



Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa Psychotherapists Board of Aotearoa New Zealand

Training Provider Consultation Response on Draft Accreditation Standards

September 2020

The following information is intended to provide training providers with insight into Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa (the Board) refinement of draft accreditation standards following its September 2019 consultation.

Consultation has included and will continue to include a request that training providers and stakeholders consult with their Tiriti o Waitangi partners and/or cultural advisers when considering information received from the Board.

Wider consultation will occur as soon as practicable and will include training providers and their Tiriti o Waitangi partners and/or cultural advisers, tikanga advisers, psychotherapy associations, clinical supervisors, psychotherapists, other stakeholders, and members of the public.

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Introduction

The following consultation response provides a summary of the general themes received from training providers who made submissions to the Board's September 2019 consultation on draft accreditation standards for training programmes/pathways in Aotearoa New Zealand. This consultation response is intended to inform training providers of the background to and rationale for the Board's thinking following consideration of the responses received.

The Board has taken the [time](#) necessary to consult extensively with training providers and to hear from those who are teaching, training, supervising and supporting students of psychotherapy to become qualified, competent, safe and effective psychotherapists.

Training providers have worked with the Board in developing the current draft accreditation standards, which will form the basis of training programmes/pathways. This mahi has been ongoing since 2011.¹

Training provider consultation

The Board acknowledges the consultation [responses](#) received from training providers, supervisors and individuals in relation to developing accreditation standards. Consultations took place in 2011, 2015, 2016, 2018 and 2019.²

In addition to acknowledging written consultation responses, the Board would like to thank training providers who were able to attend kanohi-ki-te-kanohi consultation meetings. The points of view received, as well as concerns raised, have all been considered and have assisted the Accreditation Committee and the Board to refine the draft accreditation standards.

To date, draft standards have been developed in consultation with training providers. The Board has yet to seek or receive wider feedback. The next step is to open the consultation process. Wider consultation will occur as soon as practicable and will include training providers and their Tiriti o Waitangi partners and/or cultural advisers, tikanga advisers, psychotherapy associations, clinical supervisors, psychotherapists, other stakeholders, and members of the public.

Board commitment

The Board continues to affirm its commitment to mahi in ways that acknowledge the status of tangata whenua³ and tangata Tiriti⁴ as partners to te Tiriti o Waitangi.

The Board appreciates that European-derived psychotherapy practices inform much of the current training in Aotearoa New Zealand. The Board has kept in mind throughout the development of these standards that Māori views of te tangata and wellbeing are included when considering the application of the draft accreditation standards.

Aotearoa New Zealand has a culturally diverse population, and this diversity impacts on healthcare services, access and delivery. The Board has therefore made a commitment to ensure that diversity and equality are valued, upheld, promoted and incorporated into all aspects of our work.

¹ The Accreditation Committee was set up in 2013.

² Since 2011, training providers have submitted approximately 50 responses – thank you!

³ A generic term for Māori comprising those with mana whenua responsibilities (Māori who are tied culturally to an area by whakapapa and whose ancestors who lived and died there) together with taura here (Māori resident in an area but who belong to waka and tribes from other parts of Aotearoa/New Zealand).

⁴ A generic term to describe people whose rights to live in Aotearoa/New Zealand derive from te Tiriti o Waitangi and the arrangements that the Crown has established under a common rule of law and the equity provisions of Article 3 of te Tiriti.

One accreditation standards document – meta level

The Board acknowledges the complexity and diversity of psychotherapy training. It is clear that training processes, structures, settings and resources vary amongst psychotherapy training providers.⁵ Therefore, the Board's intention is to create a meta-level accreditation standard that meets the requirements of the Health Practitioners Competence Assurance Act (HPCAA), may be broadly applied, is inclusive and values current practice and training methods⁶ while being applicable to new training programmes/pathways as these emerge.

The Board's aim with taking a meta-level approach to minimum-level standards is to enable training providers to apply different perspectives and approaches to their psychotherapy programmes/pathways while retaining their educational, intellectual and cultural freedom and autonomy. Therefore, each training provider will have the opportunity to demonstrate how their psychotherapy programme/pathway develops trainees⁷ of psychotherapy to gain the programme's qualification and to meet Board [standards](#) of practice.

The Board's meta-level standards are drawn from and value current practice while ensuring requirements under the HPCAA are met. The effect of the accreditation standards will be consistent minimum standards across the profession. The Board recognises that this requires some change from every provider and that many training providers already require more training, practice, supervision and personal therapy hours than these standards outline.

To clarify, the terms 'programme' and 'pathway' refer to:

- professional development pathways
- apprenticeship training models
- modality-specific programmes or pathways
- educational programmes
- other types of psychotherapy training programmes and pathways that may be offered.

Key consultation areas

It is important to note that, with multiple modalities and training providers, submissions were diverse and often expressed opposing views. For example, while some thought the draft standards lacked specific prescribed requirements and definitions, others thought the standards overly prescriptive and unnecessary.

Informed by all points of view received, the Accreditation Committee and the Board have refined the current draft in order to provide an opportunity for each training provider to describe their programme/pathway in the terms that have meaning for their psychotherapeutic practice and cultural approach. Programme/pathway design and/or curriculum sits with each training provider.

Each draft of the accreditation standards has been informed by consultation feedback. As a result, many consultation suggestions have been incorporated into the draft accreditation standards.

The Board acknowledge that some important concerns remain for a few training providers. The following information outlines key Board conclusions following the September 2019 consultation process, which closed in December 2019.

⁵ The term 'training provider' is interchangeable with the term 'organisation'.

⁶ While meeting minimum standards.

⁷ The term 'trainee' is interchangeable with the term 'student'.

1. Cultural difference and psychotherapy training

Some submissions expressed concern that knowledge of te ao Maori is not included in the draft accreditation standards. The Board has and will continue to be available, and to seek, guidance from and communication with people who work within te ao Maori. Draft accreditation standards have been developed so that each training provider has the potential to describe their training in their own terms and to describe how their training meets accreditation standards.

Draft accreditation standards require training providers to ensure that cultural competence is developed for all trainees in line with the Board's cultural competencies, section 118(i) of the HPCAA and that other (clinical and ethical) Board standards are met.

2. Supervision

Supervision is an integral part of psychotherapy training and practice. Consultation responses in relation to supervision were discussed and debated in detail.

Board discussion concluded that it is integral for trainees working with members of the Aotearoa New Zealand public to have supervision with either:

- a psychotherapist holding a current annual practising certificate (APC) or
- a supervisor registered under the HPCAA with a current APC approved by the Board as having sufficient psychotherapy training, knowledge, skills and professional development within the relevant scope of practice.

Further to this, the Board agrees that monthly supervision with a registered psychotherapist is to be available to all trainees.

Therefore, this section has been amended to read:

Trainees working with members of the Aotearoa New Zealand public must have at least monthly supervision with a psychotherapist with a current APC or a supervisor registered under the HPCAA with a current APC approved by the Board as having sufficient psychotherapy training, knowledge, skills and professional development within the relevant scope of practice.

In discussing this, the Board agreed it is necessary for a trainee or student of psychotherapy working with members of the Aotearoa New Zealand public to have at least monthly supervision with a supervisor who is familiar with the cultural, social, legal and regulatory framework in Aotearoa New Zealand and who is subject to the requirements of the HPCAA.

This monthly supervision with a registered practitioner may be in addition to or part of a training provider's supervision requirements. It is recognised that supervision may be cultural and/or clinical group and/or individual supervision.

As is current practice, training providers remain responsible for ensuring that their trainees receive adequate supervision.

Further to the above, accreditation standards require:

Trainees enrolled in programmes/pathways that have supervision as the central mode of learning are required to have weekly supervision for the duration of the pathway.

Trainees enrolled in educational-based programmes are required to complete a minimum of 2 years of supervised clinical practice. This will include at least 1 year of weekly clinical supervision and 1 year of at least fortnightly clinical supervision. Training providers are required to ensure that supervision provided to trainees supports their evolving clinical practice requirements.

The Board considers the above a minimum requirement for psychotherapy trainees.

The Board notes that these standards have been developed following consideration of the current practices across the psychotherapy profession.

3. Personal development requirements

The Board has been asked to increase the minimum required number of hours of personal development (personal therapy) stated in earlier draft accreditation standards documents. Submissions have varied in their feedback about this.

Currently, the Board's draft standards include the following requirement:

Capacity for psychotherapy practice includes self-awareness and the ability to establish and maintain therapeutic relationships. Therefore, the programme/pathway will include:

- each trainee's participation in a regular⁸ ongoing personal psychotherapeutic process throughout their training programme/pathway*
- participation in active learning experiences and engagement with and feedback from supervisors, trainers and peers.*

Accreditation standards describe minimum requirements for training providers. Training providers are responsible for ensuring that all their trainees have sufficient personal development leading to competence as a psychotherapist.

The Board acknowledges that these requirements will differ between training programmes, and that individual need for personal development will differ. Therefore, each provider will be required to describe how they assess and support the requirement for trainees' personal therapy.

4. Interim Psychotherapist Scope of Practice

The Board would like to clarify for training providers the purpose of and changes to the Interim Psychotherapist Scope of Practice.

There appears to be some misunderstanding of what registration under this scope of practice means. Some of the confusion around the Interim Psychotherapist Scope of Practice appears to have eventuated from the extended grandparenting period that began in 2008.

The Board has three scopes of practice:

- Psychotherapist Scope of Practice
- Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism
- Interim Psychotherapist Scope of Practice

To register into any scope of practice, a psychotherapist must be qualified, competent and fit to practise.

This means that, to register as a psychotherapist in the Interim Psychotherapist Scope of Practice, applicants are required to hold a completed prescribed qualification accredited by the Board under the HPCAA.

⁸ The Board acknowledges the diversity of requirements in different training programmes/pathways for the centrality of the individual personal process in the development of a psychotherapist. It is accepted practice in psychotherapy training in Aotearoa New Zealand that regular and ongoing personal development be at least fortnightly.

5. Grandparented qualifications

The purpose of grandparenting was to enable psychotherapists already working with members of the public to continue working as psychotherapists while the Board developed regulatory processes, including accreditation standards.

Grandparenting was offered in the absence of accreditation standards, and once accreditation standards are finalised, grandparenting will no longer be offered.

A few submissions discussed the current grandparenting of provisional membership of organisations leading to registration. Grandparenting of all qualifications named at the time the Board commenced included assessment processes provided by the New Zealand Association of Psychotherapists (NZAP), Australia and New Zealand Society of Jungian Analysts (ANZSJA) and New Zealand Association of Child and Adolescent Psychotherapists (NZACAP).

At the time of grandparenting, the Board made the decision to accept for registration those practitioners already on NZAP, ANZSJA and NZACAP pathways. This early Board decision was made in order not to disadvantage those people already working as psychotherapists with clients while pursuing one of these organisations' final assessments.

This decision, made before the process of developing accreditation standards, has been considered in some submissions to be an anomaly and to have created a loophole for access to registration resulting in inequity. The anomaly here is that, for some, the qualification is not yet achieved, yet registration is possible.

Accreditation is required to be open, transparent and equitable with accreditation standards based on criteria accessible to all. It is not the intention of the Board to inhibit any training programmes/pathways.

As a result of committee work and consultation, the Board concludes that all training providers consider psychotherapy to be a practice best carried out by those with previous health, educational, social and community qualifications and/or experience and that psychotherapy training is advanced or postgraduate training. The accreditation of training will not change the current reality of applicant assessments carried out by training providers.

Training providers will continue to name and describe their own qualifications and decide when any trainee meets competencies and is ready to be assessed for the qualification offered.

Some consultation responses expressed an ongoing misunderstanding of the original intention in the grandparenting of qualifications in 2008. The Board considers a person accepted for provisional or training membership of any programme/pathway to be a trainee until they have gained a qualification. Once accreditation standards are finalised and gazetted, all qualifications that meet accreditation standards will be prescribed by the Board. A person holding a prescribed qualification can apply for registration as a psychotherapist.

6. What has changed with regard to the Interim Psychotherapist Scope of Practice?

The Interim Psychotherapist Scope of Practice will remain.

The end of the temporary grandparenting of qualifications means the point at which a trainee or student of psychotherapy can apply for registration has changed.

Following the implementation of accreditation standards, people in training will only be able to apply for registration as a psychotherapist once they have completed a prescribed qualification.

This will close the anomaly created by an extended grandparenting period and means that psychotherapists will only be registered once they are qualified, not while they are training.

If a trainee has successfully completed their qualification but is yet to complete 900 hours of supervised clinical practice, they can apply to be registered in the Interim Psychotherapist Scope of Practice until 900 hours have been completed.

If the trainee or student has successfully completed their programme or pathway and has completed at least 900 hours of supervised clinical practice, they will be registered in the Psychotherapist Scope of Practice or Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

The Board appreciates that the ending of grandparented qualifications will be significant for some training providers. The Board acknowledges that most training providers already require thorough assessment at different stages of training, including at the entry point.

7. Final assessment

The Board's role is to set minimum requirements for psychotherapy training providers. Draft accreditation standards have adopted a final assessment process that is already in place and currently accepted and understood by psychotherapy training providers in Aotearoa New Zealand.

Any training provider may elect to offer additional training or assessment criteria, in order for a practitioner to gain their qualification. It is understood that assessment will be specific to different training providers. However, the Board has described final assessment criteria that all training providers will be required to include in their final assessment:

At the completion of the programme/pathway, the trainee will demonstrate that they meet the requirements for the programme/pathway's qualification.

The Board's Core Clinical Competencies, Cultural Competencies and Standards of Ethical Conduct will be a component of ongoing and final assessment.

Assessment processes will culminate in a final clinical assessment that will include:

- *a detailed case study of therapeutic process and outcome*
- *supervisor reports*
- *panel oral assessment of clinical practice.*

It may be that some assessment processes are oriented to spoken and relational processes and others will have an emphasis on written material. The written case study remains a requirement in order to assess a trainee's ability to communicate their practice within a broad health system. This ensures that assessment of trainees meets Board standards (including clinical and cultural competencies and ethical standards of conduct).

Training providers will continue to decide when each of their trainees is sufficiently competent to sit the final assessment.

8. Ethical codes of conduct

The Board acknowledges that the development of criteria to meet accreditation standards such as complaints processes or ethical standards of conduct may take time for training providers.

The Board notes that some training providers without access to their own code of ethics may choose to adopt the code of ethics of their umbrella or parent organisation or association or those described by the Board.

Training providers might also consider adopting complaint processes from other psychotherapy training providers or associations.

The Board considers it essential for all training providers to have in place a process that guides any complaint received from a trainee or a trainee's client.

9. Infant observation

Psychotherapists applying to register in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism will need to have completed an infant observation.

The Board and Accreditation Committee have engaged in consultation and discussed the definition of the infant observation and accept the following definition:

Infant observation is one of the training foundations for child and adolescent psychotherapy both here in Aotearoa New Zealand and internationally, providing experiential learning for the observer/student in terms of their own observational skills, unconscious processes and defences. The naturalistic observation occurs over 2 years and begins in the third trimester of pregnancy, with weekly observations for the first year moving to fortnightly in the second year. The observation is for 1 hour and focuses on the infant and the interaction between mother/caregiver and infant, as well as the student's responses to what is observed. Observers learn first-hand how a relationship between an infant and their family/whānau begins, and the observation enables them to think about how infants develop (physically, emotionally, behaviourally, socially and cognitively) within their cultural context. There is no recording taken during the observation, with notes made as soon as practicable afterwards. These detailed notes are then discussed in weekly then fortnightly small-group seminars with in-depth reference to theory (primarily psychodynamic, object relations and developmental theory).

10. Unconscious process and the practice of psychotherapy

The Board and Accreditation Committee agree that experience that is implicit or not yet conscious or experienced in early infancy is an integral part of psychotherapy practice and is therefore implied in all Board descriptions and standards of psychotherapy practice.

11. Trans-Tasman Mutual Recognition Act 1997

During the September 2019 consultation period, the Board advised that, as psychotherapists are not a regulated profession in Australia, the Trans-Tasman Mutual Recognition Agreement (TTMRA) does not apply to Australian psychotherapists seeking registration in Aotearoa New Zealand.

Since then, it has been suggested in some submissions that those eligible for registration under the TTMRA (through different professions such as medical practitioners, psychiatrists, psychologists and social workers) should be allowed to act as supervisors, even if such registration has not been sought or granted in Aotearoa New Zealand under the TTMRA.

The Board would like to clarify that medical practitioners including psychiatrists are expressly excluded from the TTMRA. In addition, social work is not regulated in Australia. Therefore, the TTMRA does not apply.⁹

The above aside, the Board's rationale for requiring any trainee of psychotherapy working with members of the Aotearoa New Zealand public to have monthly supervision with a supervisor who is familiar with the cultural, social, legal and regulatory framework in Aotearoa New Zealand and subject to the mechanisms provided by the HPCAA remains relevant.

⁹ The Board has sought legal clarification on its interpretation of the HPCAA and TTMRA.

While the TTMRA is not applicable to psychotherapists, as they are not registered as such in Australia, this does not mean that an overseas supervisor cannot supervise an Aotearoa New Zealand-registered psychotherapist via electronic means and face-to-face supervision.

It is possible that suitably qualified and experienced Australian psychotherapists will register as psychotherapists in Aotearoa New Zealand. It is also possible for training providers to choose to use people they consider suitably qualified but not registered to provide supervision in conjunction with the monthly supervision required by a supervisor registered in Aotearoa New Zealand.

In order to protect the Aotearoa New Zealand public, the Board has agreed that a psychotherapist who is working with a member of the public should, as part of their training supervision, have a supervisor who is subject to the requirements of the HPCAA.

12. Expected timeframe – finalising accreditation standards

The Board has been asked when it expects to finalise accreditation standards.

The Board acknowledges that the development of accreditation standards has taken several years, with the Accreditation Committee being set up in 2013. However, due to the complexity and diversity of psychotherapy training, it is important that the development of accreditation standards was not rushed.

This is the first time that accreditation standards for psychotherapy training providers have been developed in Aotearoa New Zealand. Therefore, the Board wanted to be careful that it did not unduly inhibit respected training of competent psychotherapists.

Wider consultation is anticipated to take place as soon as practicable. Following this, the Board will begin to develop templates describing agreed application criteria and processes for the assessment of psychotherapy training programmes/pathways

It is possible that the first accreditation (test case) will take place in 2021/22.

APPENDIX

Health Practitioners Competence Assurance Act 2003 (HPCAA) information

The Board is a responsible authority established under the HPCAA. The principal purpose of the HPCAA is to protect the health and safety of the public by providing for mechanisms to ensure that all psychotherapists are competent and fit to practise their professions.

One of the functions of the Board under the HPCAA is to accredit psychotherapy training programmes that lead to a graduate's eligibility to apply for registration as a psychotherapist.

Under section 118(a) of the HPCAA, the Board is required to prescribe the qualifications required for scopes of practice within the profession and, for that purpose, to accredit and monitor education institutions and degrees, courses of study or programmes.

All training psychotherapy qualifications that lead to registration as a psychotherapist will be prescribed by the Board as per section 12 of the HPCAA.

Holding a prescribed qualification may lead to psychotherapist registration in one of the Board's [scopes of practice](#).

Board documents

- [Psychotherapist Core Clinical Competencies](#)
- [Psychotherapist Cultural Competencies](#)
- [Psychotherapist Standards of Ethical Conduct](#)
- [General consultation information](#)

Training providers who responded to consultation 2011–2019

[View a summary](#)