Justice, and Women's Affairs.</p> <p>The Regulatory Impact Analysis Unit of the Ministry of Economic Development has been consulted on the Regulatory Impact Statement and Business Compliance Cost Statement.</p>		
<p>Departments/agencies informed: In addition, the following departments/agencies have an interest in the submission and have been informed:</p> <p>N/A</p>		
<p>Others consulted: Other interested groups have been consulted as follows:</p> <p>N/A</p>		
Signature	Name, Title, Department	Date
	Kathy Spencer, Deputy Director General Sector Policy Development	16/2/07

Certification by Minister

<p>Ministers should be prepared to update and amplify the advice below when the submission is discussed at Cabinet/Cabinet committee. The attached submission/proposal:</p>		
Consultation at Ministerial level	<input type="checkbox"/> did not need consultation with other Ministers <input type="checkbox"/> has been consulted with the Minister of Finance <i>[required for all submissions seeking new funding]</i> <input checked="" type="checkbox"/> has been consulted with the following Minister(s) <u>Her Honour Justice</u>	
Consultation with Labour/ Progressive caucuses	<input type="checkbox"/> does not need consultation with the government caucuses <input type="checkbox"/> has been or <input checked="" type="checkbox"/> will be consulted with the government caucuses <u>Labour</u>	
Consultation with other parties	<input checked="" type="checkbox"/> does not need consultation at parliamentary level <input type="checkbox"/> has been consulted with the following other parties represented in Parliament: <input type="checkbox"/> New Zealand First <input type="checkbox"/> United Future <input type="checkbox"/> Green Party <input type="checkbox"/> Other [specify]..... <input type="checkbox"/> will be consulted with the following other parties represented in Parliament: <input type="checkbox"/> New Zealand First <input type="checkbox"/> United Future <input type="checkbox"/> Green Party <input type="checkbox"/> Other [specify].....	
Signature	Portfolio	Date
	HEALTH	2012 17



(Candidate documents
filed not scanned)

HEALTH REPORT

Subject: APPOINTMENTS TO THE PSYCHOTHERAPISTS BOARD
Date: 09 August 2007 **File Ref:** AD20-01-1
Attention: Hon Pete Hodgson (Minister of Health)

PURPOSE OF HEALTH REPORT

This health report seeks your preference for the appointment of seven members to the new Psychotherapists Board (the 'Board') and also seeks your approval to amend the Board's terms of reference in order to extend the criteria so practitioners trained overseas may apply.

TIMING IMPLICATIONS

Priority:	Routine	Semi-Urgent (5 Days)	Urgent (3 Days)	24 Hour
	<input checked="" type="checkbox"/>			

EXECUTIVE SUMMARY

The New Zealand Association of Psychotherapists applied, on behalf of the psychotherapy profession, for the regulation of psychotherapy under the Health Practitioners Competence Assurance Act 2003 (the 'Act'). Following consultation with relevant organisations, you determined psychotherapy should be regulated by a stand alone authority, the Psychotherapists Board. Cabinet confirmed these decisions on 5 March 2007, CAB MIN (07) 7/3 refers and is attached as Appendix 1.

An Order in Council was drafted by the Parliamentary Counsel Office and was signed by the Governor General on 21 May 2007, attached as Appendix 2. The order, which comes into force on 15 October 2007, was established under section 115 of the Act.

The Psychotherapists Board will consist of two lay members and five psychotherapists as required under section 120 of the Act. At least one psychotherapist will have specialist experience in child and adolescent psychotherapy.

The Ministry has sought candidates for these positions and received 32 nominations and these have been put forward for your consideration. Skills and experience are summarised in this report, and full documentation is attached as Appendix 3. An overview of the candidates is attached as Appendix 4.

The Psychotherapists Board's terms of reference also need to be amended to allow for overseas trained psychotherapists to be members of the Board and therefore the amended terms of reference are attached for your approval (Appendix 6).

The Ministry has reviewed the suitability of each of the candidates for these positions. Highly recommended nominations are denoted with an asterisk (*). The Ministry wanted to adhere strictly to the criteria in the Terms of Reference and ensure an independent Board in this important set up phase. The basis of the recommendations are detailed in an internal memo and an email which are attached as Appendix 5.

FINANCIAL IMPLICATIONS

There are no financial implications arising from this appointment.

COMMUNICATIONS

- *Details of significant milestones e.g. project milestones, dates of publications, dates of any public consultation, details of launches/speeches etc.*

Nil

- *Has there been public (media) interest in this area in the past, if so provide details.*

No

- *Is the current issue likely to attract public (media) attention?*

No

- *Does this issue require the development of a Communications strategy?*

No

RECOMMENDATIONS

The recommendations are that you:

- (a) **note** that the Psychotherapists Board has been established under section 115 of the Health Practitioners Competence Assurance Act 2003. (Yes/No)
- (b) **agree** to approve the amended terms of reference to allow overseas trained psychotherapists to serve on the Psychotherapists Board. (Yes/No)
- (c) **agree** that the Psychotherapists Board will consist of two lay members and five psychotherapists and that at least one psychotherapist will have specialist experience in child and adolescent psychotherapy. (Yes/No)
- (d) **indicate** your preference for two lay members to be appointed under section 120 of the Health Practitioners Competence Assurance Act 2003 for a term of office commencing on the date of notification in the *Gazette*. (Yes/No)

s 9(2)(a)	Korokoro	Yes/No
	Christchurch	Yes/No
	Auckland	Yes/No
	Tauranga	Yes/No
	Wellington	Yes/No
	Paekakariki	Yes/No
	Auckland	Yes/No
	Masterton	Yes/No

- (e) **indicate** your preference for four adult psychotherapist members to be appointed under section 120 of the Health Practitioners Competence Assurance Act 2003 for a term of office commencing on the date of notification in the *Gazette*. Yes/No

s 9(2)(a)	Napier	Yes/No
	Hastings	Yes/No
	Thames	Yes/No
	Mosgiel	Yes/No
	Auckland	Yes/No
	Dunedin	Yes/No

s 9(2)(a)

Auckland	Yes/No
Auckland	Yes/No
Dunedin; <i>Ngai Tahu</i>	Yes/No
Wellington	Yes/No
Wellington	(Yes/No
Wellington	Yes/No)
Auckland; <i>Te Rarawa, Ngati Pikiao</i>	(Yes/No
Wellington	Yes/No)
Auckland	(Yes/No
Dunedin	Yes/No
Auckland	Yes/No
Auckland	Yes/No
Dunedin	Yes/No

Rele

Official Information Act 1982

- (f) **indicate** your preference for one psychotherapist member with experience in child and adolescent psychotherapy to be appointed under section 120 of the Health Practitioners Competence Assurance Act 2003 for a term of office commencing on the date of notification in the *Gazette*. Yes/No

s 9(2)(a)

Thames	Yes/No
Rotorua	Yes/No
Auckland	(Yes/No
Auckland	Yes/No)
Eketahuna; <i>Ngati Raukawa Ki Te Tonga, Ngati Whakaue, Tu Hourangi</i>	Yes/No

s 9(2)(a)

Christchurch

Yes/No

(g) **consult** with other Ministers as required. *Done*

Yes/No

(h) **note** that once you have indicated your preference a Cabinet paper will be prepared for the Cabinet Appointments and Honours Committee.

Yes/No

Karen Mitchell

Karen Mitchell
Deputy Director-General (Interim)
Health & Disability Systems Strategy Directorate

Patton

MINISTER'S SIGNATURE:

DATE: 23/8/17

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REPORT

BACKGROUND INFORMATION

1. The Psychotherapists Board is a body corporate established under section 114 of the Health Practitioners Competence Assurance Act 2003 (the Act). As an independent statutory body, the Psychotherapists Board has an obligation to conduct its activities in an open and ethical manner. In addition, the Board has a duty to operate effectively in a manner consistent with the functions of authorities as set out in section 118 of the Act.
2. In general, it is the function of the Board to provide a framework for the regulation of psychotherapists in order to protect the public where there is a risk of harm from the practice of the profession. As specified in section 118 of the Act the functions of the Board are to:
 - prescribe the qualifications required for scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies and programmes
 - authorise the registration of psychotherapists under this Act, and to maintain registers of practitioners
 - consider applications for annual practising certificates
 - review and promote the competence of psychotherapists
 - recognise, accredit and set programmes to ensure the ongoing competence of psychotherapists
 - receive and act on information from psychotherapists, employers and the Health and Disability Commissioner about the competence of psychotherapists
 - notify employers, Accident Compensation Corporation, the Director-General of Health and the Health and Disability Commissioner where the practice of a psychotherapist may pose a risk of harm to the public
 - consider the cases of psychotherapists who may be unable to perform the functions required for the practice of psychotherapy
 - set standards of clinical competence, cultural competence and ethical conduct to be observed by psychotherapists
 - liaise with other authorities under this Act about matters of common interest
 - promote education and training in the profession
 - promote public awareness of the role and responsibilities of the authority
 - exercise and perform any other functions, powers and duties that are conferred or imposed on it by or under the Act or any other enactment.

3. Under section 120 of the Act, a regulatory authority must consist of:
 - at least 5 members;
 - a majority of members who are health practitioners; and
 - 2 lay persons, if the authority has at anytime 8 or fewer members; and
 - 3 lay persons, if the authority has at anytime 9 or more members.

4. The Act defines a layperson as a person who is neither registered nor qualified to be registered as a health practitioner. The Psychotherapists Board will consist of seven members comprising:
 - 2 lay persons with governance experience; and
 - 5 psychotherapists with at least 1 having specialist experience in child and adolescent psychotherapy.

5. The psychotherapist members must be practising psychotherapists who hold a graduate qualification in psychotherapy from a New Zealand University or from a New Zealand Qualifications Authority accredited provider, and have been working full time as a fully qualified psychotherapy practitioner for at least 8 years.

6. Board members need to have a range of experience, from first-time appointees with little or no experience as a member of such authorities to members with extensive experience. The Board draws considerable benefits from having a diverse membership with a range of skills, attributes, and experience.

7. Members of the Board, and of any committee appointed by the Board, are paid fees for attendance at meetings. These fees will be set by the Board in its first term. The following two documents provide guidelines Boards should follow in setting fees.

ORGANISATIONS CONTACTED FOR CANDIDATES

8. The Ministry has sought candidates for these appointments from the:
 - Chief Executive Officers of the 21 District Health Boards
 - Chief Advisors, Executive Team and Māori Health Directorate within the Ministry of Health
 - Ministry of Women's Affairs
 - Te Puni Kōkiri
 - Ministry of Pacific Island Affairs
 - Ministry of Consumer Affairs
 - Office for Disability Issues
 - New Zealand Association of Psychotherapists

- Gestalt Institute of New Zealand and Gestalt Association of Australia and New Zealand
- Maori Caucus
- Group Psychotherapy
- New Zealand Institute of Psychoanalytic Psychotherapy and Australasian Association of Psychoanalytic Psychotherapy
- New Zealand Association of Child and Adolescent Psychotherapists
- Institute of Psychosynthesis
- Transactional Analysis Association
- Hakomi New Zealand
- Australian and New Zealand Society of Jungian Analysts (C.J. Jung Institute)
- New Zealand Society for Bioenergetic Analysis
- Process Oriented Psychology Australia New Zealand
- Ashburn Clinic
- Auckland Family Counselling and Psychotherapy Centre
- Department of Psychotherapy, Auckland University of Technology
- Eastern Institute of Technology. Psychotherapy Team
- Psychodrama New Zealand
- Auckland Healthcare Psychotherapy
- Medical Council of New Zealand
- Nursing Council of New Zealand
- Pharmacy Council
- Dental Council
- Midwifery Council
- Osteopathic Council
- Physiotherapy Board
- Chiropractic Board
- Dietitians Board
- Medical Laboratory Science Board
- Medical Radiation Technologists Board
- Occupational Therapy Board
- Optometrists and Dispensing Opticians
- Podiatrists Board
- Psychologists Board
- Registration Boards Secretariat Limited
- Accident Compensation Corporation
- Health and Disability Commissioner
- Ministry of Economic Development
- Consumers Institute
- Council of Medical Colleges
- New Zealand Society of Anaesthetists
- New Zealand Anaesthetic Technicians
- New Zealand Medical Association
- Association of Salaried Medical Specialists
- Australian & New Zealand College of Anaesthetists
- New Zealand Institute of Medical Laboratory
- New Zealand Institute of Medical Radiation Technology

- New Zealand Nurses Organisation
- College of Nurses Aotearoa (NZ) Inc
- Royal Australasian and New Zealand College of Psychiatrists
- NZ College of Clinical Psychologists
- New Zealand Psychological Society Inc
- Werry Centre for Child and Adolescent Mental Health
- Children's Issues Centre
- Allied Health Professionals Forum
- Alzheimer's New Zealand
- NZ Council of Christian Social Services
- Age Concern New Zealand Inc
- NZ College of Mental Health Nurses
- NZ Bipolar Network
- Supporting Families in Mental Illness
- Post Natal Psychosis Charitable Trust

9. In addition an advert was placed on the Ministry of Health Website.

COMMENT

10. The Ministry sought candidates for these positions and received 32 nominations, and these have been put forward for your consideration. Skills and experience are summarised in this report, and full documentation is attached as Appendix 3. An overview of the candidates is attached as Appendix 4.
11. The Psychotherapists Board's terms of reference also need to be amended to allow for overseas trained psychotherapists to be members of the Board and therefore the amended terms of reference are attached for your approval (Appendix 6).
12. The attached, amended terms of reference (Appendix 6) makes the following changes:-
 - Previous sentence – The psychotherapist members must be practising psychotherapists who hold a graduate qualification in psychotherapy from a New Zealand University or from a New Zealand Qualifications Authority accredited provider.
 - Amended sentence - The psychotherapist members must be practising psychotherapists who hold a graduate qualification in psychotherapy from a recognised training provider.
13. The Ministry has reviewed the suitability of each of the candidates for these positions. Highly recommended nominations are denoted with an asterisk (*). The Ministry wanted to adhere strictly to the criteria in the Terms of Reference and ensure an independent Board in this important set up phase. The basis of the recommendations are detailed in an internal memo and an email which are attached as Appendix 5.



In Confidence

Cabinet

CAB Min (07) 7/3

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Chair, Cabinet Policy Committee

Copies to:

Prime Minister	Associate Minister for Social Development and Employment (CYF)
Minister in Charge of the NZSIS	Minister for Senior Citizens
Minister Responsible for the GCSB	Minister for Disability Issues
Minister for Arts, Culture and Heritage	Associate Minister for Social Development and Employment (CYF)
Deputy Prime Minister	Minister of Conservation
Minister of Finance	Minister of Internal Affairs
Attorney-General	Minister of Civil Defence
Hon Jim Anderton	Minister for Social Development and Employment (MSD)
Minister of Agriculture	Minister for the Environment
Minister for Biosecurity	Minister of Commerce
Minister of Fisheries	Minister of Women's Affairs
Minister of Education	Minister of Corrections
Minister of Broadcasting (MCH)	Minister of Tourism
Minister of Research, Science and Technology	Minister for Rural Affairs
Minister of Defence	Minister of Immigration
Minister of Trade	Minister of Communications
Minister of Pacific Island Affairs	Minister Responsible for Climate Change Issues
Minister of State Services	Minister for Land Information
Minister of Police	Minister of Customs
Minister of Transport	Minister of Youth Affairs
Minister for Food Safety	Minister for Building and Construction
Minister for Economic Development	Minister of Consumer Affairs
Minister for State Owned Enterprises	Minister for Transport Safety
Minister for Sport and Recreation	Minister for the Community and Voluntary Sector
Minister of Health	Associate Minister for Arts, Culture and Heritage (Hon Mahara Okeroa)
Minister of Justice	Chief Parliamentary Counsel
Minister of Local Government	Legislation Coordinator
Minister in Charge of Treaty of Waitangi Negotiations	Secretary, POL
Minister of Maori Affairs	
Minister of Labour	
Minister for ACC	

Report of the Cabinet Policy Committee: Period Ended 2 March 2007

On 5 March 2007 Cabinet made the following decisions on the work of the Cabinet Business Committee and the Cabinet Policy Committee for the period ended 2 March 2007.

Committee Minute		Cabinet Decision
CBC Min (07) 4/1	Solid Energy Joint Venture: Spring Creek Mine	CONFIRMED (See also POL Min (07) 3/15)
POL Min (07) 3/1	Civilian Short and Medium Range Aerial Patrolling and Inshore Surface Patrolling	CONFIRMED
POL Min (07) 3/2	New Zealand Defence Force: Wideband Satellite Communications Project	Separate Minute: see CAB Min (07) 7/3A
POL Min (07) 3/3	The Interaction Between the Commerce Act and the State-Owned Enterprises Act	CONFIRMED
POL Min (07) 3/4	Review of Value for Money in the Land Transport Sector: Final Report	Separate Minute: see CAB Min (07) 7/5
POL Min (07) 3/5	Rugby World Cup 2011: Coordination of Government Support	Separate Minute: see CAB Min (07) 7/3B
POL Min (07) 3/6	Regulation of Psychotherapy and Establishment of the Psychotherapists Board	CONFIRMED
POL Min (07) 3/7	Review of the Electoral Finance Regime	CONFIRMED (Referred to CBC)
POL Min (07) 3/8	Low Pay Issues	CONFIRMED
POL Min (07) 3/9	Amendments to Aquaculture Legislation	CONFIRMED
POL Min (07) 3/10	Funding for Outcomes: Project Update and Report on Evaluation	CONFIRMED
POL Min (07) 3/11	Walking Access Consultation Panel: Response to Report	CONFIRMED
POL Min (07) 3/12	Helping New Zealand Prepare for and Adapt to Climate Change: Progress Report	CONFIRMED
POL Min (07) 3/13	Aviation Security Legislation Bill: Approval for Introduction	CONFIRMED
POL Min (07) 3/14	Additional Item: Daylight Saving	CONFIRMED
POL Min (07) 3/15	Additional Item: Solid Energy and Cargill Joint Venture: Spring Creek Mine	CONFIRMED

Committee Minute	Title	Cabinet Decision
POL Min (07) 3/16	Additional Item: Sale of Landcorp Land: Further Policy Development	Separate Minute: see CAB Min (07) 7/3D
POL Memo (07) 4/1	A New Governance Entity for Maori Collectives: Extension of Reporting Date	CONFIRMED

Steve Mercer

Secretary of the Cabinet

Reference: CAB (07) 51



In Executive Council

His Excellency the Governor-General is recommended to

Sign the attached Order in Council making the
Health Practitioners Competence Assurance (Designation of Psychotherapy Services as
Health Profession)
Order 2007

Released under the Official Information Act 1982

Hon Pete Hodgson
Minister of Health

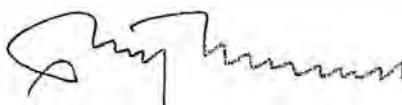
Approved in Council

Rebecca K. Herdige

Clerk of the Executive Council

for

**Health Practitioners Competence Assurance
(Designation of Psychotherapy Services as
Health Profession) Order 2007**



Governor-General

Order in Council

At Wellington this 21st day of May 2007

Present:

His Excellency The Governor General in Council

Pursuant to section 115 of the Health Practitioners Competence Assurance Act 2003, His Excellency the Governor-General makes the following order, acting—

- (a) on the advice and with the consent of the Executive Council; and
- (b) on the recommendation of the Minister of Health, who is satisfied of the matters set out in section 116 of the Health Practitioners Competence Assurance Act 2003.

Contents

		Page
1	Title	2
2	Commencement	2
3	Psychotherapy services designated as health profession	2
4	Establishment of Psychotherapists Board	2

Order

1 Title

This order is the Health Practitioners Competence Assurance (Designation of Psychotherapy Services as Health Profession) Order 2007.

2 Commencement

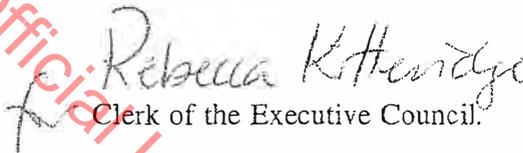
This order comes into force on 15 October 2007.

3 Psychotherapy services designated as health profession

Psychotherapy services are designated as a health profession.

4 Establishment of Psychotherapists Board

The Psychotherapists Board is established as the authority appointed in respect of the health profession of psychotherapy.


Clerk of the Executive Council.

Explanatory note

This note is not part of the order, but is intended to indicate its general effect.

This order, which comes into force on 15 October 2007, is made under section 115 of the Health Practitioners Competence Assurance Act 2003.

This order—

- designates psychotherapy services as a health profession; and
- establishes the Psychotherapists Board as the authority appointed in respect of the health profession of psychotherapy.

The effect of this order is that the profession of psychotherapy will be regulated under the Health Practitioners Assurance Act 2003.

Health Practitioners Competence
Assurance (Designation of Psychotherapy
Services as Health Profession) Order 2007

Issued under the authority of the Acts and Regulations Publication Act 1989.

■ Date of notification in *Gazette*:

This order is administered by the Ministry of Health.

Released under the Official Information Act 1982

Internal Memo Ministry Of Health

To: Louise McLaren

Copy to:

From: Kathy Brightwell

Subject: Recommended members for the Psychotherapists Board

Date: 19 July 2007

For Your: ACTION: DECISION: INFORMATION:

Ryan McLean and I have reviewed the nominations for the Psychotherapists Board. In accordance with the Terms of Reference, the Board will comprise seven members made up of the following:

- 2 lay persons with governance experience
- 5 psychotherapists with at least one having specialist experience in child and adolescent psychotherapy

The key criterion for lay persons is that they are neither registered nor qualified to be registered as a health practitioner.

The key criteria for psychotherapist members is that they must be practising psychotherapists, hold a graduate qualification in psychotherapy, and have been working full time as a qualified psychotherapy practitioner for at least eight years.

Other attributes desired for the Board are:

- governance experience on similar authorities
- financial knowledge and experience
- experience in setting psychotherapy qualifications and/or providing training in psychotherapy in an accredited training provider

Based on the criteria, the recommendations for membership of the Psychotherapists Board, and reasons for their selection, are given below.

Lay Persons

s 9(2)(a)

s 9(2)(a)



Candidate Information and the Terms and Conditions of

Appointment to the

Psychotherapists Board

Health Practitioners Competence Assurance Act 2003

Introduction

This document provides information and terms and conditions of appointment for prospective members of the Psychotherapists Board (the Board). It sets out the:

- role and functions of the Board
- composition of the Board
- terms and conditions of appointment
- duties and responsibilities of a member.

The Role of Registration Authorities in Regulating Health Professions

Consumers do not always have enough knowledge to make an informed decision whether psychotherapists are competent to carry out their profession. This can be a matter of concern when the action of an incompetent practitioner may impact on the health and safety of consumers. Occupational regulation is one way of providing consumers with information on a practitioner's competence. It ensures that only practitioners who have demonstrated that they continue to meet the minimum standards for entry to a health profession can practise or use a particular protected title.

The Health Practitioners Competence Assurance Act 2003 establishes registration authorities to protect consumers of the services of a wide range of health and disability practitioners. The Act requires registration authorities to establish the competencies required for safe practice and to register practitioners who demonstrate they possess these competencies. The Psychotherapists Board has been established under the Act as the registration authority for the psychotherapy profession.

Functions of the Psychotherapists Board

The Psychotherapists Board is a body corporate established under section 114 of the Health Practitioners Competence Assurance Act 2003 (the Act). As an independent statutory body, the Psychotherapists Board has an obligation to conduct its activities in an open and ethical manner. In

addition, the Board has a duty to operate effectively in a manner consistent with the functions of authorities as set out in section 118 of the Act.

In general, it is the function of the Board to provide a framework for the regulation of psychotherapists in order to protect the public where there is a risk of harm from the practice of the profession. As specified in section 118 of the Act the functions of the Board are to:

- prescribe the qualifications required for scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies and programmes
- authorise the registration of psychotherapists under this Act, and to maintain registers of practitioners
- consider applications for annual practising certificates
- review and promote the competence of psychotherapists
- recognise, accredit and set programmes to ensure the ongoing competence of psychotherapists
- receive and act on information from psychotherapists, employers and the Health and Disability Commissioner about the competence of psychotherapists
- notify employers, Accident Compensation Corporation, the Director-General of Health and the Health and Disability Commissioner where the practice of a psychotherapist may pose a risk of harm to the public
- consider the cases of psychotherapists who may be unable to perform the functions required for the practice of psychotherapy
- set standards of clinical competence, cultural competence and ethical conduct to be observed by psychotherapists
- liaise with other authorities under this Act about matters of common interest
- promote the education and training in the profession
- promote public awareness of the role and responsibilities of the authority
- exercise and perform any other functions, powers and duties that are conferred or imposed on it by or under the Act or any other enactment.

Composition of the Psychotherapists Board

Under section 120 of the Act, a regulatory authority must consist of:

- at least 5 members;
- a majority of members who are health practitioners; and
- 2 lay persons, if the authority has at anytime 8 or fewer members; and
- 3 lay persons, if the authority has at anytime 9 or more members.

The Act defines a layperson as a person who is neither registered nor qualified to be registered as a health practitioner. The Psychotherapists Board will consist of seven members comprising:

- 2 lay persons with governance experience; and
- 5 psychotherapists with at least 1 having specialist experience in child and adolescent psychotherapy.

The psychotherapist members must be practising psychotherapists who hold a graduate qualification in psychotherapy from a recognised training provider, and have been working full time as a fully qualified psychotherapy practitioner for at least 8 years.

Board members need to have a range of experience, from first-time appointees with little or no experience as a member of such authorities to members with extensive experience. The Board draws considerable benefits from having a diverse membership with a range of skills, attributes, and experience.

Consumer Constituency

The consumer constituency of the Psychotherapists Board is those who use psychotherapy services as well as those with an interest in the mental wellbeing of themselves and other New Zealanders. Those who use psychotherapy services are a cross-section of New Zealanders in terms of ethnicity, age, gender and location.

Appointment as a Member of the Board

In making yourself available to be considered for appointment, please ensure that:

- there is no conflict of interest that would preclude your appointment
- you are available to serve a term of office on the inaugural Psychotherapists Board of up to 3 years.

As a member of the Board, you will be expected to follow the terms and conditions set out below.

Terms and Conditions of Appointment

Members of the inaugural Psychotherapists Board will be appointed by the Minister of Health for a term of up to 3 years, by notice in the *Gazette*. Members may be reappointed from time to time but may not hold an appointment for more than nine consecutive years.

Members may decide not to continue in office at any time, in which case they must inform the Minister of Health.

The Act states that a member of the Board is considered to have vacated their office if they die or are adjudged bankrupt under the Insolvency Act 1967. Members may at any time be removed from office by the Minister of Health on the grounds of inability to perform duties of the office, neglect of duty, or misconduct proved to the satisfaction of the Minister.

Duties and Responsibilities of a Member

This section sets out the Minister of Health's expectations regarding duties and responsibilities of a person appointed as a member of the Psychotherapists Board. The intention is to aid members of the Board to work effectively by providing them with a common set of principles for appropriate conduct and behaviour and enable the Board to protect itself and its members from being exposed to legal challenges.

Inaugural Board

1. During the first term of the Psychotherapists Board, a number of key tasks must be undertaken in order to establish the Board financially and operationally. These tasks include:
 - establishing funding streams and secretariat support services for the administration and operation of the Board and setting the fees payable to Board members for attendance at meetings
 - establishing a register to hold personal information on people registered as using the professional title of psychotherapist in New Zealand.
 - developing one or more scopes of practice for the purposes of defining the profession and registering practitioners
 - developing a process for issuing annual practising certificates
 - determining the necessary qualifications and competencies required to practise as a psychotherapist in New Zealand
 - establishing a process and professional conduct committee to hear complaints regarding the competence and practice of individual psychotherapists.

General

2. Board members are accountable to the Minister of Health (and through the Minister of Health to the public of New Zealand) for ensuring that psychotherapists are competent and effective in their practice. The functions of the Board, set out in section 118 of the Act, provide the parameters within which the Board operates.

3. Board members attend meetings and undertake Board activities as independent people responsible to the Board as a whole and do not act in the Board as representatives of professional organisations or interest groups. This is especially important because Board members may be party to decisions that conflict with the views of some of their constituency.
4. Members are free to express their own views within the context of Board meetings but must publicly support a course of action decided by the Board, or, if unable to do that, must not publicly comment on decisions.
5. While it is not the role of Board members to represent any group (health profession or otherwise), all members are expected to contribute equally to achieving the purpose of the Board; that is, to protect the public and incorporate the perspectives of all members and sectors of the public and to ensure that decisions are responsive to the cultural diversity of New Zealand.
6. There is an expectation that Board members will make every effort to attend all Board meetings and devote sufficient time to become familiar with the affairs of the Board and the wider environments within which it operates.
7. Board members may be required to serve on one or more Board committees or working groups.

Legislation and Conflicts of Interest

8. It is important that Board members have a sound understanding of their role in order that decisions can be reached within the spirit of the governing legislation, namely, for the purpose of protecting the public interest through the regulation of psychotherapists.
9. Board members will be expected, over time, to become familiar with, and operate according to the Health Practitioners Competence Assurance Act 2003. In addition, the Psychotherapists Board is expected to be familiar with, and have regard to the:
 - principles of natural justice and administrative law
 - Health and Disability Commissioner Act 1994
 - the Code of Health and Disability Services Consumers' Rights
 - Health and Disability Services (Safety) Act 2001
 - Trans-Tasman Mutual Recognition Act 1997
 - Privacy Act 1993
 - Health Information Privacy Code 1994
 - New Zealand Public Health and Disability Act 2000

- Human Rights Act 1993.
10. Board members should perform their functions in good faith, honestly and impartially and avoid situations that may compromise their integrity or otherwise lead to conflicts of interest. An interest arises where a Board member has a financial, familial or other personal interest in a matter that could give rise to bias or the appearance of bias in the work of the Board. Proper observation of these principles will protect them and enable public confidence to be maintained.
 11. Board members must ensure they perform all aspects of their work impartially by:
 - avoiding any situation where actions they take in an official capacity could be seen to influence or be influenced by their private interests (e.g. company directorships, shareholdings, financial rewards);
 - avoiding situations that could impair objectivity or create personal bias that would influence their judgements; and
 - ensuring they are free from any obligation to another party.
 12. When Board members consider they may have an actual or perceived conflict of interest that may affect, or be perceived to affect, the reaching of an impartial decision or the undertaking of an activity consistent with the Board's functions, then they must declare a conflict of interest and withdraw from the discussion and/or activity.

Confidentiality

13. Meetings, including agenda material and minutes, of the Board are confidential. Board members must ensure that the confidentiality of Board business is maintained.
14. At no time shall Board members individually divulge details of Board matters or decisions of the Board to persons who are not Board members. Disclosure of Board business to anyone outside the Board must be the decision of the Board, or between meetings, at the discretion of the Chairpersons of the Committee (if they have delegated authority of the Board).
15. Board members must ensure that Board documents are kept secure to ensure the confidentiality of Board work is maintained. Release of Board correspondence or papers can only be made with the approval of the Board.

Meetings of the Board

The Board will meet at least monthly except for January. Most meetings will last for two days. In addition, members may be required to participate on

subcommittees established to address specific issues and an occasional teleconference. Additional activity may be required of members during this first term of Psychotherapists Board in establishing the policies and procedures of the Board.

At any meeting of the Board the quorum necessary for the transaction of business is four members.

When carrying out its functions the Board must follow the principles of natural justice and administrative law. The Board must act lawfully, that is, the Board can only act within the limits of its powers set out in the Health Practitioners Competence Assurance Act 2003. The Board must also act fairly when carrying out its functions. Decisions of the Board are reviewable by the Courts and it is also possible for people to take civil action against the Board or its individual members.

Fees and Allowances

Members of the Board, and of any committee appointed by the Board, are paid fees for attendance at meetings. These fees will be set by the Board in its first term. The following two documents provide guidelines Boards should follow in setting fees.

- The Office of the Auditor General. *Guidelines on Costing and Charging for Public Sector Goods and Services*. May 1989.
- The Treasury. *Guidelines for Setting Charges for the Public Sector*. December 2002.

Ryan McLean/MOH
20/08/2007 16:51

To Louise McLaren/MOH@MOH
cc
bcc
Subject Fw: Psychotherapists Terms of Reference

Hi Louise

The reason we changed the TOR for the Psychotherapists was because a large proportion of the profession was trained overseas and if we kept it as NZ trained only we would be cutting this significant pool of expertise out of eligibility for the Board

Ryan McLean
Policy Analyst
Workforce
Health & Disability Systems Strategy Directorate
Ministry of Health
DDI: 04 496 2245

<http://www.moh.govt.nz>
mailto:Ryan_McLean@moh.govt.nz

----- Forwarded by Ryan McLean/MOH on 20/08/07 04:50 pm -----

Kathy Brightwell/MOH
20/08/07 03:58 pm

To Ryan McLean/MOH@MOH
cc
Subject Psychotherapists Terms of Reference

Fran has asked for more detail on why the educational requirements bit in the Psychotherapists Terms of Reference were changed. Can you please email Louise the reasons for originally stipulating NZ accredited training providers and then changing it to include overseas training providers

And she needs to talk to you about the disputes tribunal one too so please call her before 4.30pm today or call her tomorrow if that not possible

Cheers
Kathy

Kathy Brightwell
Senior Policy Analyst
Workforce
Health & Disability Systems Strategy Directorate
Ministry of Health
DDI: 04 816 3593
Fax: 04 496 2191

<http://www.moh.govt.nz>
mailto:Kathy_Brightwell@moh.govt.nz

Ryan McLean /MOH
21/08/2007 09:11

To Louise McLaren/MOH@MOH
cc
bcc
Subject Chair of Psychotherapy Board

Hi Louise

As discussed, the HPCAA makes no allowance for the Minister of the Ministry to give advice or recommendations around who should be the Chair or Interim-Chair of an authority. This decision is solely for the authority to determine.

s 9(2)(a)
[Redacted]

Ryan McLean
Policy Analyst
Workforce
Health & Disability Systems Strategy Directorate
Ministry of Health
DDI: 04 496 2245

<http://www.moh.govt.nz>
mailto:Ryan_McLean@moh.govt.nz

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Security classification: In-Confidence

27 NOV 2015

DISPATCHED

File number: AD-20-93-1

Action required by: 27 November 2015

Notice of Scopes of Practice and Related Qualifications Prescribed by the Psychotherapists Board of Aotearoa New Zealand

To: Hon Dr Jonathan Coleman, Minister of Health



Purpose

This Health Report provides you with information relating to the Notice of Scopes of Practice and Related Qualifications Prescribed by the Psychotherapists Board of Aotearoa New Zealand (the Psychotherapists Board) effective from 1 October 2015.

Key points

- Under sections 11(1) and 12(1) of the Health Practitioners Competence Assurance Act 2003 (the Act), the Psychotherapists Board is required to describe the scope of practice for psychotherapy in New Zealand and the prescribed qualifications required for each scope of practice.
- In June 2015, the Psychotherapists Board consulted on possible changes to the prescribed qualifications for the three scopes of psychotherapist practice. The Psychotherapists Board proposed to clarify the type of assessment (final or initial) that practitioners may complete if they do not have a Masters level qualification.
- The Psychotherapists Board also consulted on changes to restrict the length of time practitioners could remain in the Interim Psychotherapist Scope of Practice, to five years. This restriction is in line with the Psychotherapists Board policy acceptance into the Interim Psychotherapist Scope of Practice.
- The changes meet the principles set out in section 13 of the Act in that they are:
 - necessary to protect members of the public;
 - do not necessarily restrict the registration of health practitioners;
 - do not impose undue costs on health practitioners or on the public.
- Under section 14(4) of the Act, responsible authorities are required to provide notice of changes to prescribed qualifications to the Minister of Health for tabling in Parliament.
- This Gazette notice requires tabling by 1 December 2015.

END.

Contacts:	Dr Ruth Anderson, Acting Director, Health Workforce New Zealand	s 9(2)(a)
	Margareth Attwood, Manager, Health Workforce New Zealand	s 9(2)(a)

Notice of Scopes of Practice and Related Qualifications Prescribed by the Psychotherapists Board of Aotearoa New Zealand

Recommendations

The Ministry recommends that you:

- a) **Agree** to table this *Gazette* notice by 1 December 2015

Yes / No



Dr Ruth Anderson
Acting Director
Health Workforce New Zealand



Michael Hundleby
Acting National Director
National Health Board



Minister's signature:

Date:

30.11.15

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Notice of Scopes of Practice and Related Qualifications Prescribed by the Psychotherapists Board of Aotearoa New Zealand

Background

1. The Psychotherapists Board of Aotearoa New Zealand (the Psychotherapists Board) is the responsible authority with responsibility for the registration of psychotherapists as set out under the Health Practitioners Competence Assurance Act 2003 (the Act). The Psychotherapists Board prescribes the qualification for three scopes of practice: the Psychotherapist Scope of Practice, the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism and the Interim Psychotherapist Scope of Practice. It is also responsible for setting the education standards that relate to these scopes of practice, and sets the requirements for the accreditation of programmes.
2. In June 2015, the Psychotherapists Board consulted on possible changes to the prescribed qualifications for the three scopes of practice. As part of the requirements to apply for registration there are two pathways that applicants may take. One pathway is that applicants must have an approved Master's level qualification in psychotherapy from a New Zealand university, training institution or an approved comparable qualification. The second pathway is that applicants satisfactorily complete an assessment accredited or set by the Psychotherapists Board. The Psychotherapists Board consulted on proposed changes to the second pathway.
3. In regard to both the Psychotherapist Scope of Practice and the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism the proposed change clarifies that the practitioner satisfactorily completes a final assessment accredited or set by the Psychotherapists Board. In regard to the Interim Psychotherapist Scope of Practice the change clarifies that the practitioner satisfactorily completes an initial assessment accredited or set by the Psychotherapists Board.
4. The Psychotherapists Board also consulted on changes to restrict the length of time practitioners could remain in the Interim Psychotherapist Scope of Practice, to five years. Previously, practitioners could remain in the Interim Psychotherapist Scope of Practice indefinitely. The Psychotherapists Board noted in their consultation document that since registration began in October 2008, they have had a clear policy in place that acceptance into the Interim Psychotherapist Scope of Practice would only be for a period of five years and had to be for the purpose of achieving registration in one of the other two scopes of practice.
5. Following a review of the feedback to the consultation the Psychotherapists Board noted that feedback to the consultation supported the change.
6. Following consultation, the Psychotherapists Board decided to move forward with gazetting the amended scopes of practice as consulted on.
7. These changes came into effect from 1 October 2015.

Comment

8. Under the Act, each responsible authority may, by notice in the *Gazette*, amend, revoke or replace certain provisions relating to:
 - a. Specified scopes of practice (section 11)
 - b. Prescribed qualifications (section 12)
9. In reaching a decision to amend these provisions, the Psychotherapists Board is additionally required to be guided by the principles set out in section 13 of the Act. These principles require that:
 - a. the qualifications be necessary to protect members of the public;
 - b. the qualifications do not unnecessarily restrict the registration of health practitioners;
 - c. the qualification does not impose undue costs on health practitioners or on the public.

10. It is noted that the amendments to prescribed qualifications for the three scopes of practice are minimal and clarify that practitioners either complete a final assessment or an interim assessment.
11. Regarding the amendment to restrict the length of time practitioners could remain in the Interim Psychotherapist Scope of Practice, to five years, the Psychotherapists Board has now clarified the policy that is in use.
12. There are no areas of concern evident in this *Gazette* notice.

END.

Released under the Official Information Act 1982



5 October 2015



Hon Dr Jonathan Coleman
Minister of Health
Parliament Office
Private Bag 18888
Parliament Buildings
Wellington 6160

By Email: j.coleman@ministers.govt.nz

Dear Hon Dr Coleman

Notice of Scopes of Practice and Related Qualifications Prescribed by the Psychotherapists Board of Aotearoa New Zealand 2015

I understand that in accordance with section 41 of the Legislation Act 2012 requires "disallowable instruments to be presented to the House of Representatives not later than the 16th sitting day of the House of Representatives after the day on which they are made."

As such, please find **attached** two copies of the disallowable instrument Notice of Scopes of Practice and Related Qualifications Prescribed by the Psychotherapists Board of Aotearoa New Zealand 2015.

I understand that you have a procedure which you follow for the presentation of a non-parliamentary paper.

I confirm twenty five copies have today been sent to the Office of the Clerk (attention the Bills Office) for presentation to the House.

Please feel free to contact me if you have any questions.

Kind regards

Jacquelyn Manley
Registrar
Psychotherapists Board of Aotearoa New Zealand
Te Poari o nga Kaihaumanu Hinengaro o Aotearoa
DDI: s 9(2)(a)
Email: registrar@pbanz.org.nz

Notice of Scopes of Practice and Related Qualifications Prescribed by the Psychotherapists Board of Aotearoa New Zealand

Pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003 ("the Act"), the following notice is given.

Notice

1. Title and commencement—(1) Notice of Scopes of Practice and Related Qualifications Prescribed by the Psychotherapists Board of Aotearoa New Zealand.

(2) This notice comes into force on **1 October 2015**.

2. Revocation—This notice revokes and replaces all previous scopes of practice and qualifications prescribed by the Psychotherapists Board of Aotearoa New Zealand.

Scopes of Practice for Psychotherapists as at 1 October 2015.

1. Psychotherapist Scope of Practice

2. Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

3. Interim Psychotherapist Scope of Practice

1. Psychotherapist Scope of Practice

Psychotherapists shall be competent to use various methods of psychotherapy to assist clients in their personal growth, relationship development, psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand. Clients may include children, adolescents, adults, couples, families, whānau, groups, organisations and the public.

A key element of psychotherapy is the therapeutic use of the relationship between the psychotherapist and client. Psychotherapy may involve, but is not limited to: exploring the origins, maintenance and change of life patterns; the assessment, formulation, diagnosis and treatment of mental health problems; and working with patterns of psychological life which may be outside of conscious awareness, including non-verbal and preverbal patterns. Various coherent theoretical models are used in psychotherapy.

In practising psychotherapy, the context of a person's life needs to be taken into account, including social, cultural and spiritual contexts.

Practice includes all the roles that a psychotherapist may assume such as clinical practice, educating and consulting including clinical supervision.

Psychotherapists shall practise within their area and level of expertise and with due regard to ethical, legal and board-prescribed standards.

Prescribed Qualifications for Psychotherapist Scope of Practice

An approved Master's level qualification in psychotherapy from a New Zealand university or a New Zealand training institution or an approved comparable qualification

OR

Satisfactory completion of a final assessment accredited or set by the board

AND

The completion of 900 hours of supervised clinical psychotherapy practice with clients over at least three years with clinical supervision provided by a psychotherapist registered in the Psychotherapist Scope of Practice. Hours not completed during qualification may be completed post-qualification

AND

The completion of 120 hours of personal psychotherapy with a registered psychotherapist during and/or following qualification.

2. Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

Those working within this scope of practice are also able to work within the Psychotherapist Scope of Practice as long as they practise within their area and level of expertise and with due respect to the ethical, legal and board-prescribed standards.

Child and adolescent psychotherapists shall be competent to use various methods of psychotherapy to assist children and adolescents with their psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand.

A key dimension of psychotherapy with children and adolescents is the use of developmentally appropriate methods. Child and adolescent psychotherapists are expected to have in-depth understanding of infant, child and adolescent development; infancy, childhood and adolescent disorders; family and cultural dynamics; and interdisciplinary approaches to working with children. Child and adolescent psychotherapists are specifically expected to be able to use methods of communication that are consistent with the child's or adolescent's stage of development and comprehension and be able to understand a child's non-verbal communication. Psychotherapy with children and adolescents may involve, but is not limited to: the assessment, formulation, diagnosis and treatment of emotional and psychological distress; severe mental health problems; and working with patterns of psychological life which may be outside of conscious awareness.

In practising psychotherapy, the context of a child or adolescent's life and social environment needs to be taken into account. Child and adolescent psychotherapists are expected to be able to work with parents/caregivers, and/or family groups as an adjunct to their work with children or adolescents.

Practice includes all the roles that a psychotherapist may assume such as clinical practice, educating and consulting including clinical supervision.

Child and adolescent psychotherapists shall practise within their area and level of expertise and with due regard to the ethical, legal, and board-prescribed standards.

Prescribed Qualifications for Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

An approved Master's level qualification in child psychotherapy from a New Zealand university or an approved comparable qualification

OR

Satisfactory completion of a final assessment accredited or set by the board

AND

The completion of 900 hours of supervised clinical child and adolescent therapeutic practice over at least three years with clinical supervision provided by a psychotherapist registered in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism. Hours not completed during qualification may be completed post-qualification

AND

The completion of 120 hours of personal psychotherapy with a registered psychotherapist during and/or following qualification.

3. Interim Psychotherapist Scope of Practice

Psychotherapists shall be competent to use various methods of psychotherapy to assist clients in their personal growth, relationship development, psychological life issues and mental health problems, whilst taking into consideration the bicultural context of Aotearoa New Zealand. Clients may include children, adolescents, adults, couples, families, whānau, groups, organisations and the public.

A key element of psychotherapy is the therapeutic use of the relationship between the psychotherapist and client. Psychotherapy may involve, but is not limited to: exploring the origins, maintenance and change of life patterns; the assessment, formulation, diagnosis and treatment of mental health problems; and working with patterns of psychological life which may be outside of conscious awareness, including non-verbal and preverbal patterns. Various coherent theoretical models are used in psychotherapy.

In practising psychotherapy, the context of a person's life needs to be taken into account, including social, cultural and spiritual contexts.

Practice includes all the roles that a psychotherapist may assume such as clinical practice, educating and consulting including clinical supervision.

Psychotherapists shall practise within their area and level of expertise and with due regard to ethical, legal and board-prescribed standards.

Acceptance into the Interim Psychotherapist Scope of Practice is for the purpose of achieving registration in either the Psychotherapist Scope of Practice or the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

Save for in exceptional circumstances as determined by the Board, practitioners can only remain in the Interim Psychotherapist Scope of Practice for a maximum period of five consecutive years.

The five-year time limit begins from the date of registration and continues uninterrupted.

Prescribed Qualifications for Interim Psychotherapist Scope of Practice

An approved Master's level qualification in psychotherapy and/or child psychotherapy from a New Zealand

university or a New Zealand training institution or an approved comparable qualification

OR

Satisfactory completion of an initial assessment accredited or set by the board

Note:

1. A practitioner with an Interim Psychotherapist Scope of Practice must meet the required qualifications for the Interim Psychotherapist Scope of Practice. However, they may not have yet completed 900 hours of supervised clinical psychotherapy practice with clients over at least three years with clinical supervision provided by a psychotherapist registered in the Psychotherapist Scope of Practice or Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism. Hours not completed during qualification may be completed post-qualification.

AND/OR

2. May not have completed 120 hours of personal psychotherapy with a registered psychotherapist during and/or following qualification.

Dated at Wellington this 1st day of October 2015.

JACQUELYN MANLEY, Registrar, Psychotherapists Board of Aotearoa New Zealand.

2015-gs5648

Released under the Official Information Act 1982



Sent by:
s 9(2)(a)
21/03/2002 08:59 p.m.

To: <Marilyn_Goddard@moh.govt.nz>,
cc:
bcc:

Subject: Fw: Psychotherapy and the H.P.C.A. Bill

Dear Marilyn, greetings.

As promised, I forward to you a copy of our report to the Minister, requesting that Psychotherapy be included in the H.P.C.A. Bill.

With warm wishes, Paul Bailey.

----- Original Message -----

From: [Paul Bailey](#)
To: aking@ministers.govt.nz
Sent: Thursday, March 21, 2002 7:45 PM
Subject: re : Psychotherapy and the H.P.C.A. Bill

Dear Hon. Annette King,

Thank you for your letter to me, dated 14th March.

I write again, on behalf of the New Zealand Association of Psychotherapists, in order to submit our report to you requesting that Psychotherapy be included in the Health Practitioners' Competency Assurance Bill.

As well as offering this as an attachment in this letter, I have also sent the report to you by post and have included with it :-

- (1) a brochure 'Choosing a Psychotherapist'
- (2) a brochure 'N.Z.A.P.- what is it? what does it do?'
- (3) 'N.Z.A.P. Notes Towards a History : 1947-1997'
- (4) Constitution and Rules of N.Z.A.P.
- (5) N.Z.A.P. Code of Ethics
- (6) N.Z.A.P. Assessment Policy and Procedures.
- (7) N.Z.A.P. Information for Members and Applicants.

I advise that I have forwarded a copy of this to Marilyn Goddard, in line with your encouragement for us to maintain contact with her regarding this matter.

Yours sincerely,
Paul Bailey



(on behalf of N.Z.A.P.) Psychotherapy2.doc

Document cannot be accessed due to old format
- refused under section 18(e)



Sent by:
Denise.Carlyon@lakesdhb
.govt.nz

To: "Ryan McLean" <ryan_mclean@moh.govt.nz>,
cc:
bcc:

15/06/2006 11:53 a.m.

Subject: Submission on the Form of Regulation of Psychotherapy

Dear Ryan,

Thanks for the opportunity to make a submission on what form of regulation will apply to Psychotherapy. Along with the submission, we include two appendices, the first outlining what child psychotherapy is, and does; the second a copy of information we were asked to supply as part of the Allied Health and technical Workforce Scan.

We are also sending hard copies of all this material to you fast post.

Kind regards,

Denise Carlyon

Snr Child Psychotherapist

CAFMHS

Lakes DHB



Child Psychotherapy Review Information.doc



Submission re Psychotherapy Regulation under HPCAA 2003.doc



Workforce Development.doc



Released under the Official Information Act 1982

CHILD PSYCHOTHERAPY

HISTORY

Child psychotherapy, as a discipline, has been in existence since the 1930's in Britain and Europe, and since the 1960's in the USA. Australia and New Zealand have recognized, and trained child psychotherapists since the 1980's. There were two trainings in New Zealand – one via the University of Otago School of Psychological Medicine and more recently one via AUT.

Child ~~psychotherapists~~ psychotherapists have been part of child and adolescent mental health services in New Zealand since 1983. Currently they are employed in Auckland, Hamilton, Palmerston North, Wanganui, Wellington, Christchurch and Dunedin. At Lakes DHB, child ~~psychotherapists~~ were ~~psychotherapy was~~ first employed in 1998, when the CAFMHS began. Since then, there have been 4 more child psychotherapists employed: 4 of the 5 have been New Zealand trained.

TRAINING REQUIREMENTS REQUIREMNTS

A pre-requisite for training is a degree or degrees (Honours, Masters or equivalent) plus experience working with children and adolescents in another field (education, nursing, psychology, social welfare etc)

In New Zealand, the ~~The~~ training is ~~-~~three year, full time academic and clinical. Child psychotherapy trainees are based in different clinics for each training ~~comprised of the three years.~~

Academic study including

- Knowledge of different aspects of child and adolescent development (social, emotional, physical, cognitive, sexual, psychological)
- Psychopathology
- The practice of psychotherapy with children, adolescents and families
- Different kinds of psychotherapy including play therapy, art therapy, sand tray therapy, psychodynamic (interpretive), interpersonal, couples, group and family therapies.
- Psychoanalytic theory of personality development
- Detailed observations of infants, children and adolescents, parent-infant dyads and families

- Case studies of children and adolescents, including what therapeutic approach was taken, the evidence and reasoning for this approach, and the outcome of the work.

Clinical study and practice includes

- Assessment of different aged children and adolescents, diagnosis and formulation of a treatment plan
- Treatment of individual clients and families using one of the therapy modalities, carried out under expert supervision and screening by a senior child psychotherapist and child psychiatrists

Our own psychotherapy to understand our own unconscious fears and conflicts and so better understand those of our clients

Post Training we have to apply to our association having done 60 hours of supervision and present and be interviewed about a case study of a child and family incorporating information about assessment, diagnosis, formulation, treatment plan, overview of the psychotherapy and outcomes.

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In our work for CAFMHS we have fortnightly clinical supervision for a minimum of an hour. We also regularly have peer supervision. Several child psychotherapists also participate in psychiatry peer review groups. We see it as important that we can be up to date with literature, research and training opportunities.

WHAT WE WORK WITH

Psychodynamic child psychotherapy is an in-depth, wholistic form of treatment for psychological disturbances of behaviour, thinking, emotionsfeelings and relationships. In children and young people these disturbances show themselves as

- Depression
- Anxiety
- Post traumatic stress
- Developmental delays
- Disorders of attachment and relationships
- Phobias
- Obsessions
- Eating disorders
- Aggression
- Delinquent behaviour
- Psychosomatic disorders
- Learning difficulties
- Attempts at self harm or harm to others

Peer reviewed under the Official Information Act 1982

- Severe neglect and abuse
- Elimination disorders

These behaviours and symptoms may be acute, or chronic and entrenched. Children often present with an array of symptoms. Child psychotherapists tend to see the most severe, complex cases which present to the service.

HOW WE WORK

Child psychotherapy is based on the relationship between therapist and client. Observation, interaction and interpretation helps children and adolescents make sense of their own inner conflicts, thoughts, feelings and their external behaviour. Verbal communication with children is important, as is communication through play, drawing and creative construction.

Sessions generally last one hour on a weekly or fortnightly basis. Depending on the age and needs of the child, therapy may be in the playroom or in a less stimulating environment. Child psychotherapy also works with parents, caregivers, or the whole family. As part of the process we consult and work with other environments impacting on the child (schools, hospitals etc)

Our work can be short or long term. Some children require less than 10 sessions, while the chronic complex cases can take 60 or more. Our aim is to proactively treat children and keep them from progressing further through the mental health system.

Child psychotherapists both in New Zealand and overseas work within health and welfare environments. In Britain, Germany, and Victoria (Australia) child psychotherapists are either an integral part of a MHS or are a separate service based at a children's hospital providing specialist clinical, consultancy and treatment clinics. Within Mental Health Services, we work as part of a multi disciplinary team. We work alone or in partnership with other child psychotherapists, psychiatrists, psychologists, nurses and social workers. We are consulted by psychiatrists, psychologists,

paediatricians, neuro-developmental therapists, schools and teachers, social welfare agencies, general practitioners, the family court and lawyers.

Child psychotherapists have delivered training to other professions, and have taught, tutored, and lectured at polytechnics and universities. We get called on to give lectures and key note speeches at children's health conferences.

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Within the health services we are called on to help other disciplines learn and understand children's development especially their "inner world". We are called on to run in-service training for mental health staff, paediatricians, visiting neurodevelopmental therapists, home care nurses, diabetic educators and social workers.

Other information

Child psychotherapists' qualifications, specialist training, abilities and expertise are rarely acknowledged by mental health services. Within health services, our salary and conditions of service have always been and continue to be substantially less than other professional groups with similar training, qualifications and experience.

Denise Carlyon _____
Lakes DHB Child Psychotherapists

Rebecca Banks

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**Child Adolescent & Family Mental Health Service
Lakes District Health Board
Private Bag 3023
Rotorua**

**SUBMISSION ON THE FORM OF REGULATION OF PSYCHOTHERAPY
UNDER THE HPCAA 2003**

Ryan Mclean
Sector Policy
Ministry of Health
PO Box 5013
WELLINGTON

14 June 2006

This submission has been prepared by Rebecca Banks and Denise Carlyon. We are Child Psychotherapists employed by Lakes District Health Board. We work for Child Adolescent and Family Mental Health. Our submission is based on our perspective, and does not seek to represent the views of either our employers, or the New Zealand Association of Child & Adolescent Psychotherapists.

Rebecca has a M.A. Psychology (Canterbury) and a Post Graduate Diploma of Child Psychotherapy (Otago). She has 9 years experience as a child psychotherapist working in the public health system. Rebecca is a member of the NZ Association of Psychologists.

Denise has a B.A (Canterbury), a Diploma of Teaching (Canterbury) and a Post Graduate Diploma of Child Psychotherapy (Otago). She has 18 years experience as a child psychotherapist working in welfare and public health systems, for ACC and the Family Court, and in private practice. Denise is a member of NZ Association of Counsellors, the Paediatric Society of NZ, and is currently in the process of joining the New Zealand Association of Child & Adolescent Psychotherapists.

Because Appendix 2 of the document referred more to adult psychotherapy, we have attached to our submission a description of the specialist qualifications, training and work child psychotherapists do. We believe this is pertinent to our proposed "scope of practice."

DISCUSSION QUESTIONS

1. In the document, the tenor of the Scopes of Practice for Psychotherapy is adult focused and generalist.
2. There are very few trained and qualified child psychotherapists in New Zealand. As of 2004, 20 had graduated from the post graduate Otago training (via the Wellington Medical School, Department of Psychological Medicine) We are uncertain how many have graduated from the Auckland training based at AUT. We understand NZACAP has a membership of approximately 40 people.
3. Because child psychotherapy numbers are few, it would be impractical to seek to be a stand alone authority. However, joining with a blended authority also needs great care. Child psychotherapists have highly specialized training. To be qualified, we have an academic path, clinical training, internship and supervision of our practice which is more in line with clinical psychologists. Part of this process involves close supervision by psychiatrists and senior members of our profession. Psychotherapists, by contrast, have a range of trainings and qualifications.
4. We would be very concerned if adult trained psychotherapists worked with children. The scope of practice for child psychotherapy needs to be very clear, and acknowledged as a specialty area, working with a very vulnerable client group.
5. Currently the existing regulated group (**psychology**) and the profession to be regulated (**psychotherapy**) don't really work together. However, in our environment, child psychotherapy tends to have more dealings with psychologists and work alongside them than we do with adult psychotherapists. We also tend to work closely with Child Psychiatry, and with Paediatrics.
6. Child psychotherapy and psychology share a similar client group, but have distinctive ways of assessing, formulating, planning treatment, and offering therapeutic interventions.
7. Child psychotherapy has long been regarded ambivalently by psychologists. At times we are envied for the depth of our knowledge and training. At other times for these reasons we are used to up-skill psychologists about psychotherapeutic ways of assessing and treating children. Often, we have found ourselves ignored or marginalised.
8. We are very aware that psychologists and psychotherapists are both well understood, large, powerful professional groups. By comparison, child psychotherapists are not well known, small and far less powerful. Some psychologists would not welcome child psychotherapists to their authority, or would accord us subservient status. Adult psychotherapy would welcome child psychotherapy, but could overwhelm us with numbers.
9. It would be clearer if we were a sub board of **either** psychotherapy **or** psychology. It would be even more difficult if psychotherapy became part of a "blended authority" with psychology **and**

psychotherapy with the implication that we could be an even smaller group proportionally, and a sub, sub board!

10. There are positives and negatives to being part of a “blended authority”. **Negatively**, with either adult psychotherapy or psychology, child psychotherapy could be overwhelmed and lost as a distinct profession and specialty. There is the possibility that adult psychotherapists, or psychologists, who don’t have specialist qualifications to work with children, could attempt to encroach on child psychotherapists’ scope of practice.
11. **Positively**, being part of a blended authority means child psychotherapy can be defined, acknowledged, and regulated with flow on protection for the children and families with whom we work. Getting licensed to practice would weed out people who call themselves child psychotherapists but do not have the qualifications, training, or professional membership. This in turn would protect children and families from bogus practitioners who can do great harm. Lastly, it would mean that child psychotherapy would become more credible and recognized in New Zealand, in line with its high standing in Britain, Germany, Holland, Belgium, the United States, Canada and Australia.
12. It seems to us more logical and appropriate to become part of a blended authority with Psychotherapy, with a clear scope of practice, and responsible to a child psychotherapy sub board.

Denise Carlyon
Snr Child Psychotherapist

Rebecca Banks
Child Psychotherapist

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Allied Health and Technical Workforce Environment Scan

Background

In November last year the National CEO Group set up six National Workforce Strategy Groups (WSG) to assist in DHBs developmental priorities of key workforces over the next 5 - 10 years. These groups include an Allied Health WSG and a Technical WSG covering a range of key occupational groups.

To assist in identifying key priorities for each occupational group, an environmental scan is currently being undertaken.

Process

In December a qualitative survey was sent to nominated sector experts covering each occupational group. Each occupational group has been delegated an 'A' or 'B' class priority. 'A' class priority groups are those that have been identified as larger occupational groups that are regulated under the HPCA Act, or are currently seeking regulation under this Act.

In this initial phase, completed priority 'A' occupational group surveys are being circulated to the wider sector for comment and completion of key questions. Priority 'B' occupational groups will be completed by the appropriate sector expert only, and if any issues emerge that we were previously unaware of, the prioritisation level will be reviewed and appropriate steps will be taken to gain a wider sector view.

Instructions

You have been nominated as a DHB expert for review of the completed survey for your occupational group. Thank you for agreeing to take part in this process. We would like you to:

1. Review and comment on the information included in items 1 – 7 of the survey below.
2. Complete items 8 – 10 of the survey below.

Your comments and completion of the survey will help verify the answers we have received and assist in identifying the top developmental priorities for your workforce over the next 5 – 10 years.

Many thanks for your time in verifying and completing this survey.

Allied Health and Technical Workforce Environmental Scan

If you have any queries or wish to clarify any of the questions in this survey please do not hesitate to contact:

Rebecca Rosvall
rebeccarosvall@dhbz.org.nz
(04) 499 8256

Name of Workforce: Psychotherapists CHILD PSYCHOTHERAPISTS ARE A DISTINCT GROUP FROM PSYCHOTHERAPISTS WITH A DISTINCT TRAINING

1. Overview (Brief Role Description of this workforce, profession-specific specialist knowledge etc)

Psychotherapy is a treatment and healing approach for psychological disturbance within an individual and within systems of human relating. Therapy may involve an individual and/or parts of the social network to which they belong. The concern of treatment is the interrelated physical, emotional, mental and spiritual aspects of being human.

Psychotherapy is concerned with a set of disciplines and attitudes of inquiry that are aimed at helping the client face into the deep experience of their lives. In so doing they examine and change established patterns of living and begin to express their potential patterns of being.

The practice of child psychotherapy is grounded in a basis of developmental, interpersonal, intrapsychic and systems theories of individual development and relationships. These theories emphasise the importance of unconscious mental processes, early childhood experiences, and the role of emotions in shaping behaviour.

Child psychotherapy is based on the relationship between therapist and client. Observation, interaction and interpretation helps children and adolescents make sense of their own inner conflicts, thoughts, feelings and their external behaviour. Verbal communication with children is important as is communication through play, drawing and creative construction.

Psychodynamic child psychotherapy is an in-depth, wholistic form of treatment for psychological disturbances of behaviour, thinking, emotions and relationships. In children and young people these disturbances show themselves as: depression; anxiety; post-traumatic stress; developmental delays; disorders of attachment and relationships; phobias; obsessions; eating disorders; aggression; delinquent behaviour; psychosomatic disorders; learning difficulties; attempts at self harm or harm to others; severe neglect and abuse and elimination disorders.

These behaviours and symptoms may be acute, or chronic and entrenched. Children often present with an array of symptoms. Child psychotherapists tend to see the most severe, complex cases which present to the service.

2. Is this workforce regulated or seeking regulation under the HPCA Act? If seeking regulation, at what stage of the process is the application?

Psychotherapists have sought regulation for several years and have recently heard from the Minister of Health that psychotherapy will be included as an occupational category under the HPCA act. MOH is calling for submissions about what sort of regulating authority should be established.

Child psychotherapists have also sought regulation.

3. Scope of Practice (as per HPCA Act or other agreed description, include description of specialist scopes)

In seeking registration NZAP proposed the following:

The practice of psychotherapy within a "general" scope is defined as providing or offering to provide to individuals, couples, families, groups, organisations or the public any psychotherapeutic service, including the practice of psychotherapy and/or the application of psychotherapeutic knowledge, skills, principles, methods, procedures or forms of understanding.

Specialty scopes of practice will be developed over time as needed depending on the amount of specialisation required and the degree to which a particular client group may be vulnerable and at risk (e.g. children, the elderly, trauma survivors).

NZACAP is working with NZAP to define scopes of practice particularly to recognise child psychotherapist's as having a specialist scope of practice where we work with children and adolescents, families dyadic relationships and distortions in psychological and emotional development.

4. Practice settings (describe range of service areas in which profession is practiced)

- Private; sole practitioner or group practice
- PHO s
- Providing services for Government Organisations, e.g. ACC, Work and Income, Justice.
- NGOs e.g. Skylight, Help, **PSS, Barnadoes, SAFE**
- Mental Health Services; Hospital and Community Services, Child, Youth and Family Services, Maternal Mental Health, Eating Disorder Service and Personality Disorder Service.

5. Education/ Training Requirements; Please give a brief summary of undergraduate and/or post graduate training required for your workforce (e.g. 3 year degree/diploma)

A combination of qualification-based and competency-based criteria are needed to define minimum standards for psychotherapy training, clinical experience and

competency to practice.

According to the NZAP, the minimum qualifications to practise psychotherapy includes each of the following:

- a graduate qualification or equivalent level of general education
- specific training in psychotherapy theory and practice
- 1500 hours of supervised client sessions.

A pre-requisite for training is a degree or degrees (Honours, Masters or equivalent) plus experience working in related fields with children and adolescents. In New Zealand the training for child psychotherapy is three year, full time academic and clinical practice via Otago Medical School. During post-graduate training, a minimum of 1500 hours supervised clinical practice is required alongside specific training in child psychotherapy theory and practice.

For NZACAP an additional 100 hours clinical supervision and the submission of a case study for presentation at and NZACAP conference alongside a viva. Regular supervision from a senior child psychotherapist is required thereafter.

6. If training for this occupational group is within an apprentice style training programme please indicate whether your DHB provides a training programme for this workforce.

N/A

6.1 For professions where there are specific internship requirements please indicate how many intern positions are available in your DHB annually.

Currently no intern positions but we hope that this may change in the next few years

In child psychotherapy, an internship component is required in Years 2 and 3 of the clinical post graduate training (unpaid)..

6.2 If appropriate please indicate how many graduate positions are available in your DHB annually.

New graduates employed by DHB ⁽¹⁾	2003	
	2004	
	2005	

General Comments.

No internship placements or new graduate positions. There has only been one new graduate employed by Lakes DHB. There is no system to have new graduates employed by the DHB.

(1) People employed within 6-12months of graduation in first employment as a graduate practitioner

7. Please outline any requirements for continuing professional development to maintain competency, required by the appropriate registering authority, professional body or DHB.

As yet there is no formal registering authority.
NZAP members have an annual review in which their professional development plans are discussed.

Child psychotherapist have to identify a supervisor and provide evidence we have done supervision on a fortnightly basis.

Child Psychotherapists employed by the DHB are expected to attend courses and workshops as appropriate to their work throughout the year but no specified amount.

8. **Service change is a key driver of workforce change. What changes in service delivery are likely to affect this workforce in the next 5-10 years? (Consider across DHB provider arm and non-provider arm workforce)**

If DHB's were to change their outlook and only provide assessment, diagnosis and a very prescribed, time limited treatment protocol, this would adversely impact on our work (and clients).

The make-up of the MDT being more restricted to nursing, social work and psychology.

A focus on crisis intervention, brief work and discharge.

9. **Based on you response to above: What are the key directions and development issues for this workforce in the next 5 -10years?**

Please consider the following categories in your response:

Education/training: (numbers/competencies, etc)

Post Graduate child psychotherapy training (which ceased via Otago 2003) needs to be attached to a medical school.

Need for greater number of child psychotherapists to be trained with internship placements available across NZ.

NZ trained child psychotherapists should be incorporated in child focused trainings being developed and offered.

PG child psychotherapy training has to maintain a standard and be recognised as on a par with Post Graduate Diploma in Clinical Psychology.

Operational environment: (for example changes needed in support/infrastructure)

Child Psychotherapy needs to be recognised as a distinct professional group (as distinct from psychology) with oversight and supervision by child psychotherapists.

Because there are so few child psychotherapist, isolation is a major issue

therefore there is a need for services to employ more than one child psychotherapist at a time and to support networking.

A professional pathway including having child psychotherapist senior of discipline or professional advisors.

Scope of clinical practice:

Child psychotherapist can assess, diagnose and treat children and adolescents (using acknowledged psychotherapy methods) with a variety of presenting conditions as outlined in DSM-IV and ICD- 10.

They can also work with adult-child dyads and families.

Technological change needed:

There needs to be identified child and adolescent therapeutic spaces and equipment provided by employing bodies.

Teleconferencing to network, support and up skill child psychotherapist is needed.

10. Based on your response to above, please indicate your top 3 workforce development priorities for this workforce.

Recognition as a distinct specialist professional group working with a highly vulnerable population, should mean there are appropriate academic and clinical trainings to support and reflect this.

There should be a focus on developing the number of child psychotherapists who can work with children's mental health.

Child psychotherapists should have an input into focus groups on workforce development.

Completed by:	Name	Denise Carlyon and Rebecca Banks
	Designation	Child Psychotherapists
	DHB	Lakes DHB

Please return this survey to rebeccarosvall@dhibnz.org.nz

Thank you for completing this survey



Sent by:
s 9(2)(a)

To: <Ryan_McLean@moh.govt.nz>,
cc:
bcc:

16/06/2006 12:28 p.m.

Subject: Submission re regulation of psychotherapy.doc

SUBMISSION RE REGULATION OF PSYCHOTHERAPY: Stand Alone or Blended Authority?

To: Ryan McLean

Ministry of Health

From: Helen Palmer & Peter Hubbard

Directors

Institute of Psychosynthesis NZ

We write this submission from the perspective of being involved in training counsellors and psychotherapists over the last 19 years. We returned from the UK in 1986 and established the Institute at a time when there was little available in terms of formal training for psychotherapists. As a small PTE (registered with NZQA) we offer Diplomas in Psychosynthesis Counselling and Psychosynthesis Psychotherapy

1. Which would provide better protection for the public, a stand alone or blended authority, and what would be the impact on the public in regards to safety and treatment outcomes?

As education providers, we believe that one important way people are protected in a democratic society is by being well informed and having easy access to a range of information relevant to their psychological needs and well-being. The history of psychotherapy in New Zealand is that, although there have been practising psychotherapists since the 1940's, it has not been widely available in the public health sector as few psychotherapists are employed in the public sector. The mental health system still tends to be dominated by the medical model of mental health with consequent

increasing reliance on drugs such as anti-depressants as the sole intervention for maintaining psychological functioning. While the benefits of medication are evident, there are still side effects to manage, on-going consumer costs, and the issues of long term drug dependence. This means that members of the public are limited both in their knowledge of which psychological treatment may best serve their needs, and in their ability to access psychotherapy within the mental health system. If psychotherapy were a better known and provided for mental health option, the impact on safety and treatment outcomes could be positive and dramatic. Therefore, we consider that the protection of the public would be best served by psychotherapy being well regulated by an effective stand alone authority, as it is more likely to heighten the public profile of psychotherapy. This is both through the name of the Authority clearly identifying the profession, and through the expertise of those appointed to the Board.

We established the Institute in 1986 to provide psychosynthesis to the New Zealand public for self development, and also to provide a clinically sound training to produce competent and ethical psychosynthesis counsellors and psychotherapists. (As trainers we clearly differentiate counselling and psychotherapy and our training reflects the differences of these two psychological treatment options.) We believe that it is more likely the public will continue to get specific knowledge about psychotherapy as a treatment option if the authority is a stand alone body made up of practising psychotherapists, with a knowledge base that is distinct with regard to the professions currently regulated under the HPCAA.

Further to the question re the impact on the public in regards to safety and treatment outcomes – this impact is most commonly due to whatever becomes the basis of complaints. Our belief is, that by training psychotherapists well, which means requiring regular experiential work to develop intrapersonal and interpersonal awareness, and meeting other competency based criteria derived from supervised practice and assessment of emotional intelligence and relational skills as well as academic achievement, that the risk to the public of unskilled and/or unethical practice is minimised. A stand alone authority is more likely to understand what training programmes are most likely to produce competent and effective psychotherapists. Our concern is that a blended authority might be more likely to place undue weight on academic qualifications alone.

2. Are there any other reasons that it would be in the public interest to have a stand alone or blended authority?

We consider it in the public interest that psychotherapists continue to find ways to respect and incorporate the principles of the Treaty of Waitangi in ways that are therapeutically

meaningful in the multi-cultural society of our bi-cultural nation. Given the nature of this exploration and what has been happening under the aegis of the NZAP, it would appear to us that a stand alone authority is more likely to monitor and ensure psychotherapeutic development of appropriate culturally sound practice with tangata whenua, building on the work that is already happening within the profession of psychotherapy.

3. If you consider there is potential for a blended authority:

We do not consider there is potential for a blended authority which would be adequately responsive to the specific needs of psychotherapy as a profession. We consider it would be damaging to the profession as a whole if it were to be combined with the present Psychologists Board as the two approaches are clearly distinct. We say this having trained psychologists to become psychotherapists, and we see the skills base as significantly different.

4. If you consider there is potential for a stand alone authority:

- Is there sufficient expertise within the profession to enable an authority to be appointed capable of making the decisions and performing the necessary function expected of a registration authority to ensure public safety?

Yes, we consider there is a pool of experienced people available, whether from being involved with the NZAP and/or training programmes, who have a body of knowledge about the qualifications and competencies needed to make assessments about the ethical practice and effectiveness of psychotherapists; who have developed definitions of scopes of practice; and policies and procedures to ensure the rights and responsibilities of both clients and practitioners. There are many people who have local and/or national experience with the kind of issues a regulatory body will address.

- Are the scope(s) of practice sufficiently discrete from those under existing authorities to warrant a stand alone authority?

We believe there are particular features of psychotherapeutic training and practice which make the scopes of practice discrete from other professions.

- It is an essential requirement that psychotherapists have engaged in their own

personal psychotherapy. This is to develop experiential understanding of the relational process of psychotherapy, which involves emotional and behavioural engagement as well as cognitive processing. There are many different psychotherapeutic theories but all would consider that the therapeutic relationship is what most creates the beneficial effects of psychotherapy, and the importance of attending to what is called the unconscious process.

- It is also expected that regular formal supervision is undertaken throughout one's professional life which is not just peer supervision but with an experienced supervisor who helps the psychotherapist develop and deepen their professional practice and self-care to a level commensurate with their continuing maturation. People who have not been through such an experiential training pathway often do not understand the importance of a component such as personal psychotherapy, and we believe the profession is better monitored by a stand alone authority comprising people who have this experiential knowledge.

- Is the profession able to sustain the cost of a stand alone authority?

It is hard to make an informed comment about this question as we do not have a breakdown of the specific costs of establishing a stand alone authority or running costs. We understand that there will be a financial impact on psychotherapists whether regulation is through a blended or a stand alone authority. We are confident psychotherapists would rather manage the financial requirement of maintaining a stand alone authority which is properly cognisant and responsive to their professional concerns.

Also, there are the longer term financial implications to be considered. As psychotherapy has become a profession recognised under the Act, then it is to be hoped that it will become even more recognised and respected. More psychotherapists may find employment in the public health sector, as well as being able to establish practices in the private sector as registered psychotherapists, attracting members of the public who can afford psychotherapy, reassured by its regulation. The profession may well grow in numbers. This provides a greater pool bearing the costs of regulation by maintaining the stand alone authority.

5. How much support and/or opposition is there from within the effected professions for each of the options (blended or stand alone authority) and what reasons/rationales are given in support of these views?

Our understanding is that through meetings of the NZAP and the Psychologists Board

both organizations continue to agree the much preferred option is for an independent establishment for psychotherapy rather than blending with an established Authority.

Released under the Official Information Act 1982



Sent by:
s 9(2)(a)

11/01/2007 10:06 a.m.

To: <Ryan_McLean@moh.govt.nz>

cc: s 9(2)(a)

bcc:

Subject: RE: Psychotherapy Cabinet paper + RIS

Dear Ryan,

Thank you for the discussion this morning. I think a meeting to discuss the issue of how to regulate the psychotherapy profession would be useful. At the moment I have two major concerns about this proposal:

1. What is the case of regulating the profession? There are risks associated with a number of professions. This does not mean the profession should be regulated.
2. Can a profession of this size really run a disciplinary process? One of the benefits of regulation is the ability to run a disciplinary process. However, given the size of the profession being created it is not clear that they will be able to run a disciplinary system that is better than the current set of arrangements.

Regulating psychotherapists

1. There are risks associated with a number of professions. This does not mean the profession should be regulated.
 - a. I would note that most countries do not regulate psychotherapists (e.g. Australia regulates psychologists but not psychotherapists).
 - b. Regulating a profession is not the same as providing "surety of competence". Competency requirements can be achieved without registration.
2. If a profession is registered and has a protected title there the implication of state support and responsibility.
 - a. This results in a transfer of the risk from the individual to the government. While the individual benefits from this transfer it is not clear what the state benefits by. Hence, there are a number of professions for which there are risks associated but that are not registered.
3. Having the profession registered does not automatically lead to surety of competence. It is not clear how competence will be assured following registration. Can a profession of this size and age design a system for increase surety of competence? (why not just leave it to voluntary industry associations).

Disciplinary processes

1. One of the benefits noted about regulating psychotherapists is the ability to run a disciplinary process. However, the profession is small and so it is not clear that the profession will be able to run a disciplinary system that is better than the current set of arrangements.
 - a. In addition, the small size of the profession would seem highly likely to result in a costly set of arrangements whose cost does not clearly outweigh the benefits.

As we discussed it appears the public policy objective is not currently worded correctly. If you want to provide a mechanism to signal to the public that the individual has met a certain level of competence, then you do not need to have registration to do this.

If the question has become 'how do we regulate this profession' rather than 'do we regulate' then I would suggest, as you suggest in the cabinet paper, that a joint psychologists – psychotherapists board would be much better than individual boards (for competency, disciplinary and administrative reasons). While the professions might not be keen on this, that is not a good enough reason for it not to be pushed.

I am more than happy to discuss.

Kind regards

Richard

Dr Richard Hawke
Manager, Regulatory Policy
Effective Markets Branch
Ministry of Economic Development
33 Bowen Street / PO Box 1473
Wellington
s 9(2)(a)

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Sent by: Louise McLaren/MOH

To: Louise McLaren/MOH@MOH,
cc:
bcc:

01/06/2007 02:19 p.m.

Subject: Call for nominations

Psychotherapists Board

The Psychotherapists Board is a new body corporate established under section 114 of the Health Practitioners Competence Assurance Act 2003 (the Act). The purpose of the Board is to protect the consumers of psychotherapy through the registration, education and discipline of psychotherapists.

I am writing on behalf of the Minister of Health to gather nominations for the Psychotherapists Board (the 'Board').

These vacancies are for two lay members (is neither a registered health practitioner nor qualified to be registered) and five health practitioner members (practicing psychotherapists with 8 years experience). At least one of the psychotherapist members must have specialist experience in child and adolescent psychotherapy.

Experience in governance and financial management on boards or companies in the private or public sector is desirable.

Attached is the candidate information document for the Board which outlines the terms and conditions of appointment. Also included is a standard Ministry of Health application form. If you would like to nominate yourself or any suitable candidates for these vacancies, please forward your nomination to me by **22 June 2007** along with a copy of your / their current curriculum vitae and completed application form.

The address to send your nominations to is:

Louise McLaren
Corporate Planning & Reporting
Ministry of Health
PO Box 5013
Wellington

Alternatively, nominees may wish to complete the on-line application form (and attach their CV), which can be found at:

<http://www.moh.govt.nz/apps/statcommittees.nsf/application?open>

Thank you for your input into this process. If you have any questions, please don't hesitate to contact me on (04) 470 0680 or email Louise_Mclaren@moh.govt.nz.



Application Form.doc Psychotherapists Board TOR.doc

Louise McLaren
Account Manager - Committees
Corporate Planning & Reporting
Government & Sector Relations
Corporate & Information Directorate
Ministry of Health
DDI: 04 470 0680
Fax: 04 496 2468

mailto:Louise_McLaren@moh.govt.nz



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Sent by: Tina Mitchell/MOH

15/06/2009 10:51 a.m.

To: Michael Batson/MOH@MOH,
cc:
bcc:

Subject: Fw: Psychotherapists Board of Aotearoa New Zealand - notes

Tina Mitchell
Senior Policy Analyst
Strategic Workforce Development Unit
Health & Disability Systems Strategy Directorate
Ministry of Health
DDI: 04 816 3991

<http://www.moh.govt.nz>
mailto:Tina_Mitchell@moh.govt.nz

----- Forwarded by Tina Mitchell/MOH on 15/06/2009 10:51 -----



"Registrar"

<Registrar@pbanz.org.nz>

12/06/2009 11:22

To <Tina_Mitchell@moh.govt.nz>

cc

Subject: Psychotherapists Board of Aotearoa New Zealand - notes

Hi Tina,

Morning,

Thanks for taking the time to meet with us on Tuesday. As discussed I have made some notes which maybe useful to you.

Feel free to call me if you need clarification on anything.

Chat soon
Kind regards

Jacq
s 9(2)(a)



MoH meet with PBANZ - notes from the meeting.doc

Released under the Official Information Act 1982



Tina Mitchell
Senior Policy Analyst
Strategic Workforce Development Unit
Health & Disability Systems Strategy Directorate
Ministry of Health
Tina_Mitchell@moh.govt.nz

Friday 12th June 2009

Dear Tina and Michael,

Thank you for meeting with Psychotherapists Board of Aotearoa New Zealand on Tuesday morning.

During our meeting the Board talked about the difficulties faced during the initial stages of regulating the psychotherapy profession. These included the lack of seeding money and timeframes. You advised that this information would be useful to the Ministry and asked the Board to note it down for future reference.

REGULATION REALITY

It is important that future professions being accepted under the Health Practitioners Competence Assurance Act 2003 (HPCAA) realise what regulation will mean for that profession.

This includes understanding that regulation is for "public safety". Practitioners and often associations assume that the Board is another resource for the practitioner and that they will receive services for their registration and annual practicing certificate fee.

In addition to the above some Associations have lobbied for regulation believing that they will hold the role of the regulator i.e. Board or Council. It should be made clear to those lobbying that the Board/Council will be a separate entity to the Association and made up of members appointed by the Minister of Health. It should also be clear that Board/Council will have the final say on how that profession is regulated within the HPCAA (not the Association).

There is often confusion between the role of the regulatory Board and that of the Association.

SEEDING MONEY

Those lobbying for registration often base expected costs on their current annual fee. This is unrealistic. The organisation lobbying has already endured the early set up years, is usually debt free.

The Psychotherapists Board did not have seeding money. This meant that during the first year of operation the Board's expenses (just over \$184,000) far outweighed income received. The only income received (other than a couple of small fees) was the grant from the Ministry of Health (\$60,000). This grant was helpful but less than what a new Board requires to move forward.



Until the grant was received Board members personally financed psychotherapy regulation i.e. Board expenses, Board Registrar, Board fees.

This put a huge personal burden on Board members and should not be allowed to happen again. Sufficient seeding money must be made available from either the profession or Ministry of Health prior to the creation of the Board.

As noted, the second year difficult time for budgeting. In the first year the Board gains registration and APC fees. In the second year the Board only gains APC fees, unless a reserve has been built up the finances will be strained in the second year. This brings with it the possibility that the APC will need to be increased.

ASSISTANCE FROM OTHER BOARDS

The Board is very grateful to have received assistance from the Occupational Therapy Board of New Zealand (OTBNZ). OTBNZ generously provided an office for the Board within their office with an affordable rent. The OTBNZ also delayed billing the Board for rent and stationery until the Board received some income (Ministry grant).

It is important for future Board/Councils to look at working with other regulatory authorities. This has helped the Board to contain costs and also to share in the OTBNZ experience and knowledge.

The Board has found the knowledge gained from OTBNZ to be invaluable.

The Board has also utilised the previous work of many of the Boards who have been generous sharing policies and systems and while this has allowed the Board to develop matters at a faster rate, as indicated during our meeting the practitioners expect uniquely "psychotherapy solutions" to matter such as:

- Clinical competencies.
- Ethical matters
- Registration pathways
- Scopes of practice.

TIME LINE

It was a full year from the Board's appointment (October 2007) until the Board started receiving income (from practitioner fees).

New Board's should consider the amount of work that will need to be completed before they can start registering practitioners.

In reviewing a realist time line the enclosed chart may give you a feel for the time needed. It is to be noted that the other RAs had a year to work on implementation before the HPCAA came into force from 2003 to 2004, and most were not working from scratch.

Often this work takes longer than originally planned as the concepts are new to many Board members and it takes time to understand the Act before policy development can start. Consultation and development also takes time. It is the Board's experience that large new policies such as defining scopes, registration, developing clinical competencies takes 2-3 months to be developed and agree on. Wider consultation and sign off then takes about 3-6 months.



If a Board is under financial pressure then it is impossible to organise face to face consultation and Board meetings have to be kept to a minimum.

EXPERTISE NEEDED FOR THE PROCESS

A person experienced in HPCAA on the Board has been incredibly valuable. The Board has benefited from Sue Ineson's experience as she has worked within the regulatory sector for many years. Without this experience their work would have been even more difficult.

While Board members are experienced in their professions, they do not have the legal and regulatory expertise to "hit the ground running" at the development phase and this Board did not have the financial means to get frequent legal or consultancy advice. Due to financial restraints Board members such as Sue Ineson have had to develop most Board policies and some papers to bring members up to speed on HPCAA principles such as on Section 4, recertification and accreditation principles.

It has been noted that when the HPCAA came into force most Boards already existed and had an approach to regulation. Many smaller new Boards were assisted by the RBS secretariat or were sheltered within existing Boards such as the Dental Council; therefore the Ministry has not had to assist Boards develop, (unlike similar new regulation for lawyers or for real estate members where the Ministry of Justice facilitated contractors to assist with development).

In the new environment, either experienced people will need to be available to assist Boards develop or the Ministry will need to develop a guide on how to implement regulation. It is noted that other RAs are still struggling to implement all aspects of the HPCAA and appreciate the differences in focus that the HPCAA brought in areas such as registration, management of competencies and conduct and recertification.

I hope this information provides useful, please feel free to call if you would like to discuss any of this information further.

Kind regards

Jacq
Jacquelyn Manley
Registrar
Psychotherapists Board of Aotearoa New Zealand



TIMELINE FROM OCTOBER 2007 – MAY 2009

Date for the Psychotherapy Board	Timelines	Tasks
October 2007	1 st Month	Appointment of Board members
November/December 2007	2 nd Month	Initial meeting of the Board
November – March 2008	By 6 Months this time was impacted on by a Christmas holiday period	Development of work plan, Discussion of HPCAA requirements, Development of policy and systems on Board operation Development of understanding of what the Board needed to develop for registration and scopes of practice
April 2008	7 th Month	Registrar hired to assist the Board Board secured an affordable office/location including all the necessary office equipment Creation begins on logo/identity and stationery Creation begins office systems and procedures Discussion on Scopes of practice and the creation of a draft consultation document
May 2008	8 th Month	Face to face consultation with the profession to get guidance on scope(s)
May - September		Policy development and consultation on scopes and registration pathways
June	9 th Month	Develop registration system and database
September 2008	12 month	Gazette final Scopes of Practice Start of registration
October 2008		Registration continued APC's issued (1 st October – 30 th Sep APC year)
December 2008	15 month	Board started ground work on clinical competencies Discussed Ethical standards Hui held to discuss a suggested Kaupapa Maori Scope of Practice
January	16 month	Contracting of temporary staff membership to assist with amount of work.
February 2009	17 month	Planning session facilitated in house due to lack of funds Further policy development needed to deal with registration applications. Start to discuss frameworks for clinical competencies and reviewed other Boards cultural competencies
April 2009	19 th Month	Creation of recertification systems underway as they need to be in place by August so second year APC can be organised Clinical competencies out for consultation, this

The Psychotherapists Board
of Aotearoa New Zealand

Te Poari o nga Kaihaumanu Hinengaro o Aotearoa

		shows more work is needed further development likely to take 4-6 more months. Student Scope out for consultation Systems for accreditation of courses introduced to Board members Broad complaints process under development will take at least 3 more months
May 2009	20 th Month	Ethical working group set up – development likely to take 6 months at least and then consultation will need to take place

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Sent by: Kathy
Brightwell/MOH
22/09/2010 11:52 a.m.

To: Kathy Brightwell/MOH@MOH,
cc:
bcc:

Subject: Fw: Ministry recommendations for the Psychotherapists Board

Kathy Brightwell/MOH



Jurgita Klein/MOH



Jurgita Klein/MOH
20/09/2010 12:45 p.m.

To: Kathy Brightwell/MOH@MOH
cc: Genevieve Hooker-Snell/MOH@MOH, Oliver
Poppelwell/MOH@MOH, Joseph Perrott/MOH@MOH
Subject: Ministry recommendations for the Psychotherapists Board

----- Forwarded by Jurgita Klein/MOH on 20/09/2010 11:35 a.m. -----

Joseph Perrott/MOH
20/09/2010 10:14 a.m.

To: Jurgita Klein/MOH@MOH
cc:
Subject: Psychotherapy Cv's

Hello Jurgita,

I have attached the cv's for the psychotherapy board to this email.

Kind Regards

Joseph Perrott
Analyst
Government Relations
Corporate Services Directorate

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Ministry of Health

<http://www.moh.govt.nz>
mailto:Joseph_Perrott@moh.govt.nz

s 9(2)(a)

----- Forwarded by Jurgita Klein/MOH on 20/09/2010 11:35 a.m. -----

Joseph Perrott/MOH
20/09/2010 10:21 a.m.

To Jurgita Klein/MOH@MOH
cc

Subject Chair Recomendations for the Psychotherapy Board 

Hello Jurgita,

The Chairs recomendations for the psychotherapist board are attached to this email.

Kind Regards

Joseph Perrott
Analyst
Government Relations
Corporate Services Directorate
Ministry of Health

<http://www.moh.govt.nz>
mailto:Joseph_Perrott@moh.govt.nz

"Mihiteria King" s 9(2)(a)



"Mihiteria King"
s 9(2)(a)
12/09/2010 18:51

To <Joseph_Perrott@moh.govt.nz>
cc

Subject Recomendations for the Psychotherapy Board

Kia ora Joseph, Tim.

Please find attached my comments and recommendations for the Psychotherapy Board. I hope they provide useful feedback to assist your processes.

Eagerly await some news! Any idea how long the process will take from here?

Regards

Mihiteria King

Chair
Psychotherapists Board of Aotearoa NZ
Te Poari o Nga Kaihaumanu o Aotearoa
M: s 9(2)(a)
A: P O Box 100-029
North Shore Mail Centre
North Shore City 0745

From: Joseph_Perrott@moh.govt.nz [mailto:Joseph_Perrott@moh.govt.nz]
Sent: 7 September 2010 5:19 p.m.
To: s 9(2)(a)
Subject: Recomendations for the Psychotherapy Board

Dear Ms King,

My name is Joseph Perrott and I have recently joined the Ministry of Health in the government relations team. Another new team member called Tim Spackman and I are taking over the appointments process from Veronica Lovell who is leaving the ministry. This email concerns upcoming appointments to the psychotherapy board.

As Chair of the psychotherapy board you are given the opportunity to make comment on the applicants and advise on who you feel would best contribute to the Board. I would be very grateful if you could please get this information back to me by 14 September 2010. I have attached below the CVs of all the applicants for this round of appointments.

If you have any questions or require further information please do not hesitate to contact me. My work number is 04 816 3588.

Kind regards,

Joseph Perrott
Analyst
Government Relations
Corporate Services Directorate
Ministry of Health

<http://www.moh.govt.nz>
mailto:Joseph_Perrott@moh.govt.nz

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Chair comments on Noms.pdf

Withheld in full under section 9(2)(a)

Released under the Official Information Act 1982

Sent by: Virginia Spackman/MOH

05/05/2011 03:15 p.m.

To: Michael Batson/MOH,
cc:
bcc:

Subject: Fw: HWNZ Proposal to Amalgamate secretariat functions for Regulating Authorities

Hi Michael,

Sorry that this didn't get to you earlier, I'm not sure if you have received this in another form too or not.

Virginia Spackman
Team Administrator
Workforce Intelligence and Planning
Health Workforce New Zealand
National Health Board
Ministry of Health
DDI: 04 816 4378
Fax: 04 816 2340

<http://www.moh.govt.nz/phi>
mailto:Virginia_Spackman@moh.govt.nz

----- Forwarded by Virginia Spackman/MOH on 05/05/2011 03:14 p.m. -----



Sean Manning

s 9(2)(a)

07/04/2011 09:44 a.m.

To: planning@healthworkforce.govt.nz, Registrar
<registrar@pbanz.org.nz> s 9(2)(a)

Subject: HWNZ Proposal to Amalgamate secretariat functions for Regulating Authorities

This is a response from the NZ Association of Psychotherapists (NZAP) to the HWNZ proposal to amalgamate secretariat and office functions and to reduce numbers of Board members to 7 per Board. It is addressed to the Psychotherapists Board and to HWNZ.

We are opposed to the proposal for the following reasons.

- 1 The Psychotherapists Board already has 7 members, so would not be affected.
- 2 The Psychotherapists Board is completely funded by the profession. There would be no savings to the State as a result of this proposal.
- 3 The Psychotherapists Board has only one employee, the numbers in the profession being small. However, again because we are not numerous, the cost to the profession is already prohibitive to many practitioners, and is a disincentive to the development of this professional area. It seems likely, should this proposal be adopted, that these costs would increase as a consequence of this proposal, as the Board would have to contribute to the proposed secretariat.
- 4 Currently members of the public and the profession have ready access to the

Psychotherapists Board, and the registrar is known to the profession, allowing the possibility of a co-operative relationship between Board and the profession. However, the profession already finds the bureaucratizing effect of the HPCA Act, which sets up the Regulating Authorities, burdensome, expensive and unhelpful in the attempt to develop a co-operative environment. The establishment of a larger bureaucracy to manage the business of RAs would undoubtedly make this situation worse.

5 Another possibility is that, as the Psychotherapists Board regulates a small profession, we would lose our registrar, since it would be consistent with the HWNZ proposal to amalgamate the functions of several registrars regulating small professions. This would make access and co-operation, both for the public and the profession, more difficult.

Thank you for considering our feedback.

Sean Manning
President, NZ Assn. of Psychotherapists

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Cabinet Policy Committee

POL Min (07) 22/2

Copy No: 21

Minute of Decision

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2 *IDE Pop Health*

Psychotherapists Board: Appointments

3

4

On 19 September 2007, the Cabinet Policy Committee (POL):

1 **noted** that the Minister of Health intends to **appoint** the following individuals to the Psychotherapists Board, for terms of three years commencing on the date of appointment as notified in the Gazette:

- 1.1 Mrs Patricia **HANLEN** as a lay member;
- 1.2 Ms Sue **INESON** as a lay member;
- 1.3 Dr Andrew **DUNCAN** as an adult psychotherapist member;
- 1.4 Dr Gordon **HEWITT** as an adult psychotherapist member;
- 1.5 Ms Mihiteria **KING** as an adult psychotherapist member;
- 1.6 Dr Christopher **MILTON** as an adult psychotherapist member;
- 1.7 Mrs Carol **SHINKFIELD** as a child and adolescent psychotherapist member;

2 **noted** that the Minister of Health indicates that discussion is not required with the government caucuses or with other parties represented in Parliament.

Janine Harvey
Secretary

Reference: POL (07) 351

Copies to: (see over)

Present:

Rt Hon Helen Clark (Chair)
Hon Jim Anderton
Hon Steve Maharey
Hon Phil Goff
Hon Annette King
Hon Pete Hodgson
Hon Parekura Horomia
Hon Mark Burton
Hon Damien O'Connor
Hon David Cunliffe
Hon David Parker
Hon Judith Tizard

Copies to:

Cabinet Policy Committee
Director-General of Health
Minister of Women's Affairs
Secretary, APH

Officials present from:

Office of the Prime Minister
Department of the Prime Minister and Cabinet

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Cabinet Policy Committee

POL Min (07) 3/6

Copy No: 3/

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Regulation of Psychotherapy and Establishment of the Psychotherapists Board

On 28 February 2007, the Cabinet Policy Committee (POL):

- 1 **agreed** that it is appropriate to regulate the profession of psychotherapy under the Health Practitioners Competence Assurance Act 2003 (the Act);
- 2 **agreed** that the Psychotherapists Board be established under the Act to regulate the profession of psychotherapy;
- 3 **invited** the Minister of Health to issue drafting instructions to the Parliamentary Counsel Office for an Order in Council to regulate psychotherapy under the Act and establish the Psychotherapists Board;
- 4 **invited** the Minister of Health to report to POL by 30 December 2007 on terms of reference for the review of the operation of the Act, including how the issue of the proliferation of registration authorities will be addressed in the review;
- 5 **noted** that the Minister of Health indicates that government caucuses will be consulted, and that consultation is not required with other parliamentary parties.

G. Carter

Gerrard Carter
Secretary

Reference: POL (07) 33

Copies to: (see over)

Present:

Rt Hon Helen Clark (Chair)
Hon Dr Michael Cullen
Hon Jim Anderton
Hon Phil Goff
Hon Annette King
Hon Trevor Mallard
Hon Pete Hodgson
Hon Mark Burton
Hon David Benson-Pope
Hon Damien O'Connor
Hon David Parker
Hon Nanaia Mahuta
Hon Harry Duynhoven

Officials present from:

Office of the Prime Minister
Department of the Prime Minister and Cabinet

Copies to:

Cabinet Policy Committee
Chief Executive, DPMC
Director PAG, DPMC
Secretary to the Treasury
Chief Executive, Ministry of Education
State Services Commissioner
Chief Executive, Ministry of Economic Development
Director-General of Health
Secretary for Justice
Minister of Labour
Secretary of Labour
Secretary of Labour (ACC)
Chief Executive, Ministry of Social Development (CYF)
Minister of Women's Affairs
Chief Executive, Ministry of Women's Affairs
Minister of Consumer Affairs
Head, Ministry of Consumer Affairs
Legislation Coordinator



Cabinet Policy Committee

POL (07) 33

23 February 2007

Copy No: 3

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Title	Regulation of Psychotherapy and Establishment of the Psychotherapists Board
Purpose	This paper seeks agreement to the inclusion of psychotherapy as a health profession under the Health Practitioners Competence Assurance Act 2003 (the Act) and the establishment of a Psychotherapists Board to regulate the profession.
Previous Consideration	None indicated.
Summary	<p>Health professions can be regulated under the Act if the Minister of Health is satisfied that the provision of the particular health services poses a risk of harm to the public, or that regulation of the profession is in the public interest.</p> <p>The New Zealand Association of Psychotherapists has applied for the regulation of psychotherapy under the Act. Psychotherapists provide mental health interventions for people with mental illness, emotional distress and/or psychological disturbance.</p> <p>The Minister of Health has consulted relevant organisations, and has determined that the practice of psychotherapy poses a risk of harm to the public. The Minister has also determined that a Psychotherapists Board should be established to regulate the psychotherapy profession.</p> <p>Regulation would require a person who wishes to use the title “psychotherapist” to register with the Psychotherapists Board, meet the required qualification and competence standards, and hold an annual practising certificate.</p> <p>A Regulatory Impact Statement and Business Compliance Cost Statement is attached at page 6.</p>
Baseline Implications	None.

Legislative Implications	An Order in Council is required to amend Schedule 2 of the Act.
Timing Issues	None indicated.
Announcement	A media release will be issued once the Order in Council has been made.
Consultation	<p>Paper prepared by Health, Treasury, DPMC, CYF, Consumer Affairs, MED, Education, Justice and Women's Affairs were consulted. District Health Boards, regulatory authorities, the profession of psychotherapy, the Health and Disability Commissioner, ACC, the Consumers Institute, and service provider representative groups were also consulted. MED and Labour were consulted on the Regulatory Impact Statement.</p> <p>The Minister of Health indicates that the Associate Minister of Health (Hon Jim Anderton) has been consulted, that government caucuses will be consulted, and that consultation is not required with other parliamentary parties.</p>

The Minister of Health recommends that the Committee:

- 1 agree that it is appropriate to regulate the profession of psychotherapy under the Health Practitioners Competence Assurance Act 2003 (the Act);
- 2 agree that the Psychotherapists Board be established under the Act to regulate the profession of psychotherapy;
- 3 invite the Minister of Health to issue drafting instructions to the Parliamentary Counsel Office for an Order in Council to regulate psychotherapy under the Act and establish the Psychotherapists Board;
- 4 note that the Minister of Health indicates that government caucuses will be consulted, and that consultation is not required with other parliamentary parties.

Janine Harvey
for Secretary of the Cabinet

Copies to: (see over)

Copies to:

Cabinet Policy Committee
Chief Executive, DPMC
Director PAG, DPMC
Secretary to the Treasury
Chief Executive, Ministry of Education
State Services Commissioner
Chief Executive, Ministry of Economic Development
→ Director-General of Health
Secretary for Justice
Minister of Labour
Secretary of Labour
Secretary of Labour (ACC)
Chief Executive, Ministry of Social Development (CYF)
Minister of Women's Affairs
Chief Executive, Ministry of Women's Affairs
Minister of Consumer Affairs
Head, Ministry of Consumer Affairs
Legislation Coordinator

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Chair
Cabinet Social Development Committee

REGULATION OF PSYCHOTHERAPY AND ESTABLISHMENT OF THE PSYCHOTHERAPISTS BOARD

PROPOSAL

1. I propose that the Cabinet Social Development Committee:
 - a) agree to the inclusion of psychotherapy as a health profession under the Health Practitioners Competence Assurance Act 2003, and
 - b) invite the Minister of Health to issue drafting instructions to the Parliamentary Counsel Office for an Order in Council to that effect.

EXECUTIVE SUMMARY

2. The Health Practitioners Competence Assurance Act 2003 (the Act) protects the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions. Professions can be regulated under the Act if the Minister of Health is satisfied that the provision of the health services concerned poses a risk of harm to the public, or that regulation of the profession is in the public interest.
3. The New Zealand Association of Psychotherapists has applied for the regulation of psychotherapy under the Act. Following consultation with relevant organisations, I determined that the practice of psychotherapy poses a risk of harm to the public. I therefore agreed that the profession of psychotherapy should be regulated under the Act. After further consultation on the form of the regulatory authority, I determined that a Psychotherapists Board should be established to regulate the profession of psychotherapy.
4. The regulation of psychotherapy under the Act can be achieved through an Order in Council to amend Schedule 2 of the Act to include the profession of psychotherapy and the Psychotherapists Board as the regulatory authority.

BACKGROUND

5. 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. The Act is implemented through registration authorities which register practitioners of designated health professions.
6. The Act requires each registration authority to describe the profession it regulates in terms of one or more scopes of practice. The authority also prescribes the qualifications that a practitioner needs in order to be registered in

a scope of practice. The registration authority certifies that the practitioner is competent to practise in their scope of practice through issuing an annual practising certificate.

7. The Act does not prohibit non-registered people carrying out the activities of a regulated profession. However, only health professionals who are registered under the Act and hold an annual practising certificate are able to use the title associated with a regulated profession or scope of practice.
8. At the time of its enactment, the Act applied to 15 registration authorities with provision for the addition of further professions. Section 115 of the Act enables the Governor-General, on the recommendation of the Minister of Health, to designate health services of a particular kind as a health profession under the Act.
9. The Minister must be satisfied that the health services pose a risk of harm to the public or that it is in the public interest that the health services be regulated. The Minister must also be satisfied that providers of the health services concerned are generally agreed on the qualifications, standards, and competencies for those health services. In making these determinations, the Minister must consult with any organisation that, in the Minister's opinion, has an interest in the recommendations.
10. Additional health services are regulated as a health profession under the Act by Order in Council and the Governor-General can either:
 - establish a registration authority to administer the registration of the profession; or
 - provide that the designated profession be added to the profession or professions for which an existing authority is appointed.

COMMENT

11. Psychotherapy is used to treat emotional distress and/or psychosocial disturbance occurring within and between individuals, families and groups. It is a talking therapy which seeks to bring unconscious thoughts, feelings and motives into awareness to assist in the development of a plan to reduce suffering and bring about constructive change.
12. The New Zealand Association of Psychotherapists (NZAP) has applied for the inclusion of psychotherapy as a health profession in the Act. The NZAP is one of the two main professional organisations representing psychotherapists. The second is the New Zealand Association of Child and Adolescent Psychotherapists, which supports the application for registration. Together, the two organisations represent approximately 90 percent of psychotherapy practitioners.
13. Consultation with relevant organisations revealed general agreement that there is a risk that the practice of psychotherapy by unqualified or incompetent

persons may cause a client's mental illness or psychological state to worsen. In serious cases this could lead to suicide of the client or the death of another party.

14. On 25 November 2005, I determined that the practice of psychotherapy poses a risk of harm to the public. I therefore agreed that the profession of psychotherapy should be regulated under the Act and informed the sector of my decision.
15. Further consultation was undertaken on the form of the regulatory authority for psychotherapy. A number of submissions supported the joining of psychotherapy with the existing Psychologists Board as a means of minimising the costs of regulation. However the majority of submitters advocated for a separate, stand alone authority for psychotherapy. Reasons given for a stand alone authority included:
 - different philosophical underpinnings of the two professions
 - different qualification and competency requirements
 - a strong desire by psychotherapists to maintain their professional autonomy and identity
 - regulation under a joint authority could create public confusion as to what psychology and psychotherapy do and how they differ
 - the psychotherapy profession wishes to maintain its current distinction between treatment of children and treatment of adults and believes this may not be possible under a joint authority with the Psychologists Board
 - psychologists are concerned that the progress made by the Psychologists Board in meeting the requirements of the Act will be stalled while psychotherapy is brought up to the same level.
16. On 1 October 2006, following the consultation and advice of the Ministry of Health, I agreed that a separate authority should be established to regulate the profession of psychotherapy.
17. The proposed Order in Council will establish the Psychotherapists Board under the Health Practitioners Competence Assurance Act 2003. Establishment of the Psychotherapy Board will require amendment to Schedule 2 of the Act, which sets out any additional regulatory authorities to be appointed.

CONSULTATION

18. The following organisations were consulted on the proposal to add psychotherapy to the Act: district health boards, regulatory authorities, the profession of psychotherapy, the Health and Disability Commissioner, the Accident Compensation Corporation, the Consumers' Institute of New Zealand,

the Ministry of Economic Development, the Department of Labour, and service provider representative groups.

19. The following departments have been consulted on this paper: The Treasury, the Department of the Prime Minister and Cabinet, the Department of Child, Youth and Family, and the Ministries of Consumer Affairs, Economic Development, Education, Justice, and Women's Affairs. No concerns were raised regarding the proposal.

FINANCIAL IMPLICATIONS

20. There are no financial implications for the Crown associated with this proposal.

LEGISLATIVE IMPLICATIONS

21. This proposal will require an amendment to Schedule 2 of the Health Practitioners Competence Assurance Act 2003 to include the profession of psychotherapy and the Psychotherapists Board.

HUMAN RIGHTS IMPLICATIONS

22. There are no human rights implications associated with this proposal. The proposal is consistent with New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

REGULATORY IMPACT AND BUSINESS COMPLIANCE COST STATEMENT

23. A Regulatory Impact Statement (RIS) including a Business Compliance Cost Statement (BCCS) is attached and complies with RIS/BCCS requirements.
24. Psychotherapists will face compliance costs associated with meeting the requirements of registration. These include:
- attending training courses to maintain competence and meet registration and re-registration requirements
 - renewal of their annual practising certificates
 - disciplinary hearings (for example legal representation) should they find themselves in breach of the Psychotherapists Board's standards and requirements.
25. The NZAP is aware that regulation of psychotherapy would result in costs to the profession. Despite these costs, there is widespread support within the profession for regulation under the Act.
26. Based on the information provided in the attached RIS/BCVS, the Regulatory Impact Analysis Unit of the Ministry of Economic Development considers that the disclosure of information is adequate, and the level of analysis appropriate given the likely impacts of the proposal.

GENDER IMPLICATIONS

27. There are no gender implications associated with this proposal.

DISABILITY PERSPECTIVE

28. There are no implications for disabled people associated with this proposal.

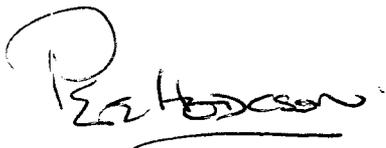
PUBLICITY

29. I will release a media statement once the Order in Council establishing the Psychotherapists Board has been made.

RECOMMENDATIONS

30. I recommend that the Cabinet Social Development Committee:

1. **agree** that it is appropriate to regulate the profession of psychotherapy under the Act;
2. **agree** that the Psychotherapists Board be established under the Act to regulate the profession of psychotherapy;
3. **invite** the Minister of Health to issue drafting instructions to the Parliamentary Counsel Office for an Order in Council to regulate psychotherapy under the Act and establish the Psychotherapists Board.



Hon Pete Hodgson
Minister of Health

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REGULATORY IMPACT STATEMENT

REGULATION OF PSYCHOTHERAPY AND ESTABLISHMENT OF THE PSYCHOTHERAPISTS BOARD

Statement of the nature and magnitude of the problem and the need for government action

The New Zealand Association of Psychotherapists (NZAP) has applied for the inclusion of psychotherapy as a health profession under the Health Practitioners Competence Assurance Act 2003 (the Act) on the basis that it poses a risk of harm to the public. The NZAP has made the application on behalf of the profession.

Section 115 of the Act enables the Governor-General, on the advice of the Minister of Health, to designate health services of a particular kind as a health profession under the Act. Section 116 of the Act requires that, in making such recommendation, the Minister be satisfied that the health services pose a risk of harm to the public or that it is in the public interest that the health services be regulated. The Minister must also be satisfied that the providers of the health services are generally agreed on the qualifications, standards, and competencies for scopes of practise for those health services.

Psychotherapists provide mental health interventions for people with mental illness, emotional distress and/or psychological disturbance. As with psychologists, who are already regulated under the Act, psychotherapists often deal with vulnerable people and exert a high degree of influence over their progress and recovery.

The NZAP maintains that inappropriate psychotherapy interventions and the practice of psychotherapy by unqualified or incompetent persons may cause a client's mental illness or psychological state to worsen. In serious cases this could lead to suicide or the death of another party.

In 2002/2003, two complaints were made to the Health and Disability Commissioner about psychotherapists. The Commissioner also noted that an estimated 80 percent of adverse events are not reported. It is therefore reasonable to assume that the actual incidence of unsafe practice by psychotherapists is higher than the complaint statistics would indicate. The severity of harm that could result from unsafe practice, including suicide or death of another party, is such that regulation of the profession is warranted.

The psychotherapy profession is currently represented by two main professional organisations: the NZAP for practitioners treating adult clients; and the New Zealand Association of Child and Adolescent Psychotherapists (NZACAP) for practitioners treating children and adolescents. Discussions with the organisations confirmed that they are agreed on the qualifications and competencies needed to practise psychotherapy and that these are accepted by their members. Together these two organisations represent approximately 90 percent of psychotherapy practitioners in New Zealand.

Membership of the NZAP and the NZACAP is voluntary and neither association has any legal standing as regulator for the profession. Therefore, persons wishing to practise as psychotherapists in New Zealand are not required to be registered with either association. This lack of legal standing means that the standards set by NZAP and the NZACAP are not mandatory across the profession and cannot be enforced on non-members.

The ability of the associations to enforce minimum standards even among their own members is limited. They can strike members off their register if they fail to meet the standards of competence, however those individuals may still continue to practise under the title of psychotherapist. The associations are also unable to discipline non-members who may be practising psychotherapy unsafely. The profession maintains that the only way to give surety to the public of the quality of psychotherapy interventions, and minimise the risk of harm to the public from unqualified or incompetent practice, is through regulation under the Act.

Statement of the public policy objective

The objective of this proposal is to protect the health and safety of members of the public by providing mechanisms to ensure that psychotherapists are competent and fit to practise their profession.

Statement of feasible options that may constitute viable means for achieving the desired objective(s)

Option one - status quo

A voluntary registration system currently operates for psychotherapists through membership of NZAP or NZACAP. However, practitioners do not have to be registered with either association in order to use the title of psychotherapist.

There are approximately 386 psychotherapists practising in New Zealand and membership numbers and costs of the two associations in 2006 were as follows.

Table 1: Membership and costs of current psychotherapy associations

Association	No. of members	Annual cost of full membership
NZAP	326	\$350
NZACAP	80	\$250

Approximately 60 members of NZACAP are also registered with NZAP. An estimated 40 practising psychotherapists are not affiliated with either association.

The NZAP and NZACAP:

- maintain a register of psychotherapists who meet the associations' standards for safe practice
- define the necessary qualifications and competencies required to practise safely
- lobby government on behalf of the profession.

In order to gain membership of the NZAP, practitioners must have a combination of formal training in psychotherapy and supervised practice. Training courses in psychotherapy are offered by a range of tertiary and private training providers at certificate, diploma, degree and post-graduate diploma levels. Not all courses run by private providers are approved by the New Zealand Qualifications Authority (NZQA). It is also possible to train as a psychotherapist through an apprenticeship model with an experienced practitioner.

Option two – regulating the profession under an existing authority

The Act provides that a profession may be regulated by an existing authority. This approach may be appropriate where the profession has similarities in practice or client groups and/or has strong working relationships with a profession already regulated under the Act. There is potential for a joint authority to result in cost-efficiencies through a larger member base and reduced administration.

The Psychologists Board was considered as a possible option for regulating the profession of psychotherapy as the two professions share a similar client group. However, there was strong opposition to this approach from both the psychology and psychotherapy professions due to fundamental differences in the ideologies and therapeutic approaches upon which the professions are based. These differences are entrenched on both sides and would preclude the development of an effective working relationship between the two professions in the foreseeable future.

Psychotherapists were also concerned that their profession would be dominated by the larger psychology profession and lose its separate identity. The Psychologists Board was concerned that the considerable progress it has made in meeting requirements of the Act would be stalled while resources were directed at bringing psychotherapy to the same level of compliance. Both professions felt that regulation of the two professions together would cause public confusion as to their functions and differences.

There is no clear evidence that a joint authority would reduce the cost of regulating psychotherapy. While the fee base for the joint Board would increase, any potential cost efficiencies may be counteracted in the short-term by the need to focus resources on bringing psychotherapy up to the same standard as psychology in terms of compliance with the Act. The inability of the two professions to work together would also reduce the potential of a joint authority to reduce costs.

Option three – preferred option of regulation under a stand alone authority

The preferred option is to designate psychotherapy as a health profession under Section 115 of the Act, and to establish a stand alone authority, the Psychotherapists Board, to regulate the profession. Regulation would not prohibit non-registered persons carrying out psychotherapeutic interventions. However, it would require a person who wishes to use the title 'psychotherapist' to register with the Board and meet the required qualification and competence standards. Registration would provide some assurance to the public that persons using the title 'psychotherapist' are qualified and competent to undertake psychotherapeutic interventions.

The minimum qualifications to practise psychotherapy, agreed by the NZAP and the NZACAP, are a graduate qualification or equivalent level of general education, specific training in psychotherapy theory and practice, and 1500 hours of supervised client sessions.

The minimum standards set by the two associations to practise psychotherapy competently, capably and ethically are:

- adequate knowledge base
- ability to apply psychotherapeutic knowledge effectively
- ability to conduct psychotherapy successfully
- ability to manage the context of therapy
- ethical attitudes and values
- adherence to professional standards of practice.

The NZAP and NZACAP are also agreed on proposed scopes of practice to be introduced once psychotherapy is regulated under the Act. These include a 'general' scope of practice for fully qualified psychotherapists and a 'limited' scope of practice for psychotherapists who have completed their training requirements and are undertaking the supervised practice required for full registration. Specialty scopes of practice will be developed as needed for psychotherapy with particularly vulnerable or at-risk client groups, for example children, trauma survivors, and the elderly.

Certain activities are restricted under the Act where it has been shown that there is a serious risk of harm or death to the public. Restricted activities may only be performed by a registered health practitioner whose scope of practice includes the activity, or a non-registered person in an emergency.

The following restricted activity relates to the profession of psychotherapy:

Performing a psychosocial intervention with an expectation of treating a serious mental illness without the approval of a registered health practitioner.

Once the profession is regulated, the Psychotherapy Board will be responsible for determining which psychotherapists may perform this restricted activity.

Psychotherapists will be required to demonstrate ongoing competence to the Psychotherapists Board to gain and renew their annual practising certificate. Practitioners must hold a current annual practising certificate to use the title 'psychotherapist'.

The Psychotherapists Board will have a minimum of five members made up of psychotherapy practitioners (including both the adult and child and adolescent specialisations) and no less than two laypersons. Members of the Board will be appointed by the Minister of Health for a period of up to three years. The members may have their appointments renewed after their term expires but may sit on the Board for no more than three full terms, or a total of nine consecutive years.

The Psychotherapists Board will be responsible for:

- establishing a register which will hold personal information on people using the professional title of psychotherapist in New Zealand and consider applications for registration as a psychotherapist on that register
- developing a scope(s) of practice for the purposes of defining the profession and registering practitioners
- determining the necessary qualifications and competencies required to practise as a psychotherapist in New Zealand
- determining what ongoing training is necessary in order to ensure psychotherapists are competent to practise throughout their working life
- monitoring the competence of each psychotherapist to ensure individuals are adhering to the Board's requirements for practice
- accrediting training providers who meet the Board's requirements for providing training that will ensure the competence of psychotherapists to practise safely
- establishing funding streams and secretariat support services and ensuring the continued financial viability of the authority
- establishing a Professional Conduct Committee to hear complaints regarding the competence and practice of individual psychotherapists
- prosecuting practitioners through the Health Practitioners Disciplinary Tribunal where serious matters of alleged professional misconduct are concerned.

The Health Practitioners Disciplinary Tribunal is the independent overarching disciplinary body for all health registration authorities. The Tribunal is convened to hear cases regarding a serious disciplinary matter that may result in the practitioner being struck off the regulating authority's register and no longer able to practise.

Statement of the net benefit of the proposal, including the total regulatory costs (administrative, compliance and economic costs) and benefits (including non-quantifiable benefits) of the proposal, and other feasible options

Government

There will be no direct costs to the Crown in establishing or maintaining the Psychotherapists Board, or for the ongoing regulation of the profession of psychotherapy.

Approximately five percent of psychotherapy practitioners are currently employed in the public health sector by District Health Boards (DHBs). DHBs do not currently pay costs associated with the registration of psychotherapists with the NZAP or the NZACAP. However, it is a standard employment practice of DHBs to meet the costs of professional registration of employees under the Act. The regulation of psychotherapy would therefore impose costs on those DHBs employing psychotherapists.

Given the small proportion of psychotherapists employed in the public health sector, the impact on DHBs will not be significant. It is possible that the increased certainty of practitioner competency and safety brought about by regulation of the profession may result in the employment of more psychotherapists by DHBs. While costs to those DHBs would increase as a consequence, it is unlikely to exceed employment expenditure on other mental health and wellbeing professions such as psychiatrists, psychologists and mental health nurses.

The benefits of registration to DHBs would be greater certainty of the level of competence and safety of practitioners. Registration would also provide DHBs with a means of disciplinary recourse where a psychotherapist's practice is below standard. Without the external disciplinary mechanism provided through regulation, the only reasonable recourse for DHBs to address serious misconduct is to terminate the psychotherapist's employment contract. However, this does not remedy the sub-standard practice of the practitioner or stop them from taking up employment as a psychotherapist either with another DHB or in private practice.

Practitioners

All registered practitioners will have to pay fees to the Psychotherapists Board. Some may also have to undertake training to meet the registration requirements set by the Board.

Fees

Under the Act, each regulatory authority must generate sufficient revenue to cover its operating costs. Revenue is gathered through a one-off fee imposed on practitioners for registration and a yearly fee for an annual practising certificate, which certifies the practitioner is competent and fit to practise.

Fees for annual practising certificates vary for regulated health professions and, in 2006, ranged from \$96 for the Nursing Council of New Zealand up to \$1,100 for the Chiropractic Board. The average fee for all regulated health professions was \$538. The most comparable regulated profession to psychotherapy in terms of activity is psychology, for which the annual practising certificate currently costs \$595 per year. The Dieticians Board is a similar size to the psychotherapy profession with 449 members and has an annual practising certificate fee of \$400.

The cost of annual practising certificates is based on the level of activity required of the authority, for example in maintaining the register, enforcing standards and processing complaints against registered practitioners. The level of fees tends to be influenced more by the complexity of the profession than the number of registered practitioners holding annual practising certificates.

The fee that the Psychotherapists Board will set for annual practising certificates cannot be accurately specified in advance. Set up costs for the Psychotherapists Board will be minimal as the basic structures and procedures have been developed by the NZAP and NZACAP. The Board will incur additional ongoing costs due to the requirement to establish and administer disciplinary proceedings and accredit training institutions for the provision of recognised qualifications.

The fee for an annual practising certificate is, therefore, likely to be higher than the current annual membership fees of the two associations (which are \$350 for the NZAP and \$250 for full membership of NZACAP). Based on the fees charged by comparable regulatory authorities noted above, it is reasonable to predict the annual practising certificate fee for psychotherapy to be in the region of \$500 per year.

Competency training

The Act requires the regulating authority to prescribe a framework for ensuring ongoing competence (a recertification framework). Costs are incurred by the practitioners and their employer in meeting the requirements of ongoing competency training programmes. Some people currently practising psychotherapy may need to undertake training to meet the standards set by the Board and to maintain and develop their skills and competence over the course of their working life.

Section 13 of the Act states that qualifications prescribed by the regulating authority must not place undue costs on the profession or the public. Section 13 should ensure that the cost implications of the qualification requirements set by the Board are not unduly high. The effectiveness of Section 13 will be assessed in the review of the Act, which will commence in September 2007.

The costs of associated with regulation of psychotherapy are unlikely to make the profession unviable for current practitioners that meet the existing requirements of the NZAP and NZACAP. The benefits of regulation for psychotherapists include increased standing of the profession through the

setting and maintaining of minimum standards and qualifications to practise. Regulation will provide a mechanism for removing practitioners who fail to meet the required standards and may bring the profession into disrepute. It will also bring the profession up to the same level of practice and public confidence as other health professions under the Act. A stand alone authority would enable psychotherapy to maintain its professional identity and clearly differentiate it from psychology in public perception.

It is possible that some people practising psychotherapy may choose not to register and continue practising under a different title. Given the increased professional standing that regulation would bring, it is more likely that regulation would encourage practitioners to register.

Consumers

In the case of practitioners in private practice, the costs incurred in order to register as a psychotherapist and maintain competence may be passed on to clients. Market forces should keep any increases to a minimum through competition between practitioners and with providers of similar services (for example psychologists and counsellors).

The regulation of psychotherapy will have benefits to consumers and employers in terms of increased safety of practice, and recourse to formal complaints and disciplinary procedures. The qualifications, standards and scopes of practice set by the Psychotherapists Board will reduce the risk of harm to the public by ensuring psychotherapists are competent and fit to practise psychotherapy. It may also increase public understanding of psychotherapy and its outcomes and provide consumers with greater choice in mental health service providers.

Statement of consultation undertaken

Section 115 requires the Minister of Health to consult with any organisation that, in the Minister's opinion, has an interest in the recommendation to regulate a health service. Two rounds of consultation on the proposal were conducted. The first round sought submissions on whether the profession should be regulated under the Act and the second round on whether psychotherapy should be regulated by a stand alone authority or be joined with an existing regulatory authority.

Stakeholder consultation

The following stakeholder groups were consulted on the proposal to regulate the profession of psychotherapy: all existing health regulatory authorities, health sector professional associations, mental health and social service providers, and provider representative organisations. The majority of stakeholder submissions, including those from psychotherapists, supported regulation of psychotherapy by a stand alone authority.

Government consultation

The following government agencies were consulted: DHBs, Ministry of Economic Development, Department of Labour, Accident Compensation Corporation, Health and Disability Commissioner, and the Consumers Institute.

The majority of government submitters supported regulation of psychotherapy. Several DHBs noted concerns with the potential employment costs resulting from the regulation of psychotherapy. However, there is no evidence that the costs will be significantly higher than those of other mental health service professions and only a small proportion of psychotherapists are currently employed by DHBs.

Government departments tended to be in favour of a joint authority with the Psychologists Board due to perceived cost savings. The Ministry of Economic Development is concerned at the current number of registration authorities under the Act and the establishment of new authorities, including the Psychotherapists Board, where economies of scale may be achieved through a joint authority.

The Minister of Health noted this view. However, the inability of the professions of psychology and psychotherapy to work together effectively would most likely counter-act the potential cost-effectiveness of a joint authority. Given the poor relations between the two professions, the only viable option is for the establishment of a separate authority.

Business Compliance Cost Statement

Psychotherapists will face compliance costs associated with meeting the requirements of registration. The NZAP was aware of these costs at the time of its application for regulation under the Act. Costs include:

- attending training courses to maintain competence and meet registration and re-registration requirements
- renewal of their annual practising certificate
- disciplinary hearings (for example legal representation) should they find themselves in breach of the Psychotherapists Board's standards and requirements.

There is a possibility that education providers may face costs if they are required to modify training courses to meet the Psychotherapists Board's standards for training provision. Any such costs are unlikely to be significant as current providers meet the training standard accepted by the existing professional associations.

The Psychotherapists Board will be subject to Section 13 of the Act which requires that qualifications must be necessary and relevant, and that the associated costs must not be prohibitive on the profession or the public. The Board must take into consideration the costs associated with professional

compliance when developing registration requirements and ongoing competence pathways.

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Consultation on Cabinet and Cabinet Committee Submissions

Certification by Department

Guidance on the consultation requirements for Cabinet and Cabinet committee papers is provided in chapter 11 of the Step by Step Guide: Cabinet and Cabinet Committee Processes, available at <http://www.dpmc.govt.nz/cabinet/guide/11.html>.

Departments/agencies consulted: The attached submission has implications for the following departments/agencies whose views have been sought and are accurately reflected in the submission:

The Treasury; the Department of the Prime Minister and Cabinet; the Department of Child, Youth and Family Services; and the Ministries of Consumer Affairs, Economic Development, Education, Justice, and Women's Affairs.

The Regulatory Impact Analysis Unit of the Ministry of Economic Development, ~~has~~ been consulted on the Regulatory Impact Statement and Business Compliance Cost Statement. *(and Labour have*

Departments/agencies informed: In addition, the following departments/agencies have an interest in the submission and have been informed:

N/A

Others consulted: Other interested groups have been consulted as follows:

N/A

Signature	Name, Title, Department	Date
	Kathy Spence, Deputy Director General Sector Policy Development	16/2/07

Certification by Minister

Ministers should be prepared to update and amplify the advice below when the submission is discussed at Cabinet/Cabinet committee. The attached submission/proposal:

Consultation at Ministerial level	<input type="checkbox"/> did not need consultation with other Ministers <input type="checkbox"/> has been consulted with the Minister of Finance <i>[required for all submissions seeking new funding]</i> <input checked="" type="checkbox"/> has been consulted with the following Minister(s) <u>Hon Anderson</u>	
Consultation with Labour/ Progressive caucuses	<input type="checkbox"/> does not need consultation with the government caucuses <input type="checkbox"/> has been or <input checked="" type="checkbox"/> will be consulted with the government caucuses <i>Labour.</i>	
Consultation with other parties	<input checked="" type="checkbox"/> does not need consultation at parliamentary level <input type="checkbox"/> has been consulted with the following other parties represented in Parliament: <input type="checkbox"/> New Zealand First <input type="checkbox"/> United Future <input type="checkbox"/> Green Party <input type="checkbox"/> Other [specify]..... <input type="checkbox"/> will be consulted with the following other parties represented in Parliament: <input type="checkbox"/> New Zealand First <input type="checkbox"/> United Future <input type="checkbox"/> Green Party <input type="checkbox"/> Other [specify].....	
Signature	Portfolio	Date
	<i>HEALTH</i>	20/2/07

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