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**How do Psychologists Maintain their Professional Competencies?
– Voices from the Field**

A thesis presented in partial fulfilment of the requirements for the degree of Master
of
Educational Psychology

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Abstract

This research explored how five psychologists in Aotearoa New Zealand maintained their professional competencies throughout their careers. Using a qualitative approach, and drawing from social constructionism and phenomenology, the collective case study research design facilitated the exploration of participants' experiences of maintaining their mandatory competencies required to practice as psychologists, through semi structured interviews. The research found that the participants identified themselves as reflective and evidence-based practitioners, with a strong sense of personal responsibility towards maintaining their competencies. The challenges they faced in maintaining the competencies and the solutions to mitigate the challenges were all centred around the workplace. Based on the findings the key suggestions made include: Aligning policies and procedures in all psychologists' workplaces with legislation and evidence based practice; aligning continuing competence programmes with performance planning; building leadership and cultural supervision, and making high quality supervision accessible throughout the profession; better access to professional information and new research in the field; adopting a coaching and mentoring approach to professional learning and development; and legitimising the valuable collegial support that psychologists relied upon to maintain their competencies. These suggestions are also well supported by the literature in helping psychologists to practice psychology competently in order to ensure public safety.

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Ehara taku toa i te toa takitahi, engari he toa takutini ke.
My strength does not come from me alone, but also from others.– Māori proverb

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Glossary

Ako	Reciprocal learning between student and teacher
Aotearoa	New Zealand
Arohanui	Much love
Hapu	Smaller Māori social unit/sub-tribe
Iwi	Large Māori social unit/tribe
Kanohi ki te kanohi	Face to face
Kaupapa	Principles/purpose/plan
Kura kaupapa	Māori medium school
Manaakitanga	Generosity/hospitality
Māori	Indigenous people of Aotearoa NZ
Mokopuna	Grandchild/grandchildren
Pōwhiri	Traditional Māori welcoming ceremony
Tamariki	Child/children
Te Ao Māori	The Māori world
Te Reo	Māori language
Te Tiriti o Waitangi	Founding treaty between Māori and the Crown
Te Wananga O Aotearoa	Māori tertiary education provider
Tikanga	Customs/ways of doing things
Taha Māori	Māori perspective
Whānau	Smallest Māori social unit/Family
Whakapapa	Genealogy
Whanaungatanga	Relationship through shared experience/belonging

Chapter One: Introduction to Psychological Practice in Aotearoa New Zealand

The New Zealand Psychologists Board (NZPB) defines psychological practice as the application of psychology as a scientific discipline to solve behavioural and social problems, and promote human development and welfare (NZPB, 2015a). In Aotearoa New Zealand (Aotearoa NZ) psychologists are required to be trained scientist practitioners, accessing evidence-based interventions, assessments, and problem analysis processes as both producers and consumers of research (NZPB, 2015a). Applying their expertise to a broad range of issues and clientele across all dimensions of psychological functioning, psychologists are employed in a diverse range of settings from education to the justice system, from hospitals to corporate development. In order to work with individuals, families, organisations, and communities, psychologists require a broad spectrum of capabilities, knowledge and skills. Also, the ability to integrate new knowledge and skills into their practice to benefit their client's lives, and their own continuing professional development (NZPB, 2002; NZPB, n.d).

Psychological practice in Aotearoa NZ functions within a unique cultural landscape. The Treaty of Waitangi/Te Tiriti o Waitangi (Te Tiriti) is the foundational document for Aotearoa NZ's bi-cultural society, characterising the relationship between the indigenous Māori population and the British Crown (Levy & Waitoki, 2016). The New Zealand Psychological Society (NZPsS) asserted that policies and practices relating to professional psychology must reflect Aotearoa NZ's cultural diversity, and duly regard the provision, spirit and intent of Te Tiriti (NZPsS, 1993). Te Tiriti principles of partnership, protection, and participation are weaved throughout the training, practice guidelines, ethical codes and competency standards for psychological practice. Knowledge and skills relating to diversity, culture, and a working understanding of Te Tiriti being fundamental to competent practice (Levy & Waitoki, 2016). Unsurprisingly, *Diversity, Culture, and The Treaty of Waitangi/Te Tiriti o Waitangi* is one of nine core competencies specified for practicing psychologists, both as a competence benchmark for registration to practice, and for career long competency development (NZPB, 2015a; NZPB, 2015b).

Psychologists may gain registration to practice in Aotearoa NZ under three vocational scopes, each scope clarifying the educational pathway, specialist tasks, areas of scientific knowledge, and field of expertise in which they are competent to practice (NZPB, 2017e). Whether registered under the 'clinical', 'counselling', or 'educational' psychologist scope of practice or registered under the general 'psychologist' scope encompassing other branches of applied psychology, and whether in paid employment or self-employed, it is a psychologists' professional, ethical, and legal responsibility to continually build upon their foundational competence by keeping up to date with advances in their field throughout their career (NZPB, 2017e). In accordance with the principal purpose of the Health Practitioners Competence Assurance Act 2003 (HPCAA) to protect public health and safety by ensuring that health professionals are competent and fit to practice, the NZPB developed the Continuing Competence Programme (CCP) for all psychologists. The CCP is a high trust model, emphasising psychologists' personal responsibility, choice, and flexibility when maintaining their professional competencies, whilst facilitating accountability through holistic supervision. The CCP also provides the NZPB with a mechanism to actively monitor competency standards before issuing psychologists' annual practicing certificate (APC) (NZPB, 2015b; NZPB, 2017d).

Chapter Two begins by exploring the evolution of 'competence' in professional working sectors and examines its impact upon the education and post registration working practices of professional psychologists in some international contexts and in Aotearoa NZ. Literature exploring various competency supports, and their efficacy in supporting professional competencies is further examined. Challenges that psychologists face when maintaining professional competencies are highlighted, and research into the impact upon psychologists and their practice according to these challenges are reviewed. The chapter concludes with a summary of key themes around the ways in which psychologists maintain their professional competencies and the nature of support they need to enhance competence throughout their careers.

Chapter Two: Literature Review

Professional Competence

Until the mid 20th century, it was generally accepted by educators and industries alike that once vocational skills were acquired, a person was competent to enter the workforce (Harris, Guthrie, Hobart, & Lundberg, 1995). The psychology of learning was dominated by two schools of thought: Behaviourism, measuring competence in terms of skills rather than knowledge or attitudes; and the cognitive movement, focussing on inner mental processing and developmental learning rather than specific learning outcomes (Harris et al., 1995). With the rise of the humanistic movement in the 1960's, behaviourist and cognitive conceptualisations of learning were challenged by theorists who emphasised that learners were holistic beings, with allowances made for individual difference and personal characteristics (Harris et al., 1995). This philosophical shift was the catalyst for industry leaders to report that many graduates entering their workforce were inadequately trained to perform their professional responsibilities. Many working sectors called conferences and established taskforces to develop solutions to the competency crisis they were experiencing; an enduring concept that resulted was Competence Based Education (CBE) (Harris et al., 1995; Kaslow et al., 2009).

CBE models were widely adopted throughout many professions. Students were guided towards the knowledge, skills and attitudes required to practice competently throughout their careers. Practitioners trained in CBE showed greater awareness of the need to keep abreast of knowledge and expertise and the need for accountability (Frank et al., 2010).

Competence and competencies. So, what is the distinction between competence and competencies? In a broad sense, competence is the ability of an individual to undertake a task, whilst competency or competencies are skill sets and dispositions that provide structured guidance for the education, evaluation, and development of employees (The Oxford Dictionaries, 2017a). However, there are more nuanced understandings of the terms.

Competence. Epstein and Hundert (2002) defined professional competence in terms of habitual and judicious communication, knowledge, skills, clinical reasoning, and reflection, used in everyday practice to benefit both individuals and the communities in which practitioners serve. Similarly, Barnett, Doll, Younggren, and Rubin (2007) suggested that competence involved actioning learned knowledge, skills, values, attitudes, and assessment; a competent practitioner being adequately qualified or capable to do so. Kuittinen, Meriläinen, and Rätty (2014) argued the concept of competence reflects a minimum level of competence acquired through education, and an aspirational level acquired by striving for goals towards expertise through continuing professional development (CPD). Rodolfa et al., (2005) stated that possessing theoretical knowledge and practical skill may not characterize someone as a competent professional as perspectives, theory, and research in one's field are continually evolving. Rodolfa et al (2005) further suggested that competence must be continually evaluated and documented in order to verify it against professional competency requirements, for the benefit of practitioners and the public.

Competencies. Competencies are elements of competence that are observable, measurable, and correlated with performance against accepted standards, but also built upon through training and CPD (Kaslow et al., 2004). Mulder (2012) stated that competencies are prescribed sets of competence standards embedded into educational frameworks, for training and new practitioners to apply their knowledge and skills independently and autonomously. He also highlighted that competencies further relate to compulsory practice frameworks involving legal, ethical, and industrially regulation, which practitioners must continually adhere to and develop throughout their careers (Mulder, 2012).

Competence then relates to the knowledge and skills required for professional practice yet is also about knowing one's personal and professional limitations (Kaslow et al., 2004). Prescribed standards of competence, or competencies, are ways to embed competence into professionals' education, regulation, and practice, in order to codify and standardise behaviour. The purpose of standardising professional behaviour being to make explicit professional and practice boundaries and the limitations of a practitioners' competence in order that they do no harm (Garton, 2006).

Competence Based Professional Practice

Johnson and Kaslow (2014) state there are hallmarks of professional practice that distinguish it from other working sectors: Academic training; membership of professional bodies; adherence to ethical codes and standards of professional conduct; and professional regulation to ensure ongoing competency. The literature highlights that the development of professional competence can be illustrated by a staged model from novice to expert (Dreyfus, 2004; Timperley & Alton-Lee, 2008). Dreyfus (2004) proposed five stages of learning where 'novice' and 'advanced beginners' learn to apply rules in real world contexts before reaching the 'competence' stage, the mark of a competent practitioner being the ability to take responsibility for failure and success and applying their learning into practice (Dreyfus, 2004). However, as Harris et al., (1995) noted over two decades ago, expert professional practitioners' knowledge and competence may also regress, due to over familiarity with the role, self-perceived seniority, and unfamiliarity with new research in the field.

Many studies have examined competence in professional practice, particularly in the nursing and teaching professions. In nursing, recent research indicates that student stage progression requires diverse learning opportunities and insightful and supportive supervision, in order that attitudinal, collaborative, and intuitive skills are developed (Hudson and Carrasco, 2015). A secondary analysis of studies in Canada showed that providing professional development (PD) opportunities under authentic supervision empowered nurses to positively engage in their work, enhancing competence and counteracting emotional exhaustion and burnout (Spence-Laschinger, Wong, Grau, Read, & Pineau-Stam, 2011).

In Aotearoa NZ the Nursing Council sets standards for continuing competence in accordance with the same legislation governing psychological practice, the HPCCA. Nurses are required to meet the Council's competency requirements for their particular scope of practice (Nursing Council of New Zealand, 2017).

In the teaching profession, as a synthesis of 97 empirical studies about CPD highlighted, the ability to self-reflect and work without bias were indicators of competence (Timperley & Alton-Lee, 2008). Nir and Bogler (2008) surveyed 841 primary teachers and suggested that teachers' professional practice was enhanced

when PD was varied and delivered 'in house' via trusted supervision. In Aotearoa NZ, the Practising Teacher Criteria outlines essential competency requirements for teaching professionals; an ongoing requirement to gain periodical practicing certificates and registration with the NZ Education Council (Education Council, 2017).

Literature suggests that building and maintaining competence in the nursing and teaching professions is underpinned by educational, developmental, and stage driven processes. It was suggested that practitioners are best supported to maintain competence via ongoing PD and trusted supervision (Nir & Bogler, 2008; Spence-Laschinger et al., 2011). In Aotearoa NZ teaching and nursing practitioners are required to document their PD in relation to ascribed sets of competencies, being supported by professional supervision (Education Council, 2017; Nursing Council of New Zealand, 2017).

Competence Based Psychological Practice

Humanistic ideas about the psychology of learning emerged early in the development of psychology as a profession (Kaslow et al., 2009). The challenges to behaviourist and cognitive theory coupled with the need for regulation across the industry resulted in the American Psychological Association's (APA) Boulder Conference of 1949; the intent to develop accreditation programs, and guidelines for clinical psychology training (Kaslow et al., 2009). Education and training models in Western psychology gradually shifted towards a focus on competence as the predominant educational outcome ((Hatcher et al., 2013; Kaslow et al., 2009). However, there were concerns that CBE training models might result in lower quality programmes and graduates; the goal of excellence replaced with minimum standards of competence to register for psychological practice (Hodges, 2006). Whilst Knight (2011) asserted that CBE models made no allowance for the complexity of psychological practice, he suggested a professional dilemma existed between acquiring and maintaining competence, whilst regularly engaging in practice scenarios beyond one's competency level to further develop competence. The need for comprehensive systems of competence evaluation throughout the profession was suggested in order to protect the public and produce the best psychologists possible (Knight, 2011).

It was not until the 2002 APA Competencies Conference: Future Directions in Education and Credentialing, that a taskforce was established to research competency models in other professions, evaluate methods of assessment, and develop guiding principles including foundational domains of competence and functional core competencies for the discipline of psychology (Kaslow et al., 2009). Figure 1 shows the Competency Cube model designed by the APA taskforce to illustrate competency domains, core competencies, and stages of PD throughout a psychologists' career. Foundational competence domains identified were: Reflective practice and self-assessment; scientific knowledge and methods; relationships; ethical and legal standards, and policy issues; individual and cultural diversity; and interdisciplinary systems. Functional competence domains were identified as: assessment, diagnosis and conceptualisation; intervention; consultation; research and evaluation; supervision and teaching; and lastly, management and administration.

Figure 1. From Kaslow et al., 2009.

This model had significant influence on professional psychology towards a culture of competence and the universal adoption of CBE pathways and regulatory competency frameworks. This included the development of meta ethical codes as decision making tools for psychological practice rather than prescribed lists of practice

expectations (Gonsalvez & Calvert, 2014; Kaslow et al., 2009; Rodolfa et al, 2005; Von Treuer & Reynolds, 2017).

Regulation, codes of ethics and core competencies. The regulation of psychological practice protected the public by limiting entry into the profession to qualified practitioners, thus mitigating the risk of incompetence or the inability to acquire and integrate professional standards into practice (Garton, 2006). The introduction of legislation to protect the title 'Psychologist' mandated regulatory bodies to monitor the competence and conduct of both training and recognised practitioners (Johnson & Kaslow, 2014).

The development of ethical codes served to unify the practice of psychology, guide ethical decision making, and inform the public about ethical standards of the profession (Huygens & Nairn, 2016; Johnson & Kaslow, 2014). Sets of core competencies for psychological practice were developed as educational and evaluative tools to measure psychologists' learning, and to demonstrate competence in accordance with regulatory and ethical standards (Garton, 2006).

Despite contemporary psychology being highly regulated and ethically scaffolded internationally, in 2016 the International Association of Applied Psychology (IAAP) identified and declared an internationally endorsed set of competencies for psychological practice. These competencies were intended to unify a globally mobile and diverse industry and consolidate the global identity of professional psychologists in relation to their competencies (IAAP, 2016). Interestingly 42% of psychologists registering to practice in Aotearoa NZ (year ending March 2017) were found to have trained overseas (NZPB, 2017b). International literature highlights the way that competence and competencies are incorporated throughout differing countries' systems of regulation, ethics, and practice.

Canada. In Canada each province legislates protection of the title 'Psychologist', licensure to practice, and sets practice standards independently of each other (Canadian Psychological Association, 2018). The primary national association is the Canadian Psychological Association (CPA) which develops ethical codes for all practicing psychologists and accredits postgraduate programmes for trainees (CPA,

2017). *The Canadian Code of Ethics for Psychologists* developed in 1986 was internationally ground breaking as it was uniquely based on four empirically grounded key principles: Respect for the Dignity of Persons and Peoples, Responsible Caring, Integrity in Relationships, and Responsibility to Society (CPA, 2017; Koocher & Hadjistavropoulos, 2012). Competence comes under the principle of 'Responsible Caring', the current code requiring psychologists to practice within the parameters of their competence, keep up to date with knowledge and research, engage in reflective practice under supervision and be mindful of self-care (CPA, 2017). There is no national set of core competencies for psychological practice due to provincial governance.

U.K. Legislation to protect the title 'Psychologist' was passed in 2009 when regulatory authority shifted from the British Psychological Society (BPS), to the Health and Care Professions Council (HCPC). However, the BPS continues to develop codes of ethics and conduct and accredit educational pathways towards registration (Aanonsen & Althaus, 2012; BPS, 2018; HCPC, 2018). Following international calls for the implementation of meta ethical codes, a new British code of ethics was developed in 2006 (Aanonsen & Althaus, 2012). Based on four ethical principles, the code sets out the responsibilities expected of psychologists: Respect; Competence; Responsibility; and Integrity. The current code states that trainee, academic, and practicing psychologists continue to develop and maintain high standards of competence within the limits of their knowledge, skill and experience (BPS, 2018). The five core skills or competencies required for applied psychological practice being: Assessment; Formulation; Intervention or Implementation; Evaluation; and Communication (BPS, 2017).

Australia. In 2010 the Psychology Board of Australia (PBA) began nationally regulating psychologists under a registration and accreditation scheme for all health practitioners governed by the Australian Health Practitioner Regulation Agency (AHPRA, 2018). The Board sets registration standards and requires evidence that standards have been maintained in order to grant psychologists their annual registration (AHPRA, 2018). In line with the international development of meta codes,

the Australian Psychological Society (APS) developed a new code of ethics in 2007, which was adopted by the PBA in 2010, the code's general principles being: Respect for the Rights and Dignity of People and Peoples; Propriety; and Integrity (APS, 2017). Competence falls under 'Propriety' and requires that psychologists work within the bounds of their competence relating to education, knowledge, skills, and legal jurisdiction (APS, 2017).

Eight core competencies are weaved throughout psychologists' training and internship: Knowledge of the Discipline; Ethical, Legal and Professional Matters; Assessment and Measurement; Intervention Strategies; Research and Evaluation; Communication and Relationships; Working with People from Diverse Groups; and Practice Across the Lifespan (PBA, 2017). The core competency areas may result in differing knowledge or skills being acquired, depending on the nature of the psychologists' practice endorsement (PBA, 2011).

Aotearoa NZ. The NZPB was established in accordance with the Psychologists Act 1981, which mandated protection of the title 'psychologist' to ensure practice standards would not bring the profession into disrepute. Subsequently, under the HPCAA, the NZPB was appointed regulatory authority over all psychological practice in Aotearoa NZ (Garton & Allan, 2012). The Board regulates psychological practice in order to protect public health and safety and recognise its responsibility to Māori by upholding the principles of Te Tiriti. NZPB also reviews psychologists' competence, sets standards for ethical conduct, and clinical and cultural competence (NZPB, 2017a; Osborne, Surgenor & Goodhead, 2016). Psychologists are guided by the *Code of Ethics for Psychologists Working in Aotearoa NZ* developed in 2002 by the NZPB in collaboration with the NZPsS and the New Zealand College of Clinical Psychologists (NZCCP) (NZPB, 2002; NZPB, 2017a). Based on the Canadian code, Aotearoa NZ's meta code explicitly incorporates Māori views, reflecting the need for bi-cultural perspective in psychological practice (Seymour & Nairn, 2012). The general principles of the code are: Respect for the Dignity of Persons and Peoples; Responsible Caring, Integrity in Relationships; and Social Justice and Responsibility to Society (NZPB, 2002).

The NZPB developed *Core Competencies for the Practice of Psychology in Aotearoa NZ* in 2006, in response to their mandate under the HPCCA (New Zealand

Legislation, 2003; NZPB, 2015a). The NZPB must be satisfied that a practitioner is competent and fit to practice before they gain registration, and that competency standards have been maintained throughout their practice to attain their APC. The four interacting components of competence - Knowledge, Skill, Judgement, and Diligence are all required to achieve the expected performance level of a professional psychologist (NZPB, 2017c). However, each component may differ depending upon the practitioner's scope of practice, level of seniority and practice context (Huygens & Nairn, 2016; NZPB, 2017c; Osborne et al., 2016). There are nine core competencies for psychologists in Aotearoa NZ, each of the nine areas is further detailed and explored according to the literature (NZPB, 2015a).

Discipline, Knowledge, Scholarship and Research. This competency area reflects an understanding of scientific knowledge and the theoretical foundations of psychology, and the relationship between knowledge, research, and practice. The premise for this set of competencies is that psychologists are scientist-practitioners (NZPB, 2015a). Lane and Corrie (2006) and latterly Bourke and Loveridge (2013) posited that being a scientist practitioner involved balancing engagement with a psychological perspective, delivering results for clients, and building one's own knowledge through PD. Neimeyer, Taylor, and Cox (2012a) suggested that attending workshops, conferences, and reading publications provided access to professional knowledge. However, Neimeyer, Taylor, and Rozensky (2012b) indicated the obsolescence of scientific knowledge in psychology is fast paced, and that career long PD and self-reflection were increasingly important. Haarhoff, Gibson, and Flett (2011) and Timperley and Alton-Lee (2008) also highlighted that self-reflective practice enabled through supervision, facilitated new knowledge and skill integration with existing knowledge and experience. No current research evaluating PD activities to best support this set of competencies in psychological practice was found.

Diversity, Culture, and Treaty of Waitangi/ Te Tiriti o Waitangi. This core competency reflects the skills, knowledge, and attitudes required to provide culturally safe practice. Psychologists must recognise diversity and the impact of their own culture, beliefs, gender, status and age upon their interactions with clients. They must

understand the working principles of Te Tiriti and have knowledge of Māori health models (NZPB, 2015a).

A wealth of literature exists, examining how cultural competence can be developed and maintained throughout psychological practice. Stuart (2004) suggested ways to develop cultural competence including fostering an understanding of cultural themes and ethnic identities, and consideration of clients' worldviews when selecting therapies and interventions. Fouad (2006) highlighted that self-evaluation, and knowledge of other cultural groups was paramount to developing culturally safe practice. Tamatea (2015) posited that learning about historical and contemporary issues for differing cultures and peoples, should be considered legitimate PD for psychologists. It was suggested that self-reflective practice was key to building and maintaining cultural competency and expanding the scientist-practitioner model to include 'advocacy' would aid its development in Aotearoa NZ (Haarhoff, 2016).

However, Waitoki (2012) found that Māori clinical psychologists experienced undue pressure to be cultural advisors for their non-Māori peers. Waitoki (2012) stated that cultural competency was not emphasised enough in clinical training and proposed the development of better support models, given the cultural disparities between psychologists and those requiring their services. This sentiment resonated with Abraham's (2017) assertion that a distinct lack of cultural supervision exists for educational psychologists in Aotearoa NZ. Similarly, Macfarlane, Blampied and Macfarlane (2011) suggested that client assessment in clinical psychological practice lacked appropriate levels of cultural competency, despite its centrality to competent practice as stipulated in the NZPB's Cultural Competencies document (NZPB, 2011).

Professional, Legal, and Ethical Practice. Working knowledge of legislation and ethics are included in this competency. Also, the ability to advance professional practice by accessing the necessary practice supports (NZPB, 2015a). Little research was found about maintaining legal and ethical professional practice. Davidson, Garton, and Joyce (2003) analysis concluded that trainee psychologists must be educated in the content of ethical codes, but also how to continually practice ethically through the addition of metacompetency training. Morrissey and Symonds (2006) further proposed that training models incorporating both comprehension of ethical

codes and practice methodologies to support competency, should be available to novice and experienced psychologists and expanded throughout their careers via courses and seminars.

Framing, Measuring, and Planning. This core competency requires psychologists to deliver psychological assessment, evaluate and analyse data, and problem solve effectively and competently with individuals, groups and organisations, the premise being that psychologists apply evidence-based concepts in their practice (NZPB, 2015a). Eatwell and Wilson (2016) stated psychologists must work within the parameters of their own expertise in assessment, data analysis, and evaluation, recognising when their training and skills required updating or when expert advice was necessary. Following their survey of 82 Aotearoa NZ practitioners, of which 14 were psychologists, Strauss, Leathem, Humphries, and Podd (2012) indicated that practitioners often used outdated or inadequate assessment tools. It was suggested that practitioners regularly opted for 'popular' methods of assessment regardless of their appropriateness, or, were restricted by the confines of availability within their organisations.

Intervention and Service Implementation. Competency in this area reflects the knowledge and delivery of evidence-based interventions, their implementation and evaluation, along with the ability to plan, design and evaluate psychological services to a broad array of clientele (NZPB, 2015a). Macfarlane (2016) stated that in Aotearoa NZ, the evidence base of psychological assessment and intervention is often culturally irrelevant, with no unified consensus existing on intervention evaluation for Kaupapa Māori methodologies. It was suggested that deciding which interventions fit best is an experiential process, supported by self-reflective practice under culturally appropriate supervision (Macfarlane, 2016).

Communication. This core competency involves clear communication with clients, other professionals, and the public. Competence in interview techniques and communication of outcomes is also included in these competencies. The ability to communicate effectively with all parties reflects the need for psychologists to be

culturally competent (NZPB, 2015a). Waitoki (2012) suggested that in Aotearoa NZ, communication between psychologists and clients may not always be culturally appropriate. Du Villier et al., (2015) further highlighted that psychologists themselves believed a cultural division in psychological practice existed; further, a division and lack of communication within professional psychology in Aotearoa NZ as a whole.

Professional and Community Relations, Consultation, Collaboration. Reflecting the need to work collaboratively with a broad range of people and service providers, this competency requires psychologists to function in an egalitarian and professional manner, the ability to build relationships and advocate being central to the psychologists' role (NZPB, 2015a). Klein (2005) highlighted that working collaboratively involved teamwork, but in an interdisciplinary context, required psychologists to interact with disciplines and agencies with differing knowledge bases. Tovian (2006) suggested that psychologists require a broad array of skills for successful collaboration, including time management, decision making and motivational skills.

Reflective Practice. This competency relates the need for psychologists to continually self-assess and develop their practice. Recognising competence limits, utilising supervision, and effectively engaging in self-care are included in this competency (NZPB, 2015a). Being a reflective practitioner demonstrates the ability to reflect upon and learn from clinical experience, by documenting how thoughts and behaviours impact upon the self and clients. Also, by incorporating the knowledge and theory gained through education and CPD into the complexity of psychological practice, to guide ethical decision making and tailor individual psychological services (Haarhoff, 2016). Wise (2008) previously stipulated that self-reflection and self-care are essential to recognising one's competence limits, and by undertaking CPD psychologists' clinical skills and commitment to ethical and competent practice were sharpened.

There is a wealth of international literature exploring and evaluating reflective-practice in the teaching and health professions, but little evaluating self-reflection in psychological practice (Hunsley et al., 2016; Taylor & Neimeyer, 2015). Haarhoff et al., (2011) evaluated the impact of a self-reflection workbook and reflective logbook on 16

practitioners. It was concluded that a focus on self-reflective practice enhanced therapists' skill acquisition and transmission of knowledge into practice. Similarly, Davis, Thwaites, Freeston, & Bennett-Levy (2015) evaluated a self-reflection programme designed to support competence. It was suggested that participation in the programme enhanced the 14-practitioner's technical and interpersonal empathetic skills. The literature highlighted that supervision is the most common support for reflective practice in Aotearoa NZ (Haarhoff, 2016).

Supervision. This competency reflects the knowledge and skills that psychologists who provide supervision to others are expected to possess. Supervising psychologists must understand appropriate supervision models and deliver supervision in a safe and open manner (NZPB, 2015a). Olds and Hawkins (2014) thematically analysed clinical supervision frameworks and identified that supervision skills required ethical and professional knowledge of the profession and practice, reflective practice, relevant supervision research and theory, and the ability to evaluate. Similarly, Milne and Watkins (2014) analysed supervision frameworks for psychological practice in the U.S.A, Australia, and the U.K, their analysis suggested that knowledge of models and methods, ethical and legal concerns, the supervision relational process, and supervisory assessment/evaluation were crucial elements of the supervisory process.

These nine core competencies reflect the minimum standards required for intern psychologists to register for psychological practice. Also included in the core competency document are additional competencies relating to the clinical, counselling, and educational scopes of practice reflecting specific knowledge, skills, interventions and assessments required to practice in each specialisation (NZPB, 2015a). In addition, the NZPB developed a further guideline document - *Cultural Competencies for Psychologists Registered under the HPCA Act 2003, and for those seeking to become registered* (NZPB, 2011).

The literature highlights that although the concept of professional competence in psychological practice is not new, mandated competence requirements for psychologists are a relatively recent phenomenon. It was apparent that the process of embedding competence throughout psychologists' education, professional regulation,

and codes of ethical practice has occurred progressively over the past thirty years. However, the literature indicated that psychologists' practice in relation to professional competencies appeared to lack international unification; international mobility in the profession being illuminated by NZPB registration statistics. Aotearoa NZ's set of core competencies was found to incorporate evidence-based concepts like self-reflection, supervision, and keeping up to date with professional knowledge and research, suggested throughout the literature to best support competency maintenance throughout psychological practice (Haarhoff et al., 2011; NZPB, 2015a; Olds & Hawkins, 2014).

Supporting Competencies Throughout Psychological Practice

Whilst a wealth of international literature described the development of frameworks, practice models, and core competencies designed to support competence in psychological practice, there was little research found examining the efficacy or specific types of PD activities that best support psychologists' competence within the framework of professional competencies. This included exploration of whether competency frameworks actually do support psychologists' ongoing competency development (Belar, 2012; Hunsley et al., 2016; Neimeyer et al., 2012a; Taylor & Neimeyer, 2015). Furthermore, Zlatin- Troitschanskaia et al., (2016) cautioned that inadequate competency frameworks or models in psychological practice may lead to inadequate methods of competency assessment within the profession.

The literature continually highlighted that psychologists are required to maintain their competencies autonomously throughout their careers; this ability requiring ethical decision-making skills guided by regulatory processes and ethical codes (NZPB, 2017e). Ethical codes are considered practice-based models to support ethical decision making, however their application must be tendered with metacompetencies to allow for the complexity of psychological practice (Du Preez & Goedeke, 2013).

Metacompetencies. Metacompetencies are mind sets promoted throughout a psychologists' education and CPD to develop the attitudes, diligence, and abilities congruent with the competency demands of psychological practice (Thwaites, Bennett-Levy, Davis, & Chaddock, 2014). Identified during the APA Competencies Conference, higher order competencies such as the ability to self-assess and reflect, problem solve, reason, and self-develop were subsequently incorporated into university programmes, regulatory frameworks, and emphasised in professional psychology to help support ongoing competence (Thwaites et al., 2014). Metacompetencies involve the ability to make procedural judgments, know how and why something needs to be done, and what actions are appropriate. In other words, to engage in reflective practice, a psychologist must have the ability to self-reflect and also understand its importance for their PD in the context of ethical and applied practice; abilities that cannot be learned through textbooks alone (Thwaites et al., 2014).

Gonslavez and Calvert (2014) asserted that metacompetencies support practitioner's CPD through the integration of new knowledge with existing competencies via ongoing self- assessment and self-motivation throughout their practice. However, Dunning (2014) consistently found practitioners better at evaluating other's than themselves. It was suggested that incompetent individuals are often overconfident in their knowledge and ability, rarely experiencing uncertainty in their self-belief (Dunning, 2005; Dunning, 2014; McDaniel, 2016). Dunning's research supports Dweck's (2008) assertion that a growth mind set (showing resilience and learning from mistakes) be promoted by providing a safe environment for feedback. Dunning (2014) further stated that individuals can advance their metacognitive ability to evaluate their own performance when they acquire the knowledge and skills to do so.

Von Treuer and Reynolds (2017) proposed a competency model for psychological practice in light of an international endorsed set of competencies. They suggested the most important metacompetencies relating to psychologists' work were: The ability to practice within legal, regulatory and ethical frameworks; the ability to establish and maintain constructive working client and professional relationships; the ability to communicate and navigate differing cultures and life stages; and the

ability to continuously improve professional domains through self -assessment, reflection, and PD (Von Treuer & Reynolds, 2017).

Scientist- practitioner and evidence-based practice. Frameworks supporting the CPD of knowledge, skills, and competence, and guiding metacognitive decision-making processes are that psychologists are trained to be ‘scientist – practitioners’, their decision-making being grounded in ‘evidence-based practice’ (EBP) (Kaslow et al., 2009). The term scientist- practitioner describes the need for psychologists to understand, produce, and keep up to date with relevant scientific research in their field, in order to apply appropriate research in their practice (Rodolfa et al., 2013). Petersen (2007) suggested that integrating scientific concepts of investigation, assessment, and intervention to psychological practice would enhance psychologists’ knowledge base, and facilitate continuing innovation both in their practice, and the field of psychology. However, Bourke and Loveridge (2013) stated that psychologists working in education in Aotearoa NZ must creatively integrate research with clinical expertise and the lived experience of their clientele, in order to positively influence their clients in culturally responsive ways.

Under the umbrella of the scientist-practitioner framework, EBP which was already established in other professions, was further developed for psychological practice (Kaslow et al., 2009). The premise of EBP is that psychologists’ clinical decision making is based on relevant research and proven success in practice, with interventions being supported by reliable and trustworthy evidence and expertise.

Macfarlane (2016) stated in Aotearoa NZ, EBP provided psychologists with systematic ways of gathering and analysing data towards client progression. It also allowed psychologists to consider procedures and processes proven effective by other professionals in different settings. Babione (2010) reviewed EBP literature which indicated that evidence-based training frameworks best prepared psychology students for the ethical and clinical expectations of practice, promoting a culture of lifelong learning throughout their careers. Similarly, Neimeyer et al., (2012b) conducted a Delphi poll with a panel of U.S expert psychologists to assess their ongoing knowledge base. It was concluded that EBP best supported the development of ongoing

knowledge in psychological practice, given the accelerated nature of scientific developments in the field.

Professional development opportunities. A large body of literature suggests that virtually all professional groups consider CPD essential towards building and maintaining career long competence (Benseman, Findsen, & Scott, 1996; Harris et al., 1995; Rodolfa et al., 2013). Many psychologists, particularly those working in government sectors, may be supported by their employers to maintain their competency obligations (Kilgour & Tiller, 2017; Ministry of Education, 2017; Rodolfa et al., 2013). Employers may develop competency guidelines aligning with regulatory standards and facilitate PD and supervisory opportunities for psychologists on their staff (Barnett, 2008; O'Connor, 2001; Kilgour & Tiller, 2017; Ministry of Education, 2017). However, literature highlighted that psychologists without employer support, especially in private practice, often felt isolated, under resourced, and struggled to meet the requirements of professional practice and competency expectations (Barnett, 2008; O'Connor, 2001).

Bradley, Drapeau, and DeStefano (2012) surveyed 418 Canadian psychologists about their CPD, and how it translated to competence in practice. Psychologists' feelings of competence related to registration, professional reading and courses/workshops attended. Psychologists felt professionally supported by case discussion groups, and supervision. However, Neimeyer et al., (2012a) surveyed 1,606 U.S. psychologists concerning their participation in CPD, findings suggested that psychologists relied on self-directed learning, collegial support, and supervision to support ongoing competence. Workshops, conferences, and reading publications were suggested as beneficial methods of PD. However, it was considered that systems of CPD consisted of a variety of forms and methods of learning, held together by equally varied regulations, found to lack empirical warrant or measure (Neimeyer et al., 2012a).

Membership of psychological societies may provide access to PD opportunities such as seminars, webinars, and workshops. The NZPsS and its sub groups relating to each vocational scope of practice, along with The New Zealand College of Clinical Psychologists (NZCCP) offer an ongoing range of PD events. They regularly advertise

externally organised PD opportunities to complement the NZPB's CCP (NZPsS, n.d). However, a recent survey of 53 newly registered psychologists indicated that only 10% of respondents were members of the NZPsS, citing the cost of membership as prohibitive (Cable, 2013).

Professional supervision. Recent literature on professional supervision in psychological practice is plentiful (Abraham, 2017; Annan & Ryba, 2013; Milne & Watkins, 2014). The NZPB defines professional supervision for psychological practice in terms of professional peer support and monitoring of professional development, rather than line management monitoring, and states that all psychologists, regardless of work context or career stage must engage in professional supervision; with full time psychologists undertaking a minimum of two hours of supervision each month (NZPB, 2010; NZPB, 2017d). Abraham (2017) highlighted that psychologists require regular high-quality supervision in order to keep themselves, their clients, and the profession healthy. Professionals throughout the literature reported they felt professionally supported by supervision more than other CPD method (Bradley et al., 2012; Hudson and Carrasco, 2015; Neimeyer et al., 2012a).

Annan and Ryba (2013) stated that models of professional supervision generally incorporate three components: Accountability; access to and development of professional knowledge; and the support and maintenance of wellbeing. Milne and Watkins (2014) suggested that guiding practitioner's attention towards ethical concerns and diversity, and encouraging an attitude of self-reflection, were crucial elements of the supervisory relationship. Abraham (2017) emphasised that within the supervisory relationship, problem solving, reflection, and the testing of attitudes and beliefs resulted in psychologists returning to their work with enhanced knowledge, skills and insights. Howard, Burns, and Black (2016) illuminated that these elements are incorporated into the core competency *Supervision* for the practice of psychology in Aotearoa NZ (NZPB, 2015a). However, Bellamy (2018) raised concerns that employers may not be clear about legal responsibilities towards the provision of holistic supervision for psychologists under the HPCCA, some psychologists reporting that employers provide only line management supervision. She further stated this put both psychologists and employers at risk by not upholding the legal status of

'psychologist' and undermining psychologists as assets to employers (Bellamy, 2018; NZPB, 2017d).

Continuing competence development programmes. The implementation of continuing competence development programmes (CCDP) to support psychologists' mandated core competency requirements has gained ground internationally. The CCDP objective is to promote high practice standards in accordance with legislation and encourage psychologists to continually acquire new and relevant knowledge and skills (College of Psychologists British Columbia (CPBC), 2018; NZPB, 2015b). The literature further highlights how these programmes have been internationally implemented and explores their efficacy in supporting continuing competence.

Canada. CCDP's may be developed according to the by-laws of provincial regulatory bodies but are not nationally mandated for all Canadian psychologists towards annual registration, although the CPA sets standards for PD activities (CPA, 2010; CPBC, 2018). In British Columbia for example, psychologists are required to undertake specified hours of PD activities in five areas of professional practice relating to core competencies. They must document competency development in a log book both as an annual review and goal setting exercise for the subsequent practice year, and to qualify for annual registration to practice (CPBC, 2018). Whilst in Nova Scotia, psychologists must attain and develop competence related to five core areas by undertaking an annual self-review under supervision and making a formal declaration of competence to gain their annual registration to practice (Nova Scotia Board of Examiners in Psychology, 2018).

U.K. The HCPC regulates CPD in order that health professionals' competence can be developed and measured throughout their careers, and to gain their annual registration (BPS, 2010). The BPS serves to promote CPD for all psychologists, and recommends that a cyclical approach is adopted incorporating planning, action, outcome, and reflection. However, this is more a practice guideline than an implemented programme (BPS, 2010). The BPS provides an online system for psychologists to plan and record their PD activities within the Knowledge and Skills

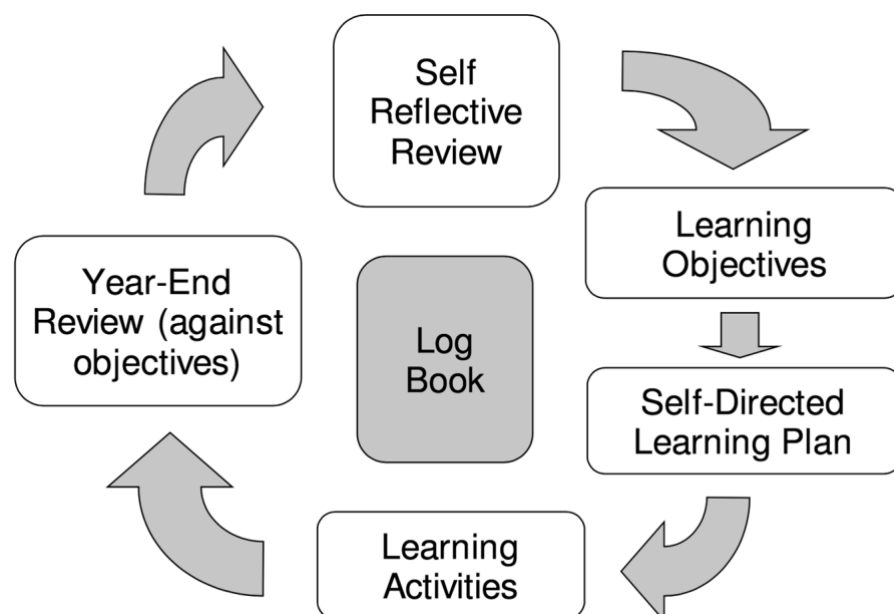
Framework, used to define, review, and develop professional competencies under the HCPC (BPS, 2010). Research exploring U.K health professionals' perceptions and experiences of CPD, indicated that psychologists struggled with lack of both employer support, and the time to effectively manage the CPD process (QA Research, 2015). Similarly, Illing et al., (2017) evaluated CPD by interviewing and surveying stakeholders at every level of HCPC involvement, including 42 psychologists. They suggested the self-assessment system lacked public confidence, due to its reliance on practitioners' own assessment of their competence. It was recommended that employers link CPD to staff appraisal scheduling to increase the system's congruency and robustness, and that practitioner's CPD profiles be validated annually by a line manager, or by the inclusion of third party evidence (Illing et al., 2017).

Australia. The PBA developed a CPD cyclical model to support psychologists in maintaining their competencies, as mandated under the Health Practitioner Regulation National Law Act (PBA, 2015). As a requirement for annual review of registration, participation in the CPD is mandatory for all practicing psychologists (PBA, 2011). Psychologists must: Identify their CPD needs; set goals to address them; select and undertake PD activities in support of their goals; and evaluate and reflect upon the impact of the PD upon practice. However, a recent structured literature review concluded that regulatory competency frameworks in Australia were lacking in their ability to assess clinical competence (Stevens, Hyde, Knight, Shires, & Alexander, 2017).

Von Treuer and Reynolds (2017) developed a competency model to better reflect the complex and diverse nature of Australian psychological practice. A Delphi study with psychologists and psychology academics in Australia concluded that practitioners did not understand the overarching principles that drive regulatory competencies within professional practice. It was suggested that competency supports should strive to improve psychologists' understanding of how competencies are embedded and assessed, so their maintenance becomes an authentic and autonomous process within regulatory frameworks (Gonsalvez & Calvert, 2014).

Aotearoa NZ. In 2009, the NZPB introduced the CCP framework to help psychologists manage ongoing challenges to maintaining and monitoring competence by: Upholding the importance of life-long learning; providing a practical and effective way of competency maintenance; minimising the cost to practitioners; trusting psychologist’s professional autonomy; and trusting that supervisors provide the best method of accountability (NZPB, 2015b; NZPB, 2017c). All psychologists must work within the CCP framework (NZPB, 2015b). With the assistance of their supervisor, practitioners are required to undertake an annual structured self-review of their skills and knowledge in relation to the nine core competencies (NZPB, 2015a). Following the review, psychologists autonomously develop learning objectives for the year ahead, which may include aspirational or employment focussed learning needs, with learning activities relating to these objectives being documented in a log book. A learning plan is formulated, and psychologists carry out their learning activities throughout the practice year, documenting the process as they go. Towards the end of the practice year, a critical review of learning in relation to objectives is undertaken in supervision (NZPB, 2015b). Figure 2 shows the CCP annual cycle. Both practitioner and supervisor must sign the declaration of competence at the end of each year’s CCP cycle for the APC to be issued.

Figure 2. Annual CCP process. From NZPB, 2015b.



Hunsley et al., (2016) stated that although competency frameworks have been implemented to help psychologists maintain their professional competencies, empirical data assessing their efficacy to the profession as a whole had not yet been undertaken. There was no literature found that assessed, evaluated, or discussed the efficacy of the CCP in psychological practice in Aotearoa NZ. An international survey of psychological practice did indicate that psychologists were in agreement about pre-registration levels of foundational competence but were divided about how its ongoing maintenance should be measured and evaluated (Hunsley et al., 2016).

Communitarian models. Johnson, Barnett, Elman, Forrest, and Kaslow (2013) proposed that competency maintenance in professional psychology moves away from focussing on psychologists' autonomy and independence towards more communitarian and relational systems of support. Neimeyer et al., (2012a) indicated that psychologists relied upon self-directed learning and peer consultation to support their ongoing competence, due to a lack of comprehensive support systems. The potential of legitimised models of collegial support and collaborative practice can be seen in ecological models of competence maintenance for psychologists. Incorporating micro support at collegial level, meso support through coaching and mentoring, and macro support including supervision and mandated professional supports, it was suggested communitarian models might best support the fragility and complexity of competence for psychological practice (Johnson et al., 2013; Smith & Moss, 2009). Ragins (2012) stated that recognised models of reciprocal collegial support and mentoring equipped practitioners with the confidence and ability to ask for help when needed. Also, providing practitioners with the knowledge and skills required to attend to colleagues' competency issues should they arise. Johnson et al., (2013) suggested that fewer psychologists would have problems with competency maintenance if support systems recognised and legitimised the potential of collegial support and mentoring, and were focussed towards the prevention of competency issues rather than having an emphasis on compliance and intervention (Johnson et al., 2013).

Challenges to Maintaining Professional Competencies.

The literature indicated that systemic and personal obstacles exist, affecting psychologists' ability to maintain their mandated competencies, especially in the areas of self-reflection, supervision, cultural competency and self-care. Literature further suggests that although PD opportunities may be available to psychologists, external challenges can prevent them from accessing PD, whilst internalised challenges may inhibit their efficacy. Systemic pressures may limit the availability or access to competence supports in psychological practice, whilst personal hurdles like feelings of inadequacy or emotional burn out are common especially for psychologists working in mental health and counselling scenarios (Gardner & O'Driscoll, 2016).

Systemic challenges. Nearly two decades ago research highlighted that psychologists often struggled with time for self-reflective practice due to varied and exhausting workloads (O'Connor, 2001). It would appear the same systemic challenges exist today, with recent literature stating that psychologists regularly work under pressure to deliver higher numbers of specified outcomes with fewer staff, resulting in less time for engagement with professional support systems and PD (Abraham, Feather, & Harré, 2016). Haarhoff, Thwaites, and Bennett-Levy (2015) surveyed psychological practitioners in the U.K, who identified 'lack of time' as a barrier to self-reflection. Brown and Sumner (2013) surveyed school psychologists about work/family related stress and conflict, and concluded when workplace quality increased, work and work-family related stress decreased. Role overload was cited as the main stressor (Brown & Sumner, 2013). Similarly, Jimerson, Annan, Skokut, and Renshaw (2009), surveyed 65 educational psychologists about their service delivery in Aotearoa NZ. The biggest challenges to effective practice were identified as: Lack of funding; professional burnout; competent professionals leaving the profession; and a lack of leadership. Bellamy et al., (2014) observed that limited leadership opportunities exist for psychologists in Aotearoa NZ, resulting in a lack of strategic change within the profession. Similarly, Abraham (2017) noted that the need for experienced leaders to guide new psychologists towards higher levels of competence was hampered by the lack of culturally competent supervision. It was suggested that

for all psychologists in Aotearoa NZ to practice ethically and competently, the principles of Te Tiriti should be incorporated into practice structures via supervision with Māori psychologists (Abraham, 2017).

Personal challenges. Wise, Hersh, and Gibson (2012) highlighted that in order to meet their ethical obligations to maintain competence throughout their careers, psychologists must attend to their own well-being in order to provide quality care for their clients. However, Waltman, Frankel, and Williston (2016) suggested that although psychologists strive for aspirational competence levels, and ethical standards to represent competence to clients, they may not be the best reporters of their own competencies due to cognitive bias, therapist drift, and burnout. Bearse, McMinn, Seegobin, and Free (2013) surveyed psychologists in the U.S.A about stressors affecting their practice, the most frequent being: Emotional burnout; countertransference; and vicarious traumatisation. It was found that 86% of psychologists had received mental health treatment themselves for feelings of depression and/or anxiety with 59% reporting they would have benefitted from treatment but failed to seek it. Similarly, Smith and Moss (2009) indicated that psychologists may not reflect on their own inadequacies and are extremely reluctant to ask for help, preferring to retain an outwardly competent appearance.

How Can Psychologists be Better Supported?

Literature examining how psychologists themselves would like their competencies supported in their day to day practice, or throughout their career's is sparse (Hunsley et al., 2016; Rodolfa et al., 2013; Taylor & Neimeyer, 2015). Cook, Dinnen, Omar, Bufka, and Curtois (2011) found 64% of psychologists they surveyed in the U.S.A wanted to participate in further educational opportunities in order to deliver their psychology services effectively. Du Villier et al., (2015) identified five areas requiring future development in psychological practice in Aotearoa NZ resulting from a professional future proofing initiative involving a diverse working group of psychologists: Enhancing professional identity and practice; building advocacy and the

profile of psychology; psychology's response to culture; increasing leadership; and improving training and PD. It was indicated that psychologists often felt lacking in professional confidence, being unable to meet system or client needs. A limited workforce in the face of high social needs, gender dynamics, and a lack of career structure were cited as problematic, as well as practice being dominated by Western concepts and the lack of cultural supervision. Training was found increasingly unaffordable, consequently being supported less in practice, and was often found irrelevant or culturally inappropriate. Once registered, there was an ongoing lack of mentoring, professional development structures, and opportunities for psychologists (Du Villier et al., 2015). Hunsley et al., (2016) concluded that current systems designed to help psychologists maintain professional competencies were assumptive and may not reflect the realities of day to day practice. It was suggested that voices from the field – the experiences and opinions of how psychologists themselves would like their professional competencies supported, was lacking in the professional literature. Therefore, this study aims to address this research gap by asking psychologists themselves how they maintain their professional competencies throughout their careers, what supports are available to them, what challenges to competency maintenance they might face, and how they would like to be supported in maintaining their professional competencies throughout their working lives.

Chapter Summary

The literature established that psychologists are responsible for maintaining their own professional competencies. However, throughout their training and careers psychologists are presented with a multi-faceted array of explicit and implicit frameworks, models, and guidelines to help them foster legal, ethical, and competent practice. Developed by a variety of stakeholders invested in the continuing development of highly competent professional practitioners, some supports surrounding psychologists were assumed to help them maintain their professional competency requirements, however evaluation of these assumptions was found to be lacking throughout the literature.

Supports proven beneficial for practitioners to build and maintain their competencies were suggested to be: Evidence-based practice; self-reflective practice; and high-quality supervision. The metacompetencies found to help psychologists continually build professional competence were: The ability to self-assess and reflect; CPD; and the ability to work within regulatory and ethical frameworks. These were found deeply embedded throughout psychological practice, core competency documents, and continuing competency programmes.

In Aotearoa NZ self-reflective practice and supervision were prioritised to support psychological practice. Yet, psychologists faced many challenges to the maintenance of their professional competencies due to the complexity and demands of the profession, despite the support systems around them. Aotearoa NZ literature suggested cultural competence was under supported due to lack of cultural supervision, and the marginalisation of Kaupapa Māori knowledge and support systems (Levy, 2017; Levy & Waitoki, 2016). Drawing conclusions about the efficacy of professional development activities to support professional competencies was difficult due to the lack of evaluating literature.

Gathering accounts from psychologists about how they maintain their competencies, what supports they have, the challenges they face, and how they might be better supported, was found lacking a strong literature presence, yet, these aspects are crucial to the ongoing development of comprehensive regulatory and employment systems of competency maintenance. This study aims to address the lack of psychologists' own voices from the field to inform those who educate, regulate, and employ psychologists towards developing a more practice centred system of competency maintenance for the future of psychological practice in Aotearoa NZ

Chapter Three – Methodology and Methods

This chapter details the epistemological and theoretical underpinnings and research processes adopted throughout the study, to best explore and capture psychologists' experiences of maintaining their professional competencies throughout their careers. The chapter begins by outlining the research aims, followed by an explanation and justification of the research approaches and methodologies adopted for this study. The researcher's positionality and reflexivity are also highlighted. The chapter continues with an explanation of the procedures and approaches taken for data analysis and concludes with the study's ethical considerations.

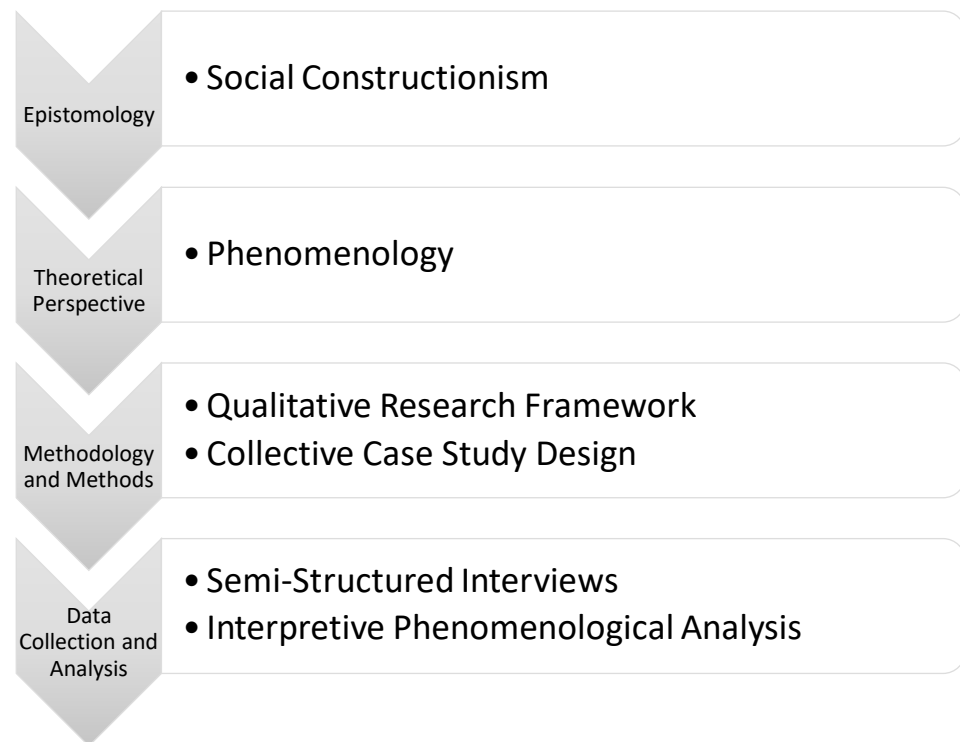
Methodology

Research aims. This research project aimed to explore practicing psychologists' experiences of maintaining their professional competencies throughout their careers, a requirement for professional registration and the provision of their APC with the NZPB (NZPB, 2015a; NZPB, 2015b). The foundational competencies required for psychologists practicing in Aotearoa NZ, as specified by the NZPB are: Discipline, Knowledge, Scholarship, and Research; Diversity, Culture, and Treaty of Waitangi/Te Tiriti o Waitangi; Professional, Legal, and Ethical Practice; Framing, Measuring, and Planning; Intervention and Service Implementation; Communication; Professional and Community Relations, Consultation, Collaboration; Reflective Practice; and Supervision (NZPB, 2015a).

The main research objective was to gather rich accounts of psychologists' own experiences of how they maintain these areas of professional competency, the supports available to help maintain their continuing competency obligations, and the challenges they faced in maintaining their competencies. The study also explored how psychologists would like to be supported in maintaining their ongoing competency obligations.

Research approach. Sitting within the qualitative research framework, the epistemological position of this research aligns with Social Constructionism. The research is theoretically underpinned by Phenomenology in order that subjective and contextually relevant understandings of the research phenomenon might be captured as accurately as possible (Eatough & Smith, 2017; Flick, 2014). Figure 3 clarifies the inductive research process used in this study. The bottom up data collection and analysis process was designed to explore meaning across the data, generated from specific questions asked in semi structured interviews. By identifying themes and patterns in the text data, a deeper understanding of how psychologists maintain their professional competencies throughout their careers can be achieved (Gray, 2014).

Figure 3. Research Process.



Social Constructionism. Social Constructionism sits amongst a number of research approaches within the qualitative research framework, offering different ontological (the existence and categorisation of reality) and epistemological (the nature of knowledge, belief, and truth) explanations for everyday and social phenomena (Flick, 2014). Social Constructionism posits knowledge and reality as being socially constructed, through everyday interactions between people and the worlds in

which they exist. In order to access people's knowledge and realities conversation must be encouraged, so that people's lived experiences are illuminated through their use of language. The very meaning of phenomena and events only being fully understood by the way they are spoken about (Parker, 2005).

Flick (2014) stated that to understand a specific group, or specific phenomenon, the subjective representations of what these things are and mean, must firstly be understood before utilizers can be counted, and 'facts' are related to a broader population. The absence of research addressing psychologists' vocational experience of maintaining professional competencies in Aotearoa NZ highlights the need for subjective representations of psychologists' lived experience, before research quantifying the phenomenon can be undertaken (Flick, 2014). Therefore, a Social Constructionist position has been adopted for this study, in order to explore psychologists' subjective realities of maintaining their professional competencies through conversation.

Phenomenology. Phenomenology is the study of how humans experience phenomena from their subjective or first-hand point of view (Eatough & Smith, 2017). Phenomenological psychological research aims to clarify lived experiences of everyday phenomenon in the context they occur, by facilitating the description, interpretation, and analysis of a type of experience. By adopting this approach specific phenomenon can be explored in contrast, by developing questioning that addresses both the positive and challenging aspects of the phenomenon. This generates a deeper understanding of the phenomenon, and a greater awareness of the positive and negative conditions that impact upon the participant's lived experience (Giorgi & Giorgi, 2008). Which, in this study, involved psychologists and the ongoing maintenance of their professional competencies. A phenomenological approach therefore, underpinned the research design and the development of both the research questions and the interview questions for this study (Giorgi & Giorgi, 2008).

Qualitative research framework. Whilst quantitative research frameworks allow the researcher to measure and quantify phenomena, qualitative frameworks provide the means to explore others' lived experience, understandings and culturally

located realities (Flick, 2014; Silverman, 2013). Qualitative theory contributes to research by allowing us to step back, and view phenomena critically (Silverman, 2010). By providing the opportunity for psychologists to verbally express their lived experience and giving them space to describe individual meaning, this study will explore psychologists' experiences of maintaining their professional competencies within context, hopefully resulting in richer contextually located data (Baxter & Jack, 2008).

Collective case study design. Case study research design focusses on a specific location, organisation or community to intensively explore the setting or practices (Silverman, 2016). Bryman (2001) stated that case studies are particularly useful when studying a complex phenomenon of a particular nature within a specific community.

Several case study designs have been developed, each design dependant on the number of cases under investigation, and the desired research outcome (Baxter & Jack, 2008). Stake (1995) asserted that three basic types of case study exist: Intrinsic case studies where the researcher is interested in understanding one specific individual or situation; instrumental case studies where the researcher wants to understand a phenomenon beyond the single case, but studies the case to apply wider conclusions; and collective case studies, where a variety of cases are explored to illuminate common characteristics, leading to better understanding of the phenomenon, thus generating a broader overall conclusion. In order to explore the maintenance of professional competencies across a range of practicing psychologists in the Central/ Northern regions Aotearoa NZ, the collective case study design was adopted for this study. By using this type of case study, it was hoped that common themes in response to research questions can be identified, resulting in a broader analyses and conclusion.

Semi-structured interviews. Semi structured interviewing is the most widely used method of data collection in qualitative research in the field of psychology (Willig, 2013). This method allows the researcher to guide the focus of interviews by using broad open-ended questions, simultaneously facilitating more naturally occurring conversation (Irvine, Drew, & Sainsbury, 2012).

In the cultural context of Aotearoa NZ, *kanohi ki te kanohi* (face to face) interviews are most appropriate to build relationship and conversation in reciprocal and authentic ways. This relational position facilitates a genuine sharing of perspectives and experience (Kana, & Tamatea, 2006; Mataira, 2003). By conducting *kanohi ki te kanohi* interviews using *tikanga Māori* (protocols/customs) principles of *ako* (reciprocal teaching and learning relationship), *manaakitanga* (showing respect, generosity, and care for others) and *whanaungatanga* (establishing connections through shared experience), it is hoped any power imbalances that may exist between researcher and participant might be mitigated. By adopting such a culturally responsive protocol consistency, it is anticipated that the reliability of the interviews might be strengthened (Jahnke, & Taiapa, 1999; Silverman, 2013).

Researcher's position. I am located within this project as a post graduate student of Educational Psychology, working towards professional practice in Aotearoa NZ in the future. Therefore, a degree of observation and experience over my six-year learning journey across two tertiary institutes initially informed my topic for this thesis, further developed by reviewing current literature. Within the broader examination of professional competencies, I have a particular interest in how to develop and maintain cultural competence. Originally from the U.K, Aotearoa NZ has been my home for seventeen years. I have become acutely aware that in order to practice psychology competently, safely, and effectively in Aotearoa NZ that building and maintaining cultural competency is crucial (NZPB, 2015a).

I anticipate that my personal and epistemological reflexivity (the cause and effect relationship of the research process on my own knowledge and beliefs) will have a continual impact on this research project, and that my own professional development will be impacted upon by the research process and the findings thereof (Parker, 2005). As such, I consider myself both researcher and participant, and acknowledge that the subjectivity that results from this position is in fact, the desired outcome of qualitative research (Diefenbach, 2009).

Methods

Participants. Six psychologists were interviewed for this study, however only five participants authorised their interview transcripts for use in the research. All participants were practicing psychologists, registered under the educational, clinical, or general scope of practice. All participants held a current APC, their practice being located in the Central North Island region of Aotearoa NZ.

Participant selection. Purposive sampling was used to select participants for this project. Purposefully choosing participants with the required experience and characteristics required for this study enabled accurate and detailed exploration of the research phenomenon (Frost, 2011). Purposive sampling is preferred when using interpretive phenomenological analysis (IPA) as it determines a closely defined group for whom the research questions are meaningful (Smith & Osborn, 2008).

Psychologists fitting the selection criteria and identified through the researcher's networks were considered as suitable participants. Firstly, employing organisations in the Central/Northern regions of the North Island of Aotearoa NZ were approached to request access to interview psychologists on their staff (Appendix One). Once access was granted, the researcher invited the psychologists who expressed interest, to participate (Silverman, 2010).

Selection criteria. Currently registered psychologists in the Central/Northern regions of the North Island of Aotearoa NZ, registered under the general, educational, clinical, or counselling scope of practice, and holding a current APC (employed or self-employed) were considered for inclusion in this study. Participation was not restricted by age, gender or experience, as the researcher intended to draw from a wide range of practicing psychologists. Psychologists registered under the trainee or intern scope of practice were excluded from participation, as they are not fully registered, nor do they hold an APC.

Table 1. Participant demographics.

Participant	Gender	Age Range	Years of Practice in Aotearoa NZ	Registered Scope
Grace	F	41-50	>10	General
Kiri	F	51-60	>25	Educational
Rob	M	41-50	>25	Clinical
Louise	F	31-40	<5	Educational
Susan	F	51-60	<5	Clinical

Data Collection. Interview questions delivered via semi-structured interviewing were used to collect data for this study.

Interview questions. The interview questions were developed to answer the research aims of exploring psychologists' experiences of maintaining their professional competencies throughout their careers, with consideration of the *Core Competencies for the Practice of Psychology in Aotearoa NZ*, and *The Continuing Competence Programme for Psychologists Practicing in Aotearoa NZ Guidelines* (See Appendix Two) (NZPB, 2015a; NZPB, 2015b). Semi structured interviewing was used to facilitate consistent delivery of interview questions, whilst allowing space for conversation and further exploration of significant responses (Bryman, 2001).

Interviews. Semi structured interviews lasting up to an hour were the method of data collection in this study. Open ended questions were used to encourage conversation and to create a more natural encounter for participants; providing the opportunity for expansion of ideas and opinions. The researcher was able to further enquire about points of interest raised by participants in response to the interview questions (Irvine et al., 2012). Using the same broad questions across all of the interviews was one of the ways in which researcher bias was mitigated (See Appendix Two). All participants were made aware they were under no obligation to answer

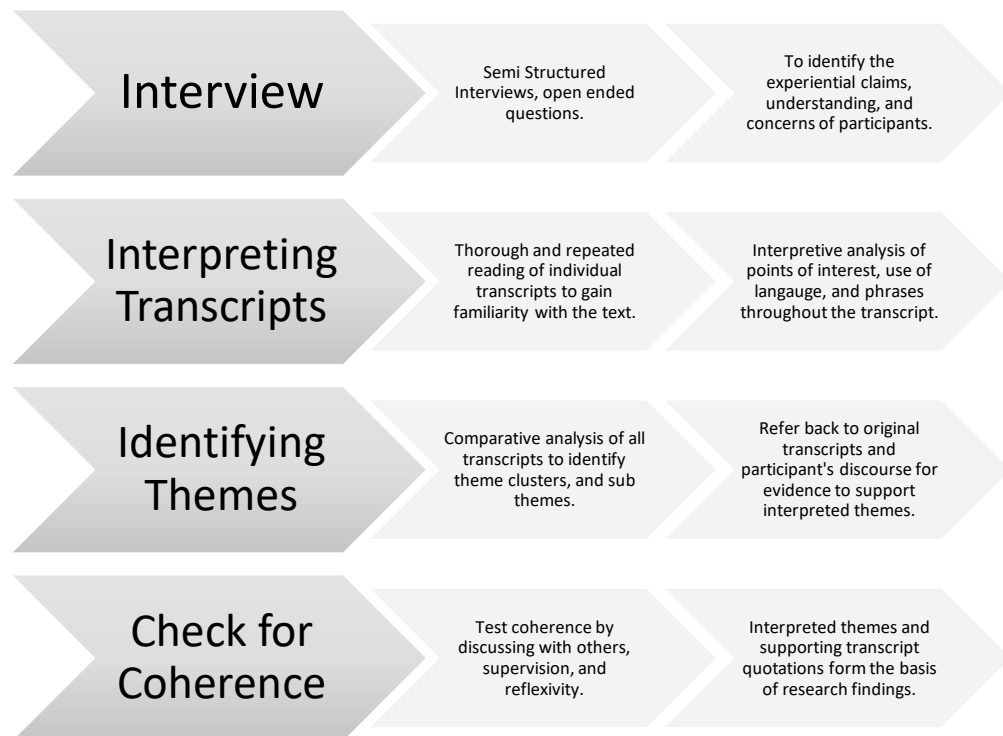
specific interview questions and could withdraw their participation within two weeks following the interview.

All participants were provided with a copy of the participant information sheet prior to the interviews. All interviews took place *kanohi ki te kanohi*. Consent forms were provided, and signatures were sought prior to recording. The researcher checked ahead with each participant whether they would like coffee/morning or afternoon tea provided, to observe the principle of *manaakitanga*. All interviews were audio recorded on 'Voice Memos' on a password locked iPhone and downloaded to a password secured device before being deleted from the iPhone. Each recorded interview was transcribed verbatim by a Massey University approved transcriber. Once the interview transcripts had been authorised by participants for research and publication purposes, the data analysis process using IPA could begin.

Process of data analysis. IPA is a method of data analysis that assumes the researcher is invested in learning about the participants' lived experiences. The aim of IPA is to subjectively explore participants' personal and social lived experiences of a specific phenomenon, of which there was a shared knowledge between the researcher and the participants (Smith & Osborn, 2008).

This method of analysis emphasises that research is dynamic, with the researcher taking an active role in the process. Drawing from Phenomenology, IPA allows the researcher to understand what being in the participant's shoes might be like whilst simultaneously giving the researcher the ability to critically interpret data, gleaning deeper meaning from text (Eatough & Smith, 2017). In order to extract meaning from interview data, the researcher must interpret the text through sustained engagement with the transcripts. Figure 4 details the process involved in analysing interview data using IPA.

Figure 4. Interpretive Phenomenological Analysis Process



As illustrated in Figure 4, repeated readings of each interview transcript illuminated initial themes, comments of interest, inconsistencies, and participants' use of language throughout the text. These were highlighted, and further comments were included throughout the reading process to help develop emergent themes. Further analysis of emotive phrases or words aimed to capture participants' perceptions: What they liked/were happy about; what frustrated them; and what caused concern. Once each transcript had been fully interpreted, transcripts were compared to identify themes across all of the data, and comparative quotations were identified to further highlight these themes. Further comparison with the researcher's notes taken during the interviews was undertaken to solidify the themes. The broad themes, and the quotations taken directly from interview transcripts to support them, formed the basis of the research findings in this study (Smith & Osborn, 2008).

Ethics. Ethical considerations are a vital part of the research process. Ethics serve to protect the dignity, privacy and autonomy of individuals and groups involved in research projects. A full application was made to the Massey University Human

Ethics Northern Committee (MUHENC) to gain ethical approval for this thesis, based on the potential ethical issues identified in this research project relating to risk of harm, confidentiality, informed consent, and cultural considerations (Massey University, 2015). The application was approved before any research was undertaken (See Appendix Three).

Minimisation of risk of harm. It is ethically unacceptable to expose research participants to any harm. Researchers must mitigate any sources of harm for their participants such as stress, fatigue, emotional distress, or embarrassment (Massey University, 2015). In this project participants were given the opportunity to choose the time and location of interviews to fit with their schedule to avoid unnecessary stress. It was considered that psychologists may feel a sense of unease should the interviews highlight any areas of their own professional competencies that may require development. As self-reflective practitioners, it is a requirement for all psychologists under the CCP to maintain their professional competencies, it was therefore considered that the process of participating in this research would be of benefit to psychologists, given the opportunity to reflect upon their competency obligations (NZPB, 2015b).

Participant anonymity. Silverman (2013) defined anonymity in research as the researcher's responsibility to not disclose the identity of research participants, including their name, specific geographic location, or any indications of from whom data was obtained. Fried (2012) further stated that research participants are only able to provide honest answers to interview questions when they know their anonymity has been protected.

Participants and their employers were made aware of the steps taken to protect their anonymity in the information sheets provided (See Appendices Four and Five). Pseudonyms were given to all participants, and no information was used that could identify employing organisations or geographic locations. Confidentiality agreements were undertaken between the researcher and the interview transcriber to uphold the anonymity of participants and their interview data (See Appendix Six).

Informed consent. In order to conduct psychological research responsibly, informed consent must be considered fundamental because it ensures participants can make informed, voluntary and rational choices about participating in research projects (Fried, 2012). Participant information sheets were developed in accordance with Massey University guidelines and made available to participants prior to participation (Massey University, 2015) (See Appendix Four). Consent was sought to participate in and record interviews (See Appendix Seven). It was considered important that participants had the opportunity to review their interview transcripts and make necessary changes if needed. Further consent was sought to release the data for research purposes once participants were satisfied no breach of confidentiality had occurred (See Appendix Eight).

Cultural considerations. The first ethical principle in research is 'Respect for Persons'. Recognition of the personal dignity and beliefs of individuals includes religious and cultural beliefs (Massey University, 2015).

Culturally sensitive research should be undertaken in collaboration between participants and researcher, and in this project the tikanga Māori principle of ako reflects the nature of reciprocal learning and teaching between the researcher and the research participants, given their mutual educational and professional involvement in the practice of psychology (Glynn, 2008; Walker, Eketone, & Gibbs, 2006). Tikanga Māori principles of manaakitanga were observed by the researcher, by the provision of refreshments during the interviews, and whanaungatanga in a professional sense, strengthening connections with psychologists who may be future colleagues in the field (Walker et al., 2006). The researcher adhered to the NZPB core competency guidelines in order to conduct the interviews in an ethically and culturally appropriate manner, taking any issues or concerns to supervision, in keeping with both academic and professional expectations of conduct (NZPB, 2015a; Massey University, 2015).

Ethical approval. This research project was reviewed and approved by the Massey University Human Ethics Northern Committee (Application NOR 17/41) on Monday the 27th of August 2017.

Research limitations. The limitations of this research were identified as generalisability and reflexivity.

Generalisability. Whilst qualitative research methods yield rich, experiential, and contextual data, the sample size necessary for this type of study is too small to generalise findings to a wider population (Smith & Osborn, 2008). The interpreted data from five psychologists in Aotearoa NZ's Central/Northern regions of the North Island may not be representative of all psychologists in Aotearoa NZ.

Reflexivity. All research is open to bias (Silverman, 2013). While every care has been taken throughout this study to increase the reliability, consistency, and accurate interpretation of the interviews and the resulting data, I acknowledge that my own biases, expectations, and preconceptions were present throughout the research process. In order to explicitly attend to this dilemma in a positive way throughout the study, the qualitative research approach was adopted. This approach allowed me to pragmatically evaluate my own understandings and beliefs about maintaining competencies in psychology practice, whilst enhancing the development of my own competencies throughout my learning journey (Silverman, 2010). My own bias, values and experiences were journaled throughout the research process, with interpretations of the data being communicated as explicitly as possible (See Appendices Nine & Ten).

Chapter Summary

The primary aim of this research was to explore psychologists' experiences of maintaining their professional competencies throughout their careers. Informed by literature and professional competency guidelines from their professional governing body, the research questions aimed not only to glean how psychologists maintain their professional competencies, but also what supports existed for them in their practice. Also, what challenges they faced to maintaining their competencies and how these were overcome. Further explored was how psychologists themselves would like to be supported. Principles of tikanga Māori were embedded into the research process to

ensure cultural propriety, and the researcher's reflexivity was acknowledged throughout the research process.

In order to gather subjective, contextual, and experiential data about how psychologists maintain their professional competencies throughout their careers, qualitative methodology was used. Following social constructionism epistemology, and with theoretical underpinnings in phenomenology, a collective case study research design was used in this research. An inductive approach was adopted through the use of IPA, to thematically analyse the text data gathered via semi structured interviews.

Although the findings cannot be generalised to a wider population due to the small sample size, the aim of gathering psychologists' first-hand experiences of maintaining their competencies throughout their careers in Aotearoa NZ was achieved. The findings can also further inform the discipline of psychology, employing organisations, governing bodies, as well as enhancing the researcher's own learning journey and the participants' own self-reflective practice. It will also lay a foundation for further research into how psychologists maintain and develop their professional competencies in the future.

Chapter Four – Results

....Psychologists in a way need to be trail blazers, things like I said, training and stress management, relaxation and mindfulness are all examples where we get in there and we do it, and we design it and we train others, and then it becomes just normal stuff, and we can't hang our coat tails on those things anymore, we actually need to move on and refresh, so thinking about being leaders and innovators, and understanding what's coming out of the horizon, and how we can build on things, is actually really critical for us a profession.

(Rob)

The purpose of this research was to gather psychologists' own accounts of maintaining their professional competencies, and to gain better understanding of the variety, availability and efficacy of competency supports designed to help them throughout their careers. Participants were encouraged to talk widely about their understanding, perception, and utility of competency supports and documentation systems throughout their careers. The conversations were guided by research questions organised under four main areas of enquiry: How psychologists maintain their professional competencies; what factors support them in maintaining their competencies; the challenges to competency maintenance; and how they would like to be supported to maintain their competencies. The resulting analysis identified four key themes across the areas of enquiry relating to: Professional responsibility; professional autonomy; supervision; and professional networks. Further subordinate themes were explored throughout the chapter.

Factors Enabling the Maintenance of Professional Competencies

Participants gave us important insights into competency maintenance in their everyday practice, and throughout their careers. They shared their perceptions and

thoughts about maintaining competencies and the supports available to them, revealing what works well to help them meet their professional mandate.

Professional responsibility. All participants related a sense of responsibility towards maintaining their professional competencies throughout their careers, and described how competency maintenance was ultimately their professional, ethical, and legal responsibility. They felt that developing and maintaining competency was integral to their practice, and their professional identity as psychologists, and they valued the structure of the core competencies, the CCP, and experiential learning opportunities designed to help support them.

Participants related how they developed and maintained competencies according to the requirements and needs of their practice and clients, rather than the competency specifications detailed under their registered scope of practice. Participants identified *Intervention, and Framing, Measuring, and Planning*, as the competencies most integral to their current practice. *Discipline, Knowledge, Scholarship, and Research, Reflective Practice, Supervision, Consultation, Service implementation, and Cultural Competence* were also spoken about as important. Interestingly, none of the participants spoke about the additional NZPB Cultural Competency guideline document '*Cultural Competencies for Psychologists Registered under the HPCA Act 2003, and for those seeking to become registered*' (NZPB, 2011). Grace summed up the participants' sense of responsibility about accessing learning and PD towards maintaining competencies throughout her career when she stated; "... it certainly is my responsibility – well I feel it's my responsibility to do – there is no-one out there saying this is all the new stuff – here read – it's actually up to me to go and find it". Louise also spoke about exercising personal agency to develop competence through differing roles and locations across her career, but her responsibility to maintain her competencies remained the same; "I think it's just being part of experience, if something comes up that I need to focus more in-depth on I'll up skill myself".

Grace gave a clear description of how the core competencies inter-related with the demands of psychological practice. She explained how her sense of professional responsibility towards maintaining competencies was grounded in her work.

..... discipline knowledge scholarship and research because you've got to keep up with the latest evidence-based interventions and all the literature around it. Framing measuring and planning because you've got to be up-to-date with assessment and be good at it and know how to do it and all that kind of stuff. And the intervention and service implementation because our work is heavily based on that assessment and then the intervention. (Grace)

Core competencies and the CCP. Participants discussed how the core competencies provided guidance and structure, helping them navigate their mandated competency requirements. Grace described the core competencies as an important framework to guide her ongoing acquisition of skills and competence across a broad spectrum; "...if you didn't have those, the structure of those nine things – it would be interesting to see how on earth, or where you would look to for competence". Louise spoke of her appreciation of the core competencies document as her guide when transitioning from overseas practice. She related the structure helped her understand what new expectations of competency maintenance, and areas of practice might look like in Aotearoa NZ; "...very important for me as an overseas trained psychologist, that was like my go to document, to establish a correlation between the practice that I'm used to, and what's awaiting me now". Grace further related that despite opposition, the systems to help psychologists maintain professional competencies were beneficial when seamlessly integrated into practice.

Embrace the CCP because even though it's had a lot of criticism and people haven't enjoyed filling it out – it is actually the backbone of your practice – embrace it and use it and cherish it because it keeps you up-to-date – it is real good. (Grace)

Participants indicated the additional competencies required to practice competently as a clinical, educational, or counselling psychologist, in addition to the nine core competencies required for all psychological practice, may not be explicitly considered when maintaining competencies. Reflecting upon maintaining additional competencies, Susan shared how she was qualified and experienced in two vocational

scopes of practice but maintains competencies only in the scope she is currently practicing in, resulting in a potential loss of competence in the vocational scope of practice in which she is currently registered to practice; “So, keeping up my competencies in clinical psych, I guess I’m probably not doing that”. Grace also highlighted that although her registration as a general psychologist did not require the maintenance of additional competencies, the nature of her practice dictated which competencies she develop and maintain; “I’m registered under the general practitioner or general psychologist scope, I just stick to the general psychologist scope, the requirements of the CCP, but it’s all Ed Psych based”.

Professional autonomy. Participants related how they have diligently accessed and engaged in learning activities and PD throughout their working lives. They illuminated that maintaining competencies was an autonomous and continual learning process throughout psychological practice. Participants indicated that the bulk of PD and learning activities undertaken to build and maintain competence lay outside of the CCP structure, going largely unseen and undocumented. Grace summed up the participants’ accounts about continually striving to develop and maintain their competencies autonomously.

...knowledge is important – I’m always scoping. I’m always keeping up-to-date with the journal stuff – I’m on websites where the latest books come up – and so I see the latest books and I think oh, I’ve got to get that one – the fortune I spend on bloody books I tell you. (Grace)

Practice informed competency development. Participants’ accounts of navigating the CCP process varied, however all participants felt they pragmatically chose PD and learning activities to best suit their practice needs. Kiri spoke about setting CCP goals annually, but the dynamic nature of psychological practice meant she continuously maintained growth in other competency areas throughout the year; “But during the year I follow my interest as well, and the interests that I follow won’t necessarily be captured in my plan because they weren’t the things that I was planning

to be interested in". Louise talked about the theoretical process of developing competencies, but that ultimately the process becomes internalised and pragmatic for psychologists; "I think as a psych you're reflective, you know we are, you know your weaknesses, you're continuously questioning your own practice and how can I serve my clientele better".

Rob related that learning in the workplace was often led by psychologists who identified competency gaps across psychological practice, not only building competence for themselves but also throughout the wider workforce. Rob shared how recognising the need to build cultural competency in his workplace resulted in his team leading the training of other psychologists.

.....we really pushed a strong cultural, bicultural practice in terms of awareness, education, training, supervision, and to a degree that's carried across, because there was a bit of a culture around that if you like that developed, and enough staff that really valued it, that when people moved on or changed roles there's someone to continue. I think it's probably less than it has been, but then other offices you don't see much in the way of that at all, which is a real shame. So it does tend to be a bit person dependent, or person driven rather than structurally driven which is a shame. (Rob)

Professional capability. Participants generally felt that as experienced psychologists, they were best placed to decide what methods of PD would facilitate their learning and support their learning plans and CCP goals. Susan talked about how as an experienced psychologist, she understands how people (and herself) learn and transfer learning into practice, however, she felt the PD made available by her employer was not conducive with sustained learning.

.....there's no learning without reflection. So, I could avail myself of this money that is available to send me places. I'm just not convinced that's the best way I personally learn. In all honesty, I'm not convinced it's the best way most people learn". (Susan)

Susan expressed concern that psychological theory about 'learning' was not structurally implemented for psychological practice in Aotearoa NZ. She felt that PD and learning activities should be better supported to help psychologists consolidate their learning; "I think you learn that stuff because you read some stuff and then you reflect with your friends and you compare it to what you could have done, or you wished you'd done". All participants spoke about reading to keep up with advancements in psychology. Grace highlighted how opportunities to research and implement new interventions throughout her practice were gained by accessing current literature.

.... you find out interventions that people have done in those books and so that causes you to find out – okay how can I learn how to do that intervention and who's offering that. So, you might go and search it up and it's quite good now because a lot of stuff is offered online. (Grace)

Experiential learning. Participants related that experiential learning worked well towards the development and maintenance of competencies. Grace spoke of the benefits to her practice that structurally led experiential learning gave.

So they've developed – at a systems level – they've developed programmes and activities that practitioners have to do so that we can work alongside kura kaupapa and work alongside Māori families and kids so that we can get them learning, achieving and participating at school. (Grace)

Louise talked about having limited access to the kind of learning activities that best supported her learning style; "... [employer] do say they want to support our competencies, there's only so much you can gain from reading and from doing a 1-day course, a workshop or a conference, you need the experiential workshops". Rob summed up the participants' accounts about the value of experiential learning, in

relation to cultural competency. Rob also explained that competency maintenance is nuanced differently with changing roles and seniority throughout the profession.

So for example, culture and diversity was a lot about learning around different cultures, and cultural experience and embedding yourself in real life experiences, these days for me it's around making sure that any project work that I do, is properly culturally consulted. (Rob)

Louise further highlighted that access to experiential learning is usually restricted by cost; "...funding for courses, it's really expensive, it's really valuable and meaningful and as I said that's the best training that I've ever received, is through these workshops but it's really expensive".

Supervision. Participants talked widely about supervision as a vehicle for self-reflection to support practice, and to maintain competencies. They valued supervision's role towards their annual self-reflective review, and identification of their prospective learning objectives. *Supervision* as a core competency was spoken about by participants who supervise other psychologists, and how as supervisors they maintain this competency as they progress through their career. Rob summed up participants' accounts about the supervision process by saying; ".....supervision is the driver of competency development, yeah".

Supporting self-reflection. Maintaining growth in the core competencies was described as an autonomous self-reflective process throughout the practice year, with participants highlighting the intrinsic relationship between self-reflective practice and supervision. Kiri related how the core competencies of *Reflective Practice* and *Supervision* have underpinned her practice over time, allowing her to continually adapt to meet the practice need; ".....so these two are absolutely essential and it is through those two that I then do the casework better". Grace also highlighted the relationship between reflective practice and supervision, and how quality supervision was important.

... they're there to help you reflect on your practice and on your growth and your development – where your strengths are – where your weaknesses are and what you need to look at to maintain competency or get better and grow and develop other things. So definitely your supervisor and having a good supervisor is therefore central. (Grace)

Rob spoke about the importance of accountability through supervision, highlighting that self-evaluating 'good practice' requires one to firstly recognise and do 'good practice'.

We don't know what we can't see, and people tend to over rate their competencies, in a number of areas, and so unless you seek feedback from people regularly about your practice, and that can be indirect or direct feedback, then it's hard to identify what it is that you might need to focus on. (Rob)

Supporting the CCP process. Supervision supporting the CCP process was described as an annual occurrence, with all participants describing their yearly self-review under supervision to identify competency areas requiring development. Kiri highlighted that supervision relating to the CCP process was an annual expectation; "I'm only really only reviewing my goals once a year (as we are supposed to)". Rob also spoke about how he identified competency areas requiring growth; "Well that's really around the self-reflective discussion with my supervisor, but also in terms of gaps of practice over the course of the year". Grace described how she chose learning activities towards achieving her CCP goals and subsequently reviewed her choices under supervision.

It's done through supervision – so you need a supervisor who will ask how are you going to achieve that goal and I might say well I need to look up some activities to be doing and then we'll come back at the next supervision session and look at those activities that I've picked. (Grace)

Interestingly, Grace spoke about the effect of having her CCP logbook audited, consequently changing how she chose competency areas to reflect upon and develop; “I always made sure that there’s growth in each particular area if I can..... because you never know when you’re going to be audited”. Elements of competencies were then ‘fitted’ into the CCP so all areas were documented. Grace spoke about fitting ‘work/life balance’ into her CCP.

...you’d think it wouldn’t fit in but it can actually fit into your supervision – is it supervision – I’ve fitted it in somewhere before – I might have fitted it into reflective practice – one of those two – about maintaining your own health and well-being – it fits into one of those. (Grace)

Kiri’s account of how she identified competencies for her CCP was similar.

I have been audited twice and the first time I took stock of everything and I thought this is just so much and I just seem to be reflecting on every jolly thing and it was ... What I did was I laid down each of the competencies and I went through and I had set goals in every area. And then, I just worked on every area and do you know what – that is still what I am doing. (Kiri)

Participants related that beyond the CCP process, regular supervision supported self-reflection in general practice, but when competency issues arose, they generally relied upon colleagues for support. Participants who supervised psychologists talked about their need for external supervision to uphold confidentiality in the workplace. Kiri indicated that overall, supervision towards maintaining competencies relating to the CCP process was minimal; “... so it is annually that I bring out my plan ...I don’t bring out my plan at supervision, but I could do”.

Grace spoke about the advantage of working for a large employer of psychologists, and although access to supervision was limited, access to collegial advice was plentiful; “.... even though you’ve got your supervisor, there’s always a

whole bunch of psychologists that you can get supervision from on whatever it might be instantly". The changing nature of supervision depending on seniority was also spoken about by participants who supervised colleagues. Rob explained the need for external channels of supervision to support *Supervision* as a core competency.

.... I have a peer supervision relationship, I used to have an external party supervisor as well, to cover issues when I was a manager of other staff, so the peer supervision didn't, which was internal didn't, sort of gets confused because the internal supervisor would have known the people I was talking about. (Rob)

Louise also talked about requiring external supervision, and how other supervision channels were available to her but cost was a barrier to her accessing them; "...it's tricky because obviously there's no funding for outside supervision, so you either have to pay yourself which is impossible at this stage with my salary.....so you sit with what you've got".

Networks of support. The participants talked about a range of networks that helped them support competency maintenance throughout their careers; networks that underscored the importance of collaboration in psychological practice. Participants' indicated that their self-created networks, were valued and utilised far beyond external professional networks implemented to help them maintain their competencies. Participants also related the importance of cultural competency; building their own cultural networks to develop and maintain cultural competency in Aotearoa NZ when experiencing a lack of structural support. Kiri highlighted how collaboration with differing disciplines and colleagues helped her to reflect upon and develop professional competency; ".....I was able to test out some of my assumptions about what is good practice through the collaborations. And I found that through the collaborations I actually started to grow my practice in different ways".

Collegial networks. All participants spoke at length about networking with colleagues to mutually support each other's practice by identifying strengths and weaknesses, and helping each other to maintain competencies. Grace offered advice to new psychologists; "...definitely don't isolate yourself – keep with other psychologists as supports and a way of maintaining competency". Rob shared how he and his colleagues kept themselves accountable throughout the year by highlighting practice blind spots and areas requiring development, relying upon each other's advice when competency issues arose; "... we'll talk about the blind spot stuff, we'll try and give each other feedback as openly as we can, when things occur, and we all try to ask each other for feedback regularly".

Participants talked about accessing PD opportunities following recommendations from colleagues. Kiri spoke about how collegial conversations were an effective way of learning what courses or workshops were available; "...actually, word of mouth is quite good because sometimes I just don't know about different courses or things that might be going on in town". Aotearoa NZ trained participants discussed how their competency maintenance had been further enhanced by colleagues who trained and worked overseas. Grace spoke about how overseas trained colleagues' knowledge complemented her competency maintenance.

.... they bring with them new information – things that we haven't seen or considered – and so you're like oh okay, that assessment sounds really interesting and I'm going to go and have a look at that. And I might include that on the CCP... (Grace)

Cultural networks. Participants talked at length about networking themselves into organisations, learning opportunities, and collegial support to build and maintain cultural competency in Aotearoa NZ. Individually led development and maintenance of cultural competency was widely spoken about; participants seeking out culturally competent mentors and colleagues who could guide them. Also, involvement in Māori

organisations and events helped build cultural knowledge and proficiency. Interestingly, the overseas trained participants said they experienced no barriers to accessing support for cultural competency, whilst the Aotearoa NZ trained psychologists spoke about the lack of psychologists available in their workplaces with the appropriate cultural knowledge to provide support. Kiri stated; “..... there are not too many Psych’s that can either share or act as an objective sounding board for cultural issues”.

Whilst participants acknowledged that cultural competency may be poorly supported throughout the profession, Rob related that some regions or workplaces had better cultural support than others; “...it's about a bit of capacity, a bit of capability in some places yeah”. Susan talked about accessing external learning to support herself through the transition from overseas into practice in Aotearoa NZ; “In general, I would say that Te Wananga O Aotearoa is a huge support, because that’s free community-based class”. Susan described building relationships to develop cultural understanding. She appreciated that her learning was being scaffolded by a culturally skilled and experienced colleague; “.... he’s careful to invite us to things, cultural events that I might find interesting. He’s a big source of information and support to me and to my husband, as immigrants and being new here”. Grace further highlighted that cultural competence was an ongoing factor in psychological practice and reflected upon working across different regions and ethnic diversities; having to develop new understandings of culture to connect with her colleagues and clients; “.... I didn’t know much about the people down there because even though Māori – different hapu, different iwi, different experiences. I did a lot of reading”.

I am always reflecting on my own background and my own experiences and how that’s influencing this particular interaction with Māori or it might be an Indian family for example who I’ve worked with recently. So, I am always grappling with that kind of stuff. (Grace)

Employment networks. Participants talked widely about the kinds of support offered to help maintain their competencies in the workplace. It was clear that participants' perceptions and feelings about being supported to maintain their competencies related closely to the support networks afforded them by their employer. Rob felt his employer offered good training opportunities and recognised the importance of supporting psychologists with their mandated competency maintenance throughout their careers.

...we have a wide variety of workshops, and opportunities for introductory and training for more experienced staff as well. And people are encouraged to identify other training opportunities such as Psych Society, or if there's other relevant training materials, topics that come round through Psych Society or the college.

(Rob)

Rob related that his sense of being supported in the workplace was also linked to his employer's additional performance development plan system. The system complemented the CCP process, but also gave Rob the opportunity (and accountability) to work on and document other competencies throughout the year; "...so we have competency planned for the Board, we also have performance development plans for our direct line manager.....we do basically a plan at the beginning of the year, and midyear review and end of year review". Rob perceived no personal barriers to accessing relevant learning and PD towards competency maintenance; "... if I've got a particular goal then I'll ask my boss, or I'll structure something myself". However, Rob clearly identified that 'leadership' was a competency lacking in the profession and suggested in order that competency maintenance be sustainable throughout psychologists' careers, building their capacity to lead after a few years of practice was imperative; "... so we do need to think about, sort of career development and people thinking about this sort of stuff, and ways that do reflect the changing nature of their career, and their personal development over time". Rob further stated; "... how we might grow leadership, for psychologists and I

think that's really critical, because otherwise there's a tendency for us to be subsumed by other professional groups”.

In summary, participants related their deep sense of responsibility towards maintaining their professional competencies, not only to meet their legal mandate but also towards practicing psychology ethically and competently throughout their working lives; responsibility felt most significantly towards the needs of their practice and the public whom they serve. They emphasised their autonomy and diligence when building and maintaining their competencies, also appreciating the support of the core competencies and CCP. They perceived professional development as intrinsic to their professional identity, relating how they drive their own learning according to practice requirements, and further support the learning of their peers as they progress throughout their careers.

The participants related their clear understanding of supervisions’ purpose to facilitate self-reflection and accountability throughout professional practice, and acknowledged that the quality of the supervisory relationship was paramount to its success. It was also related clearly that participants sought out, built, and utilised collegial networks to support the development and maintenance of their professional competencies at every level of the process throughout their careers.

Participants’ sense of feeling supported to maintain competencies in the workplace was attributed to the link between performance planning and competency maintenance, affording more structural accountability and support. It was clear that participants recognised the importance of maintaining cultural competency, and when all other networks were exhausted, they sought advice and learning from external sources in order to build and maintain cultural competence in accordance with the needs of an increasingly diverse psychological practice, and psychological workforce.

Factors Hindering the Maintenance of Professional Competencies

Participants gave us valuable insight into the challenges they experienced when maintaining their professional competencies, sharing their concerns and frustrations

about the barriers they have faced; emphasising the ways in which competency maintenance is not working well for them. Interestingly, the thematic factors participants identified as a hindrance, were the very same factors they said enabled competency maintenance.

Unsupported professional practice. All participants identified workplace challenges towards meeting their responsibility to maintain competencies. Louise and Susan spoke of challenges to their sense of professional identity, and to their professional responsibility towards their mandate, due to the absence of structural support whilst moving to practice in Aotearoa NZ from overseas. Louise shared her experience.

...coming to a new country, and just trying to get to grips of how they do things here, what's expected from the [employer] side, how do they see psychologists, our mandate, that's been really challenging, and then almost having no support, because there's really not that, I don't know, induction, we have induction but it wasn't really equipping me for what I needed to do.
(Louise)

Susan's account of beginning practice in Aotearoa NZ was very similar; "... we don't get good inductions, you know, they just stick you at your little place and say, okay go for it, and you're like, go for what? What do I do"? Aotearoa NZ trained participants also expressed concern about workplace practices. Grace talked about practice leaders who were not practicing psychologists deciding what PD opportunities would be made available to psychologists on staff; "...they've actually decided on what PD we need and where we're going to get it from. It's a huge barrier to competency – because if anything you want to go on is not listed, it can be refused". Grace shared her frustration that a common practice in her workplace directly challenged her professional responsibility to maintain her competencies.

So what they do is they narrow it down to two [people] and they use the spray and pray approach. So the idea is that other practitioners will become competent in what you've learnt about through you telling them. I don't think that's – if you're relying on that for competency, you're in big trouble. I certainly don't like it. Somebody else gets to go to the PD and then I'm just hoping that they relay the information properly so that I can be competent in what they just learnt about. (Grace)

Even more concerning for Grace was that her professional responsibility towards EBP was seemingly neither understood or supported by her employer;"so the lady who taught it was an EIT who has never practiced it, she just read it in a book and taught all our psychologists on this is what we should be doing in our practice. I just thought it was so wrong for competency". Grace related that her professional, ethical, and legal responsibilities and autonomy take precedence over her employer's practice suggestions; "I'm not going to practice something that has not been shown to be evidence-based. So, there you go. I'll get a slap on the hand, but oh well".

Unsupported mandate. Most participants talked about experiencing a sense of vulnerability in the workplace due to a perceived lack of accountability for organisations who employ psychologists. Grace spoke of her frustration that her mandate towards identifying and engaging in PD and learning activities to meet the requirements of the CCP was seemingly unsupported.

I would like to be able to access the PD that I felt I needed to do as identified in my CCP and at the moment that's not supported. And then I end up having to go and pay for it myself even though it's benefitting [employer] and the work that I do. (Grace)

Kiri expressed frustration that her professional responsibilities were seemingly unrecognised by her employer, with several professions employed at her workplace all applying for PD from the same regional budget, yet psychologists were the only group for whom competency maintenance was a legal mandate.

So, we just put our applications in just like everybody else puts their applications in and there is no preference given to the fact that we are required to maintain our standards because of the Act. And some people aren't, they don't have an Act requiring them to maintain their standards.

(Kiri)

Participants highlighted further concerns about the lack of connection and communication between governing bodies and employers/organisations who want registered psychologists on staff. Kiri's comment summing up the participants' sense of vulnerability.

But if the Psych's are going into organisations that do not communicate with the Board or are not accountable to the Board for the work that they are requiring the psych's to perform, it may put the psych in a difficult situation.

(Kiri)

Rob spoke of a lack of unity in psychology in Aotearoa NZ, indicating that a unified voice representing psychology might raise psychologists' confidence in the structures and systems meant to guide and support them; "... it is crazy we've got two effectively competing organisations, we're too small a country for that, we need one organisation that doesn't bicker and fight amongst themselves, about psychological practice, being a voice for psychology".

Hindering professional autonomy. Participants talked at length about the challenges associated with accessing and resourcing their own PD and learning throughout their careers; the vast majority of their autonomous learning being self-resourced. They spent a lot of their own time and money accessing alternative PD opportunities throughout their working lives. Kiri's comment mirrored the participants' general feeling that a personal budget towards learning and PD written into employment contracts, might be a better way for employing organisations to support professional competency.

If there was a budget set aside or if it was kind of all included within our collective contract or within our contract, my contract, that I would be able to access relevant PD as needed. That would make a massive difference, a massive difference. I would have reading time, course time, time to be part of groups. (Kiri)

Louise shared her frustration that without transparent budgeting systems for PD in the workplace, she had to consider how best to use her own resources to maintain her competencies.

...just tell me do I have \$50 or \$100 or \$3000, then I can plan and I can budget, and I can see how far my salary might bring me, or then give me the space to do private work so I can privately fund my courses, because that's unfortunately the reality that I've come to. (Louise)

Louise further highlighted that accessing professional information was both difficult and costly; "...just accessing articles, and then it's back again to money". Susan also explained that the cost associated with membership to professional organisations compromised her ability to maintain competencies autonomously; "I'm not a member of the psych society. And [employer] doesn't wanna pay for that, and it's a lot of

money”. Louise further cautioned about the impact upon psychologists working with complex case-loads, who had neither the time or finances to access the required skill development to maintain their competencies; “...because I can see the burn out from a lot of psychologists, because it's really tough out there, and don't really have the skills to deal with it”.

Inadequacy of supervision. Participants talked widely about the challenges they experienced with professional supervision, and highlighted that supervision may not support the amount or type of self-reflection required to consolidate their PD and learning towards maintaining their competencies. Participants expressed concern about limited access to supervision throughout the profession, highlighting that as they transition through career stages, their supervisory requirements to maintain *Supervision* as a core competency became more complex. Susan expressed concern that although psychologists in Aotearoa NZ have regular supervision to support self-reflective practice, the type of reflection required to consolidate learning after PD and learning activities went un supported; “...reflection about what you learn and how you’re implementing it is huge, and that’s part of what you get with coaching”. Susan explained how coaching helps to solidify learning; “... if supervision was more than an hour every two weeks, and if the supervision was targeted for a particular skill development, then it would look like coaching. But there isn’t that”. Interestingly, Grace highlighted that changes to the CCP meant that the learning gleaned through self-reflection was currently not captured by the process; “...the new way of self-reflection is actually not documented - it’s talked about with your supervisor”.

Quality of supervision. The availability of quality and/or appropriate supervision was talked about by all participants. They felt they had limited access to supervisors with the appropriate knowledge, credibility, experience, and/or cultural competence to support them and/or their colleagues maintain professional competency throughout their careers. Grace talked about supervision being about self-reflection, not to provide psychologists with answers, but she wanted a supervisor who had the experience and skills to guide her competently through that process;

“They don’t have to provide you with anything. But still, I still like my supervisor to know stuff. So yeah, it’s about having a credible supervisor – if you don’t have a credible supervisor then that can be a barrier”. Kiri spoke about the connection required to build a good supervisory relationship.

I usually want to work with somebody that wants to work with me. I have known all my supervisors before entering into a contract with them. There has always been a professional relationship before the supervision relationship can be built. (Kiri)

Grace related concern that finding good supervision was difficult, and how that impacted upon competency maintenance; “...you might get stuck with somebody that you might not necessarily establish a good supervisee/supervisor relationship with and I think that can affect how you reflect and how you’d come up with goals”. Louise spoke about the challenge of developing trusted supervisory relationships when the nature of her profession saw her transition between working roles and/or locations; “Haven't really found someone that I feel open enough to go into a supervision agreement here”. Rob talked about how he personally did not experience barriers to quality supervision, but as a senior practitioner, finding practitioners capable of providing appropriate cultural supervision for staff in his scope of practice was often difficult.

...we have had some difficulties with cultural supervision, in terms of getting people who are able to supervise clin psych's, and are you know just culturally knowledgeable, who are able to apply cultural practice to clinical, or forensic fields so those people are sometimes difficult to come by. (Rob)

Grace described how the lack of appropriate cultural supervision negatively impacted upon the development and maintenance of cultural competency in her practice.

...you have to go look for it and it's really hard – when your supervisors are not Māori – the same culture as you – you don't know where you're falling down or where you could grow and develop and that's probably the thing with that – there's nothing to guide –some guidance would be real good. (Grace)

Inadequacy of professional networks

Participants re-emphasised their sense of autonomy in competency maintenance through their descriptions of the professional networks they built and maintained for themselves throughout their careers. They talked at length about a lack of senior leadership to support them in the workplace, expressing concern about how sustainable competency maintenance might be throughout the profession, given the absence of experienced psychologists and comprehensive networks to access professional information.

Access to professional resources and information. Participants all talked about the absence of coordinated online professional networks to access information and resources towards maintaining their competencies. They related that the coordination of online training tools, and access to a comprehensive professional platform for training, PD, and journals would significantly help them to maintain their competencies. Grace talked about an overseas trained psychologist in her office who still had access to such a system; "... they've got a website and she still uses it and it is a school psychologist's website and it's got so much PD on there – webinars – all sorts of articles – access to journals – everything – we don't have that here". Rob also suggested that co-ordinated professional online support systems might better help psychologists maintain competencies; "...worthwhile thinking about coordinating

some of those sort of online training materials at some point, making them more accessible.”

Overseas trained participants spoke of sharing their frustration with other overseas trained psychologists, that access to new research and advances in psychology in Aotearoa NZ seemed limited. Louise talked about the importance of communication and collegial support in understanding new perspectives and practice methods of psychologists trained in Aotearoa NZ.

...they experience almost the same frustration, that they see things very differently than what the psychs did here, and then I've had two close colleagues that trained here, and that's also helpful, to hear local perspective and realise where the psychs are coming from, and how they've been trained, so that you know ok that's, they were thinking because they've just been exposed to this segment, and I think it's just falling back on my own training.

(Louise)

Susan further revealing that access to current literature, research, and psychological information seemed somehow restricted in Aotearoa NZ; “...to be honest with you most of the things that I have come across here seem so old news to me, compared to what I had exposure to in [country].....it’s very strange to me but what I can find here on the internet, is not what I can find in [country] on the internet. There seem to be big blocks or filters or something”.

Management structures. It was clear that participants’ perceptions about not being supported to maintain their competencies related closely to management structures in the workplace. Louise spoke about the variability of regional supports whilst working for the same employer in differing offices, and how she felt a lack of consistent support left her relying upon herself.

.... so I think I am the one that supports myself, and it's just keeping up with the connections that I've made, and know where to go to, in terms of whose the main researchers in the field, and just following what's out there, so there's no I think formal support to grow as a psychologist. (Louise)

Grace talked about a workplace restructure and how the removal of an experienced manager proved detrimental to competency maintenance in her practice.

So that support has gone and so too is that manager – I'm not with that manager, I'm with a different one – who has got no understanding of severe and challenging behaviour – even though she is a psychologist – she is just not practiced in it.....So now I feel like I'm left to myself to find out things I do and don't know. There is no senior psychologist to provide support in that way. It's real interesting – you really feel – even though I'm still with a bunch of psychologists – you kind of feel that guide is all gone. (Grace)

Susan highlighted that the lack of seniority in her workplace resulted in her newly appointed manager relying on staff to train her; “We, the people, that that person manages are showing her how to do her job.” Grace further related that a lack of seniority in psychology as a whole was detrimental to the profession; “... in terms of the upper management level of support – it's not there for psychologists - it ain't there and it's missing and it's a real threat I think to good competency”.

In summary, participants emphasised the areas of competency maintenance that are not working well, or are of concern to them. Most participants experienced a sense of vulnerability in the workplace due to a lack of accountability between those who govern psychology and the organisations employing psychologists. They felt that consequently, employing organisations were aligning their responsibility towards supporting competency maintenance with budget requirements, rather than the legally mandated competency requirements of the psychologists on their staff.

Participants revealed that the vast amount of development, growth, and learning they engaged with and resourced themselves in order to do their job, went largely unrecognised and unsupported. They further related that supervision towards maintaining competencies did not facilitate sustained learning; suggesting that a poor supervisory relationship may contribute to poor competency maintenance.

Participants felt that if their mandate was contractually supported by their employers, if a comprehensive platform existed for them to access professional information, journals, and resources, and if management structures, mentors, coaches, and experienced supervisors were available, that their competencies could be better maintained. It was clear that participants held concerns about the sustainability of competency maintenance not only in their own careers, but that standards of professional competency across the profession in Aotearoa NZ might be under threat.

Chapter Five – Discussion

This research aimed to explore how psychologists in Aotearoa NZ maintain their professional competencies in their careers, by interviewing registered psychologists across the Central/North Island. The resulting data and thematic analysis revealed some important and illuminating themes about how psychologists maintain their competencies, the supports available to them and the challenges they faced in maintaining their mandatory competencies. An overview of the analysis sheds light upon the complexity and interwoven nature of professional competency maintenance throughout one's psychological practice. Key themes and subordinate themes were extrapolated from participant accounts. However, the themes that emerged - professional responsibility, professional autonomy, supervision, and professional networks, were found to intrinsically relate to one another, with this relationship influencing how the psychologists maintained their professional competencies in their scope of practice during their careers. This innate relationship was evidenced by the amount of thematic crossover in participant accounts, and by the constant thread of 'culture' woven throughout their conversations.

All the psychologists participating in this study were experienced and had been practicing psychology for more than a decade. In some cases, participants were experienced in more than one field of psychology: Clinical, general, counselling, and/or educational. Coincidentally, 40% of participants had trained and practiced overseas, a good representation of the wider Aotearoa NZ psychologist workforce given 42% of all registered psychologists in Aotearoa NZ are overseas trained (NZPB, 2017b). The wealth of experience and diversity represented by the participants resulted in valuable insights into psychologists' understanding, perception, and utility of competency maintenance throughout their professional career.

The participants in this study nurtured a deep sense of responsibility towards their legal mandate, towards being scientist-practitioners, and applying evidence-based practice throughout their work (Neimeyer et al., 2012b; NZPB, 2015a). That sense of responsibility was apparent as they continually strived to access learning opportunities to develop and maintain their professional competencies, despite the

structural and personal challenges they faced (NZPB, 2015a). However, the lack of professional and structural accountability, and workplace support, towards achieving their identified learning goals was of concern to participants. Their accounts highlighted an increased sense of self-reliance throughout their careers, as confidence in their employer's systems of support decreased. Barnett (2008) cautioned that psychologists can struggle to meet competency expectations without support from their employer. The literature further cautions that psychologists can be at risk of burn out due to the impact of having to source and finance PD for themselves, whilst managing ever increasing and exhausting caseloads (Abraham et al., 2016; Haarhoff et al., 2015; Jimerson et al., 2009; O'Connor, 2001).

This chapter is framed around the four main areas of inquiry for this research: How psychologists maintain professional competencies; what supports are available to them for ongoing maintenance of their competencies; the challenges they faced in maintaining competencies; and how they would like to be better supported? The discussion is focussed around the four identified themes of professional responsibility, professional autonomy, supervision, and professional networks, along with similarities, inconsistencies, and gaps between the results and the literature.

How did Psychologists Maintain their Professional Competencies?

Participants' accounts of maintaining their professional competencies highlighted parallels, inconsistencies and gaps between the realities of practice and the literature on the topic. One striking parallel though between the literature and practice was the apparent impact of CBE and training. Evidence of meta-competencies such as high order decision making, and self-reflective practice was embedded in their professional identity (Thwaites et al., 2014). All the participants explained the importance of maintaining competence in their practice, whilst also maintaining competencies autonomously within ethical and regulatory frameworks (NZPB, 2017). Davis et al., (2015) similarly found that clinical psychologists in the UK identified the ability to self-reflect and engage in self-reflective practice as one of the main ways they maintained their competencies. The regulatory measures of competency: Registration

under clinical, counselling, educational, or general practice scopes; the *Core Competencies for the Practice of Psychology in Aotearoa NZ*; and setting learning goals under self-reflective review for CCP process, were also identified as ways to maintain competencies in Aotearoa NZ (NZPB, 2015a; NZPB, 2015b; NZPB, 2017e), although inconsistencies were highlighted about how these mechanisms functioned in practice.

Responsibility and autonomy. The NZPB states that one of the main components of competence required of professional psychologists in Aotearoa NZ is diligence (NZPB, 2017c). The psychologists in this study were imbued with a deep sense of responsibility towards their mandate, as evidenced by their diligence, self-motivation, and autonomy when developing and maintaining competency in their careers. This was also evident through their frustration and concerns about the professional and structural barriers in the way of them meeting their legislated professional responsibilities.

It was clear that all participants possessed and actioned the values, attitudes, abilities, and diligence expected of competent practitioners of psychology (NZPB, 2017c; Thwaites et al., 2014). Evidence of CBE principles were visible throughout their accounts: Goal setting; awareness of their own competence; and recognition of the need to keep up to date with new knowledge and expertise, evidence-based interventions and general practice (Frank et al., 2010). The embedding of metacompetencies into the psychologists' professional psyche was clearly evident.

All participants explained how and why maintaining competence was important in the context of legal, ethical, and applied practice. They were motivated to integrate new knowledge with existing competencies, and they did this by continually self-assessing and reflecting on their practice throughout their careers (Gonslavez & Calvert, 2014; Mulder, 2012). This was particularly evident in the area of cultural competency, with all participants seeking out learning opportunities to autonomously develop culturally responsive practice (Bourke & Loveridge, 2013). Rob's account of identifying competence gaps and working towards building cultural competency in his workplace, exemplified the level of professional responsibility and autonomy displayed by participants towards competency maintenance for themselves and their peers.

However, the challenges associated with maintaining competencies and evidence-based practice described by participants in the workplace, threatened their professional standing and ability to maintain competencies autonomously by limiting their development of ongoing knowledge. This despite the NZPB directive that psychologists be scientist, and evidence-based practitioners (Kaslow et al., 2009; Neimeyer et al., 2012a; NZPB,2015a). Grace's account of refusing to apply non evidence-based interventions in her practice exemplified the participants' responsibility towards practicing legally and ethically. When her professional responsibilities were challenged, Grace acted autonomously to protect her clients, her practice, and the profession at large despite the risk of punitive measures by her employer (Garton, 2006). The NZPB Code of Ethics (Section 4:4) states that psychologists may take relevant action against employers when unethical behaviour or misuse of psychological knowledge is evident (NZPB,2002). Grace indicated that she did take the matter further, but the situation Grace found herself in should be of concern to all stakeholders invested in the safety of psychological practice. This scenario raises questions about whether Grace's employers were unclear about their employee's professional responsibility towards protecting public safety (NZPB, 2017a: NZPB,2017b)?

In order for the participants to feel their professional responsibilities were recognised by their employers, and their legal standing as psychologists was being supported in the workplace, they would require the organisational structures to align with EBP (Neimeyer et al., 2012a). Linking CCDP systems to staff appraisal schedules might also increase robustness and accountability in competency maintenance (Illing et al., 2017), as in Rob's case. Rob was the only participant who was supported in maintaining the required competencies, due to his CCP goals being linked to his employer's system of performance planning.

Self-reflective practice. The psychologists described how integrating new knowledge and skills with existing knowledge and experience towards maintaining their competencies was continually facilitated by self-reflection (Davis et al., 2015; Haarhoff et al., 2011). Participants understood the need to constantly self-reflect because of the fast pace of obsolescence in scientific knowledge (Neimeyer et al.,

2012b). They also highlighted the changing nature of competency maintenance due to differing roles as they moved through career stages (Timperley & Alton-Lee, 2008). All participants described maintaining their competencies according to the needs of their clients, illuminating how self-reflective practice engendered ethically focussed decision making and cultural awareness throughout their careers. The reflections over their working lives, accounts of how they learned from clinical experiences, and emphasis about the importance of self-reflection in day to day practice, highlighted the psychologists' strong professional sense of identity as reflective practitioners (Haarhoff, 2016).

Their appreciation of the CCP was evident as a structure to guide self-reflection towards competency maintenance (NZPB, 2015a). However, participants related that reflective practice throughout the year may not necessarily relate to the CCP process, with reflections in regular supervision going undocumented. This raises questions about how psychologists accurately reflect upon their own competencies given the lack of attention to the CCP process under supervision, the absence of reflective documentation to call upon, and the tendency towards overestimation of one's own competencies (Dunning, 2005; McDaniel, 2016; Smith & Moss, 2009)?

CCP as a regulatory measure. It could be argued that the CCP could not function as a competency framework if psychologists did not possess the attitudes, diligence, self-motivation, and ability to self-reflect, as required to maintain competencies autonomously within the high trust framework. All participants perceived the CCP as a compulsory and integral practice requirement. They described their legal and ethical responsibility towards engagement with the CCP process to build and maintain core competencies, and also to apply their knowledge and skills autonomously (Mulder, 2012; NZPB, 2015b).

Whilst the CCP was appreciated by the psychologists, their views on the utility of the process varied. The NZPB (2015a) states that psychologists are not expected to attend to all core competencies in their learning plans, however, Grace and Kiri attended to every core competency area after having their CCP logbooks audited. This raises the question of whether a shift away from competency models with their focus on compliance and ticking boxes, might be needed in order to better support

psychologists (Johnson et al., 2013)? The NZPB (2015a) also states that the logbook can be used pragmatically to record learning opportunities and professional challenges as they arise. However, the participants related that the bulk of their learning towards building and maintaining competencies goes undocumented due to the fast pace and complexity of psychological practice. Knight (2011) agrees, and has suggested that in order to guarantee practitioners' competency and protect the public, comprehensive competence evaluation systems must be implemented. Yet, Susan's account of practicing in one scope whilst registered in another, raises questions about the clarification of psychologists' roles in relation to practice boundaries intended to inform the public of psychologists' competence to practice (Garton, 2006; NZPB, 2017e)? It also highlighted how valuable knowledge, skills, and competence gained over a lifetime of working across a variety of fields of psychology, might be lost if competencies in certain areas of practice are not maintained. Harris et al., (1995) noted that practitioners knowledge would regress if they were not exposed to new research in their field. Given the increasing mobility in the profession and fast pace of knowledge obsolescence, it seems imperative that psychologists have access to up to date professional information, and psychological research to mitigate the risk of losing competence (IAAP, 2016). The lack of empirical data to suggest that current competency guidelines and evaluation systems actually work further suggests a regulatory review and exploration of current systems is timely, in order that competency and public safety in psychological practice in Aotearoa NZ can be guaranteed (Hunsley et al., 2016).

How Effective Were the Competency Supports?

Although the literature identified evidence-based practice, self-reflective practice, and high-quality supervision as the best supporters of competency maintenance throughout psychologists' careers, the psychologists in this study suggested that collegial support best helped them maintain their competencies above all else. High quality supervision was emphasised as being supportive, however, the availability of high quality supervision was described by participants as being difficult

to access. Their perceptions about being supported were directly linked to their employers' support systems, indicating that a change of focus towards more robust and relational competency supports in the workplace might result in affirmative change for our psychologists to help them maintain their competencies (Illing et al., 2017; Johnson et al., 2013).

Supervision. Despite supervision being described by Rob as the driver of competency maintenance in Aotearoa NZ, most participants suggested that supervision's role towards maintaining professional competencies was minimal. Yet, the literature suggests that psychologists felt competence was best supported by supervision (Bradley et al., 2012; Haarhoff, 2016).

All the psychologists felt that supervision supported self-reflection throughout practice towards building competence, but, maintaining competencies via the CCP was not discussed in supervision beyond the annual reviews. Furthermore, competency maintenance was said to be significantly impeded by poor quality supervision. This paralleled the literature, finding the supervisory relationship and the quality of supervisors crucial to supervisions' success (Milne & Watkins, 2014; Nir & Bogler, 2008; Olds & Hawkins, 2014; Spence-Laschinger et al., 2011). The psychologists further suggested that relatable, knowledgeable and credible supervisors were hard to find. This is further exacerbated by the lack of cultural supervision in Aotearoa NZ, further impeding their ability to maintain cultural competency and uphold the working principles of Te Tiriti (Abrahams, 2017; Du Villier et al., 2015; Jimerson et al., 2009).

Psychologists in this study expressed a desire for more accountability throughout their practice, in line with other research findings (Frank et al., 2010). The expectation of the NZPB is that supervision is undertaken at least two hours a month (NZPB, 2010). The holistic supervision model recommended by the NZPB focussing on accountability, development of professional knowledge, and wellbeing, was described by overseas psychologists as not supportive of the amount of self-reflection needed to consolidating learning towards competency maintenance (Annan & Ryba, 2013: NZPB, 2017d). Furthermore, it was suggested that supervisors were not available to attend to competency matters when they arise, raising questions about exactly who psychologists can turn to when needing advice or dealing with legal, ethical, or

professional dilemmas beyond their competence level (Knight, 2011)? Clearly the current model of supervision and the lack of suitable and/or experienced supervisors left the psychologists in Aotearoa NZ feeling unsupported.

The development of sustainable supervisory capacity and capability must be immediately addressed in Aotearoa NZ (Abrahams, 2017; Du Villier et al., 2015). It seems ironic that policies and procedures for psychological practice are required to reflect Te Tiriti principles of participation, partnership, and protection, when the lack of cultural supervision hinders psychologists from participating and partnering in cultural supervision in order to protect the safety of the public with whom they work (Levy & Waitoki, 2016; NZPsS, 1993).

Workplace supports. All participants described how employers provided PD opportunities in the workplace in line with NZPB guidelines (NZPB, 2015b). Participants explained that access to PD and learning opportunities to meet their CCP learning goals was at the discretion of a PD panel, line manager or practice leader, who may or may not fully understand and/or appreciate the complexity of psychological practice or psychologists' legal responsibilities towards their role and legal mandate (Bellamy, 2018; NZPB, 2017d). This resulted in participants feeling vulnerable in the workplace; left questioning whether their legal status and responsibilities as psychologists were valued by employers, and whether their employers were accountable to governing bodies for the appropriateness of supports they were being offered. Du Villier et al., (2015) mirroring participants' concerns, stating that psychologists in Aotearoa NZ experienced a significant lack of professional confidence.

Employers provided funding for PD and learning activities for all participants. However, the kind of experiential learning required to develop and maintain competence was costly, and so their applications for funding for PD towards their CCP learning goals were not always approved. Jimerson et al., (2009) identified lack of funding for appropriate PD to be a significant problem for educational psychologists in Aotearoa NZ. Du Villier et al., (2015) further highlighted that PD for psychological practice was becoming increasingly irrelevant and unaffordable, therefore not being offered by the funders and providers of PD for practitioners in Aotearoa NZ. The NZPB stated that one of the reasons for implementing the CCP was to help reduce the cost

of PD for practitioners (NZPB, 2015b). However, Louise and Grace both highlighted that access and funding restrictions in the workplace significantly impacted their ability to engage in effective competency maintenance.

Rob was the only participant in this study who felt supported by his employer. He had both holistic and line management supervision, could access PD without issue, was part of a team of supportive colleagues, and maintaining professional competencies via the CCP was linked to his employer's performance development plan system. Rob's experience of maintaining competencies raises questions about why all psychologists are not supported by such holistic and progressive systems and methods of competency maintenance? Rodolfa et al., (2013) suggested that psychologists working in government sectors were usually supported to maintain their competency obligations with employers aligning their guidelines with regulatory standards. Rob was employed by the state sector, as were the other psychologists, but Rob worked in a different state services department and was practicing and registered under the clinical scope of practice. All other participants were practicing in the field of educational psychology, although registered under differing scopes of practice. Considering that all psychologists are required to engage in the CCP and maintain professional competencies under the HPCAA, better methods of supporting every psychologist in their workplace, in order to ensure public safety must be adopted throughout the whole profession in Aotearoa NZ (Garton, 2006; NZPB, 2017a; NZPB,2017e).

Collegial and collaborative support. The psychologists clearly identified that collegial support was critical to them maintaining their competence and competencies throughout their careers. *The Code of Ethics for Psychologists Working in Aotearoa NZ* recognises the importance of collegial support to psychologists' ongoing ethical decision-making processes throughout their working lives (NZPB, 2002). Elements of competency relating to professional relations, communication, consultation, and collaboration are included in the core competencies document, but their maintenance falls within the context of inter professional and interdisciplinary practice (NZPB, 2015a).

Von Truer and Reynolds (2017) suggested that maintaining constructive working relationships significantly improved psychologists' ability to develop professionally. All participants highlighted their reliance upon colleagues to help develop and maintain competence. Rob shared how he and colleagues mutually supported each other to identify practice blind spots and strengths and weaknesses, also assisting each other when competency issues arose. Working relationships with overseas trained psychologists advanced Grace's knowledge and skills, enhancing her competence by introducing new concepts in her practice. These findings mirror research that suggests psychologists rely upon themselves and their colleagues to support ongoing professional competencies due to the lack of empirical and comprehensive support systems, and leadership throughout the profession (Bellamy et al., 2014; Neimeyer et al., 2012a).

Recent international literature suggests a communitarian approach to supporting professional competencies has gained credibility. Ecological models incorporating micro support at collegial level, meso support through coaching and mentoring, and macro support including mandated professional supports, have been developed for psychological practice (Johnson et al., 2013). Susan and Louise's frustration at the lack of mentors and coaching towards PD and learning may indicate they had experienced communitarian models of competency maintenance in their respective countries prior to practicing in Aotearoa NZ. The research suggests that communitarian models may provide psychologists with more transparent and holistic ways to support competency maintenance, by structuring and legitimising already existent support communities (Johnson et al., 2013). Further evaluating research of communitarian models of competency maintenance might illuminate if they would translate well into the Aotearoa NZ practice context.

What Were the Challenges to Maintaining Competencies?

Professional challenges. The similarities between participant accounts of the professional challenges they faced when maintaining competencies, and the structural and professional challenges described in the literature, were both striking and

disheartening in equal measure. The professional challenges to competency maintenance reported almost 10 years ago (Jimerson et al., 2009), still holds true for psychologists today. The lack of funding for PD and professional learning was widely spoken about by all participants, as was the absence of practice mentors, senior and competent practitioners, and appropriate supervision to guide psychologists towards becoming competent practitioners. The absence of career structures gave participants cause for concern about the sustainability of competence in psychological practice (Bellamy et al., 2014; Du Villier et al., 2015; Jimerson, et al., 2009).

Mirroring recent Aotearoa NZ literature, participants described how the complexity of psychological practice, and increasing number of complex caseloads was detrimental to competency maintenance, resulting in less time to engage with professional systems of support and PD (Abraham et al., 2016; Cable, 2013; Haarhoff et al., 2015; Jimerson et al., 2009). Participants repeatedly referred to a lack of comprehensive and affordable support platforms for psychologists to gain access to professional information, research, and PD.

For overseas trained psychologists, the lack of induction into new practice methods, and the absence of applied theory and research about professional learning in Aotearoa NZ were significant professional challenges to competency maintenance. Neimeyer et al., (2012a) have suggested that systems of CPD often lack empirical foundation, accountability, or measure. It was clear that CPD systems in Aotearoa NZ seemed 'behind the times' to overseas trained psychologists who previously had access to personal PD budgets, both holistic and line management supervision, and coaching towards the consolidation of professional learning. They felt that access to professional information and new research in Aotearoa NZ seemed dated and somewhat restricted, and that comprehensive information platforms were non-existent. Access to current research and professional information is crucial for psychologists to support EBP and the development of ongoing knowledge in order to maintain competencies throughout their careers, given the fast pace of scientific developments in psychology (Neimeyer et al., 2012b).

Cultural responsiveness. Aotearoa NZ literature emphasises that cultural responsiveness is central to psychological practice (NZPB, 1993; NZPB, 2015a; NZPB,

2011; Seymour & Nairn, 2012), yet participants in this study faced many barriers to maintaining cultural competency. Given the difficulty in accessing cultural supervision and the cultural disparities between the psychological workforce and the majority of their clients, it is unsurprising that other research has described psychologists in Aotearoa NZ as often being culturally unresponsive, and unable to meet the demands of their clients (Abraham, 2017; Du Villier et al., 2015; Macfarlane et al., 2011; Waitoki, 2012). Rob suggested that cultural competency development was individually rather than structurally led, and participants did not mention the additional NZPB Cultural Competency guidelines. These findings suggest there is a lack of structural focus and support for cultural competency in psychological practice in Aotearoa NZ (Levy & Waitoki, 2016).

All participants indicated that they relied upon collegial and external support to maintain cultural competency, due to the lack of structural support and restricted access to cultural advisors in the workplace due to high demand (Levy & Waitoki, 2016; Macfarlane, 2016). Waitoki (2012) suggested that undue pressure was placed on Māori psychologists to be cultural advisors in the workplace, putting them at greater risk of burning out.

In order to ensure that all psychologists working in Aotearoa NZ practice with the required levels of cultural competency and responsiveness, and to lessen the burden for Māori psychologists, more structural focus and support of cultural competency must be considered necessary by regulators and employers.

Personal challenges. Using their own personal resources to access learning, PD, and professional information was the biggest challenge for participants when it came to maintaining competencies. Participants highlighted that the cost of professional information in Aotearoa NZ was restrictive, in line with research findings that 90% of a survey sample of psychologists in Aotearoa NZ were not members of professional organisations citing the cost as prohibitive (Cable, 2013). Louise cautioned that psychologists were prone to burn out due to the impact of having to source and finance PD for themselves whilst managing ever increasing caseloads, a point raised by other researchers (Abraham et al., 2016; Haarhoff et al., 2015; Jimerson et al., 2009). However, the NZPB Code of Ethics (Section 2:2) states that

psychologists have responsibility to avoid personal conditions, such as burnout, that could interfere with their ability to practice safely (NZPB, 2002). It is likely that psychologists experiencing burnout may not have the capacity to maintain their required competencies adequately (Waltman et al., 2016).

According to the literature, in order for psychologists to maintain competencies autonomously in line with regulatory and ethical expectations it has been suggested that caseloads must decrease, and comprehensive access to transparent and affordable/free PD systems must be facilitated (Abraham et al., 2016; Cable, 2013; Haarhoff et al., 2015; Jimerson et al., 2009). It could be argued that if some of the psychologists in this study are to avoid burning out that significant changes to policies and procedures around PD funding and caseload management is necessary. Also making affordable PD and professional information accessible to psychologists in order to mitigate the significant challenges to competency maintenance they face (NZPB, 2002).

How did Psychologists Say They Would Like to be Better Supported?

The results drew striking parallels with literature spanning over a decade, that comprehensively detailed how professional competency could be better supported in psychological practice. Mirroring Neimeyer et al., (2012a), the psychologists said that workplace recognition of their professional responsibility towards their mandate and PD and being supported by governance and employers would enhance their confidence in current systems, and better support them to maintain their competencies. Louise and Kiri suggested that transparent and personal budget systems to support autonomous competency maintenance towards achieving learning goals was a way to help them navigate their competency obligations, as also indicated in recent research (Du Villier et al., 2015). Increased frequency and access to high quality, holistic, credible, and culturally appropriate supervision, would better support them to maintain their competencies throughout their careers (Abraham, 2017; Milne & Watkins, 2014; Olds & Hawkins, 2014).

All participants felt that: Elevating the professional identity of psychologists; developing leadership in the profession; improving PD structures; providing mentors

and coaches towards competency maintenance; improving the quality of supervision, and the availability of cultural supervision; creating comprehensive online platforms for research and relevant and up to date PD and professional information, would significantly help them to maintain their professional competencies in Aotearoa NZ (Abraham, 2017; Abraham et al., 2016; Bellamy, 2018; Du Villier et al., 2015; Jimerson et al., 2009; Neimeyer et al., 2012a). As Grace's workplace experience illustrates, and Rob's positive workplace experience affirms, in order to achieve sustainability in competency maintenance and for psychologists to gain confidence in the current systems of support, affirmative systemic change in workplace policy and practices around competency support must occur.

Limitations of this Research

Whilst it is recommended that studies adopting an IPA approach to data analysis require between six to eight participants to be effective, only five participants gave consent for their transcripts to be used in this project. Due to the small sample size, and location of the study, the research findings may not be generalizable, or reflective of all psychologists' experiences or psychological practice in Aotearoa NZ. However, the study does lend itself to replication in the future. While this was a small-scale study, it nonetheless raises questions about the level of support that psychologists in Aotearoa NZ receive when it comes to maintaining their professional competencies throughout their careers. Participants have pointed to some shortcomings that suggest a need for affirmative change exists within the profession.

Conclusion

This study has revealed that although psychologists appreciated the structure and guidance of systems designed to support their competence and competencies in psychological practice, it was the mind sets and attitudes embedded into their professional psyche that drove their sense of responsibility towards practicing legally, ethically, and competently. They defined their professional identity in terms of evidence based and reflective practice. However, these essential practice elements

were mainly self-supported by psychologists and underscored by mutual collegial support. They also relied on collegial support in the absence of structural support and culturally appropriate supervision, towards maintaining the core competency - *Diversity, Culture, and Treaty of Waitangi/ Te Tiriti o Waitangi*.

The study raised many points of concern about the challenges psychologists in Aotearoa NZ faced to competency maintenance, and disappointingly it would appear that the same challenges have been identified for nearly a decade: Lack of quality supervision; unaffordable and inaccessible PD; lack of leadership; high risk of burnout; and lack of professional confidence (Jimerson et al., 2009). The psychologists accounts highlighting that if anything, psychologists' professional standing has been further compromised in recent years.

The overseas trained psychologists illuminated that psychology in Aotearoa NZ is perhaps not as well supported, or progressive as regulatory policy and guidelines suggest it is. This is disappointing given the unique cultural landscape in which psychological practice functions in Aotearoa NZ and the potential to be the innovators and world leaders of effective models of cultural competency, and culturally responsive practice.

It was also revealed that not all fields of psychology, scopes of practice, or employers of psychology are equal when it comes to competency supports throughout the profession. Even though every registered and practicing psychologist in Aotearoa NZ have the same legal, ethical, and practice obligations to maintain their competencies (NZPB, 2002; NZPB,2015b; NZPB, 2017e).

The psychologists revealed throughout this study, that both their challenges with competency maintenance and the solutions to those challenges were centred around the workplace. The literature substantiated their assertions (Abraham et al., 2016; Du Villier et al., 2015; Haarhoff et al., 2015). Whilst the resourcefulness of the psychologists was to be admired, the realities of autonomous competency maintenance given ever-increasing practice demands, leaves them, their clients, and the whole profession at risk. This illuminates a juxtaposition in psychology in Aotearoa NZ between seemingly comprehensive policies, frameworks, and practice methods of competency maintenance to support psychologists' mandate, whilst workplace

support systems hinder competency maintenance within the very same regulated structures.

Moving forwards, it could be suggested that: By reviewing workplace policies and procedures to align with legislation: by aligning the CCP with workplace performance planning; by building leadership and good quality supervision throughout the profession; by developing comprehensive platforms for PD and professional information; by adopting support structures that provide coaching towards PD; by making all psychologists' workplace supports equal; and by legitimising the collegial resource psychologists are already having to utilise in the workplace to maintain competence via ecological support models, that all psychologists might feel supported, not just Rob (Du Villier et al., 2015; Johnson et al., 2013).

This study opens the door for future research, perhaps exploring the differences in supports for psychologists across all sectors, fields, and scopes of practice, or delving further into the experiences of overseas psychologists in relation to models of competency maintenance utilised overseas, and how they might be of benefit to Aotearoa NZ psychologists.

Reflection. This research has challenged my preconceptions about how competency and competencies function in psychological practice and has illuminated the challenges ahead for students of psychology. I hope it might act as a tipping point when added to the body of literature advocating for action to protect competence throughout the profession. The psychologists' have spoken, and I for one am inspired by their diligence and professionalism. I only hope I have done justice to their words and have captured their voices from the field as accurately as possible; they need to be heard.

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Appendix One: Employer Consent Form

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

**How do psychologists maintain their professional competencies? -
Voices from the field.**

Consent form for Organisations/Employers

The participant's employing organisation/department has been provided with information about this research project and the organisation/department will grant access to potential participants.

Signed: _____ **Date:** _____

Full Name(PRINTED): _____

Organisation/Department: _____

Appendix Two: Interview Questions

INTERVIEW QUESTIONS

Thank you for your participation. I would like to start the interview by asking which scope of practice are you registered under, and how many years have you been a practicing psychologist in Aotearoa New Zealand?

HOW DO PSYCHOLOGISTS MAINTAIN THEIR PROFESSIONAL COMPETENCIES?

- As you know, there are nine broad NZPB Core Competency areas for all Psychologists Practicing in Aotearoa New Zealand. How important do you think these competencies are for a practising psychologist?

Probes: Why are they important? Do you think they reflect all areas of practice? Are there any areas of practice that lie beyond these competencies?

- How do you maintain and develop the required additional competencies?
- Among the core competencies, which ones do you see as being more relevant and important for your practice?

Probes: In what ways are these competencies more relevant in your practice?

- I'm interested in how you identify the competencies you include in your Continuing Competency Programme plan, and how you maintain growth in those competencies that are most relevant to you?

Probes: How do you document growth in these competency areas?

- How do you go about maintaining and developing other competencies which you feel may not be directly related to your day to day practice?
- How do you document growth in these less relevant competencies?

Probes: (If the psychologist was practicing prior to the introduction of the CCP in 2009)
How did you document your growth in professional competencies before the introduction of the Continuing Competency Programme?

WHAT COMPETENCY SUPPORTS EXIST FOR PSYCHOLOGISTS IN THEIR PRACTICE?

- What supports are available to you to help you maintain and develop your core competencies?

Appendix Two Continued

Probes: Have supports changed over the course of your career? In what way have they changed?

- Do you see supervision as a way to support and develop some competencies?

Probes: Would you access supervision to support your competencies beyond the requirement of your CCP plan? When would you access it and why?

- Being an immigrant myself, I am particularly interested in knowing what you have found to be effective in developing and maintaining cultural competency?

Probes: How has cultural competence developed over your career? How do you maintain cultural competence given its importance to practice?

- How do you access learning activities to support your learning plan and CCP goals?

Probes: What kind of learning activities have you accessed? Can you access learning activities to support competencies other than your learning plan and CCP goals?

- How do you keep up to date with advances in the field and new research, to support your competencies?

WHAT ARE THE CHALLENGES FOR PSYCHOLOGISTS IN MAINTAINING THEIR COMPETENCIES?

- I'm interested in hearing about challenges you may have faced in the maintenance of your continuing competencies?

Probes: Any professional challenges? Any personal challenges?

- Have these challenges changed in your practice, and over the course of your career?

Probes: How have they changed and why? How did you overcome any challenges you have faced?

- Are any of the core competencies more challenging to maintain than others?

Probes: What makes them a challenge?

- Are there any barriers to accessing supervision for competency issues as they arise?

Probes: Have you experienced these barriers? How did you overcome them?

Appendix Two Continued

- Are there any barriers to accessing support for cultural competency?

Probes: Have you experienced any barriers? How are these barriers overcome if so?

- Are there any barriers to accessing or attending learning activities to support your competencies?

Probes: Have you experienced these barriers? How do you overcome these barriers if so?

- Are there any barriers to keeping up to date with research and new advances in your field?

Probes: Have you experienced this? How did you overcome the barriers?

HOW MIGHT PSYCHOLOGISTS LIKE TO BE SUPPORTED IN MAINTAINING THEIR CORE COMPETENCIES?

- I'm interested to know if there are any of the core competencies that you would like to see better supported?

Probes: Why do you think they require more support?

- What other supports or systems might be of use to psychologists in helping them to maintain the core competencies throughout their careers?

Probes: Have you seen other supports/systems working well (overseas for example)?

- What advice would you give to trainee psychologists about developing and maintaining their competencies for future practice?

Probes: What do you wish you'd known when you were starting out?

- Is there anything else you would like to add, that was not covered in the interview, but you feel is important in relation to maintaining professional competency?

THANK YOU FOR YOUR MAKING TIME TO PARTICIPATE IN THIS INTERVIEW, MAY I HAVE YOUR CONTACT DETAILS, SO A COPY OF THE INTERVIEW TRANSCRIPT CAN BE MADE AVAILABLE TO YOU TO READ AND EDIT.

DEMOGRAPHIC QUESTION (OPTIONAL)

Age group: 20-30 31-40 41-50 51-60 61-70

Appendix Three : Ethics Approval Letter (MUHEC)



Date: 14 August 2017

Dear Jenny Brennan

Re: Ethics Notification - **NOR 17/41 - New Application**

"How do psychologists maintain their professional competencies?; Voices from the field."

Thank you for the above application that was considered by the Massey University Human Ethics Committee: **Human Ethics Northern Committee** at their meeting held on **Monday, 14 August, 2017**.

On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Brian Finch
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

Appendix Four: Participant Information Sheet



MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

UNIVERSITY OF NEW ZEALAND

How do psychologists maintain their professional competencies? - Voices from the field.

PARTICIPANT INFORMATION SHEET

Researcher Introduction

Ko Skiddaw te maunga
 Ko Solway Firth te moana
 Ko Eden te awa
 Ko ngāti pākehā te iwi
 Ko Blain toku ingoa whānau
 Ko Jenny Brennan ahau

Tēna koe/hello,

My name is Jenny Brennan and I am currently working towards completing a Master of Educational Psychology degree through Massey University. My thesis project, as part of this course of study, intends to explore how psychologists in Aotearoa New Zealand maintain their professional competencies throughout their careers. I would like to interview practicing psychologists across the General, Educational, Clinical, and Counselling scopes of practice in the Central/Northern regions of the North Island of Aotearoa New Zealand and would like to invite you to participate in this study.

Aim of the Project

The study aims to explore psychologists' personal and professional reflections about maintaining professional competencies, the systems and supports available to them, and potential challenges to maintaining professional competencies throughout their careers.

Participant Recruitment and Research Procedures

Psychologists located in the Central/ Northern regions and registered under the General, Educational, Clinical and Counselling scopes of practice, who currently hold an Annual Practice Certificate, will be considered suitable participants for this study. Participants may be employed or self-employed, working for NGO's, District Health Boards, Government Ministries, or in private practice. Psychologists' who indicate their interest in the project, will be invited to participate in this study.

The researcher will facilitate face to face interviews with consenting psychologists, regardless of their location. If this is not practicably possible, Skype interviewing may be arranged should Skype capability be accessible by participants. Interviews are expected to take up to 60 minutes. Interview preparation is expected to take up to 10 minutes, and further checking of the interview transcript when completed, up to 20 minutes. The time and safe location of the interview will be arranged to suit the participant. All interviews will be audio recorded only. Should the interview result in self-reflection about the participant's own professional

competencies, participants are encouraged to explore this through professional supervision, in accordance with Continuing Competency Program guidelines.

Data Management and Storage

Your anonymity will be maintained throughout the research process and in any publications, or presentations that may arise from it. To this effect, your name and any identifying information about your employing organisation will not be included in the research findings. The audio files of the interviews will be securely stored by the researcher on a password protected device. The only people who can access the audio files are myself and my two supervisors. The only further access to the file will be for transcription purposes and the transcriber is bound by a confidentiality agreement. Once transcribed, you will be emailed a transcript of the interview to read and verify. A summary of the project will be made available to you on successful completion of the thesis.

Your Rights as a Participant

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study within two weeks following the interview;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name and identifying information will not be used;
- ask for the interview recording to be turned off at any time during the interview;
- receive a copy of the research findings when the project is concluded and graded.

Project Contacts

Do not hesitate to contact me or my supervisors if you have any questions or concerns about this research project.

Researcher: Jenny Brennan

Mobile: [REDACTED]

Email: [REDACTED]

Supervisors: Dr. Vijaya Dharan,
Massey University (06) 356 9099 ext. 84315
Email: V.M.Dharan@massey.ac.nz

Dr. Jude MacArthur
Massey University (06) 356 9099
Email: J.A.MacArthur@massey.ac.nz

Ethical Approval

This project has been reviewed and approved by the Massey University Human Ethics Northern Committee: Application NOR 17/41. If you have any concerns about the conduct of this research, please contact Associate Professor David Tappin, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43384 email humanethicsnorth@massey.ac.nz

Appendix Five: Employer's Information Sheet



MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
 UNIVERSITY OF NEW ZEALAND

How do psychologists maintain their professional competencies? -Voices from the field.

EMPLOYER'S INFORMATION SHEET

Tēna koe/hello,

My name is Jenny Brennan and I am currently working towards completing a Master of Educational Psychology degree through Massey University. My thesis project, as part of this course of study, intends to explore how psychologists in Aotearoa New Zealand maintain their professional competencies throughout their careers. I would like to interview registered psychologists across the General, Educational, Clinical, and Counselling scopes of practice in the Central/Northern regions of the North Island of Aotearoa New Zealand and would like to invite a member of your staff to participate in this study.

Aim of the Project

The study aims to explore psychologists' personal and professional reflections about maintaining professional competencies, the systems and supports available to them, and potential challenges to maintaining professional competencies throughout their careers.

Participant Recruitment and Research Procedures

Participants are being recruited purposefully for this study from NGO's, District Health Boards, Private Practice, and Government Ministries across the Central/Northern regions of Aotearoa New Zealand's North Island who employ psychologists. Should you agree to grant me access, potential participants will be sent the information sheet about the study along with a consent form. Those who consent will participate in an interview that can last up to 60 minutes. The time and location of the interviews will be arranged to suit your organisational protocol. Although face to face interviews are preferred, if not logistically possible, then Skype interviews are suitable alternatives. All interviews will be audio recorded only.

Data Management and Storage

Anonymity will be maintained throughout the research process and in any publications and presentations that may arise from it. To this effect, names and any identifying information (both the psychologist and anyone else mentioned in the interviews) will not be included in the research findings. All data will be stored on password locked devices. All consent forms stored in locked cupboards. Only myself and my two supervisors will have access to the data. Transcription of the interviews will be undertaken by a transcriber bound by a confidentiality agreement. A summary of

Appendix Five Continued

the project will be made available to the participants on successful completion of the thesis. The research may be presented at a conference, a journal article, or report in the future.

Participant's Rights

Participants are under no obligation to accept this invitation. If participation is agreed upon, participants have the right to:

- decline to answer any particular question;
- withdraw from the study within two weeks of the interview;
- ask any questions about the study at any time during participation;
- provide information on the understanding that names and identifying information will not be used;
- ask for the interview recording to be turned off at any time during the interview;
- receive a copy of the research findings when the project is concluded and graded.

Project Contacts

Please, do not hesitate to contact me or my supervisors if you have any questions or concerns about this research project.

Researcher: Jenny Brennan

Mobile: [REDACTED] Email: [REDACTED]

Supervisors: Dr. Vijaya Dharan,

Massey University (06) 356 9099 ext. 84315 Email: V.M.Dharan@massey.ac.nz

Dr. Jude MacArthur

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This project has been reviewed and approved by the Massey University Human Ethics Northern Committee: Application NOR 17/41. If you have any concerns about the conduct of this research, please contact Associate Professor David Tappin, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43384 email humanethicsnorth@massey.ac.nz

Appendix Six: Transcriber Confidentiality Agreement



MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

**How do psychologists maintain their professional competencies? -
Voices from the field.**

TRANSCRIBER'S CONFIDENTIALITY AGREEMENT

I Helen Harrison (Full Name: PRINTED)

agree to transcribe the recordings provided to me.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than those required for the project.

Signed:  Date: 21/6/18

Appendix Seven: Participant Consent Form

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

**How do psychologists maintain their professional competencies? -
Voices from the field.**

PARTICIPANT AUTHORITY TO RESLEASE TRANSCRIPT

- I confirm that I was given the opportunity to read and make changes to the transcript of the interview conducted with me.
- I agree that the amended transcript, and extracts from it, may be used in this research, in reports, and publications which may arise from this research project.

Signature: _____ **Date:** _____

Full Name (PRINTED): _____

Appendix Eight: Transcript Release Form

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

UNIVERSITY OF NEW ZEALAND

How do psychologists maintain their professional competencies? - Voices from the field.

PARTICIPANT AUTHORITY TO RESLEASE TRANSCRIPT

- I confirm that I was given the opportunity to read and make changes to the transcript of the interview conducted with me.
- I agree that the amended transcript, and extracts from it, may be used in this research, in reports, and publications which may arise from this research project.

Signature: _____ **Date:** _____

Full Name (PRINTED): _____

Appendix Nine: Extract from Reflective Journal

Thursday 26th July 2018

EVENTS- Supervision meeting. Five of the six transcript release forms are back in. Re-read transcripts in case changes have been made by participants.

REFLECTIONS - On re reading the transcripts more detail is emerging, I can see clear links to the literature already. The main assumption I had was that psychologists had access to their supervisor for any questions about competency throughout practice, especially for competency issues should they arise. But, participants are indicating that is not their supervision's role. Who do they rely on to help them with competency issues?

Friday 27th July 2018

EVENTS - Listened to the interview recordings and read the transcripts alongside to check for VOCAL INFLECTION, NUANCE, and ANIMATED SPEECH, highlighted any parts of the text that indicated these were present. Re read, started coding the text by highlighted the sections of text that use REPEATED LANGUAGE, SIMILAR PHRASES, and INTERESTING OBSERVATIONS OR POINTS OF INTEREST.

REFLECTIONS - Broad themes emerging across all interview notes and transcripts are: CC's are important but require self-reflection under good quality relational supervision to be effective. Support is dependent on many factors, but cost and time are barriers to accessing PD and opportunities. Reference to self-reflective practice and supervision is repeated and common, as is cost/money and time involved in PD.

Sunday 29th July 2018

EVENTS - Cross referenced the interview notes taken during each interview with coding so far.

REFLECTIONS- Notes confirm that supervision, reflective practice, collegial support all play a crucial part in competency maintenance. Time and cost are challenges, as are high case/workloads and fitting in PD. Availability of PD depends on employer, whether a member of NZPsS, or have access to supports in the workplace. More comprehensive systems of online support would be beneficial for psychs, as would cost and time effective options. Employers rejecting identified PD to meet CCP goals is a big issue for some psychs, they have to then spend their own time and money finding other options to meet their mandate. I am surprised that the psychologists are all employed in the same sector, but that levels of competency support are different depending on which Ministry they work in.

Monday 30th July 2018

EVENTS - More reading and highlighting of individual transcripts. Am coding the text that refers to competency maintenance throughout psychologists' careers. Created tables to correlate the direct answers to all the research questions for easier identification when writing results. Themes are becoming clearer, personal responsibility/autonomy, supervision is still prominent, and the networks of support available to psychologists. It does seem that each theme has elements of supporting factors and elements of hindering factors ie: Supervision supports, yet good supervision is hard to find.

REFLECTIONS - Feeling overwhelmed with data, and second guessing whether I am identifying themes correctly or putting too much of my own spin on what was said in interviews. It is difficult to not feel daunted about future practice on reading participant accounts.

Appendix Ten: Example of Transcript Analysis

Participant 4 ... Rob.

Repeated Language Similar Phrases Points of Interest Across career

Emergent Themes Vocal Inflections or Animated Speech

Q...I'm interested in identifying the competencies you include in your CCP plan, and how do you maintain growth in those competencies that are most relevant to you?

How do I identify them, well that's really around the self-reflective discussion with my supervisor but also in terms of gaps of practice over the course of the year. I don't know if you've come across any of David Dunning's stuff on blind spots so far, it's really critical in terms of understanding competency development, basically in a nutshell we don't know what we can't see, and people tend to over rate their competencies, in a number of areas, and so unless you seek feedback from people regularly about your practice, and that can be indirect or direct feedback, then it's hard to identify what it is that you might need to focus on, so a purist example I think Dunning talks about, is people tend to over rate their writing ability quite significantly, and you can present someone with some feedback around their essay for example, and they might go oh but actually my essay is really good, and you show them an essay that actually is much better than theirs, and they say well mine is just as good as that, but they can't evaluate what's good practice, because they can't do good practice, so there's a real dilemma for us as psychologists, as human beings around working out what we need to focus on, so it's that independent feedback. So you know I've got a good bunch of colleagues, we've got about 8 of us who work in the same team, and you know we'll talk about the blind spot stuff, we'll try and give each other feedback as openly as we can, when things occur, and we all try to ask each other for feedback regularly.

Q...How do you go about maintaining and developing other competencies which you feel may not be directly related to your day to day practice?

Performance planning helps with that, so we have competency planned for the board, we also have performance development plans for our direct line manager so I use the (21.38), have you heard of those? Yeah so a few years back we did self-analysis, manager analysis and pure analysis around the (21.27) tools, and each year I pick a couple of the (21.22) targets and work on those for the year. That's part of my performance development plan not my CCP.

Not the CCP yeah cool.

Q... How do you document growth in the less relevant competency areas?

Yeah that's done through the performance development plan process, so we do that.

And that's through your employer?

Yeah so we do basically a plan at the beginning of the year, and midyear review and end of year review.

Jenny Brennan
Self-reflective practice
Supervision

Jenny Brennan
Identifying gaps in practice

Jenny Brennan
Point of interest...links directly to literature.

Jenny Brennan
Point of interest...dilemma for psychologists as evaluation of good practice impossible if they don't know what good practice is! Self-reflective practice.

Jenny Brennan
Collegial support

Jenny Brennan
Employer support
Performance development plans linked to line manager in addition to CCP

Jenny Brennan
Employer developed performance plan to support and document practice in addition to the CCP throughout Rob's career.

Jenny Brennan
Point of interest...Three extra performance reviews address competencies as well as the annual CCP review.