

Psychology regulation at work in Australia

2014/15

Regulating psychologists in the National
Registration and Accreditation Scheme

Managing risk to the public

Regulating
psychologists



Psychology
Board of Australia | AHPRA

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Highlights



Audit carried out of all serious complaints against psychologists

Review of approved supervisor training program



72 supervisor training workshops held

Strengthened ties with international regulators



88% overall pass rate for the National Psychology Examination, sat by 247 candidates

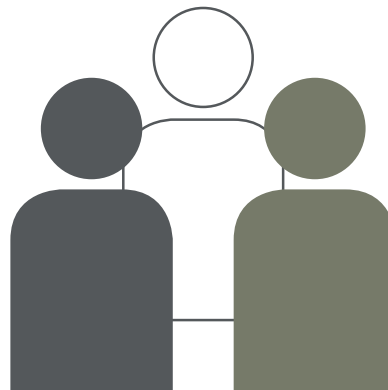
32,766

registered psychologists in Australia on 30 June 2015

3.31% increase in number of registered psychologists compared to 2013/14



10,643 endorsements held by psychologists on 30 June 2015 – **66%** are for clinical psychology



33% of registered psychologists are based in New South Wales, **27%** are based in Victoria

29.4% of registered psychologists are aged under 35

11% decrease in notifications about registered psychologists compared to 2013/14

Of the **313** notifications closed in 2014/15 (excluding New South Wales), **56%** were concluded after assessment and **25%** after an investigation

Eight immediate action cases, compared to five last year

432 notifications about registered psychologists – **1.3%** of the registrant base



65% of closed notifications (excluding New South Wales) led to no further action and **13%** resulted in a caution being issued

177 registered psychologists under active monitoring on 30 June 2015 – **34%** due to suitability/eligibility and **28%** due to conduct

About this report

This report provides a profession-specific view of the Psychology Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Scheme.

This report looks at these data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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Message from the Chair, Psychology Board of Australia

The Psychology Board of Australia (the Board) has progressed a number of priorities in its role of protecting the public.

It has continued to assess risks to the public from psychologists when their practice falls below accepted standards, and instigate regulatory responses to manage those risks. It undertook an audit of all serious complaints against psychologists to understand broader systemic issues and increase the oversight of regulatory responses in progress.

The national psychology examination has been studied to understand how it contributes to increasing confidence in a minimum standard for registration. The Board's approved supervisor training program has been in place since January 2014 and a review was undertaken to ensure it meets quality standards.

The Board also worked this year to strengthen ties with international regulators. Members of the Board attended the 5th ASEAN Regional Union of Psychological Societies (ARUPS) Congress. The Board also hosted a roundtable discussion with the ARUPS' council and the New Zealand Psychologists Board. International activities such as these help us learn from leading practice around the world, share knowledge from our own experience and promote continued collaboration.

The Board gives particular thanks to AHPRA for its strong partnership, and to stakeholders for their engagement and contribution at forums, meetings and in writing to help ensure the regulation of psychologists remains fair and reasonable.



**Professor Brin Grenyer
Chair, Psychology Board
of Australia**

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards, with the support of AHPRA, maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements 2014/15

Supervisor training programs

The Board carried out a review of its approved supervisor training programme this year. Overall, the review indicated that the program has been working well. In 2014 there were 72 workshops held. These included 41 full training workshops and 31 master classes, with 66 delivered in metropolitan areas and six delivered in regional areas or overseas.

A large number of participants completed the training. For the full training, 587 participants completed component one, 594 completed component two and 193 completed component three. A total of 376 participants passed master class training.

National Psychology Examination

The National Psychology Exam (NPE) is used by the Board to determine readiness to move to general registration and independent practice. Between December 2013 and December 2014, 247 candidates sat the NPE, with a total of 260 sittings (including failed and repeated sittings). Three types of provisional psychologist sat the exam:

- ▶ those completing a 4+2 program
- ▶ those completing a 5+1 program, or
- ▶ international applicants completing a transitional program.

During this period, the overall pass rate for the NPE was 88%, meaning 217 out of 247 people who sat the exam passed.

Registration standards, policies and guidelines published

- ▶ English language skills registration standard (*revised standard*)
- ▶ Criminal history registration standard (*revised standard*)

Stakeholder engagement, professional standards

This year the Board held productive dialogue with interested and engaged individuals and organisations, which has enabled the Board to adopt a position that is as fair and reasonable as possible in fulfilling its major roles: the protection of the public and guidance of the profession.

During this period, the national and regional boards participated in public, professional and educational forums in every state and territory. In addition, the National Board presented at a national conference in Hobart (October 2014), and hosted its own public forum in Perth with over 200 in attendance. The Board distributed its newsletter, *Connections*, to all 32,766 registrants in August and November 2014, and April 2015.

The Board also worked this year to strengthen ties with international regulators, attending the 5th ASEAN Regional Union of Psychological Societies (ARUPS) Congress in March 2015.

Priorities for the coming year

Psychology education and training – working collaboratively to achieve reform

The Board considers education and training reform an important next step in the development of the regulatory environment for the psychology profession.

The Board believes that a considered response to the structural issues that currently exist in psychology training is best placed in a collaborative program of work with national education and training stakeholders, including government.

This year the Board, along with the Australian Psychological Society, Australian Psychology Accreditation Council and Heads of Departments and Schools of the Psychology Association, will host a national psychology education forum.

This National Forum will bring together leaders across government, education, workforce, regulation and the profession to consider the future of psychology education and training, and to discuss the challenges with existing arrangements.

This education and training reform initiative is a Board priority for the next three years. The program of work will also align with new accreditation standards which are likely to be developed by the Australian Psychology Accreditation Council over the coming year.

Overseas qualification assessment function

Over the past few years the Board has been moving towards a 'one stop shop' approach for managing overseas applications to become a psychologist in Australia, in line with its responsibilities for regulating the psychology profession under the Health Practitioner Regulation National Law (the National Law). Next year will see the completion of this work with the Board overseeing the assessment of knowledge and clinical skills of overseas-qualified psychologists.

The Board will establish an Advisory Committee under the National Law as part of its governance framework. The principal role of the Advisory Committee will be to provide advice and recommendations on matters related to the assessment of overseas-qualified psychologists within the Board's approved model of assessment. The Advisory Committee is not a decision-making body. All applications from overseas-trained psychologists will be assessed by AHPRA in a centralised location to promote efficient, consistent outcomes.

Consultation on ending the higher degree exemption from sitting the National Psychology Examination

The Board will consult on ending the higher degree exemption from sitting the National Psychology Examination.

Since 2010 the Board has applied an exemption from sitting the examination to graduates via the higher degree training pathway (those who have completed an accredited six-year or above professional Masters, Doctorate or combined Masters/PhD qualification that leads to an area of practice endorsement). This exemption is due to end on 30 June 2016.

The Board will seek feedback from all stakeholders on the proposal to not extend the exemption for higher degree students beyond 30 June 2016, and to revise the Guidelines for the National Psychology Exam accordingly. The Board has recommended various options for transition for higher degree students should the proposal to end the exemption be approved.

Board-specific registration, notifications, and monitoring and compliance data 2014/15

Registration

On 30 June 2015, there were 32,766 registered psychologists across Australia. This is an increase of 3.31% from the previous year. New South Wales (NSW) has the largest number of registered psychologists (10,840), followed by Victoria with 8,880 registrants. More than a quarter of practitioners (29.4%) were aged under 35.

There were 10,643 endorsements held by psychologists at 30 June 2015. Two-thirds of these endorsements (7,028) were for clinical psychology.

Notifications

There were 432 notifications lodged against registered psychologists in 2014/15, including 276 outside of NSW. Notifications were about 1.3% of the registrant base.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

There were 458 notifications closed in 2014/15, including 145 complaints in NSW and 313 outside of NSW. Of these 313 notifications: 174 were concluded after assessment; 46 were concluded following a panel (24) or tribunal (22) hearing; and the remaining cases were concluded after an investigation (77), or a health or performance assessment (16).

For 207 cases, the Board determined that no further action was required (202), that the notifications should be referred in full or part to another body (one), or that the notification would be most appropriately handled by the health complaints entity that originally received it (four). Forty-one cases resulted in a caution (40) or reprimand (one), and in 52 cases the practitioner gave an undertaking in relation to improving their conduct (12), or conditions were imposed on the

practitioner's registration (40). In four cases the practitioner's registration was suspended, in seven cases registration was cancelled, one practitioner surrendered registration and in one case the practitioner was not permitted to reapply for registration for 12 months or more.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- ▶ because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- ▶ the practitioner's registration was improperly obtained, or
- ▶ the practitioner or student's registration was cancelled or suspended in another jurisdiction.

Immediate action was initiated by the Board in eight cases during the year. Integrated data for all professions including outcomes of immediate actions are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 177 psychology registrants under active monitoring.

Psychologist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	874	10,840	226	5,794	1,620	563	8,880	3,469	500	32,766
2013/14	832	10,575	230	5,626	1,573	527	8,603	3,340	411	31,717
% change from prior year	5.05%	2.51%	-1.74%	2.99%	2.99%	6.83%	3.22%	3.86%	21.65%	3.31%

*Principal place of practice

Psychologist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2014/15	916	3,805	4,923	4,452	4,349	3,309	2,977	2,911	2,553	1,736	618	152	65	32,766
2013/14	672	3,668	4,744	4,344	4,221	3,154	3,010	2,864	2,572	1,671	576	158	63	31,717

Psychologist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	14	7	26	32	10	138	49	276	156	432
2013/14	21	5	112	29	11	114	27	319	168	487

Psychologist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	1.6%	3.1%	0.4%	2.0%	1.8%	1.6%	1.4%	1.3%	1.4%	1.3%
2013/14	2.2%	2.2%	1.8%	1.8%	1.7%	1.2%	0.8%	1.4%	1.3%	1.4%

Psychologist	ACT	QLD	SA	VIC	Total
2014/15	3	2	2	1	8
2013/14	1	4			5

Psychologist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	20	7	68	28	10	137	43	313	145	458
2013/14	33	4	107	31	12	106	29	322	162	484

Stage at closure	Total 2014/15	Total 2013/14
Assessment	174	211
Health or performance assessment	16	14
Investigation	77	54
Panel hearing	24	36
Tribunal hearing	22	7
Total	313	322

Table PSY8: Outcome at closure for notifications closed under the National Scheme (excluding NSW)		
Outcome at closure	Total 2014/15	Total 2013/14
No further action	202	222
Refer all of the notification to another body	1	1
Refer part of the notification to another body		
Health complaints entity to retain	4	14
Caution	40	29
Reprimand	1	2
Accept undertaking	12	8
Impose conditions	40	41
Fine registrant		1
Suspend registration	4	2
Cancel registration	7	
Practitioner surrendered registration	1	2
Not permitted to reapply for registration for 12 months or more	1	
Total	313	322

Table PSY9: Nature of area of practice endorsements held by psychologists		
Area of practice subtype	No. endorsements	
	Total 2014/15	Total 2013/14
Clinical Neuropsychology	587	565
Clinical Psychology	7,028	6,716
Community Psychology	56	56
Counselling Psychology	944	941
Educational and Developmental Psychology	610	599
Forensic Psychology	541	528
Health Psychology	316	312
Organisational Psychology	469	463
Sport and Exercise Psychology	92	94
Total¹	10,643	10,274

Note:

1. A number of psychologists hold one or more area of practice endorsements.

Table PSY10: Outcome of assessments finalised for mandatory notifications for psychology practitioners, by grounds for the notification (excluding NSW)

Grounds for notification	End matter				Total closed after assessment	Refer to further stage		Total referred to further stage	Total assessments finalised 2014/15
	No further action	Caution	Accept undertaking	Impose conditions		Investigation	Health or performance assessment		
Standards	7	3			10	10		10	20
Impairment			1	1	2	2		2	4
Sexual misconduct						2		2	2
Alcohol or drugs								0	0
Not classified								0	0
Total 2014/15	7	3	1	1	12	14	0	14	26

Table PSY11: Active monitoring cases at 30 June 2015, by state or territory (including NSW)

Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Psychologist	49	40	27	61	177

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

Concerns raised about advertising during the year are reported on page 55 of the [2014/15 annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the [2014/15 annual report](#) of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing

their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the [2014/15 annual report](#) of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or

performance. An approved registration standard, code or guideline may be used in disciplinary proceedings as evidence of what constitutes appropriate professional conduct for the profession.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make

important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015 a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Psychology Board of Australia in 2014/15

Professor Brin Grenyer (Chair)
Professor Alfred Allan
Ms Mary Brennan
Mrs Kathryn Crawley
Mr Geoffery Gallas
Emeritus Professor Gina Geffen
Ms Marion Hale
Ms Fiona McLeod
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Ms Jeanette Evans
Mrs Margo Gill
Mr Timothy Hewitt
Mr Robert Horton
Ms Wendy McCartney
Ms Pauline O'Connor
Professor Nickolai Titov
Ms Lila Vrkleviski
Dr Ann Wignall
Ms Soo See Yeo

During 2014/15, the Board was supported by
Executive Officer Ms Alessandra Peck.

More information about the work of the Board is
available at: www.psychologyboard.gov.au

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www.ahpra.gov.au

Annual report and summaries online:

www.ahpra.gov.au/annualreport

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