



The New Zealand Psychological Society

*Tē Rōpū Mātai Hinengaro o Aotearoa*

## **Discussion Paper**

### **Psychologist Workforce Development Issues**

#### **Trainee intern placements**

##### **1.0 Purpose of Paper**

In this paper the New Zealand Psychological Society (NZPsS) expresses its concerns about the lack of a workforce development plan for psychologists in New Zealand and makes special note of issues impacting on postgraduate psychology trainee interns. The Society is aware that other organisations including the New Zealand College of Clinical Psychologists, DHBs, university departments and the Psychologists Board have also expressed concerns about the postgraduate internship training of psychologists in New Zealand.

This paper represents the Society's view of the issues of concern and ways in which these issues could be addressed. Whilst the paper focuses mainly on clinical psychology interns the Society is also concerned about the lack of trainee intern placements for educational, child and family, health, community, organisational and applied behavioural psychologists.

##### **2.0 Background**

The New Zealand Psychological Society is the largest professional association for psychologists in New Zealand with over 1000 members and subscribers. All registered

psychologists come under the HPCA Act and provide services across a broad range of areas including health, welfare, education, justice, community contexts.

In order to register with the New Zealand Psychologists Board students are required to complete a post graduate qualification either a minimum of a Masters degree (or in some circumstances a PhD) together with a Post Graduate Diploma or a D Clin Psych. As part of the requirements for registration they must complete an internship of at least 1500 hours of supervised practice during which they are registered in the intern scope of practice. Note that at the point at which they qualify for the internship, students have completed five (or more years) of university study, including two years at postgraduate level, have submitted a research thesis or dissertation, and normally have completed course work as specified for various postgraduate diplomas recognised by the Psychologists Board. They are, therefore, at a relatively advanced stage of their training at the point that they are eligible for the internship placement. This placement can be regarded as a vocational education placement.

The New Zealand Psychological Society shares the concerns raised by others in relation to the psychology workforce in New Zealand. These concerns include the conspicuous lack of planning for the psychologist workforce, the availability of intern placements across the country, and variability of payment to interns. These concerns are discussed below along with some suggested ways to address them.

### **3.0 Context and issues**

The following identifies the issues of concern and provides some context to the shortages of psychologists in New Zealand.

#### *Prevalence of psychological problems in New Zealand*

Mental health disorders are on the increase in New Zealand as they are in other developed countries and require workforce development planning to ensure that there are sufficient psychologists (and other mental health workers) to meet the mental health needs of New Zealanders. Furthermore, there is substantial evidence that psychological interventions assist with treatment of and recovery from many forms of illness (e.g.,

cancer, heart disease) that are common in New Zealand. There are also substantial numbers of individuals with intellectual and other disabilities (e.g., autism spectrum disorders) who need psychological services as part of habilitation and treatment. Further, New Zealand has a high rate of road traffic accidents and workplace accidents resulting in various forms of disability and dysfunction, especially brain injury necessitating neuropsychology assessment and rehabilitation services.

These are just some of areas of concern raised in recent research

- Not only has the prevalence of depressive disorders increased considerably in recent years, but the incidence of depression is occurring at a much younger age. In New Zealand alone it is estimated that over 300,000 people will experience major depression at least sometime in their life
- New Zealand ranks highest amongst all OECD countries on the incidence of youth suicide
- Māori experience mental health problems at a higher rate than other New Zealanders
- Anxiety disorders are highly prevalent in New Zealand, and contribute to the burden of disease, unemployment, and alcohol/drug abuse
- Drug and alcohol issues are widespread problems
- The rapid increase in the elderly population will create the need for further psychological intervention with the problems of this group
- Prevention and early intervention programmes with children and youth (especially with conduct disorder and autism spectrum disorder) are considered to be key to addressing a range of social problems including rising rates of criminal offending in New Zealand

#### *Workforce issues*

- There is an overall shortage of registered (especially clinical and educational) psychologists in New Zealand (noted by Immigration New Zealand)
- There appears to be no national workforce strategy for the training of psychologists to alleviate shortages, address key problem areas and plan for future health and wellbeing needs

- There is no national strategy for increasing the number of Māori and Pacific psychologists

#### *Provision and funding of placements*

- There is a national shortage of intern training places which is limiting the number of psychologists being trained - particularly clinical psychologists (including health psychologists and neuropsychologists)
- Internship positions in the health sector are essentially provided on a grace and favour basis, negotiable year on year, and with no contractual basis between DHBs or other health providers and training institutions
- There is a lack of choice and unpredictability of access to internship placements. This makes it difficult for universities to ensure that their students receive training that is in line with workforce needs and key problem areas identified by research
- It is important to recognise that in general, students enter training courses 3 to 5 years before they will require an intern placement, making medium-term planning (at least medium term) essential
- There does not appear to be a clear funding stream for the vocational education of psychologists. DHBs for example appear not to receive government funding for trainee intern positions. This creates a climate of uncertainty which creates planning difficulties for both universities and DHBs
- At the same time, TEC funding of the student achievement component for clinical psychology courses appears to assume that there is funding within Vote Health for clinical psychology. Universities receive less for each clinical psychology student EFT than they do for speech-language therapists, for instance. Further university funding is capped, is probably not being adjusted for inflation, and so resources to support professional training in psychology within universities (e.g. via university clinics) is seriously constrained
- In some DHBs trainee intern positions are available only if psychology staff positions remain unfilled. This could create a perverse incentive for DHBs to leave staffing positions unfilled and instead “employ” cheaper interns to fill these places
- In times of cost-cutting some DHBs freeze unfilled staffing positions which reduces the number of intern places available. Other DHBs fund intern places

through other vulnerable sources such as “overheads” etc. Universities and DHBs end up being caught in a struggle to provide placements characterized by constant uncertainty and mismatch of capacity and demand. Generally there is an oversupply of interns and an undersupply of placements, but occasionally DHBs have to manage the risk of having too few interns to fill available places (for instance, where interns are sought to manage parental or other leave)

- Changes within the health system, such as the introduction of cognitive-behaviour therapy (CBT) skills into the training of nurses, OTs, etc, have resulted in the nature of the work performed by clinical psychologists changing. They are often required to act as supervisors of the work of other allied health professionals as they deliver CBT etc, while the clinical psychologists provide treatment for the more severe end of the spectrum. If such a psychology position becomes vacant it is not necessarily suitable for a trainee, and yet the expectation often is that such vacant positions can serve to provide internship opportunities
- There are reported shortages of supervisors for trainees as well as shortages of office space, computers and interview space
- Where internship positions are available they do not necessarily match either the overall training needs of the profession nor the particular interests of the student. For instance, students with qualifications in child & family psychology may struggle to get internships in settings where child & family psychology is practiced, and may have to settle for placements in adult services in order to get registered

#### *Lack of national consistency and equity*

- Pay rates and access to positions for trainee interns vary across the country leading to inequities between regions and programmes
- The lack of a coordinated approach and scarcity of intern places is increasingly leading to competition amongst universities for intern placements, compounding problems of access
- DHBs in cities with training programmes have, in many cases, a history of supporting interns, while other DHBs do not support interns (although they have

senior staff who could supervise interns), leading to inequities between DHBs in their contribution to professional development.

- Universities report that they find it very difficult to plan ahead when they are unable to predict 2-3 years ahead whether they will have sufficient placements for trainee interns.

#### **4.0 Ways to address these issues**

It is important that the Ministry of Health, Health Workforce New Zealand, Te Pou and other relevant agencies are aware of the impact of psychology trainee intern issues and other issues impacting on the psychology workforce as noted below.

There is an urgent need for a workforce development strategy for psychologists in New Zealand based on the following data

- the number of psychologists needed in New Zealand based on population numbers—comparing data with comparable OECD countries would be a place to start
- The number of psychologists required to address the needs of Māori and Pacific populations
- Immigration New Zealand's basis for identifying shortages of clinical and educational psychologists
- The identification of key areas of current and future psychological need
- Recognition of changes to the health system that are shifting resources into community settings and primary care (e.g., PHOs, Whanau Ora) and into prevention.

In summary the issues which need to be considered are

- The implications of too few psychologists and imbalances across/between regions and specialities
- The need for a national strategy to address the issues of concern in relation to intern training overall and specifically in relation to the shortages of Māori

and Pacific psychologists, plus the need to meet the health needs of recent migrants from East Asia etc.

- Recognition of the importance of the primary mental health strategy and the increasing role that psychologists are playing in primary care
- The need for sufficient numbers of funded places for trainee interns across the country and the need for stability, predictability and equity in funding of these places i.e. a dedicated government funding source and contractual relationships between placement providers and training institutions
- The need for a nationally coordinated equitable approach to placements which encourages cooperation rather than competition amongst universities
- A vocational educational model which recognises that the primary role of the intern year is education not service

## **5.0 A proposed national model for intern training**

The following broad model is suggested

### ***Funding***

- That there is dedicated government funding for trainee intern places which is based on a formula agreed by the Ministry, universities, DHBs the Psychologists Board, professional associations and other relevant stakeholders
- The funding would need to cover a training bursary for interns and the costs of supervision and overheads
- Bursary rates would be uniform across the country unless the government extended the bonding programme and paid an additional rate for placements in hard-to-staff areas
- Consideration should be given to funding scholarships for Māori and Pacific trainee interns (and possibly to meet identified needs of other ethnic groups).
- There would be contractual relationships between trainees and their employers on the one hand, and between training institutions and some agent/agencies representing the funder on the other

### ***Training placements***

- The number of training places needs to be calculated on the basis of a workforce development plan that seeks to increase the number of psychologists in NZ - i.e. the process for determining the number of placements needs to move from the current ad hoc arrangements to a well thought out plan to meet the health needs of New Zealanders. The plan needs to be informed by demographic trends to meet anticipated future needs with population growth in general, and in identified segments of the population (e.g., older persons, Asian peoples)
- The number of training opportunities available to trainee interns could be increased by making use of private practices as training placements, so long as appropriate compensation arrangements can be made
- Private and public sector placements could for example, retain income earned by the services of the trainee intern and provide teaching and supervision at the level prescribed by the host university and required by the Psychologists Board

### ***Quality issues***

- All training providers (public and private sector) would need to be accredited by the Psychologists Board to ensure that the practice and teaching environment are fit for their educational purpose
- Universities would be responsible for ensuring that training placements in the private and public sector were at an appropriate, professional and educational standard. The Psychologists Board would monitor the universities' quality processes in this regard
- The NZPsS could provide professional development for psychologists who become "psychology teachers/supervisors"- i.e. those who teach and supervise trainee interns. Attendance at such courses could be part of the requirements of taking on the role. Funding for psychology teachers/supervisors to undertake professional development would need to be part of the funding package



## 6.0 Conclusion

The NZPsS is of the view that a well considered workforce development plan is essential to address the serious shortages of psychologists in New Zealand. As noted above this plan will need to take into account the contribution psychologists make to health care and other areas, the particular shortages of Māori and Pacific psychologists, the current difficulties associated with trainee internships and other issues which impact on the workforce. It will be important to engage with all stakeholders in the sector to find solutions to the issues noted above. The NZPsS believes that the Ministries of Health and Education should collaborate in workforce planning for psychology (in collaboration with stakeholders). We favour central government funding of trainee intern placements and flexible solutions in managing these placements as long as quality structures are in place.

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