



From:

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To:

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For the attention of:
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and

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23 November 2018

COMMENT ON DRAFT REGULATIONS DEFINING THE SCOPE OF PROFESSION OF PSYCHOLOGY, 2018

On 12 September 2018, notice was given in the Government Gazette that the Minister of Health intends, in terms of the Health Professions Act of 1974, and on the recommendation of the Health Professions Council of South Africa and the Professional Board for Psychology, to promulgate regulations defining the Scope of the Profession of Psychology. The Educational Psychology Association of South Africa (EPASSA), the South African School Psychologists Association (SASPA) and the Society for Educational Psychology of South Africa (SEPSA—a division of PsySSA) are of the view that the proposed Scope of Practice (“Draft Scope 2018”) if implemented will have the unintended consequence of causing irreversible harm on our profession and members of the public who use our services. This is an appeal for reconsideration of the Draft Scope 2018.

In this submission we set out our concerns about the Draft Scope 2018. We also propose amendments to the wording thereof. We believe that this will address both the Minister’s intention to regulate our services and our members’ interests.

Our associations, EPASSA, SASPA and SEPSA, each aim to promote the provision of quality educational psychology services to the people of South Africa and to serve the needs and interests of all South Africans. We are democratically constituted organisations and together represent the voices of the largest constituency of educational psychologists in South Africa, and possibly Africa as a whole. Our appeal is being made on behalf of our respective members. It is based on the desperate pleas of our members and on our experiences as educational psychologists.

We set out our appeal under the following headings:

1. The role of educational psychologists,
2. The value of our profession in society,
3. The history of our scope of practice,
4. Our experience of discrimination,
5. The dangers of the intended amendment, and
6. Our recommendations.

1. The Role of Educational Psychologists

Educational psychologists are extensively trained and have skills in the areas of assessment, psychotherapy (including individual, family, parental, couples, marital, and group therapy), systemic interventions and research. Educational psychologists are particularly skilled in the areas of learning and development across the lifespan.

The notions of “Learning and Development” are broad concepts. UNESCO, the United Nations Educational, Scientific and Cultural Organization, has identified four pillars of learning in collaboration with international scholars:

- *Learning to know*
(cognitive tools to comprehend the world)
- *Learning to do*
(skills that enable participation in the economy and society)
- *Learning to live together*
(knowledge and understanding of self and others and self-analytic and social skills that help individuals to reach their potential), and
- *Learning to be*
(exposure to principles of human rights, democracy, intercultural understanding, respect and peace).

Developmental psychology focuses on human growth and changes across the lifespan, including physical, cognitive, social, intellectual, perceptual, personality and emotional growth and changes. This includes the life stages of infancy, childhood, adolescence, adulthood and old age.

Educational psychologists are thus involved with broad areas of psychology. Some areas of activity for educational psychologists within their specialized focus on learning and development may include, but not be limited to the following:

- Preventative work:
Promoting psychological well-being, learning and development across the life span.
- Assessments:
Psychological, psycho-educational, psycho-legal, custody, career, vocational, neuropsychological, developmental, scholastic accommodation and concession, and diagnostic assessments of mental disorders.
- Interventions:
Psychotherapy, hypnotherapy, family therapy, group work, community interventions, parental guidance, couples counselling, marital therapy, play-therapy, parent-infant psychotherapy, case management, parent co-ordination, and treating psychopathology.

2. The Value of our Profession in Society

South Africa and South African Psychology battle to respond to societal needs. This is largely because of the historical effects of apartheid as well as current socio-economic challenges. High rates of unemployment, HIV/AIDS, school drop-outs, violent crime, teen pregnancy, immigration, language, poverty and racism are some of the problems affecting millions of South Africans. We have an immense need for psychological services, but an alarming shortage of trained and competent psychologists.

Educational Psychology has always been very well positioned to be a valuable national resource as we are trained, competent and willing to contribute toward the country's transformative agenda because of our significant contributions in the vital fields of psychology, learning and development. Educational psychologists, perhaps more than any other category of psychology, are involved in community interventions, in schools and in diverse fields of practice. For instance, advocacy in the field of mental health recently received momentum when EPASSA joined other organizations' involvement in South Africa's Life Esidimeni tragedy. Educational psychologists helped to interview

bereaved families in preparation for arbitration on damages relating to the tragedy and EPASSA supported a call for the premier of Gauteng to establish a multi-stakeholder Gauteng Mental Health Commission to engage with mental health practitioners and organisations. EPASSA and SEPSA have also called for the creation of psychology and counselling posts in schools and educational institutions. Psychosocial issues in schools are placing increasing strain on educators with an already overburdened load and educational quality issues. We emphasize that educational and other psychologists can work in schools and many other settings such as clinics and hospitals.

Obviously, the more accessible all psychologists are, the better this will be for people requiring much needed services, including black people who have previously not been able to access such services easily. It is our view that educational psychologists can play a critical role in delivery of accessible mental health services due to their specialized focus on psychology, learning and development include preventative work, assessments, individual/family/couples/group/community interventions and research.

The field of educational psychology is an attractive career option for young graduates. Our members would like to ensure that it continues to present a competitive, viable and rewarding career for black professionals.

3. The History of Our Scope of Practice

Up until 2011, there was no official, government gazetted document generally referred to as the “Scope of Practice” for different categories of psychologists as there is today. There was a Code of Conduct document, which required that all psychologists had to work within their areas of competence, but these competences were not defined in terms of ‘Scope of Practice.’ There was at least some support for a view that psychology categories should not be rigidly defined or compartmentalised. This was evident in an article by Donald published in the *South African Journal of Psychology* in 1984. Donald pointed out that where resources were limited and demands existed – as in the case of South Africa - to preclude psychologists from working in areas in which they were competent would be

senseless. Professional effectiveness would be destroyed if boundaries were exclusionary.

There were no controversial Scope of Practice issues or problems in the 1980s and 1990s as there are today. Many educational, clinical and counselling psychologists were trained alongside each other, attending the same Honours and sometimes Master's level classes and writing the same final exams, and until recently the same Board exam that facilitates entrance to the profession. We would attend the same professional development courses, interact with each other, refer to each other and collaborate collegially. It would not be unusual for colleagues not to know what category each other were registered in, but to refer to each other according to reputation for excellence, interest and expertise in an area, such as the treatment of childhood disorders, particular adult disorders, play therapy, family therapy, forensic evaluations, etcetera, regardless of registration category. This is often still the case today, but it is becoming less so because of unnecessary schisms that are undermining our profession.

For decades educational psychologists in South Africa trained and practised very similarly to counselling and clinical psychologists. Current Scope of Practice tensions are not the result of an encroachment of educational psychologist into other areas, or expansion of our areas of work, but rather because of educational psychologists being restricted against doing what they have historically always done. This is the direct result of the Professional Board for Psychology acting in an indifferent way and failing to stop third party players, who have no first-hand knowledge or experience of our training and work, from discriminating against us.

In 2002, many educational psychologists were shocked when the HPCSA's Professional Board for Psychology (PBP), in the form of Form 224, effectively suggested that educational psychologists could not work with adults. Form 224 was widely criticized by educational psychologists, who were suddenly and arbitrarily confined to working with children and adolescents clients only. Some educational psychologists were unaware of the introduction of Form 224 and continued working with adults in the same ways in which

they had become accustomed, unaware that they were in breach of any new development. As more educational psychologists became aware of Form 224, they became increasingly angry at the top-down, unilateral formulation and reducing of their scope by the Professional Board for Psychology, without consultation with the profession, and the narrowing of their skills, training and competences by the Professional Board.

Educational psychologists, at a Consensus Development Conference held at the University of Johannesburg on 25 November 2006, unanimously rejected Form 224 and formulated an alternative, draft Scope of Practice for educational psychologists. The conference attendees elected and mandated an Educational Psychology Task Team to engage the PBP on the Scope of Practice for Educational Psychology. This Task Team included leading academics, heads of university departments and practitioners. The Educational Psychology Task Team made submissions to the HPCSA's PBP, which the Board largely accepted. Our associations are still guided by and still accept the basic principles that the Educational Psychology Task Team promoted over seven years ago.

In 2011, largely because of liaison between the Educational Psychology Task Team and the PBP, Form 224 was replaced by a new Scope of Practice document that was published in the Government Gazette. This 2011 regulation held promise and was interpreted by the Educational Psychology Task Team in a manner that we believe served the profession and the country well. However, the 2011 regulation was not worded tightly, and this led to it being interpreted differently by various people. The HPCSA recognised that the regulation was vague and open to interpretation.

Despite the legitimate role of educational psychologists and the contributions they can and do make in a country short on mental health services, several medical aids incorrectly interpreted and continue to interpret the 2011 Scope of Practice for educational psychologists to claim that educational psychologists cannot treat the same conditions that they have been trained and competent to treat through the years. Unfortunately, and to the shame of our profession, these medical aids found supporters amongst a few clinical psychologists (mostly represented by a small group – the Clinical Psychology

Forum) who appear to be monopolistic in trying to keep educational psychologists away from what they regard as their turf. This occurs although educational psychologists were trained and skilled in psychotherapy and psychopathology. It is a well-known fact that areas of overlap existed between all the categories of psychologists, but there appears to be collusion between a few clinical psychologists who have a profit motive and certain medical aids who appear to use this as a justification to limit their liability for payment. Many clinical, counselling and industrial psychologists oppose the destructive effects of this collusion and support the work of our associations.

Discrimination against educational psychologists began to take root and to spread, particularly in the last five years, to many different areas in which educational psychologists had been rigorously trained and had previously worked without hindrance. Clinical psychologists have not been subjected to the same narrowing of their scope of practice, which is unbalanced and discriminatory. Because of this widespread discrimination that occurred against educational and other psychologists, such as counselling psychologists, the Recognition of Life Long Learning in Psychology Action Group (ReLPAG) challenged the validity of the 2011 Regulation. ReLPAG requested the South African High Court to declare that registered psychologists may practice in all areas of practice within the boundaries of their competence (based on their formal education, training, supervised experience and/or professional experience) aside from their registration category. We are advised that this view aligns to other healthcare practitioners such as doctors who may practice in specialised areas without formal training provided they can prove that they have experience and competence.

The Honourable Minister of Health conceded that the 2011 Regulation had been promulgated unlawfully and was invalid. An out-of-court settlement was reached in which the Minister effectively undertook to correct the 2011 regulation (Regulation 704).

There is now an opportunity and a responsibility for educational psychologists to advocate for a better formulated Scope of Practice, which will describe their past training, skills and competences. However, we earnestly believe that the intended, 2018 Draft Scope will

lead to even more and worse discrimination and ill effects for the public than before. Before we explain why we think this, we believe it will be useful to describe the nature of discrimination against educational psychologists and users of their services in a bit more detail.

4. Discrimination Against Educational Psychologists

It is almost impossible to describe all instances of discrimination that have occurred against educational psychologists. We will list just a few examples.

Non-regulatory bodies have misinterpreted the scope of practice. It is an affront to the professional self-identity of many educational psychologists that they have had to endure the following misinterpretations of the scope of practice over the years:

- i. Some years back a leading figure in the Psychological Society of South Africa (PsySSA) handed to Discovery Health a limited list of psychological conditions that he, a clinical psychologist, contended educational psychologists should deal with.
- ii. The Clinical Psychology Forum, some years ago, contended that “... *Clinical Psychologist is the only profession in the broad field of psychology that have sufficient training and experience to diagnose and treat patients with psychological and/or psychiatric disorders...*” (sic).
- iii. The South African Society of Psychiatrists (SASOP) stated that it was inappropriate for psychiatrists to cooperate with educational psychologists in the treatment of patients` mental disorders (although SASOP`s better informed members did not adhere to this position).
- iv. The Clinical Psychology Division of PsySSA explored options and sought opinion on its website on reporting psychologists for breaching the scope of practice.
- v. Some non-educational psychologists contended incorrectly, including in Court, that educational psychologists could not undertake psycho-legal work even though

the expert evidence of educational psychologists was often favourably received in the High Court and the Supreme Court of Appeal.

- vi. The Department of Basic Education's draft policy document on screening, identification, assessment and support listed the following professionals who may complete a health and disability assessment form: psychiatrist, clinical psychologist, counselling psychologist, medical practitioner, and paediatrician. There was no mention of educational psychologists until educational psychologists complained and the issue was addressed.
- vii. Several educational psychologists who worked in hospitals with children and/or adolescent clients were notified that they were no longer allowed to see their clients in these settings despite many hospitals having child, adolescent and family units and neurodevelopmental units.
- viii. Educational psychologists who had trained in substance abuse clinics and completed board-approved internships in this field were excluded from such work.
- ix. Some leaders in the field of Psychology have mistakenly contended that educational psychology follows a different paradigm to other fields of Psychology or that the primary scope of educational psychologists is to assess only children. Both points of view are simplistic and incorrect.
- x. A disturbing trend has developed where certain training workshops for psychologists have not been approved as Continuing Professional Development activities for educational psychologists. Our associations have had to challenge the accrediting institutions to have the decisions overturned.
- xi. Several medical aids refuse to make any payments at all for the services of educational psychologists.
- xii. The Johannesburg Parent and Child Counselling Centre (JPCCC) suddenly stopped being paid for the services that its educational psychologists rendered to government employees who are members of the Government Employees Medical Scheme. The JPCCC operates from Johannesburg in Parktown and from

Chiawelo in Soweto, dealing with problems such as the psycho-social impact of HIV/AIDS and poverty on children and their families, bereavement, divorce, separation, custody conflicts, marital problems, death or violence, unemployment, substance abuse, depression, anxiety, work-related problems and other psycho-social and emotional issues. Were it not for JPCCC's School Counselling Service, many young persons would be without any access to psycho-social services. JPCCC must raise their own funds for School Counselling Services, which are not funded by either the Department of Health or the Department of Education. JPCCC stopped receiving payment from medical aids such as the Government Employees Medical Scheme. The JPCCC predicament is merely one example of how scope of practice issues undermine well-intentioned educational psychologists from practicing their profession unhindered.

- xiii. The Society for Educational Psychology of South Africa, a division of the Psychological Society of South Africa (PsySSA), contends that it nominated candidates for positions in PsySSA, but that it was intentionally pushed aside by the PsySSA leadership, thus ensuring that educational psychologists had no trusted 'voice'. PsySSA holds itself to be "the professional body representing psychology professionals in South Africa," but it does not represent the aims and aspirations of most educational psychologists, as attested to by the fact that SEPSA has aligned itself with EPASSA and SASPA in co-signing this document.
- xiv. PsySSA sought to negotiate between policy makers and ReLPAG although PsySSA was ethically compromised because many of its leaders serve or have served on the HPCSA.
- xv. Nominations by SEPSA, EPASSA and SASPA of trusted colleagues to serve on the Professional Board for Psychology (HPCSA) were also disregarded. Educational psychologists have been poorly and/or erratically represented on the PBP.
- xvi. There is a perception amongst some educational psychologists that the Professional Board for Psychology is the preserve of mostly academics who care less about the plight of practitioners (who constitute the majority of psychologists)

and more about trying to enforce divisions so that they can maintain their posts in separate university departments.

The situation of educational psychology and educational psychologists is becoming increasingly desperate. The demise of educational psychology as a livelihood, profession, service deliverer and national resource is at stake, despite the meticulous selection and rigorous training of educational psychologists. The above-mentioned examples illustrate how non-regulatory bodies have decided what educational psychologists may or may not do, and without consulting educational psychologists. Our members, who have noted discrimination against educational psychologists and the marginalisation of our profession, have begun to protest, “*Nihil de nobis sine nobis*” – “Nothing about us, without us”.

Educational psychology fell into crisis because of vagueness in the 2011 scope of practice. Some educational psychologists have reportedly lost significant amounts of income, their houses, cars and the ability to finance their children’s education. Distressed professionals who had studied diligently, sacrificed for years, and served communities and the public, have had to search for other or additional sources of income.

Associations like ours are often cash strapped, but are left to take on large, well-funded structures and multi-million-rand medical aids. There is, effectively, a free-for-all in the field of psychology, with our associations impotent to take on structures with easy access to their own lawyers and vast capital. Increasingly, some educational psychologists are stating that because of these injustices, the educational psychology profession is doomed and they would strongly discourage any young person from embarking on educational psychology as a career, or taking their studies further to a PhD level.

We conclude this section by emphasising two points. Departmental educational psychologists are thinly-spread and private clinicians can come to the assistance of parents of children in public schools who are concerned about the learning and development of their children. Our profession requires more young black graduates to

respond to the demands of the country at large. When medical aids refuse to pay for our services due to an unfair, vague and discriminatory scope of practice, they harm not only that child who is in critical need of our services but also the long-term survival of our profession.

5. The dangers of the intended amendment

We are concerned that the 2018 Draft Scope suffers the same shortcomings as the 2011 regulation and will have worse effects. The 2018 Draft Scope is open to interpretation and, if promulgated, will be unenforceable. It will exacerbate squabbles and schisms amongst mental health professionals and it will undermine fairness, human rights and psychological service offerings. Moreover, when other parties, such as other health professionals, policy makers and medical schemes start interpreting the meaning of the regulation's vague wording, they will, as they have been doing, usurp the position of the HPCSA's Professional Board for Psychology (PBP).

The Draft Scope 2018 is unclear and confusing. The choice of wording and terminology in the document is inconsistent, disjointed and changes significantly from scope to scope.

It is unclear whether acts stipulated for one category of psychologist prevent another category from conducting them. It is not stipulated what DSM 5 or ICD-10 disorders one category of psychologist may deal with and another category may not deal with. It is also not stated whether, with the repeal of Government Notice No. R. 993 in Government Gazette No. 31433 of 16 September 2008, psychologists may no longer engage in acts previously reserved for them.

The clinical psychologist scope seems clearest in that it seems to allow for services across the lifespan, psychology service and mental health spectrum. However, it is unclear whether clinical psychologists and other psychologists will be allowed to conduct acts that are specifically mentioned for another category.

The Draft Scope 2018 if promulgated will perpetuate discrimination against educational psychologists. The draft regulation defines the Scope of Practice of clinical psychologists in a wide-ranging and effectively unrestrained manner, while the proposed scope of practice of educational psychologists is restrictive. Clinical psychologists will be able to practice, undeterred by questions of training, competence, context, severity or patient/client type, whereas educational psychologists are left at the mercy of anyone wishing to determine for themselves such questions as the permissible acts, competence, contexts, clients, patients and conditions that educational psychologists may engage with.

Educational psychology is the only category that has been restricted in the draft regulations to working with one particular patient population (“learners”) AND in a particular context (educational environments) although educational psychologists are properly trained to work within and outside of educational environments. Not all people in need of educational psychology interventions are in educational environments, and other categories have not been so restricted in the draft.

The 2018 draft regulations (Board notice 101 of 2018) can and will be interpreted to restrict educational psychologists to working with “learners,” whereas all other categories, if we go by our experience, will be held to be able to work with all people including learners. Moreover, the regulations explicitly mention therapeutic intervention for some categories, but not for educational psychologists for whom therapy has been a core aspect of training. Furthermore, the regulations mention mild to severe and complex problems for clinical psychologists, but not for educational psychologists although we were and are rigorously trained to work with mild, severe and complex disorders.

Clinical psychologists are recognised as providing certain services whereas educational psychologists are recognised as only “promoting” elements. The wording for each scope should be consistent and similar, and not so uneven and disparate that the only conclusion to be drawn is that clinical psychologists are superior and educational psychologists are inferior and should be discriminated against.

The employment opportunities for educational psychologists were negatively affected by misinterpretations of the 'narrowed' and vague 2011 Scope of Practice, which the new scope of practice will further diminish. Educational psychologists will find little work under the 2018 Draft Scope. The Scope allows limited opportunities for educational psychologists. Apart from conducting assessments and some form of educational remediation (for which some educational psychologists are not trained), educational psychologists will battle to utilise their otherwise significant training and skills. Even some schools are now reserving posts for psychologists other than educational psychologists because of the perception that the scope of educational psychology has been dramatically reduced and educational psychologists will be unable to serve schools' needs.

The 2018 draft in no way affords educational psychologists equal treatment, but through vagueness leaves educational psychologists unprotected in terms of their training, traditional role and functions. There are those who will interpret the permissible acts for educational psychologists more narrowly than the role and functions of registered counsellors, social workers, speech therapists and occupational therapists who have trained for shorter periods of time in narrower areas than those covered in the training of educational psychologists. For instance, educational psychologists have trained over and beyond an honours degree, which registered counsellors must have, but in some senses registered counsellors, according to the 2018 draft, may do more than educational psychologists. For example, educational experts who are often experts and supervisors of therapeutic interventions may be unable to continue doing this, whereas lessor trained counsellors will.

The role and function of psychologists in general were protected in Regulation 993 of 2008, but that regulation is to be repealed and educational psychologists are therefore left without protection. There has, we believe, been a misappropriation of the role and function of educational psychologists. We will face the systematic destruction of our

profession despite our training, competence, skills and contributions if the draft regulations are implemented.

There is no acknowledgement in the 2018 Draft Scope of the rights of clients or patients to freedom of association to choose, and the rights of children in terms of the Children's Act to be heard, regarding which therapist is trusted and who the client or child wishes to engage with. It seems incongruent with the Constitution, the Children's Act and the ethical code for psychologists to arbitrarily refuse clients the right to choose to be in therapy with a psychologist whom they trust, whether this be through prior therapeutic experience with that psychologist or referral through a trusted source.

Clinical psychologists are already overburdened, and many have long waiting lists for appointments. Should all non-clinical psychologists arbitrarily be required to refer clients with whom they have built up a trusting therapeutic relationship to a clinical psychologist because that client has developed a “severe or complex” condition, this could effectively deprive the client access to timeous, competent psychological treatment when the educational psychologist may be better positioned, better trained and maybe more competent to treat them. Such a system of oscillating referrals could compromise client/patient health significantly.

There is no acknowledgement in the 2018 draft regulations of psychologists' rights to have their prior learning recognized. The PBP has previously mentioned transverse registration, but both transverse and dual registration considerations are absent from the draft regulations.

From what we have heard, there may be a vision that educational psychologists should serve only in schools in the planned NHI. However, the NHI is not currently running and there are currently few if any available educational psychologist posts in state schools, districts and government departments. The draft national guidelines for resourcing an inclusive education system (March 2018) did not state that only educational psychologists can be appointed within the education system. Moreover, social workers, counsellors and

non-educational psychologists have been placed in some schools. If this situation persists, educational psychology will face extinction as a viable vocation and the public will be unable to access trained, skilled, competent and specialised educational psychology services. Moreover, needs for the services of educational psychologists in hospitals have been indicated by some clinical and counselling psychologists working within hospital and clinic settings.

There are media reports about an intention to align the Government Employees Medical Scheme (GEMS) with the objectives of the National Health Insurance (NHI). If this is the case, it is likely to be the final nail in the coffin for educational psychology. GEMS has consistently and wrongly refused to pay educational psychologists based on its incorrect interpretation of the 2011 regulation. The 2018 Draft SOP is even more restrictive than the 2011 regulation. If GEMS and the NHI are aligned with GEMS' current thinking, educational psychologists will become little more than glorified remedial teachers.

The 2018 Draft Scope will have the effect of legitimizing many medical aids' and organisations' discrimination against educational psychologists. Other categories of psychologists, who may in some instances be less well trained, will engage in work that was previously conducted by competent educational psychologists. They will enjoy the spoils of discrimination against educational psychologists.

Ironically, the rationale given for GEMS wanting to align its benefits with the objectives of the NHI is to provide primary healthcare access to the vulnerable. The Minister of Health has reportedly stated at public briefings on NHI that projects for the vulnerable include school health to address needs of learners, mental illness, and care for people with disabilities. It is these very types of issues that our associations are concerned are being overlooked. The Draft Scope 2018 will lead to further neglect of the mental health needs of scholars and their families.

The 2018 Draft Scope contradicts the need to widen access to services and ignores the breadth of educational psychologists' training and experience. There is a need to increase

mental health service delivery by registered mental health professionals already trained, skilled and competent to work with mental health issues and able to deliver therapeutic interventions, rather than to scale down or ignore the training, skills and competences of psychologists already in the HPCSA registered psychologist system.

It is difficult to describe the competence of educational psychologists comprehensively in a Scope of Profession regulation. The training of educational psychologists (and most categories of psychologists) has been varied, as is evident when one considers the many individualised programs that the Board endorsed for different training in universities and internships through the years. In 2014, an informal and unpublished survey of educational psychologists found amongst other things that they have a wide range of years of experience, diverse internship training placements, and varied experiences in community work, schools, private practice, corporate, research and clinical settings. For instance, HPCSA-approved educational psychology internships have been at such varied placements as state hospitals, substance abuse rehabilitation centres, counselling centres, remedial schools and even private practices. The PBP oversees training and as far back as 2008 explicitly acknowledged that the activities of various categories overlapped. Several educational psychologists have completed post-Masters degree level training in particularly specialised areas.

Narrowing the Scope of Practice when people have spent years broadening their skills is senseless given the dearth of well-trained South African psychologists in all categories. However, the 2018 Draft Scope will continue to divide the profession of psychology, undermine mental health provision and effectively block many people from consulting with educational psychologists in all their areas of competence at a time when South Africa needs to widen access to registered mental health and health profession services.

Reference was made in a court application by the Minister of Health for an extension to the suspension in respect of the invalidity of 2011 regulations, to “international benchmarking studies” undertaken by the Professional Board for Psychology as part of their process in developing the Draft Scope 2018. We are advised that the acts for

educational psychology described in the 2018 Draft Regulations bear resemblance to the scope of practice of educational psychologists in New Zealand. It must be pointed out that the profession of educational psychology in South Africa has evolved differently in comparison to other parts of the world, including New Zealand and the United Kingdom, considering the different social contexts and mental health needs of South Africa compared to these and other countries.

While international benchmarking has benefits, it would be irrational to uncritically impose a scope of practice, developed in a country like New Zealand, on a profession that evolved and developed to serve the needs of our unique South African society.

As outlined above the Draft Scope, 2018 will perpetuate the history of exclusion that the vast majority of South Africans have experienced over centuries. It will not enable us to break down barriers and provide universal mental health services.

RECOMMENDATIONS

We propose that the Scope of Practice for Educational Psychologists should follow the proposal made on 15 May 2017 by EPASSA to the PBP. EPASSA's submission received overwhelming support from its members as well as support from PsySSA's educational psychology division (SEPSA) and from the South African School Psychologists Association (SASPA). We attach a copy of EPASSA's submission as Annexure A, which we believe is clear, coherent, rational and constitutionally sound.

Should the Honourable Minister decide to disregard the appended submission, we would as a second-best option recommend that if the Minister wishes to stay close as possible to the wording of the draft Scope, 2018, in Board Notice 101 of 2018, the following should be the Scope of Educational Psychologists:

Providing comprehensive bio-psychosocial mental and healthcare that promotes the educational and psychological (including scholastic, cognitive,

behavioural, social, emotional, personality and career) well-being and development of people across the lifespan, including children, adolescents and adults in school, educational, family and social contexts;

Providing psychological assessment, educational assessment, career assessment, developmental assessment, psycho-legal assessment, diagnosis, formulation and comprehensive, holistic therapeutic intervention and treatment to optimise emotional, social, cognitive and personality development and functioning and to address problems of pathology, learning, healthcare and/or development and functioning; and

Working directly and indirectly with learners, students and people studying, their parents, families and groups, and those who systemically influence, teach and/or care for them, to address, alleviate and treat mild to severe and simple to complex developmental, neurodevelopmental, learning, scholastic, cognitive, social, personality, emotional and behavioural problems, disability and mental health disorders (including leveraging resources to alleviate stressors of poverty).

Similar terminology should be used to describe the scopes of other categories of psychologists to allow for clarity as to their areas of overlap and difference. Each scope should be comparable to the others to make it easy to discern differences and similarities.

We are grateful for the opportunity to make this submission. In the interests of our besieged profession and the interests of the public, we appeal that the 2018 Draft Scope should not be promulgated in its present form. We humbly request a meeting with the Honourable Minister to discuss, meaningfully engage and interact on these issues with a solution-focussed mindset, for the benefit of South Africa, its people and our profession.

Sincerely,

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EPASSA
23 November 2018

Brandon Swanepoel
Chairperson
SASPA
23 November 2018

Dr E.J.M. Matthews
Chairperson
SEPSA (a division of PsySSA)
24 November 2018

Appendix A: EPASSA Scope of Practice Proposal