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First, you should have a reasonable belief that this relationship has become inappropriate. Rumours and gossip are not sufficient, but if, for example, trusted colleagues support your suspicions then that might lead to a reasonable belief. It is good to have objective information, such as evidence of excessive contact between the psychologist and client, or observations of the way they respond to each other that appears overly intimate or more than appropriately professional. Do not delay in acting on these beliefs.

Members of the public who seek the services of psychologists often have emotional vulnerabilities and relationship difficulties. At all times psychologists have an obligation to show respect, behave with integrity and conform to the accepted standards of the profession and code of ethics. When you have formed a reasonable belief a colleague may have started an intimate relationship with a client you must act on your mandatory reporting obligations and make a **complaint**. Not making a complaint under these circumstances leaves you open to a finding of misconduct – you have a mandatory obligation to report.

If you lodge a complaint in good faith you are protected by law from civil, criminal, or administrative liability, and it is not a breach of professional ethics. Doing so can mean putting the interests of the public ahead of any personal feelings you have about your colleague or your perceptions of the relationship.

Although this can be emotionally difficult, it is one important way to protect the public and help to maintain the integrity of psychology.

### Professor Brin Grenyer

Chair, Psychology Board of Australia

## From the Chair

### *Whispers and silent witnesses*

Empathy for the human condition is part of the daily experience of working psychologists. At our best, we recognise failings in ourselves, as much as in others, and open ourselves to our client experiences of shame, guilt and remorse in the private space of the consulting room. However it is hard to recognise or know how to deal with weaknesses or failings in our fellow colleagues, particularly if they are esteemed or senior in status.

The mandatory reporting obligations psychologists must adhere to may seem punitive and unempathetic in this context. Take the example of a senior colleague whom you suspect has formed an intimate relationship with a client. The **Guidelines for mandatory notifications** have been prepared to assist you to understand your obligations.

## National Board appointments announced

The Australian Health Workforce Ministerial Council (the Ministerial Council) has announced new appointments and reappointments to the Psychology Board of Australia (the Board) and other National Boards.

The vacancies are primarily a result of the three-year terms expiring for those appointed to the Board by the Ministerial Council in 2012.

Of the twelve members of the Board, four have retired. This reflects the ministers’ intention to balance stability with renewal in Board membership.

The Board wishes to thank the retiring members:

- Emeritus Professor Gina Geffen (Queensland) - appointed a foundation member in 2009
- Mr Geoff Gallas (Australian Capital Territory) - appointed a foundation member in 2009



- Mrs Kathryn Crawley (Northern Territory) - appointed 2012, and
- Professor Trang Thomas (Victoria) - appointed 2012.

In addition, Ms Fiona McLeod, community member from Victoria, retired from the Board in December 2014.

The contributions of these members to the Board, and their work with local boards and committees and in the community, have been invaluable.

The Board welcomes new members:

- Ms Marion Hale (Tasmania) – community member from 1 May 2015
- Ms Rachel Phillips – practitioner member Queensland from 31 August 2015
- Associate Prof Kathryn von Treuer – practitioner member Victoria from 31 August 2015, and
- Ms Vanessa Hamilton – practitioner member ACT from 31 August 2015.

Professor Brin Grenyer (Chair), Professor Alfred Allan, Mr Radek Stratil, Ms Joanne Muller, Ms Mary Brennan and Mr Christopher O'Brien were reappointed.

The new practitioner member from the Northern Territory is yet to be announced.

Read more on the [COAG website](#) and on the [Board's website](#).

## Report on European Congress of Psychology

The 14th European Congress of Psychology was recently held in Milan, Italy. Members of the Board presented on regulation in Australia, including an overview of the national exam development and the first analyses of candidates sitting in confidential test centres across Australia.

The Board's representatives also participated in a number of discussions on the development of international standards. This included consideration of the draft '*Declaration of core competencies in professional psychology*', which was successfully presented at the Congress. This draft now moves to the next stage in preparation for sign-off at the 31st International Congress of Psychology next year in Yokohama, Japan.

The Board's representatives were also involved in a range of other professional meetings with psychology regulators from across the world.

## Public consultation on ending the higher degree exemption from sitting the National Psychology Exam

The Board has published consultation paper 25: *Consultation 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 area of practice endorsement). This exemption is due to end on 30 June 2016.

The Board is seeking 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.

The consultation paper is available under [Current consultations](#) and the Board is accepting submissions until Friday 2 October 2015.

## Understanding the role of supervision

Supervision is central to safe and effective practice. Consistent with international standards, supervision is one of three mandatory components required in the training of psychologists in Australia. The participation of psychologists as supervisors is critical for the sustainability and growth of the future psychology workforce.

The Board recognises and values the significant contribution made by psychologists who agree to supervise provisional psychologists and registrars, whether they are doing the 4+2 program, the 5+1 program, or other postgraduate or registrar training.

### Effective supervision

Effective supervision involves the supervisor mentoring and overseeing the professional development and ethical behaviour of provisional psychologists. Supervisors perform a pivotal role in protecting the public by helping psychologists become safe to practice. The Board values a supervisor's ratings of a supervisee's performance, and takes these into consideration in making decisions about registration and fitness to practice.

Supervisors of interns and registrars perform a number of functions, including mentoring, supporting and evaluating. It requires flexibility, preparation and reflection to deftly balance these three functions that, at times, can be in conflict with each other. It is important to articulate the multiple functions within the supervisory relationship to minimise role ambiguity and support the maintenance of an effective supervisory relationship.

### Concerns and complaints

If there are significant concerns, supervisors may directly communicate with the Board about the progress of their interns or registrars. Similarly, the Board will listen to complaints by interns or registrars. Supervisors may be held accountable if their own behaviour falls below acceptable standards in the context of supervising others.

### Planning supervision and guidelines to assist supervisors

Successful and experienced supervisors plan ahead. This includes establishing a framework to support completion of the tasks required within each competency domain, and how supervised practice will be delivered within a workplace or placement setting

over the period of training. Failure to plan early and address any likely challenges can result in missed opportunities for learning and delay timely completion of the program.

The Board recognises that the knowledge and skills required to provide supervision are advanced and complex. The 'art' of supervision is built on active reflection on areas for skill enhancement in order to provide evidence-based supervision and foster positive supervisee engagement.

The Board has adopted a standardised national competency-based approach to supervision by prescribing the minimum requirements for supervision training and recency of supervisory practice. Our *Guidelines for supervisors and supervisor training providers* outline the seven competencies underpinning the fundamentals of high quality supervision and considerations of when to undertake further training that exceeds the minimum requirements. Supervisors can consult these seven supervisor competencies in planning their ongoing professional development.

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## Update – Proposed revisions to the Provisional registration standard and the Guidelines for the 4+2 internship program

The Board would like to thank everyone who provided feedback in response to the consultation paper on a proposed revised *Provisional registration standard* and *Guidelines for the 4+2 internship program*.

The Board has reviewed all the submissions and published them (except those made in confidence with the request that they not be published) under [Past consultations](#) on the Board's website.

Overall, feedback from the profession and the public has been positive and included some excellent suggestions for further improvement. The Board has considered these comments in the revision process, and is currently working through issues raised by government, so at this stage it is not possible to estimate an implementation date. Anyone wanting to do a 4+2 internship program should not delay their starting date waiting for the new guidelines.

At the end of this process, the Board will facilitate a smooth transition to a new standard and guidelines. This will include publishing the new documents in advance of the effective date; and approval of transition arrangements for provisional psychologists already doing a 4+2 internship program to ensure current interns are not disadvantaged.

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## Board-approved supervisors for higher degree placements

Higher degree supervisors who were approved before 1 July 2013 (i.e. supervisors who transitioned to the new rules as a Board-approved higher degree supervisor) do not yet have to meet the new requirements for higher degree supervisors.

## What are the new requirements?

The new requirements for higher degree supervisors state that any application for approval as a Board-approved higher degree supervisor must include evidence that the applicant has held an endorsement in the relevant area of practice for at least two years, and that they have completed an approved supervisor training program. A 'relevant area of practice endorsement' means, for example, that if you are supervising someone in a Master of Clinical Psychology program, you hold an area of practice endorsement in clinical psychology.

## What if I am already approved?

Board-approved higher degree supervisors who transitioned are not currently required to hold a relevant area of practice endorsement until their Board-approved status is renewed in 2018. All supervisors who transitioned (i.e. who applied for and were granted Board-approved supervisor status before 1 July 2013) continue to be approved, and do not need to reapply for Board approval until 1 July 2018.

By **1 July 2018**, you will need to complete the relevant form to continue your Board-approved supervisor status. You will need to provide evidence of completion of an approved supervisor training program at any time between 1 July 2013 and 1 July 2018, and evidence that you have held endorsement in the relevant approved area of practice.

In the meantime your current approval remains valid, and you can continue to supervise higher degree students even if you don't hold an endorsement.

## Further information

Further information on obtaining and maintaining Board-approved supervisor status, including approved training and training requirements, is detailed on the Board's website under [Supervision FAQ](#).

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## Update – exam recommended reading list

The National Psychology Exam recommended reading list has been updated and can be found on the [Registration](#) section of the Board's website.

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## National Scheme news

### Criminal history and English language skills registration standards have been revised

The registration standards for criminal history and English language skills have been revised following consultation and have now been approved by the Ministerial Council. Both registration standards took effect from 1 July 2015.

#### Criminal history

The new criminal history registration standard makes minor amendments to the old standard, which is expected to have minimal impact on practitioners.

When a practitioner first applies for registration, the National Board requires the applicant to declare their criminal history in all countries, including Australia. All registered health practitioners must inform their National Board if they are:

- charged with an offence punishable by 12 months imprisonment or more, or
- convicted or found guilty of an offence punishable by imprisonment in Australia and/or overseas.

When practitioners renew their registration they must disclose any changes to their criminal history.

The registration standard is published on the [Standards and Guidelines](#) page of the Board's website.

### English language skills

The new registration standard for English language skills applies to all applicants for initial registration, regardless of whether they qualified in Australia or overseas.

The new standard introduces additional pathways for applicants to demonstrate evidence of their English language skills.

The new standard was developed after a review of the existing standard, which included a public consultation. All National Boards, except the Aboriginal and Torres Strait Island Health Practice Board of Australia, consulted on and revised their English languages skills standard. The standards are now largely common across professions.

The registration standard is published on the [Standards and Guidelines](#) page of the Board's website.

### New work to improve consumer and practitioner experience

Improving the experience of people who have made a notification has been a focus for the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards since early last year, when the Health Issues Centre of Victoria (HIC) was commissioned to conduct targeted research into the consumer experience when making a notification. The latest update on this work will be published soon on this page: [Improving our work](#).

### Queensland complaints data have been published

AHPRA and the National Boards have published detailed performance data about notifications management in Queensland.

A co-regulatory system has been in place in Queensland since July 2014 and all complaints about Queensland registered health practitioners are received by the Office of the Health Ombudsman (OHO). The Health Ombudsman is responsible for managing serious complaints relating to the health, conduct and performance of health practitioners in Queensland, and determines which complaints go to AHPRA and the National Boards after assessing their severity.

AHPRA provides quarterly data to the OHO about its performance in managing the complaints which come to AHPRA and the National Boards from the OHO. These data provide quantitative information about the number of complaints received and timelines for managing them.

The first report, which was published in May, includes detailed performance data about notifications management for the first three quarters from 1 July 2014 and 31 March 2015.

Analysis of these data, detailing matters managed by AHPRA and the National Boards, indicates:

- complaint referral patterns from the OHO to AHPRA are variable month to month
- on early trends, AHPRA is receiving 50 per cent fewer complaints than for the comparable period in 2013/14. This suggests the OHO is not accepting, is retaining and/or is closing most matters that the Ombudsman considers do not warrant further action. Of those we manage, more than 70 per cent require further regulatory action, and
- investigation timelines continue to be a major focus for AHPRA and the Boards. Sixty seven of the matters open with AHPRA for longer than 18 months are about 25 practitioners. Multiple complaints about the same practitioner require more complex investigations.

AHPRA continues to focus on decreasing the time it takes to investigate matters, finalising more old investigations and improving the notifier and practitioner experience.

AHPRA will publish more national performance data throughout the next financial year.

The Queensland report is published on the AHPRA website [Statistics](#) page.

### Ministers' response to National Scheme review report

The Ministerial Council met on 7 August 2015 at the COAG Health Council meeting to consider the final report of the independent review of the National Registration and Accreditation Scheme (the National Scheme).

The purpose of the independent review was to identify what is working well in the National Scheme and the opportunities to improve and strengthen the operation of the scheme to regulate health professions to protect the public.

Ministers expressed strong support for the work of the National Scheme, noted that it was now embedded in the health system and was among the most significant and effective reforms of health profession regulation in Australia and internationally.

More information about the review can be found on the [COAG Health Council](#) website and on [AHPRA's](#) website.

### Royal Commission on child sexual abuse

The Board and AHPRA have been following the Royal Commission into institutional responses to child sexual abuse and its implications for the regulation of health practitioners. The issues raised in the Royal Commission are serious and disturbing.

The Board and AHPRA are committed to learning from the evidence before the Royal Commission and its findings and are taking action to make sure our regulatory system is responsive to anyone who has been sexually abused by a registered health practitioner, who comes forward.

If you have a concern about a health practitioner call:

- AHPRA on 1300 419 495
- NSW – 1800 043 159
- Qld – 133 646 (133 OHO).

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## Keep in touch with the Board

- Visit our website at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au) for information on the National Scheme and for the mandatory registration standards, codes, guidelines, policies and fact sheets.
- Lodge an enquiry form via the website by following the [Enquiries](#) link on the bottom of every page.
- For registration enquiries call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- Address mail correspondence to: Prof. Brin Grenyer, Chair, Psychology Board of Australia, GPO Box 9958, Melbourne VIC 3001.