Developing an Associate Psychologist Workforce in New Zealand

Background

The reasons for considering creation of an associate psychologist workforce

Ongoing substantial gaps in our mental health and addiction workforce present a significant barrier to increasing access to services and providing optimal models of care. The In the vacancy rate for psychologists in HNZ Te Whatu Ora is around 22%.

Due to current demands on services, many people are waiting for psychological services or are missing out altogether. Establishing effective, appropriate frameworks/models of delegation would enable registered psychologists who are employed in mental health and addictions settings to most effectively utilise their full scope of practice.

The proposed establishment of an associate psychologist role will allow individuals with a suitable undergraduate qualification to enter a further period of training (proposed to be a one year post graduate diploma) so they may be registered with the New Zealand Psychologists Board (the Board) and employed in roles that provide support to the delivery of psychological services.

Restrictions and barriers on psychology postgraduate training course numbers means there is a very significant disconnect between the opportunities provided by universities and workforce needs. The proposed approach would draw on the large numbers of psychology undergraduates who are interested in working in health but who do not achieve entry into the currently available highly restricted training that leads to registration as a psychologist. It is envisaged that the psychology training pipeline could be restructured to allow the associate psychologist role to be both a career opportunity and a step towards more flexible training in other registered scopes of psychology. This would include engagement toward a Māori pathway, which can then scaffold toward a whole of pipeline approach to Te Ao Māori models within the profession of psychology.

Note: Associate Psychologist is a placeholder name and has not been confirmed.

What is a 'psychology associate'?

An associate psychologist is typically a qualified mental health professional who, under the supervision of a registered psychologist, undertakes assessment, interventions, and case management tasks for a specified range of conditions.

It is envisaged that it will be a condition of registration that individuals registered in this scope are not permitted to work in sole practice but are required to work under supervision of either a registered psychologist or a mental health and addictions multi-disciplinary team.

There are a range of titles which describe similar roles internationally, including 'clinical associate psychologist,' 'psychological wellbeing practitioner' and 'assistant psychologist.'

Examining these does not suggest that the aim is replication, rather that the learning that has been done in other countries provides a perspective to be considered. A summary of these roles, the models they operate within, and outcomes is provided in **Appendix 1.**

Work to-date on the potential for this workforce.
Developing an associate psychologist workforce has previously been under consideration in New Zealand. In 2019, members of the Ministry of Health-led Psychology Workforce Task Group developed a proposal for a similar role of "psychological wellbeing practitioner," based on a United Kingdom model. This model received mixed reviews from the sector, particularly from Māori health leaders who had significant concerns that the English model did not include a Mātauranga Māori approach and would not be fit-for-purpose in New Zealand.

In 2022, the Ministry of Health (later Health New Zealand | Te Whatu Ora) commissioned Allen+Clarke to provide a feasibility analysis for a Psychological Wellbeing Practitioner Workforce. They interviewed a variety of stakeholders across mental health and related sectors regarding the feasibility of establishing this workforce and reported:
• cautious support for the development of this workforce
• the need to clarify whether the role would be employed to clinical or non-clinical FTE
• the need for the role to be registered through the Board in order to work in clinical roles
• the need for further work to identify training pathways that could support this workforce
• the importance of exercising caution in considering the application of similar overseas models within New Zealand
• that well executed engagement and consultation is essential in moving forward with developing this workforce.

Desirable characteristics for the role

If this role is to be introduced, some desirable factors (below) would need to be ensured.

• **The role attracts new people into the mental health and addiction workforce**
Competition between agencies and the private sector for the mental health and addiction workforce often sees the same people revolving between positions, with insufficient new entrants. Focusing on psychology graduates would ensure this proposed new workforce draws from a pool of people who often do not find an entry point into the health sector.

• **It is clearly distinguishable from the other mental health roles**
It is important that the public, health professionals and associate psychologists themselves, know where this role fits in the wider landscape. This workforce needs to be readily distinguishable from other mental health and addiction workforces. A clear scope of practice and associated competencies would be needed, and regularly reviewed guidance documents around the role description and expected standards for recruitment, employment, and support would need to be widely promoted.

• **It is clearly distinguishable from and supportive of registered psychology roles**

The Associate Psychologist role needs to be clear how it differs from, but can support, the role of existing registered psychologists. For example the role may include, and would not be limited to;

- supporting the less complex aspects of a psychologist's work by:
- triaging and undertaking screening assessments to support registered psychologists in prioritising clients
- providing aspects of evidence-based talking therapies for people with mild to moderate mental health and addiction conditions
- providing behavioural strategies for anxiety, depression and emotional distress
- providing or supporting group therapy, which can be more efficient than one-on-one
- undertaking therapeutic case management and coordination, including helping people to navigate the system and making referrals to other services.

Appendix 2 provides a broad comparison of the associate psychologist role to other mental health and addiction roles within New Zealand.

With a registered scope of practice and employment into clinical positions, associate psychologists will occupy roles that are distinct from other newly created/expanded roles such as health coaches, peer support/lived experience workforce. Clarification around the distinction from other workforces that engage in therapeutic case management and talking therapies for mild to moderate presentations will also be required.

• The level and type of training is suitable for the focus of the role

It is envisaged that training for the associate psychologist qualification will draw from students who have completed specified prerequisite undergraduate papers via a bachelor degree in psychology. University of Canterbury (UC) and Victoria University of Wellington (VUW) have both recently introduced new Psychological Science bachelor's degree programme's which have potential to support clearer pathways into the associate psychologist role as well as the existing registered scopes of practices. Both programmes offer a focussed psychology curriculum that allows students to choose psychology as both their major and their minor subjects. This foundation of skills and knowledge may provide an entry point to the role of associate psychologist. This does not exclude other undergraduate psychology degrees providing prerequisite pathways. As this workforce will require registration by the Board, other (non psychology) undergraduate degrees are not considered as prerequisite for entry.

Allen+Clark, writing before these new university developments, concluded that:

- a bachelor's degree would be a minimum entry requirement, desirably with practical exposure at any early stage of training
- specified papers may be necessary as prerequisites to ensure those with a psychology degree come equipped with the necessary theoretical foundation
- undergraduate training in kaupapa Māori and Pacific models would be essential, along with understanding of how to practice in a culturally appropriate way
- an additional 12 months of targeted practical training would be necessary (noting this was prior to development of the newly tailored undergraduate training programmes).

Our current view, to be confirmed through further consultation, is that post graduate training for associate psychologists would be via limited entry to a 1-year (post)graduate diploma

(120 points). The training will likely be derived from both existing, and yet to be developed papers within universities and/or Wananga. The intention is that training will include a Kaupapa Māori and non-Māori pathway.

It will be essential to prioritise practical learning provided alongside theoretical, to achieve the competencies that will be defined by the scope of practice. The support of Health and other sectors for practicum training and supervision will be needed to ensure the functioning of this role. This support may be developed in the form of a Memorandum of Understanding. Consideration will be given to this post graduate study being developed as an earn while you learn opportunity.

As associate psychologists will both train and work in partnership with registered psychologists, the role is dependent on growth of the existing psychology workforce.

• **There is strong oversight and ongoing development**
Allen+Clark found that most sector leaders believed it would be necessary for this workforce to be registered to ensure quality and safety of care, and appropriate role parameters. Logically registration fits with the NZ Psychologist Board, which would accredit training programmes, define the scope of practice and competencies, and ensure ethical and legal standards. Ongoing professional development would be necessary to maintain high standards of care, drawing on the Board's existing models.

Pathways for ongoing progression through the pipeline of training for registered scopes of practice would require development and articulation.

• **Summary**
The above points indicate a workforce that draws on psychology graduates with suitable training, who would work under the supervision of a registered psychologist or a multi-disciplinary team. They would have clinical roles that support registered psychologists, and would be registered with and have oversight from the Board.

Further development of this concept

The assumptions and considerations outlined above require closer examination and detailed targeted discussions with the Board, potential employers across multiple sectors, tertiary education providers, and peak professional bodies.

Tasks and barriers to be explored include:
• Education system implications – need to:
- determine financial and staffing capacity of tertiary education organisations to deliver training
- design and implement appropriately accredited training programmes
- engage early with Te Ao Māori training programmes

- Existing registered psychologist workforce implications – need to:
  - determine capacity to supervise placements as a requirement of the associate psychologist training practicum
  - establish effective frameworks for delegating tasks to psychology associates
  - manage ongoing supervision requirements for psychology associates

- Mental health and addiction service implications – need to:
  - ensure supervision of trainees and registered psychology associates under a registered psychologist
  - identify where psychology associates would work and integrate this role into service design and delivery

- Regulatory implications – need to:
  - define the role of the Board, including scope development/definition, agreement of competencies required for the role, training programme accreditation, registration and oversight
  - confirm the capacity for the Board to regulate this profession

- Implications for Māori – need to:
  - ensure the training for, and the practice within, this role is culturally safe and responsive
  - ensure these roles do not perpetuate inequitable access or outcomes for those who require mental health and addictions services
  - explore the development of Te Ao Māori training pathways to ensure this new role supports equitable workforce representation and the provision of culturally safe and responsive services.

- Health NZ Te Whatu Ora – need to:
  - lead engagement and provide coordination and oversight of the project
  - maintain responsibility for defining the associate psychologist's place in the MH&A workforce
  - establishment of heath sector practicum support and supervision
  - ensuring
  - ongoing support for the function of this workforce within MH&A services.

It is intended that the first intake into this training will begin in 2026, with the first qualified cohort entering the workforce in 2027. This is an ambitious target and will require a number of dependencies aligning.

An indicative project plan is included in **appendix 3**

Appendix 1: International Roles

Comparable role	Programme/model description	Outcomes, if known
Psychological Wellbeing Practitioners (PWPs) were specifically developed to work within IAPT services in the UK. They provide assessment and low intensity interventions for people with mild to moderate depression and anxiety. Training through an apprenticeship model (PWP trainees are employed through IAPT services) combined with an accredited post graduate qualification	**Improving Access to Psychological Therapies (IAPT) – UK:** Designed for the treatment of depression and anxiety. It is a stand-alone programme with a purpose-built workforce. It includes low-intensity practitioners and high-intensity therapists who together deliver the full range of NICE-recommended interventions for people with mild, moderate and severe depression and anxiety.	Retention has been a reported issue with IAPT PWPs. Suggestions to improve retention include working to create a diverse workforce, supporting part-time training and working, effectively integrating PWPs into the team, ensuring a wide range of development opportunities, receiving adequate support, and providing career development opportunities such as senior, lead, and supervisor PWP positions.
Assistant Psychologists (UK) Work in the healthcare field, often for the NHS, however other opportunities for employment can also be found in human resources, education, forensic settings, and the non-profit sector. They work under supervision and complete tasks such as: • Preparing/administering psychological tests and assessments • Observing and recording behavioural observations • Implementing specific treatment and intervention programmes • Research and information gathering Assistant Psychologists must hold an undergraduate degree in psychology. They	Assistant Psychologists are not part of a specific delivery model in the UK.	No specific reported outcomes. The British Psychological Society reports that may Assistant Psychologists use their experience as a steppingstone towards becoming fully registered psychologists.

work under the supervision of a registered psychologist.		

Clinical Associate in Psychology (UK) Specialist mental health professionals whose duties include assessing, formulating, and treating clients within specified ranges of conditions and age, either in primary care/adult mental health settings or in a range of areas involving children, young people, and their families. Unlike registered psychologists, Clinical Associate practitioners can operate only within certain specialised areas and are required to work under the supervision of a fully qualified practitioner psychologist. Clinical Associate Psychologists must complete a BPS-accredited undergraduate degree (or conversion course) in psychology, followed by an MSc in either *Psychological Therapies in Primary Care* or *Applied Psychology for Children and Young People*.	This role was designed to support he **NHS Five Year Forward View** which called for a transformation of services for people with complex psychological needs seen in secondary care mental health services. Greater access to quality care for those with moderate to severe mental health difficulties was advised in community and inpatient settings. The plan also called for more patient choice in care and a reduction in waiting times.	No specific reported outcomes.
Access Coaches Access Coaches are trained in low-intensity CBT (LiCBT) to guide problem solving and skills building for those with low to moderate depression and anxiety. Coaches undertake	**NewAccess early intervention programme – Australia** Australia has adapted the UK's IAPT model and established a NewAccess early intervention programme. Adaptation to the	An evaluation of NewAccess in 2015 found that the programme was appropriate and effective in the Australian service delivery environment. It showed that evidence-based

twelve months of training, starting with a six-week intensive that then moves to practical learning. This involves managing clients and an ongoing curriculum under specialist supervision. A clinical supervision framework sits across the service and workforce, ensuring that NewAccess Coaches are never without clinical supervision.	Australian context included aspects such as geographical isolation and infrastructure of the healthcare system. Access Coaches were developed to support this model.	guided self-help for anxiety and depression could be delivered by trained and supervised community members, who were not necessarily mental health professionals. The programme was designed to fit within a system of stepped care, so that there was a clear process to step up those requiring more intensive services. A more recent evaluation published in 2022 highlighted concerns about equitable access. Better Access serves some groups better than others, and these gaps are widening. Of most concern, increases in utilisation over time disproportionately favour people on relatively higher incomes in major cities.

Appendix 2 –Comparisons between psychology associates and related roles in New Zealand

Role	Summary of scope & applied settings	Key differences from proposed associate psychologist role
Health coach	Health coaches are part of a non-registered workforce from diverse backgrounds although some will likely have certification or qualifications. They may have lived experience of mental health and addiction issues although this is not essential. Core components of the role are: supporting wellbeing; accessibility and responsiveness; seamless delivery; and training, skills and knowledge. They focus on behavioural change for their clients. Health coaches mostly work in primary care and can also work in the community as part of an integrated team.	Health coaches do not have a psychology degree, or a grounding in behavioural psychology. They are not able to undertake formal assessments or triage referrals.
Health Improvement Practitioner (HIP)	HIPs work in general practices as part of an integrated team, providing support for patients with mental health and addiction challenges. They mostly provide brief CBT interventions and group sessions. HIPs must already be registered under the Health Practitioners Competency Assurance Act2003, Dapaanz ,the Social Work Registration Authority or a Health New Zealand approved category within the New Zealand Association of Counsellors register.	HIPs are from a range of disciplines and are often used to Do mental health and addiction work, however, they do not necessarily have a psychology background in their training ,or a grounding in behavioural psychology.

Appendix 3: Associate Psychologist Implementation Year July 2024 to Dec 2026

Deliverables and Milestones (♦)	2024 Calendar year		2025 Calendar year				2026 Calendar year			
	2024/2025 Financial year				2025/2026 financial year				2026/2027 Financial year	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
HNZ Te Whatu Ora										
1. National Coordination and Governance										
Key stakeholders identified and contacted	♦·									
Governance structure established	♦·									
Internal project team established	♦·									
Advisory Group (planning) established with Terms of Reference	♦·									
Project scope, planned benefits and key outputs are agreed	♦·									
Process to establish implementation and associated procurement / commissioning identified.		♦·								
Timeline, budget, comms & engagement, risk & quality management are established		♦·								
Funding is confirmed		♦·								
Dependency to increase clinical psychology pipeline are actioned		♦·								
1st cohort enters workplace										♦·
2. Role Definition										
Title, role description, employment models, alignment with other sectors, boundaries with other disciplines are defined.		♦·								

3. Training Pathways										
Procure/ commission partnership organisations to collaboratively develop and implement role	♦									
1st cohort begin training							♦			
4. Workforce Support										
Funding model is confirmed				♦						
Supervision model is confirmed				♦						
Workforce support coordination is in place									♦	
5. Technology										
IT system requirements are identified		♦								
Link to Student Placement Project if Practicums are unpaid.				♦						
Procure development of IT system if required										

Deliverables	2024 Calendar year		2025 Calendar year				2026 Calendar year			
	2024/2025 Financial year				2025/2026 Financial year				2026/2027 Financial year	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Partnership organisation dependencies										
Tertiary education provider(s) (training)										
Increase in intake to existing pathways agreed										

Existing training pathways are developed to allow progression to further qualifications										
Policy on sector support required for training/practicums is agreed										
Qualification is defined										
Prerequisites for entry are identified										
Competencies are defined										
Qualification is developed, finalised, and notified										
NZ Psychologists Board (regulation)										
Competencies are defined and agreed										
Scope of practice is defined and established										
Accreditation requirements are defined										
Qualification accredited										
Unions APEX/PSA	TBC									
TEC and MoH	TBC									
NZQA	TBC									